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# QUARTERLY STATEMENT

## AS OF JUNE 30, 2013

OF THE CONDITION AND AFFAIRS OF THE

## American Dental Providers of Arkansas, Inc.

NAIC Group Code 0119 (Current Period), 0119 (Prior Period) NAIC Company Code 11559 Employer's ID Number 58-2302163

Organized under the Laws of Arkansas, State of Domicile or Port of Entry Arkansas

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]
Other [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 01/29/1997 Commenced Business 03/20/1997

Statutory Home Office c/oCSC300SpringBldg,Ste900,300S.SpringSt (Street and Number), Little Rock, AR, US 72201 (City or Town, State, Country and Zip Code)

Main Administrative Office 100 Mansell Court East, Suite 400 (Street and Number) Roswell, GA, US 30076 (City or Town, State, Country and Zip Code) 770-998-8936 (Area Code) (Telephone Number)

Mail Address P.O. Box 740036 (Street and Number or P.O. Box), Louisville, KY, US 40201-7436 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 West Main Street (Street and Number) Louisville, KY, US 40202 (City or Town, State, Country and Zip Code) 502-580-1000 (Area Code) (Telephone Number)

Internet Web Site Address www.compbenefits.com

Statutory Statement Contact Adam Deluca (Name) 502-580-8296 (Area Code) (Telephone Number) (Extension)

DOIINQUIRIES@humana.com (E-mail Address) 502-580-2099 (FAX Number)

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| Gerald Lawrence Ganoni | President | Joan Olliges Lenahan | VP & Corporate Secretary |
| James Harry Bloem | Sr. VP, CFO & Treasurer | Jonathan Albert Canine | Appointed Actuary |

## OTHER OFFICERS

| | | | |
|---|---|---|---|
| George Grant Bauernfeind | Vice President | Elizabeth Diane Bierbower | Pres, Employer Group Segment |
| John Gregory Catron | VP & Chief Compliance Officer | Roy Goldman Ph.D | VP & Chief Actuary |
| Charles Frederic Lambert, III | Vice President | Brian Phillip LeClaire | Sr VP & Chief Svc & Info Officer |
| Heidi Suzanne Margulis | Sr. Vice President | Mark Matthew Matzke | VP-Strategic Mgmt Small Group |
| Richard Donald Remmers | VP, Employer Group Segment | Gilbert Alan Stewart | Vice President |
| Joseph Christopher Ventura | Assistant Corporate Secretary | Tod James Zacharias | Vice President |

## DIRECTORS OR TRUSTEES

| | | | |
|---|---|---|---|
| James Harry Bloem | Bruce Dale Broussard | James Elmer Murray | |

State of Kentucky
ss
County of Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| Gerald Lawrence Ganoni<br>President | Joan Olliges Lenahan<br>VP & Corporate Secretary | James Harry Bloem<br>Sr. VP, CFO & Treasurer |
|---|---|---|

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Subscribed and sworn to before me this 9th day of August, 2013

Julia Basham, Notary Public
January 10, 2017

# ASSETS

| | Current Statement Date 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 December 31 Prior Year Net Admitted Assets |
|---|---|---|---|---|
| 1. Bonds | 104,946 | | 104,946 | 104,901 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less $ ..... encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less $ ..... encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less $ ..... encumbrances) | | | 0 | 0 |
| 5. Cash ($ 48,506 ), cash equivalents ($ 399,996 ) and short-term investments ($ 50,538 ) | 499,040 | | 499,040 | 481,950 |
| 6. Contract loans (including $ ..... premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 603,986 | 0 | 603,986 | 586,851 |
| 13. Title plants less $ ..... charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 766 | | 766 | 769 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 22,285 | 2,962 | 19,323 | 10,086 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | 441 | | 441 | 441 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets ($ ..... ) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care ($ 0 ) and other amounts receivable | 5,707 | | 5,707 | 2,036 |
| 25. Aggregate write-ins for other than invested assets | 961 | 961 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 634,146 | 3,923 | 630,223 | 600,183 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 634,146 | 3,923 | 630,223 | 600,183 |
| **DETAILS OF WRITE-INS** | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | 0 | 0 |
| 1103. | | | 0 | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid Expenses | 788 | 788 | 0 | 0 |
| 2502. Prepaid Commissions | 173 | 173 | 0 | 0 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 961 | 961 | 0 | 0 |

# LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|---|---|---|---|
| | 1<br>Covered | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less $ 0 reinsurance ceded) | 19,044 | | 19,044 | 6,748 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 137 | | 137 | 48 |
| 4. Aggregate health policy reserves including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act | 1,540 | | 1,540 | 3,062 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 791 | | 791 | 941 |
| 9. General expenses due or accrued | 39,225 | | 39,225 | 40,268 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including $ 0 on realized gains (losses)) | 12,025 | | 12,025 | 22,728 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including $ current) and interest thereon $ (including $ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 14,085 | | 14,085 | 21,212 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with $ authorized reinsurers, $ unauthorized reinsurers and $ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified ($ ) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including $ current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 86,847 | 0 | 86,847 | 95,007 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 100,000 | 100,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 2,607,976 | 2,607,976 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (2,164,600) | (2,202,800) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 $ ) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 $ ) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 543,376 | 505,176 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 630,223 | 600,183 |
| **DETAILS OF WRITE-INS** | | | | |
| 2301. | | | 0 | 0 |
| 2302. | | | 0 | 0 |
| 2303. | | | 0 | 0 |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. | XXX | XXX | | 0 |
| 2502. | XXX | XXX | | 0 |
| 2503. | XXX | XXX | | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | 0 |
| 3002. | XXX | XXX | | 0 |
| 3003. | XXX | XXX | | 0 |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

# STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|---|---|---|---|
| | 1<br>Uncovered | 2<br>Total | 3<br>Total | 4<br>Total |
| 1. Member Months | XXX | 6,906 | 5,507 | 11,172 |
| 2. Net premium income (including $ 0 non-health premium income) | XXX | 147,615 | 120,858 | 243,509 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | 1,523 | (164) | (659) |
| 4. Fee-for-service (net of $ medical expenses) | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 149,138 | 120,694 | 242,850 |
| **Hospital and Medical:** | | | | |
| 9. Hospital/medical benefits | | 0 | 0 | 0 |
| 10. Other professional services | | 61,271 | 41,740 | 85,816 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | | 0 | 0 |
| 13. Prescription drugs | | | 0 | 0 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | 0 | 0 |
| 16. Subtotal (Lines 9 to 15) | 0 | 61,271 | 41,740 | 85,816 |
| **Less:** | | | | |
| 17. Net reinsurance recoveries | | | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 61,271 | 41,740 | 85,816 |
| 19. Non-health claims (net) | | | 0 | 0 |
| 20. Claims adjustment expenses, including $ 2,184 cost containment expenses | | 2,850 | 2,033 | 2,364 |
| 21. General administrative expenses | | 29,364 | 48,613 | 51,723 |
| 22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only) | | | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 93,485 | 92,386 | 139,903 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 55,653 | 28,308 | 102,947 |
| 25. Net investment income earned | | 1,071 | 1,008 | 2,135 |
| 26. Net realized capital gains (losses) less capital gains tax of $ | | | 0 | 0 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 1,071 | 1,008 | 2,135 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ ) (amount charged off $ )] | | | 0 | 0 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 383 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 56,724 | 29,699 | 105,082 |
| 31. Federal and foreign income taxes incurred | XXX | 21,193 | 8,530 | 35,452 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 35,531 | 21,169 | 69,630 |
| **DETAILS OF WRITE-INS** | | | | |
| 0601. | XXX | | 0 | 0 |
| 0602. | XXX | | 0 | 0 |
| 0603. | XXX | | 0 | 0 |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | 0 | 0 |
| 0702. | XXX | | 0 | 0 |
| 0703. | XXX | | 0 | 0 |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401. | | | 0 | 0 |
| 1402. | | | 0 | 0 |
| 1403. | | | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. Administrative Income | | | 383 | 0 |
| 2902. | | | 0 | 0 |
| 2903. | | | 0 | 0 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 383 | 0 |

# STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1<br>Current Year To Date | 2<br>Prior Year To Date | 3<br>Prior Year Ended December 31 |
|---|---|---|---|---|
| | **CAPITAL & SURPLUS ACCOUNT** | | | |
| 33. | Capital and surplus prior reporting year | 505,176 | 439,544 | 439,544 |
| 34. | Net income or (loss) from Line 32 | 35,531 | 21,169 | 69,630 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of $ | | 0 | 0 |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. | Change in net deferred income tax | | 0 | 133 |
| 39. | Change in nonadmitted assets | 2,101 | (5,341) | (4,131) |
| 40. | Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. | Change in treasury stock | | 0 | 0 |
| 42. | Change in surplus notes | 0 | 0 | 0 |
| 43. | Cumulative effect of changes in accounting principles | | 0 | 0 |
| 44. | Capital Changes: | | | |
| | 44.1 Paid in | | 0 | 0 |
| | 44.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| | 44.3 Transferred to surplus | | 0 | 0 |
| 45. | Surplus adjustments: | | | |
| | 45.1 Paid in | | 0 | 0 |
| | 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| | 45.3 Transferred from capital | | 0 | 0 |
| 46. | Dividends to stockholders | | 0 | 0 |
| 47. | Aggregate write-ins for gains or (losses) in surplus | 568 | 0 | 0 |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 38,200 | 15,828 | 65,632 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 543,376 | 455,372 | 505,176 |
| | **DETAILS OF WRITE-INS** | | | |
| 4701. | Correction of Prior Period Error - Allowance for Doubtful Accounts | 568 | 0 | 0 |
| 4702. | | | 0 | 0 |
| 4703. | | | 0 | 0 |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 568 | 0 | 0 |

# CASH FLOW

| | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|---|---|---|
| **Cash from Operations** | | | |
| 1. Premiums collected net of reinsurance | 140,341 | 112,638 | 239,892 |
| 2. Net investment income | 1,029 | 965 | 2,045 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 141,370 | 113,603 | 241,937 |
| 5. Benefit and loss related payments | 48,975 | 40,519 | 85,954 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 33,168 | 27,604 | 55,222 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of $ 0 tax on capital gains (losses) | 31,896 | 23,282 | 32,269 |
| 10. Total (Lines 5 through 9) | 114,039 | 91,405 | 173,445 |
| 11. Net cash from operations (Line 4 minus Line 10) | 27,331 | 22,198 | 68,492 |
| **Cash from Investments** | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 1 | 0 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 1 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 0 | 0 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 | 0 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 0 | 1 | 0 |
| **Cash from Financing and Miscellaneous Sources** | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | (10,241) | 3,849 | (1,373) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (10,241) | 3,849 | (1,373) |
| **RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS** | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 17,090 | 26,048 | 67,119 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 481,950 | 414,831 | 414,831 |
| 19.2 End of period (Line 18 plus Line 19.1) | 499,040 | 440,879 | 481,950 |

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 973 | 0 | 0 | 0 | 0 | 973 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 1,165 | 0 | 0 | 0 | 0 | 1,165 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 1,132 | 0 | 0 | 0 | 0 | 1,132 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 6,906 | | | | | 6,906 | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 0 | | | | | | | | | |
| 8. Non-Physician | 0 | | | | | | | | | |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 0 | | | | | | | | | |
| 11. Number of Inpatient Admissions | 0 | | | | | | | | | |
| 12. Health Premiums Written (a) | 147,615 | | | | | 147,615 | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 149,138 | | | | | 149,138 | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 48,974 | | | | | 48,974 | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 61,271 | | | | | 61,271 | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| Claims unpaid (Reported) | | | | | | |
| 0199999 Individually listed claims unpaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-covered | 236 | 29 | 1 | | | 266 |
| 0499999 Subtotals | 236 | 29 | 1 | 0 | 0 | 266 |
| 0599999 Unreported claims and other claim reserves | XXX | XXX | XXX | XXX | XXX | 18,778 |
| 0699999 Total amounts withheld | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid | XXX | XXX | XXX | XXX | XXX | 19,044 |
| 0899999 Accrued medical incentive pool and bonus amounts | XXX | XXX | XXX | XXX | XXX | |

# UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|---|---|---|---|---|---|---|
| | 1<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid Dec. 31 of Prior Year | 4<br>On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | | | | | 0 | 0 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental only | 5,885 | 43,090 | 809 | 18,235 | 6,694 | 6,748 |
| 4. Vision only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | | | | | 0 | 0 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 5,885 | 43,090 | 809 | 18,235 | 6,694 | 6,748 |
| 10. Health care receivables (a) | | | | | 0 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | 0 |
| 13. Totals (Lines 9-10+11+12) | 5,885 | 43,090 | 809 | 18,235 | 6,694 | 6,748 |

(a) Excludes $ 0 loans or advances to providers not yet expensed.

# NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department.

The Arkansas Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Arkansas Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Arkansas. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Arkansas is shown below:

| | State of Domicile | 2013 | 2012 |
|---|---|---|---|
| Net Income | | | |
| 1. American Dental Providers of Arkansas, Inc. Arkansas basis | AR | $ 35,531 | $ 69,630 |
| 2. State Prescribed Practices that increase/(decrease) NAIC SAP | AR | - | - |
| 3. State Permitted Practices that increase/(decrease) NAIC SAP | AR | - | - |
| 4. NAIC SAP | AR | $ 35,531 | $ 69,630 |
| Surplus | | | |
| 5. American Dental Providers of Arkansas, Inc. Arkansas basis | AR | $ 543,376 | $ 505,176 |
| 6. State Prescribed Practices that increase/(decrease) NAIC SAP | AR | - | - |
| 7. State Permitted Practices that increase/(decrease) NAIC SAP: | AR | - | - |
| 8. NAIC SAP | AR | $ 543,376 | $ 505,176 |

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

(1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.

(2)-(4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and

# NOTES TO THE FINANCIAL STATEMENTS

losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

(5) Not Applicable.

(6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.

(7) Not Applicable.

(8) Not Applicable.

(9) Not Applicable.

(10)-(11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

(12) The Company does not hold real estate for the production of income.

No equipment is held by the Company.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

(13) Not Applicable.

2. Accounting Changes and Corrections of Errors

The Company adopted the provisions of SSAP No. 101 *Income Taxes A Replacement of SSAP10R and SSAP 10* in 2012. SSAP No. 101 provides new requirements for tax loss contingencies and the calculation and admissibility of deferred tax assets. The difference between the recalculated amounts as of January 1, 2012, and the amount actually reported in the prior year financial statements is treated as a change in accounting principle in accordance with SSAP No. 3 *Accounting Changes and Correction of Errors*. The cumulative effect of this change in accounting principle did not have a material impact on the financial statements.

In 2013, the Company determined the allowance for doubtful accounts was not properly stated in the 2012 Annual Statement. This error resulted in a $568 understatement of premiums receivable and premiums. The error had no impact on total liabilities at December 31, 2012. Consistent with SSAP No. 3, an adjustment has been recorded to unassigned funds in the first quarter of 2013 as an aggregate write-in on line 47 of the capital and surplus account rollforward. The adjustment is 0.10% of net admitted assets and 0.11% of total capital and surplus.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

# NOTES TO THE FINANCIAL STATEMENTS

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Not Applicable.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2013.

The Company does not have any loan-backed securities in an unrealized loss position as of June 30, 2013.

(5) Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

(1) The Company has no repurchase agreements or securities lending transactions.

(2) The Company has not pledged any of its assets as collateral.

(3-5) Not Applicable.

F. Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.

B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was $0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

No material change since year-end December 31, 2012.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A.-F. The Company has a management contract with Humana and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years

# NOTES TO THE FINANCIAL STATEMENTS

ended December 31, 2012 and 2011 were $41,600 and $40,284 respectively. As a part of this agreement, Humana makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. As a result, any residual inter-company balances are immediately settled in the following month. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana not be able to fulfill its obligations. No dividends were paid by the Company. At June 30, 2013, the Company reported $14,085 amounts due to Humana, Inc. Amounts due to or from parent are generally settled within 30 days.

G. All outstanding shares are owned by the Parent Company.
H. Not Applicable.
I. Not Applicable.
J. Not Applicable.
K. Not Applicable.
L. Not Applicable.

11. Debt

A. Debt, including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plans

Not Applicable.

B. Defined Contribution Plans

Not Applicable.

C. Multiemployer Plans

Not Applicable.

D. Consolidated/Holding Company Plans

No material changes since year end December 31, 2012.

E. Post Employment Benefits and Compensated Absences

Not Applicable.

F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1) The Company has $100 par value common stock with 1,000 shares authorized and 1,000 shares issued and outstanding. All shares are common stock.
2) The Company has no preferred stock outstanding.
3-5) Dividends are noncumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Department of Insurance if such dividend distribution exceeds the lesser of the Company's prior year net operating profits or 10 percent of policyholders surplus funds derived from realized net operating profits.
Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
No dividends were paid as of June 30, 2013.
6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
7) Not Applicable.
8) Not Applicable.
9) Not Applicable.
10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is $0.
11) Not Applicable.
12) Not Applicable.
13) Not Applicable.

14. Contingencies

A. Contingent Commitments

Not Applicable.

# NOTES TO THE FINANCIAL STATEMENTS

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any material contingent liabilities as of June 30, 2013.

15. Leases

No material changes since year end December 31, 2012.

16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no investment in Financial Instruments with Off Balance Sheet Risk or with Concentrations of Credit Risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

Not Applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at June 30, 2013.

(2) Rollforward of Level 3 Items

Not Applicable.

(3) There were no fair value measurements using significant unobservable inputs. The Company reports transfers between fair value hierarchy levels at the end of the reporting period. There were no transfers between the fair value hierarchy levels between December 31, 2012 and June 30, 2013.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash

## NOTES TO THE FINANCIAL STATEMENTS

flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended June 30, 2013.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Not Applicable.

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures

Not Applicable.

D. Disclose the nature of any portion of the balance that is reasonably possible to be uncollectible for assets covered by SSAP No. 6, Uncollected Premium Balances, Bill Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

Not Applicable.

E. Business Interruption Insurance Recoveries

Not Applicable.

F. State Transferable and Non-transferableTax Credits

Not Applicable.

G. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

(3) Direct exposure through other investments:

a. Residential mortgage backed securities – No substantial exposure noted.
b. Commercial mortgage-backed securities – No substantial exposure noted.
c. Collateralized debt obligations – No substantial exposure noted.
d. Structured securities – No substantial exposure noted.
e. Equity investment in SCAs– No substantial exposure noted.
f. Other assets – No substantial exposure noted.

(4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

# NOTES TO THE FINANCIAL STATEMENTS

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

H. Retained Assets

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through August 6, 2013 for the statutory statement issued on August 6, 2013.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes ( ) No ( X )

(2) Have any policies issued by the Company been reinsured with a Company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No ( X )

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No ( X )

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No ( X )

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. $0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No ( X )

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable.

# NOTES TO THE FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2012 were $6,807. As of June 30, 2013, $5,936 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $816 as a result of reestimation of unpaid claims and claim adjustment expenses on the dental line of insurance. Therefore, there has been a $55 favorable prior-year development since December 31, 2012. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The company has no retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Not Applicable.

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves $ -
2. Date of the most recent evaluation of this liability June 30, 2013
3. Was anticipated investment income utilized in the calculation? Yes ( ) No ( X )

The Company did recognize the time value and money by discounting future losses at an annual interest rate of 0.10%.

31. Anticipated Salvage and Subrogation

Not Applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES
## GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

3.2 If the response to 3.1 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---|---|---|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [X] No [ ] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/10/2012

6.4 By what department or departments?

Arkansas Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] NA [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] NA [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

| 1<br>Affiliate Name | 2<br>Location<br>(City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---|---|---|---|---|---|
| | | | | | |

# GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

| | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|---|---|
| 14.21 Bonds | $ 0 | $ 0 |
| 14.22 Preferred Stock | $ 0 | $ 0 |
| 14.23 Common Stock | $ 0 | $ 0 |
| 14.24 Short-Term Investments | $ 0 | $ 0 |
| 14.25 Mortgage Loans on Real Estate | $ 0 | $ 0 |
| 14.26 All Other | $ 0 | $ 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | $ 0 | $ 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | $ 0 | $ 0 |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

# GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.3 Total payable for securities lending reported on the liability page $.....0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1<br>Name of Custodian(s) | 2<br>Custodian Address |
|---|---|
| JP Morgan Chase | 4 Metro Tech Center 16th Floor Mail Code: NY1-C5121<br>Brooklyn, NY 11245 |

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|---|---|
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|---|---|---|---|
| | | | |

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1<br>Central Registration Depository | 2<br>Name(s) | 3<br>Address |
|---|---|---|
| 107105 | Blackrock, Inc. | 40 East 52nd Street, New York, NY 10022 |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:

.....

5) A Global Amendment to replace Schedule C of the Service Center Services Agreement #300 between ADP-AR (recipient) and HIC (Provider) was Filed to WI on 06.10.2013 and approved on 06.24.2013.

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:

| | |
|---|---|
| 1.1 A&H loss percent | 42.5 % |
| 1.2 A&H cost containment percent | 1.5 % |
| 1.3 A&H expense percent excluding cost containment expenses | 19.7 % |
| 2.1 Do you act as a custodian for health savings accounts? | Yes [ ] No [X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date | $ 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes [ ] No [X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date | $ 0 |

# SCHEDULE S - CEDED REINSURANCE

**Showing All New Reinsurance Treaties - Current Year to Date**

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Effective Date | 4<br>Name of Reinsurer | 5<br>Domiciliary Jurisdiction | 6<br>Type of Reinsurance Ceded | 7<br>Is Insurer Authorized? (Yes or No) |
|---|---|---|---|---|---|---|

NONE

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories**

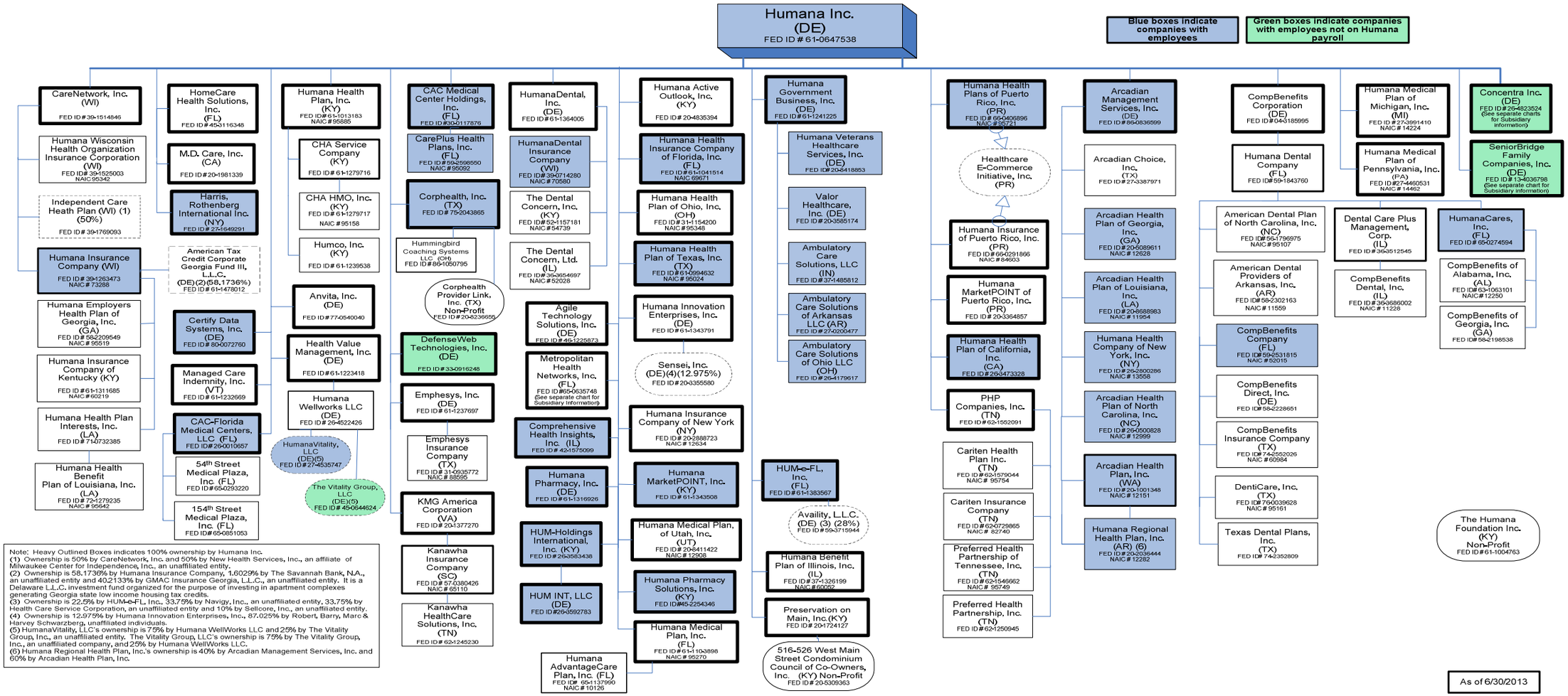
| | 1 | Direct Business Only | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| States, Etc. | Active Status | Accident & Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life & Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1. Alabama AL | N | | | | | | | 0 | |
| 2. Alaska AK | N | | | | | | | 0 | |
| 3. Arizona AZ | N | | | | | | | 0 | |
| 4. Arkansas AR | L | 147,615 | | | | | | 147,615 | |
| 5. California CA | N | | | | | | | 0 | |
| 6. Colorado CO | N | | | | | | | 0 | |
| 7. Connecticut CT | N | | | | | | | 0 | |
| 8. Delaware DE | N | | | | | | | 0 | |
| 9. Dist. Columbia DC | N | | | | | | | 0 | |
| 10. Florida FL | N | | | | | | | 0 | |
| 11. Georgia GA | N | | | | | | | 0 | |
| 12. Hawaii HI | N | | | | | | | 0 | |
| 13. Idaho ID | N | | | | | | | 0 | |
| 14. Illinois IL | N | | | | | | | 0 | |
| 15. Indiana IN | N | | | | | | | 0 | |
| 16. Iowa IA | N | | | | | | | 0 | |
| 17. Kansas KS | N | | | | | | | 0 | |
| 18. Kentucky KY | N | | | | | | | 0 | |
| 19. Louisiana LA | N | | | | | | | 0 | |
| 20. Maine ME | N | | | | | | | 0 | |
| 21. Maryland MD | N | | | | | | | 0 | |
| 22. Massachusetts MA | N | | | | | | | 0 | |
| 23. Michigan MI | N | | | | | | | 0 | |
| 24. Minnesota MN | N | | | | | | | 0 | |
| 25. Mississippi MS | N | | | | | | | 0 | |
| 26. Missouri MO | N | | | | | | | 0 | |
| 27. Montana MT | N | | | | | | | 0 | |
| 28. Nebraska NE | N | | | | | | | 0 | |
| 29. Nevada NV | N | | | | | | | 0 | |
| 30. New Hampshire NH | N | | | | | | | 0 | |
| 31. New Jersey NJ | N | | | | | | | 0 | |
| 32. New Mexico NM | N | | | | | | | 0 | |
| 33. New York NY | N | | | | | | | 0 | |
| 34. North Carolina NC | N | | | | | | | 0 | |
| 35. North Dakota ND | N | | | | | | | 0 | |
| 36. Ohio OH | N | | | | | | | 0 | |
| 37. Oklahoma OK | N | | | | | | | 0 | |
| 38. Oregon OR | N | | | | | | | 0 | |
| 39. Pennsylvania PA | N | | | | | | | 0 | |
| 40. Rhode Island RI | N | | | | | | | 0 | |
| 41. South Carolina SC | N | | | | | | | 0 | |
| 42. South Dakota SD | N | | | | | | | 0 | |
| 43. Tennessee TN | N | | | | | | | 0 | |
| 44. Texas TX | N | | | | | | | 0 | |
| 45. Utah UT | N | | | | | | | 0 | |
| 46. Vermont VT | N | | | | | | | 0 | |
| 47. Virginia VA | N | | | | | | | 0 | |
| 48. Washington WA | N | | | | | | | 0 | |
| 49. West Virginia WV | N | | | | | | | 0 | |
| 50. Wisconsin WI | N | | | | | | | 0 | |
| 51. Wyoming WY | N | | | | | | | 0 | |
| 52. American Samoa AS | N | | | | | | | 0 | |
| 53. Guam GU | N | | | | | | | 0 | |
| 54. Puerto Rico PR | N | | | | | | | 0 | |
| 55. U.S. Virgin Islands VI | N | | | | | | | 0 | |
| 56. Northern Mariana Islands MP | N | | | | | | | 0 | |
| 57. Canada CAN | N | | | | | | | 0 | |
| 58. Aggregate other alien OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 147,615 | 0 | 0 | 0 | 0 | 0 | 147,615 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | 0 | |
| 61. Total (Direct Business) | (a) 1 | 147,615 | 0 | 0 | 0 | 0 | 0 | 147,615 | 0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | |
| 58001. | XXX | | | | | | | | |
| 58002. | XXX | | | | | | | | |
| 58003. | XXX | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

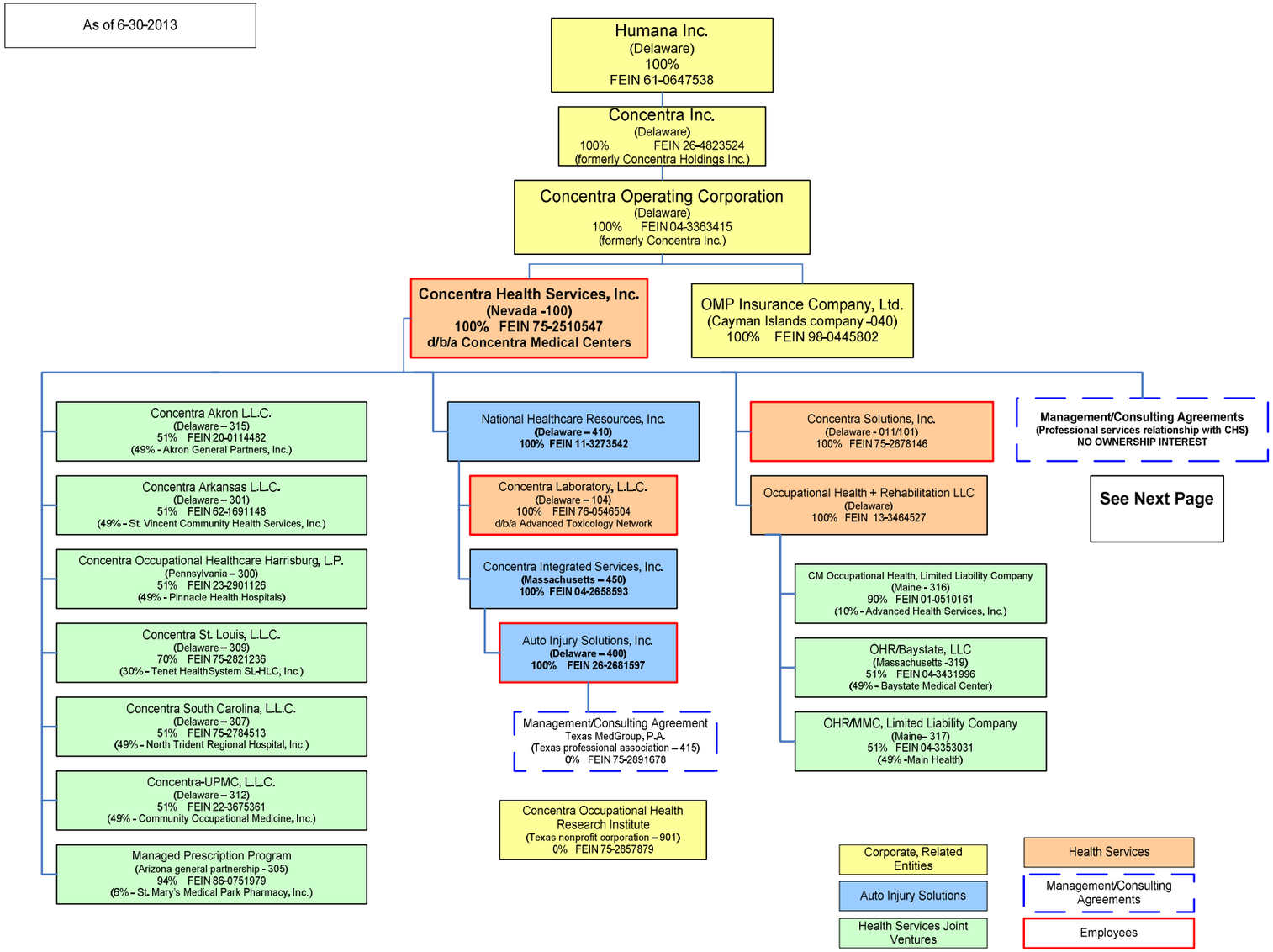
## PART 1 - ORGANIZATIONAL CHART




Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.
(1) Ownership is 50% by CareNetwork, Inc. and 50% by New Health Services, Inc., an affiliate of Milwaukee Center for Independence, Inc., an unaffiliated entity.
(2) Ownership is 58.1736% by Humana Insurance Company, 1.6029% by The Savannah Bank, N.A., an unaffiliated entity and 40.2133% by GMAC Insurance Georgia, L.L.C., an unaffiliated entity. It is a Delaware L.L.C. investment fund organized for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits.
(3) Ownership is 22.5% by HUM-e-FL, Inc., 33.75% by Navigy, Inc., an unaffiliated entity, 33.75% by Health Care Service Corporation, an unaffiliated entity and 10% by Sellcore, Inc., an unaffiliated entity.
(4) Ownership is 12.975% by Humana Innovation Enterprises, Inc., 87.025% by Robert, Barry, Marc & Harvey Schwarzberg, unaffiliated individuals.
(5) HumanaVitality, LLC's ownership is 75% by Humana WellWorks LLC and 25% by The Vitality Group, Inc., an unaffiliated entity. The Vitality Group, LLC's ownership is 75% by The Vitality Group, Inc., an unaffiliated company, and 25% by Humana WellWorks LLC.
(6) Humana Regional Health Plan, Inc.'s ownership is 40% by Arcadian Management Services, Inc. and 60% by Arcadian Health Plan, Inc.

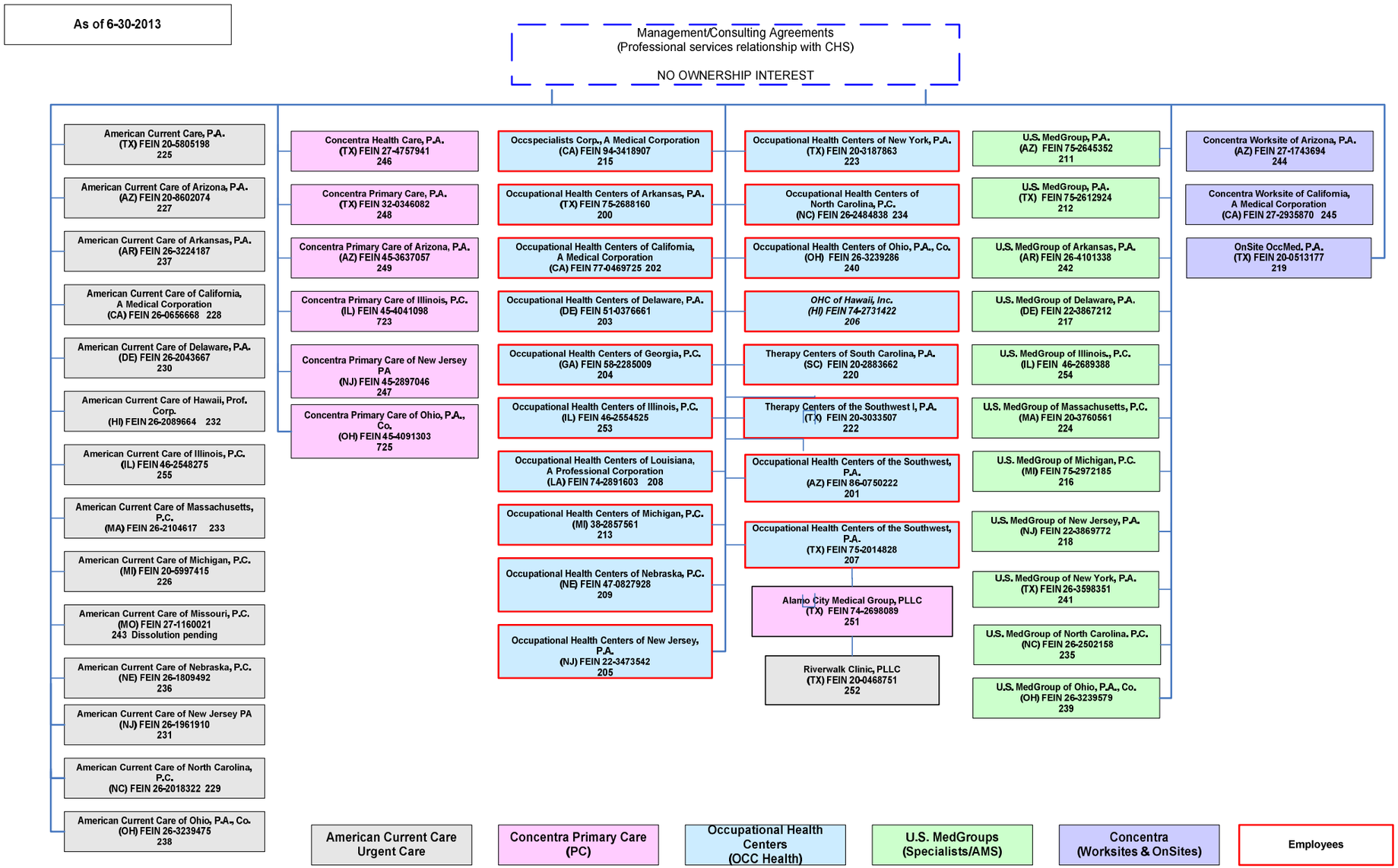
# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART



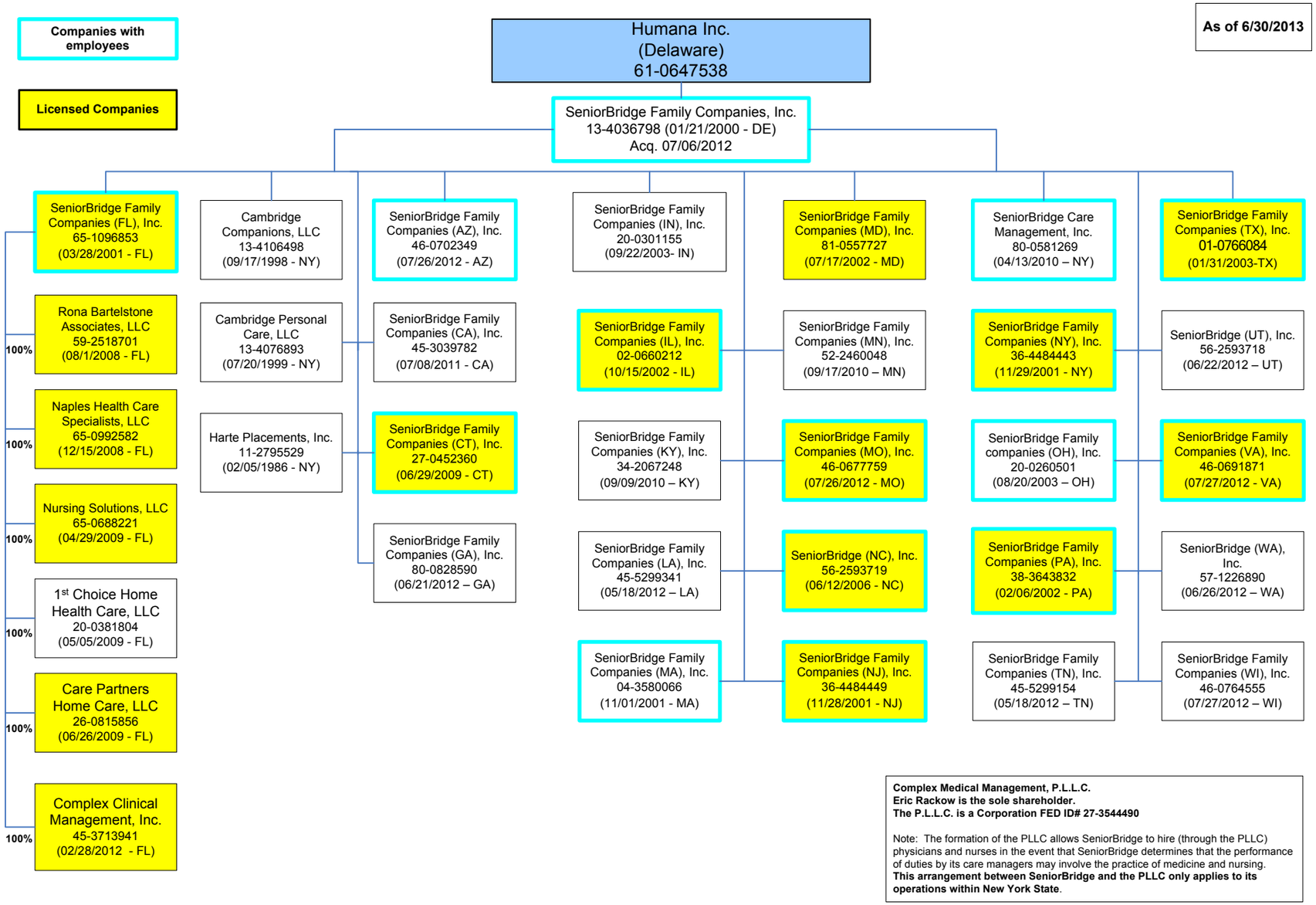
# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART



# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

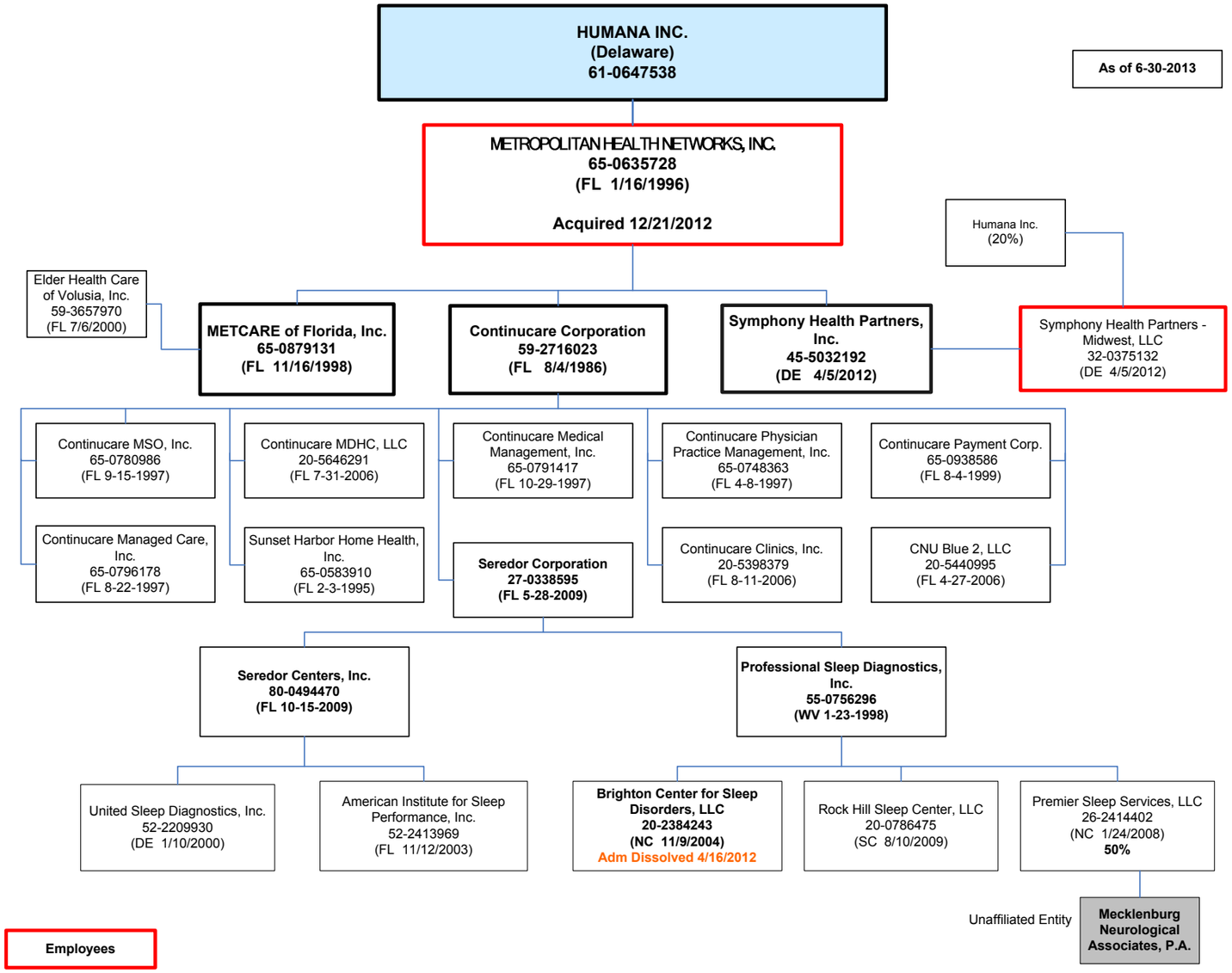



**Complex Medical Management, P.L.L.C.**
**Eric Rackow is the sole shareholder.**
**The P.L.L.C. is a Corporation FED ID# 27-3544490**

Note: The formation of the PLLC allows SeniorBridge to hire (through the PLLC) physicians and nurses in the event that SeniorBridge determines that the performance of duties by its care managers may involve the practice of medicine and nursing. **This arrangement between SeniorBridge and the PLLC only applies to its operations within New York State**.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART



# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc | 00000 | 39-1514846 | | | | CareNetwork, Inc | WI | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95885 | 61-1013183 | | | | Humana Health Plan, Inc | KY | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 73288 | 39-1263473 | | | | Humana Insurance Company | WI | IA | CareNetwork, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95519 | 58-2209549 | | | | Humana Employers Health Plan of GA. Inc | GA | IA | Humana Insurance Company | Ownership | 100.0 | Humana inc | 0 |
| 00119 | Humana Inc | 60219 | 61-1311685 | | | | Humana Insurance Company of Kentucky | KY | IA | Humana Insurance Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 54739 | 52-1157181 | | | | The Dental Concern, Inc | KY | IA | HumanaDental, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 52028 | 36-3654697 | | | | The Dental Concern, Ltd | IL | IA | HumanaDental, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95342 | 39-1525003 | | | | Humana Wisc. Health Org. Ins. Corp | WI | IA | CareNetwork, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1223418 | | | | Health Value Management, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 69671 | 61-1041514 | | | | Humana Health Ins. Co. of Florida, Inc | FL | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95348 | 31-1154200 | | | | Humana Health Plan of Ohio, Inc | OH | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95024 | 61-0994632 | | | | Humana Health Plan of Texas, Inc | TX | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95270 | 61-1103898 | | | | Humana Medical Plan, Inc | FL | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1241225 | | | | Humana Government Business, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1232669 | | | | Managed Care Indemnity, Inc | VT | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1343508 | | | | Humana MarketPOINT, Inc | KY | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1239538 | | | | Humco, Inc | KY | NIA | Humana Health Plan, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95721 | 66-0406896 | | | | Humana Health Plans of Puerto Rico, Inc | PR | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 84603 | 66-0291866 | | | | Humana Insurance of Puerto Rico, Inc | PR | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1364005 | | | | HumanaDental, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 70580 | 39-0714280 | | | | HumanaDental Insurance Company | WI | IA | HumanaDental, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1237697 | | | | Emphesys, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 88595 | 31-0935772 | | | | Emphesys Insurance Company | TX | IA | Emphesys, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-0647538 | | | NYSE | Humana Inc | DE | UIP | | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1316926 | | | | Humana Pharmacy, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1383567 | | | | HUM-e-FL, Inc | FL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 42-1575099 | | | | Comprehensive Health Insights, Inc | IL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 71-0732385 | | | | Humana Health Plan Interests, Inc | LA | NIA | Humana Insurance Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95642 | 72-1279235 | | | | Humana Health Benefit Plan of LA, Inc | LA | IA | Humana Health Plan Interests, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 61-1343791 | | | | Humana Innovation Enterprises, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-1724127 | | | | Preservation on Main, Inc | KY | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-0010657 | | | | CAC-Florida Medical Centers, LLC | FL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95092 | 59-2598550 | | | | CarePlus Health Plans, Inc | FL | IA | CPHP Holdings, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 75-2043865 | | | | Corphealth, Inc | TX | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc. | 00000 | 30-0117876 | | | | CAC Medical Center Holdings, Inc. | FL | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 61-1478012 | | | | American Tax Credit Corp GA Fund III,LLC | DE | OTH | See Footnote 1 | Other | 0.0 | Humana Inc. | 1 |
| 00119 | Humana Inc. | 00000 | 59-3715944 | | | | Availity, L.L.C. | DE | OTH | See Footnote 2 | Board of Directors | 0.0 | Humana Inc. | 2 |
| 00119 | Humana Inc. | 00000 | 61-1279716 | | | | CHA Service Company | KY | NIA | Humana Health Plan, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 95158 | 61-1279717 | | | | CHA HMO, Inc. | KY | IA | CHA Service Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 20-2620891 | | | | Healthcare E-Commerce Initiative, Inc. | PR | OTH | See Footnote 4 | Other | 0.0 | Humana Inc. | 4 |
| 00119 | Humana Inc. | 00000 | 20-4835394 | | | | Humana Active Outlook, Inc. | KY | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 4 |
| 00119 | Humana Inc. | 00000 | 39-1769093 | | | | Independent Care Health Plan | WI | OTH | See Footnote 5 | Other | 100.0 | Humana Inc. | 5 |
| 00119 | Humana Inc. | 00000 | 20-3355580 | | | | Sensei, Inc. | DE | OTH | See Footnote 6 | Other | 0.0 | Humana Inc. | 6 |
| 00119 | Humana Inc. | 00000 | 20-5309363 | | | | 515-526W MainSt CondoCouncilofCo-Owners | KY | NIA | Preservation on Main, Inc. | Ownership | 100.0 | Humana Inc. | 6 |
| 00119 | Humana Inc. | 00000 | 20-8236655 | | | | Corphealth Provider Link, Inc. | TX | NIA | Corphealth, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 33-0916248 | | | | DefenseWeb Technologies, Inc. | DE | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 12634 | 20-2888723 | | | | Humana Insurance Company of New York | NY | IA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 20-3364857 | | | | Humana MarketPOINT of Puerto Rico, Inc. | PR | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 12908 | 20-8411422 | | | | Humana Medical Plan of Utah, Inc. | UT | IA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 20-8418853 | | | | Humana Veterans Healthcare Services, Inc. | DE | NIA | Humana Government Business, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 95107 | 56-1796975 | | | | American Dental Plan of N. C., Inc. | NC | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 11559 | 58-2302163 | | | | American Dental Providers of Ark., Inc. | AR | OTH | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 19 |
| 00119 | Humana Inc. | 52015 | 59-2531815 | | | | CompBenefits Company | FL | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 04-3185995 | | | | CompBenefits Corporation | DE | UIP | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 59-1843760 | | | | Humana Dental Company | FL | UDP | CompBenefits Corporation | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 11228 | 36-3686002 | | | | CompBenefits Dental, Inc. | IL | IA | Dental Care Plus Management Corporation | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 58-2228851 | | | | CompBenefits Direct, Inc. | DE | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 60984 | 74-2552026 | | | | CompBenefits Insurance Company | TX | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 12250 | 63-1063101 | | | | CompBenefits of Alabama, Inc. | AL | IA | HumanaCares, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 58-2198538 | | | | CompBenefits of Georgia, Inc. | GA | IA | HumanaCares, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 36-3512545 | | | | Dental Care Plus Management Corp. | IL | NIA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 95161 | 76-0039628 | | | | DentiCare, Inc. | TX | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 62-1245230 | | | | Kanawha HealthCare Solutions, Inc. | TN | IA | Kanawha Insurance Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 65110 | 57-0380426 | | | | Kanawha Insurance Company | SC | IA | KMG America Corporation | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 20-1377270 | | | | KMG America Corporation | VA | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 65-0274594 | | | | HumanaCares, Inc. | FL | NIA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 74-2352809 | | | | Texas Dental Plans, Inc. | TX | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 95754 | 62-1579044 | | | | Cariten Health Plan Inc. | TN | IA | PHP Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 82740 | 62-0729865 | | | | Cariten Insurance Company | TN | IA | PHP Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc | 10126 | 65-1137990 | | | | Humana AdvantageCare Plan, Inc. | FL | IA | Humana Medical Plan, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 60052 | 37-1326199 | | | | Humana Benefit Plan of Illinois, Inc | IL | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-3473328 | | | | Humana Health Plan of California, Inc | CA | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 62-1552091 | | | | PHP Companies, Inc | TN | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95749 | 62-1546662 | | | | Preferred Hlth Partnership of Tenn.,Inc | TN | IA | PHP Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 62-1250945 | | | | Preferred Health Partnership, Inc | TN | NIA | PHP Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-4522426 | | | | Humana WellWorks LLC | DE | NIA | Health Value Management, Inc. | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-4823524 | | | | Concentra Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 14224 | 27-3991410 | | | | Humana Medical Plan of Michigan, Inc | MI | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 14462 | 27-4660531 | | | | Humana Medical Plan of Pennsylvania, Inc | PA | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 86-1050795 | | | | Hummingbird Coaching Systems LLC | OH | NIA | Corphealth, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 86-1050795 | | | | The Vitality Group, LLC | DE | OTH | See Footnote 7 | Ownership | 25.0 | Humana Inc | 7 |
| 00119 | Humana Inc | 00000 | 27-4535747 | | | | HumanaVitality, LLC | DE | OTH | See Footnote 7 | Ownership | 75.0 | Humana Inc | 7 |
| 00119 | Humana Inc | 00000 | 45-2254346 | | | | Humana Pharmacy Solutions, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 7 |
| 00119 | Humana Inc | 00000 | 45-3116348 | | | | HomeCare Health Solutions, Inc. | FL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-1981339 | | | | M.D. Care, Inc | CA | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 77-0540040 | | | | Anvita, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 27-3387971 | | | | Arcadian Choice, Inc | TX | NIA | Arcadian Management Services, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 12628 | 20-5089611 | | | | Arcadian Health Plan of Georgia, Inc | GA | IA | Arcadian Management Services, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 11954 | 20-8688983 | | | | Arcadian Health Plan of Louisiana, Inc | LA | IA | Arcadian Management Services, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 13558 | 26-2800286 | | | | Arcadian Health Plan of New York, Inc | NY | IA | Arcadian Management Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 12999 | 26-0500828 | | | | Arcadian Heath Plan of North Carolina, Inc | NC | IA | Arcadian Management Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 12151 | 20-1001348 | | | | Arcadian Health Plan, Inc | WA | IA | Arcadian Management Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 86-0836599 | | | | Arcadian Management Services, Inc | DE | NIA | Arcadian Management Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 12282 | 20-2036444 | | | | Humana Regional Health Plan, Inc | AR | IA | Arcadian Management Services, Inc./Arcadia Health Plan, Inc | Ownership | 100.0 | Humana Inc | 18 |
| 00119 | Humana Inc | 00000 | 20-3585174 | | | | Valor Healthcare, Inc | DE | NIA | Humana Government Business, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 27-1649291 | | | | Harris, Rothenberg International Inc | NY | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 13-4036798 | | | | SeniorBridge Family Companies, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 17 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc. | 00000 | 27-0200477 | | | | Ambulatory Care Solutions of Arkansas LLC | AR | NIA | Humana Government Business, Inc. | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-4179617 | | | | Ambulatory Care Solutions of Ohio LLC | OH | NIA | Humana Government Business, Inc. | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 37-1485812 | | | | Ambulatory Care Solutions, LLC | IN | NIA | Humana Government Business, Inc. | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 65-0293220 | | | | 54th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 65-0851053 | | | | 154th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 46-1225873 | | | | Agile Technology Solutions, Inc. | DE | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 80-0072760 | | | | Certify Data Systems, Inc. | DE | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 8 |
| 00119 | Humana Inc. | 00000 | 26-3583438 | | | | HUM-Holdings International, Inc. | KY | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | |
| 00119 | Humana Inc. | 00000 | 26-3592783 | | | | HUM INT, LLC | DE | NIA | HUM-Holdings International, Inc. | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-8602074 | | | | American Current Care of Arizona, P.A. | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-3224187 | | | | American Current Care of Arkansas, P.A. | AR | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-0656668 | | | | Amer Current Care of CA, A Med. Corp. | CA | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-2043667 | | | | American Current Care of DE, P.A. | DE | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-2089664 | | | | American Current Care of HI, Prof. Corp. | HI | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-2104617 | | | | American Current Care of MA, P.C. | MA | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-5997415 | | | | American Current Care of Michigan, P.C. | MI | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 27-1160021 | | | | American Current Care of Missouri, P.C. | MO | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-1809492 | | | | American Current Care of Nebraska, P.C. | NE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-1961910 | | | | American Current Care of New Jersey PA | NJ | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-2018322 | | | | American Current Care of NC, P.C. | NC | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-3239475 | | | | American Current Care of Ohio, P.A., Co. | OH | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-5805198 | | | | American Current Care, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-2681597 | | | | Auto Injury Solutions, Inc. | DE | NIA | Concentra Integrated Services, Inc. | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 01-0510161 | | | | CM Occupational Health, L.L.C. | ME | NIA | See Footnote 8 | Joint Venture | 0.0 | Humana Inc. | 8 |
| 00119 | Humana Inc. | 00000 | 20-0114482 | | | | Concentra Akron, L.L.C. | DE | NIA | See Footnote 9 | Joint Venture | 100.0 | Humana Inc. | 9 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc | 00000 | 62-1691148 | | | | Concentra Arkansas, L.L.C. | DE | NIA | See Footnote 10 | Joint Venture | 0.0 | Humana Inc | 10 |
| 00119 | Humana Inc | 00000 | 75-2510547 | | | | Concentra Health Services, Inc. | NV | NIA | Concentra Operating Corporation | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-4823524 | | | | Concentra Inc. | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 04-3363415 | | | | Concentra Operating Corporation | DE | NIA | Concentra Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 04-2658593 | | | | Concentra Integrated Services, Inc | MA | NIA | National Healthcare Resources, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 76-0546504 | | | | Concentra Laboratory, L.L.C. | DE | NIA | National Healthcare Resources, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2857879 | | | | Concentra Occ Health Research Institute | TX | NIA | Concentra Health Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 23-2901126 | | | | Concentra Occ Healthcare Harrisburg, L.P | PA | NIA | See Footnote 11 | Joint Venture | 0.0 | Humana Inc | 11 |
| 00119 | Humana Inc | 00000 | 75-2678146 | | | | Concentra Solutions, Inc | DE | NIA | Concentra Health Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2784513 | | | | Concentra South Carolina, L.L.C. | DE | NIA | See Footnote 12 | Joint Venture | 0.0 | Humana Inc | 12 |
| 00119 | Humana Inc | 00000 | 75-2821236 | | | | Concentra St. Louis, L.L.C. | DE | NIA | See Footnote 13 | Joint Venture | 0.0 | Humana Inc | 13 |
| 00119 | Humana Inc | 00000 | 27-1743694 | | | | Concentra Worksite of Arizona, P.A | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 27-2935870 | | | | Concentra Worksite of CA, A Med. Corp | CA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 22-3675361 | | | | Concentra-UPMC, L.L.C | DE | NIA | See Footnote 14 | Joint Venture | 0.0 | Humana Inc | 14 |
| 00119 | Humana Inc | 00000 | 86-0751979 | | | | Managed Prescription Program | AZ | NIA | Concentra Health Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 11-3273542 | | | | National Healthcare Resources, Inc | DE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 94-3418907 | | | | Occspecialists Corp., A Medical Corp | CA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2688160 | | | | Occupational Health Centers of AR, P.A | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 77-0469725 | | | | Occ Health Centers of CA, A Med. Corp | CA | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 51-0376661 | | | | Occupational Health Centers of DE, P.A | DE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 58-2285009 | | | | Occupational Health Centers of GA, P.C | GA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 74-2891603 | | | | Occ Health Centers of LA, A Prof. Corp | LA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 38-2857561 | | | | Occupational Health Centers of MI, P.C | MI | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 47-0827928 | | | | Occupational Health Centers of NE, P.C | NE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 22-3473542 | | | | Occupational Health Centers of NJ, P.A | NJ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 20-3187863 | | | | Occupational Health Centers of NY, P.A | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc. | 00000 | 26-2484838 | | | | Occupational Health Centers of NC, P.C. | NC | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-3239286 | | | | Occ Health Centers of OH, P.A., Co. | OH | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 86-0750222 | | | | Occ Health Centers of the Southwest, P.A. | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 75-2014828 | | | | Occ Health Centers of the Southwest, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 74-2731442 | | | | OHC of Hawaii, Inc. | HI | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 04-3353031 | | | | OHR/Baystate, LLC | MA | NIA | See Footnote 15 | Joint Venture | 0.0 | Humana Inc. | 15 |
| 00119 | Humana Inc. | 00000 | 04-3353031 | | | | OHR/MMC, Limited Liability Company | ME | NIA | See Footnote 16 | Joint Venture | 100.0 | Humana Inc. | 16 |
| 00119 | Humana Inc. | 00000 | 98-0445802 | | | | OMP Insurance Company, Ltd. | TX | NIA | Concentra Operating Corporation | Ownership | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-0513177 | | | | OnSite OccMed, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-2883662 | | | | Therapy Centers of South Carolina, P.A. | SC | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-3033507 | | | | Therapy Centers of the Southwest I, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-4101338 | | | | U.S. MedGroup of Arkansas, P.A. | AR | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 22-3867212 | | | | U.S. MedGroup of Delaware, P.A. | DE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-3760561 | | | | U.S. MedGroup of Massachusetts, P.C. | MA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 75-2972185 | | | | U.S. MedGroup of Michigan, P.C. | MI | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 22-3869772 | | | | U.S. MedGroup of New Jersey, P.A. | NJ | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-3598351 | | | | U.S. MedGroup of New York, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-2502158 | | | | U.S. MedGroup of North Carolina, P.C. | NC | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 26-3239579 | | | | U.S. MedGroup of Ohio, P.A., Co. | OH | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 75-2612924 | | | | U.S. MedGroup, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 75-2645352 | | | | U.S. MedGroup, P.A. | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 13-3464527 | | | | Occupational Health + Rehabilitation LLC | DE | NIA | Concentra Health Services, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 27-4757941 | | | | Concentra Health Care, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 32-0346082 | | | | Concentra Primary Care, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc. | 00000 | 45-2897046 | | | | Concentra Primary Care of New Jersey PA | NJ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 75-2891678 | | | | Texas MedGroup, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 45-3637057 | | | | Concentra Primary Care of Arizona, PA | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 45-4041098 | | | | Concentra Primary Care of Illinois, P.C. | IL | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 45-4091303 | | | | Concentra Primary Care of Ohio, P.A., Co. | OH | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 46-2548275 | | | | American Current Care of Illinois, P.C | IL | NIA | See Footnote 17 | Other | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 46-2554525 | | | | Occupational Health Centers of Illinois, P.C. | IL | NIA | See Footnote 17 | Other | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 46-2689388 | | | | U.S. MedGroup of Illinois, P.C. | IL | NIA | See Footnote 17 | Other | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 74-2698089 | | | | Alamo City Medical Group, PLLC | TX | NIA | See Footnote 17 | Other | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 20-0468751 | | | | Riverwalk Clinic, PLLC | TX | NIA | See Footnote 17 | Other | 0.0 | Humana Inc. | 17 |
| 00119 | Humana Inc. | 00000 | 13-4036798 | | | | SeniorBridge Family Companies, Inc, | DE | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 65-1096853 | | | | SeniorBridge Family Companies (FL), Inc | FL | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 46-0702349 | | | | SeniorBridge Family Companies (AZ), Inc | AZ | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 45-3039782 | | | | SeniorBridge Family Companies (CA), Inc | CA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 27-0452360 | | | | SeniorBridge Family Companies (CT), Inc | CT | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 80-0828590 | | | | SeniorBridge Family Companies (GA), Inc | GA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 20-0301155 | | | | SeniorBridge Family Companies (IN), Inc | IN | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 02-0660212 | | | | SeniorBridge Family Companies (IL), Inc | IL | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 34-2067248 | | | | SeniorBridge Family Companies (KY), Inc | KY | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 45-5299341 | | | | SeniorBridge Family Companies (LA), Inc | LA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 04-3580066 | | | | SeniorBridge Family Companies (MA), Inc | MA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 81-0557727 | | | | SeniorBridge Family Companies (MD), Inc | MD | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 52-2460048 | | | | SeniorBridge Family Companies (MN), Inc | MN | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 46-0677759 | | | | SeniorBridge Family Companies (MO), Inc | MO | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 56-2593719 | | | | SeniorBridge (NC), Inc | NC | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc. | 0 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc. | 00000 | 36-4484449 | | | | SeniorBridge Family Companies (NJ), Inc. | NJ | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 36-4484443 | | | | SeniorBridge Family Companies (NY), Inc. | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 20-0260501 | | | | SeniorBridge Family Companies (OH), Inc. | OH | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 38-3643832 | | | | SeniorBridge Family Companies (PA), Inc. | PA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 45-5299154 | | | | SeniorBridge Family Companies (TN), Inc. | TN | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 01-0766084 | | | | SeniorBridge Family Companies (TX), Inc. | TX | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 56-2593718 | | | | SeniorBridge (UT), Inc. | UT | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 46-0691871 | | | | SeniorBridge Family Companies (VA), Inc. | VA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 57-1226890 | | | | SeniorBridge (WA), Inc. | WA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 46-0764555 | | | | SeniorBridge Family Companies (WI), Inc. | WI | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 80-0581269 | | | | SeniorBridge Care Management, Inc. | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 13-4106498 | | | | Cambridge Companions, LLC | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 13-4076893 | | | | Cambridge Personal Care, LLC | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 59-2518701 | | | | Rona Bartelstone Associates, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 65-0992582 | | | | Naples Health Care Specialists, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 65-0688221 | | | | Nursing Solutions, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 20-0381804 | | | | 1st Choice Home Health Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 26-0815856 | | | | Care Partners Home Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 45-3713941 | | | | Complex Clinical Management, Inc. | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 11-2795529 | | | | Harte Placements, Inc. | NY | NIA | SeniorBridge Family Companies (NY), Inc. | Ownership | 100.0 | Humana Inc. | |
| 00119 | Humana Inc. | 00000 | 65-0635728 | | | | Metropolitan Health Networks, Inc. | FL | NIA | Humana Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 65-0879131 | | | | METCARE of Florida, Inc. | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 59-2716023 | | | | Continucare Corporation | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 45-5032192 | | | | Symphony Health Partners, Inc. | DE | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.0 | Humana Inc. | 0 |
| 00119 | Humana Inc. | 00000 | 65-0780986 | | | | Continucare MSO, Inc. | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc. | 0 |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00119 | Humana Inc | 00000 | 20-5646291 | | | | Continucare MDHC, LLC | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 27-0338595 | | | | Seredor Corporation | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 65-0791417 | | | | Continucare Medical Management, Inc | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 32-0375132 | | | | Symphony Health Partners - Midwest, LLC | DE | NIA | 80% Symphony Health Partners, Inc. / 20% Humana Inc | Ownership | 0.0 | | 20 |
| 00119 | Humana Inc | 00000 | 80-0494470 | | | | Seredor Centers, Inc | FL | NIA | Seredor Corporation | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 55-0756296 | | | | Professional Sleep Diagnostics, Inc | WV | NIA | Seredor Corporation | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 52-2209930 | | | | United Sleep Diagnostics, Inc | DE | NIA | Seredor Centers, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 52-2413969 | | | | American Institute for Sleep Performance, Inc | FL | NIA | Seredor Centers, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-2384243 | | | | Brighton Center for Sleep Disorders, LLC | NC | NIA | Professional Sleep Diagnostics, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-0786475 | | | | Rock Hill Sleep Center, LLC | SC | NIA | Professional Sleep Diagnostics, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-2414402 | | | | Premier Sleep Services, LLC | NC | NIA | Professional Sleep Diagnostics, Inc | Ownership | 0.0 | | 21 |
| 00119 | Humana Inc | 00000 | 65-0748363 | | | | Continucare Physician Practice Management, Inc | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | |
| 00119 | Humana Inc | 00000 | 65-0938586 | | | | Continucare Payment Corp | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | |
| 00119 | Humana Inc | 00000 | 20-5398379 | | | | Continucare Clinics, Inc | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | |
| 00119 | Humana Inc | 00000 | 20-5440995 | | | | CNU Blue 2, LLC | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | |
| 00119 | Humana Inc | 00000 | 65-0796178 | | | | Continucare Managed Care, Inc | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | |
| 00119 | Humana Inc | 00000 | 65-0583910 | | | | Sunset Harbor Home Health, Inc | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | |
| 00119 | Humana Inc | 00000 | 59-3657970 | | | | Elder Health Care of Volusia, Inc | FL | NIA | METCARE of Florida, Inc | Ownership | 100.0 | Humana Inc | |

| Asterisk | Explanation |
|---|---|
| 1 | American Tax Credit Corporate Georgia Fund III, L.L.C., a Delaware limited liability company, was formed on October 4, 2004 for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits. Humana Insurance Company is a Member with a 58.1736% ownership interest. The Savannah Bank, N.A. is a Member with a 1.6029% ownership interest, GMAC Insurance Georgia, L.L.C. is a Member with a 40.2133% ownership interest and Paramount Properties, Inc. is the Managing Member with 0.01% ownership interest |
| 2 | Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest |
| 3 | Green Ribbon Health, L.L.C., a Delaware limited liability company, was formed on December 14, 2004 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Pfizer Health Solutions, Inc. to implement the Centers for Medicare and Medicaid Disease Management Program. Humana Innovation Enterprises, Inc., a subsidiary of Humana Inc., is a Member with a 50% ownership interest and Pfizer Health Solutions, Inc., a subsidiary of Pfizer, Inc. is a Member with a 50% ownership interest |
| 4 | Healthcare E-Commerce Initiative, Inc., a Puerto Rico non-profit corporation, formed for the purposeof promoting an electronic bill processing and other e-commerce transactions to the providers of health care services in Puerto Rico. This is a joint venture with 5 members including Cooperativa de Seguros de Vida de Puerto Rico, Inc., La Cruz Azul de Puerto Rico, Inc., Medical Card System, Inc., MMM Healthcare, Inc. and Humana Insurance of Puerto Rico, Inc. jointly with Humana Health Plans of Puerto Rico, Inc. Each of the 5 members has an equal vote |

# SCHEDULE Y
# PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| Asterisk | Explanation |
|---|---|
| 5 | Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. New Health Services, Inc. owns the other 50% |
| 6 | Sensei, Inc., a Delaware corporation, was incorporated on August 24, 2005 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Card Guard AG, a Swiss corporation, dedicated to defining, building, and distributing the next generation of wireless health platforms. On December 12, 2008, Humana Innovation Enterprises, Inc. purchased all of Sensei, Inc.'s shares from Card Guard AG whereby Humana Innovation Enterprises, Inc. owned 100% of Sensei's issued and outstanding stock. On May 17, 2010, Robert Schwarzberg purchased 81% of Sensei's shares from Humana Innovation Enterprises, Inc., leaving the company with a 19% ownership interest |
| 7 | HumanaVitality, LLC, a Delaware limited liability company, was formed on January 3, 2011, and The Vitality Group, LLC, a Delaware limited liability company, was formed on February 15, 2011 through affiliates of Humana Inc. and Discovery Holdings Limited, a South African company, to offer Discovery's Vitality wellness and loyalty program to Humana members. Humana WellWorks LLC, a subsidiary of Humana Inc., owns 75% of HumanaVitality, LLC and 25% of The Vitality Group, LLC. The Vitality Group, Inc., a subsidiary of Discovery Holdings Limited, owns 25% of HumanaVitality, LLC and 75% of The Vitality Group, LLC |
| 8 | CM Occupational Health, Limited Liability Company is a Maine limited liability company. Occupational Health + Rehabilitation LLC has a 90% ownership interest and Advanced Health Services, Inc. has a 10% ownership interest |
| 9 | Concentra Akron, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Akron General Partners, Inc. has a 49% ownership interest |
| 10 | Concentra Arkansas, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and St. Vincent Community Health Services, Inc. has a 49% ownership interest |
| 11 | Concentra Occupational Healthcare Harrisburg, L.P. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Pinnacle Health Hospitals has a 49% interest |
| 12 | Concentra South Carolina, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and North Trident Regional Hospital, Inc. has a 49% ownership interest |
| 13 | Concentra St. Louis, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 70% ownership interest and Tenet HealthSystem SL-HLC, Inc. has a 30% ownership interest |
| 14 | Concentra-UPMC, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Community Occupational Medicine, Inc. has a 49% ownership interest |
| 15 | OHR/Baystate, LLC is a Massachusetts limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Bayside Medical Center has a 49% ownership interest |
| 16 | OHR/MMC, Limited Liability Company is a Main limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Maine Health has a 49% ownership interest |
| 17 | Professional Services Relationship/Agreement with Concentra health Services, Inc |
| 18 | Ownership is 60% Arcadian Health Plan, Inc., 40% Arcadian Management Services, Inc |
| 19 | Reporting company |
| 20 | Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC |
| 21 | Premier Sleep Services, LLC (50% is owned by an unaffiliated entity) and 50% is owned by Professional Sleep Diagnostics, Inc.. which itself is owned 100% by Seredor Corporation, which itself is owned 100% by Continucare Corporation, which is owned 100% by Metropolitan Health Networks, Inc., which is owned 100% by Humana Inc |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

| | RESPONSE |
|---|---|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

**Explanation:**

1. This type of business is not written.

**Bar Code:**

1. 1 1 5 5 9 2 0 1 3 3 6 5 0 0 0 0 2

# OVERFLOW PAGE FOR WRITE-INS

# SCHEDULE A – VERIFICATION

**Real Estate**

NONE

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Current year change in encumbrances | | 0 |
| 4. Total gain (loss) on disposals | | 0 |
| 5. Deduct amounts received on disposals | | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 7. Deduct current year's other than temporary impairment recognized | | 0 |
| 8. Deduct current year's depreciation | | 0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. Deduct total nonadmitted amounts | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

# SCHEDULE B – VERIFICATION

**Mortgage Loans**

NONE

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | 0 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | 0 |
| 10. Deduct current year's other than temporary impairment recognized | | 0 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Total valuation allowance | | 0 |
| 13. Subtotal (Line 11 plus Line 12) | 0 | 0 |
| 14. Deduct total nonadmitted amounts | 0 | 0 |
| 15. Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

# SCHEDULE BA – VERIFICATION

**Other Long-Term Invested Assets**

NONE

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | 0 |
| 2.2 Additional investment made after acquisition | | 0 |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | 0 |
| 5. Unrealized valuation increase (decrease) | | 0 |
| 6. Total gain (loss) on disposals | | 0 |
| 7. Deduct amounts received on disposals | | 0 |
| 8. Deduct amortization of premium and depreciation | | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. Deduct current year's other than temporary impairment recognized | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

# SCHEDULE D – VERIFICATION

**Bonds and Stocks**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 104,901 | 104,811 |
| 2. Cost of bonds and stocks acquired | | 0 |
| 3. Accrual of discount | 45 | 90 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | | 0 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 104,946 | 104,901 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 104,946 | 104,901 |

# SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity**
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

| | 1<br>Book/Adjusted Carrying Value Beginning of Current Quarter | 2<br>Acquisitions During Current Quarter | 3<br>Dispositions During Current Quarter | 4<br>Non-Trading Activity During Current Quarter | 5<br>Book/Adjusted Carrying Value End of First Quarter | 6<br>Book/Adjusted Carrying Value End of Second Quarter | 7<br>Book/Adjusted Carrying Value End of Third Quarter | 8<br>Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|---|---|---|---|---|---|---|
| **BONDS** | | | | | | | | |
| 1. Class 1 (a) | 555,447 | 1,199,967 | 1,200,000 | 67 | 555,447 | 555,481 | 0 | 555,433 |
| 2. Class 2 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 3. Class 3 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 4. Class 4 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 5. Class 5 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 6. Class 6 (a) | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 555,447 | 1,199,967 | 1,200,000 | 67 | 555,447 | 555,480 | 0 | 555,433 |
| **PREFERRED STOCK** | | | | | | | | |
| 8. Class 1 | 0 | | | | 0 | 0 | 0 | 0 |
| 9. Class 2 | 0 | | | | 0 | 0 | 0 | 0 |
| 10. Class 3 | 0 | | | | 0 | 0 | 0 | 0 |
| 11. Class 4 | 0 | | | | 0 | 0 | 0 | 0 |
| 12. Class 5 | 0 | | | | 0 | 0 | 0 | 0 |
| 13. Class 6 | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock | 555,447 | 1,199,967 | 1,200,000 | 67 | 555,447 | 555,480 | 0 | 555,433 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ 450,534 ; NAIC 2 $ 0 ;
NAIC 3 $ 0 ; NAIC 4 $ 0 ; NAIC 5 $ 0 ; NAIC 6 $ 0

# SCHEDULE DA - PART 1

**Short-Term Investments**

| | 1<br>Book/Adjusted Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected Year To Date | 5<br>Paid for Accrued Interest Year To Date |
|---|---|---|---|---|---|
| 9199999 | 50,538 | XXX | 50,538 | 1 | 0 |

# SCHEDULE DA - VERIFICATION

**Short-Term Investments**

| | 1<br>Year To Date | 2<br>Prior Year Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 50,536 | 375,529 |
| 2. Cost of short-term investments acquired | 800,002 | 425,007 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 800,000 | 750,000 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 50,538 | 50,536 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 50,538 | 50,536 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

# SCHEDULE E - VERIFICATION

**(Cash Equivalents)**

| | 1<br>Year To<br>Date | 2<br>Prior Year<br>Ended December 31 |
|---|---|---|
| 1. Book/adjusted carrying value, December 31 of prior year | 399,996 | 0 |
| 2. Cost of cash equivalents acquired | 2,399,887 | 4,999,787 |
| 3. Accrual of discount | 113 | 209 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 2,400,000 | 4,600,000 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 399,996 | 399,996 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 399,996 | 399,996 |

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

# SCHEDULE E - PART 1 - CASH

**Month End Depository Balances**

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|---|---|---|---|---|---|---|---|---|
| | | | | | 6 | 7 | 8 | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| Open Depositories | | | | | | | | |
| JP Morgan Chase.....New York , NY..... | | | | | 55,075 | 48,494 | 48,506 | XXX |
| 0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999 Total Open Depositories | XXX | XXX | 0 | 0 | 55,075 | 48,494 | 48,506 | XXX |
| 0399999 Total Cash on Deposit | XXX | XXX | 0 | 0 | 55,075 | 48,494 | 48,506 | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| **0599999 Total** | XXX | XXX | 0 | 0 | 55,075 | 48,494 | 48,506 | XXX |

# SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1<br>Description | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted Carrying Value | 7<br>Amount of Interest Due & Accrued | 8<br>Amount Received During Year |
|---|---|---|---|---|---|---|---|
| U.S. Governments - Issuer Obligations | | | | | | | |
| UNITED STATES TREASURY TREAS BILL | | 06/12/2013 | 0.036 | 07/11/2013 | 399,996 | | 8 |
| 0199999 - U.S. Governments - Issuer Obligations | | | | | 399,996 | 0 | 8 |
| 0599999 - Subtotals - U.S. Government Bonds | | | | | 399,996 | 0 | 8 |
| 7799999 - Subtotals - Issuer Obligations | | | | | 399,996 | 0 | 8 |
| 8399999 - Subtotals - Bonds | | | | | 399,996 | 0 | 8 |
| 8699999 Total Cash Equivalents | | | | | 399,996 | 0 | 8 |