To Include Actuarial Opinion

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Humana Benefit Plan of Illinois, Inc.

NAIC Group Code 0119 (Current) 0119 (Prior) NAIC Company Code 60052 Employer's ID Number 37-1326199

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 06/20/1994 Commenced Business 02/01/1995

Statutory Home Office 7915 N. Hale Ave., Ste. D (Street and Number), Peoria , IL, US 61615 (City or Town, State, Country and Zip Code)

Main Administrative Office 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)

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 Website Address www.humana.com

Statutory Statement Contact Elizabeth Young (Name), 502-580-3025 (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com (E-mail Address), 502-580-2099 (FAX Number)

OFFICERS

President & CEO	Bruce Dale Broussard	Sr. VP & CFO	Brian Andrew Kane #
VP & Corporate Secretary	Joan Olliges Lenahan	VP & Appointed Actuary	Jonathan Albert Canine

OTHER

Alan James Bailey # VP & Treasurer	Elizabeth Diane Bierbower Pres., Employer Group Segment	John Gregory Catron VP & Chief Compliance Officer
Michael Lester Cotton # Vice President	Mark Sobhi El-Tawil # VP & Div. Leader - Western Div.	Jeffrey Carl Fernandez # Seg. VP, Medicare: West
Gerald Lawrence Ganoni # President & VP, Small Business & Large Group	Roy Goldman Ph.D VP & Chief Actuary	Charles Frederic Lambert III Vice President
Brian Phillip LeClaire Sr. VP & Chief Info Officer	Heidi Suzanne Margulis Sr. Vice President	Steven Edward McCulley # SVP, Medicare Operations
Kevin Ross Meriwether # VP & Div. Leader - Southeastern Div.	Bruno Roger Piquin VP & Div. Leader - Northern Div.	William Mark Preston # VP-Investment Management
Tamara Lynn Quiram # COO, Small Business and Large Group	Richard Donald Remmers VP, Employer Group Segment	George Renaudin # Seg. VP, Medicare: East
Donald Hank Robinson # Vice President - Tax	Debra Anne Smith VP-Sr.Prod.Strategy & Prod Dev.	Joseph Christopher Ventura Assistant Corporate Secretary
Timothy Alan Wheatley President, Retail Segment	Ralph Martin Wilson Vice President	

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Neal Curtis Fischer M.D.	Steven Edward McCulley #
James Elmer Murray	William Reed Snyder #	Ross Alan Westreich

State of Kentucky
County of Jefferson SS:

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.

Bruce Dale Broussard President & CEO	Joan Olliges Lenahan VP & Corporate Secretary	Alan James Bailey VP & Treasurer #

Subscribed and sworn to before me this
20th day of February 2015

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.....

Michele Sizemore
Notary Public
January 3, 2019

ASSETS

		Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1.	Bonds (Schedule D)	52,778,680	0	52,778,680	50,475,922
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ 0 encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less $ 0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less $ 0 encumbrances)	0	0	0	0
5.	Cash ($ 4,303,736 , Schedule E - Part 1), cash equivalents ($ 0 , Schedule E - Part 2) and short-term investments ($ 3,311,494 , Schedule DA)	7,615,230	0	7,615,230	207,521
6.	Contract loans, (including $ 0 premium notes)	0	0	0	0
7.	Derivatives (Schedule DB)	0	0	0	0
8.	Other invested assets (Schedule BA)	0	0	0	0
9.	Receivables for securities	0	0	0	0
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	60,393,910	0	60,393,910	50,683,443
13.	Title plants less $ 0 charged off (for Title insurers only)	0	0	0	0
14.	Investment income due and accrued	527,708	0	527,708	504,278
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	4,296,096	134,816	4,161,280	3,892,567
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ 0 earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums	1,055	0	1,055	4,252,606
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0
	16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17.	Amounts receivable relating to uninsured plans	5,277,541	0	5,277,541	234,285
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	0	16,239
18.2	Net deferred tax asset	5,000,700	49,247	4,951,453	5,729,131
19.	Guaranty funds receivable or on deposit	0	0	0	0
20.	Electronic data processing equipment and software	6,870	0	6,870	15,215
21.	Furniture and equipment, including health care delivery assets ($ 0)	133,825	133,825	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23.	Receivables from parent, subsidiaries and affiliates	4,951,195	0	4,951,195	260,217
24.	Health care ($ 1,671,295) and other amounts receivable	1,879,673	208,121	1,671,552	793,019
25.	Aggregate write-ins for other than invested assets	7,713,392	1,134,031	6,579,361	45,352
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	90,181,965	1,660,040	88,521,925	66,426,352
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	90,181,965	1,660,040	88,521,925	66,426,352
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	Risk Adjustment Premium Receivables	6,554,392	0	6,554,392	0
2502.	Prepaid Commissions	1,102,507	1,102,507	0	0
2503.	Prepaid Expenses	26,286	26,286	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	30,207	5,238	24,969	45,352
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	7,713,392	1,134,031	6,579,361	45,352

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	Current Year 2 Uncovered	Current Year 3 Total	Prior Year 4 Total
1. Claims unpaid (less $ 0 reinsurance ceded)	23,440,493	800,537	24,241,030	16,590,160
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	363,869	0	363,869	284,766
4. Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act	169,897	0	169,897	2,157,054
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	1,016,051	0	1,016,051	644,264
9. General expenses due or accrued	105,317	0	105,317	41,536
10.1 Current federal and foreign income tax payable and interest thereon (including $ 36,181 on realized capital gains (losses))	322,600	0	322,600	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	1,957	0	1,957	2,120
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	228,719	0	228,719	133,873
14. Borrowed money (including $ 0 current) and interest thereon $ 0 (including $ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	0
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with $ 0 authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified ($ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	182,217	0	182,217	629,641
23. Aggregate write-ins for other liabilities (including $ 37,044 current)	37,044	0	37,044	14,359
24. Total liabilities (Lines 1 to 23)	25,868,164	800,537	26,668,701	20,497,773
25. Aggregate write-ins for special surplus funds	XXX	XXX	4,957,377	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	55,300,000	57,300,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(904,153)	(13,871,421)
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 $ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 $ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	61,853,224	45,928,579
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	88,521,925	66,426,352
DETAILS OF WRITE-INS				
2301. Risk Adjustment Premium Payable	37,044	0	37,044	14,359
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	37,044	0	37,044	14,359
2501. Special Surplus - Projected 2015 ACA Fee Assessment	XXX	XXX	4,957,377	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	4,957,377	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1.	Member Months	XXX	354,286	222,287
2.	Net premium income (including $ 0 non-health premium income)	XXX	280,194,697	172,250,549
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4.	Fee-for-service (net of $ 0 medical expenses)	XXX	0	0
5.	Risk revenue	XXX	0	0
6.	Aggregate write-ins for other health care related revenues	XXX	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	280,194,697	172,250,549
	Hospital and Medical:			
9.	Hospital/medical benefits	7,166,132	193,759,654	126,690,971
10.	Other professional services	0	5,941,726	463,568
11.	Outside referrals	0	0	0
12.	Emergency room and out-of-area	210,209	3,882,646	4,532,890
13.	Prescription drugs	0	21,759,625	13,485,210
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts	0	0	0
16.	Subtotal (Lines 9 to 15)	7,376,341	225,343,651	145,172,639
	Less:			
17.	Net reinsurance recoveries	0	0	0
18.	Total hospital and medical (Lines 16 minus 17)	7,376,341	225,343,651	145,172,639
19.	Non-health claims (net)	0	0	0
20.	Claims adjustment expenses, including $ 7,736,353 cost containment expenses	0	9,975,110	9,370,241
21.	General administrative expenses	0	22,297,750	12,951,398
22.	Increase in reserves for life and accident and health contracts (including $ 0 increase in reserves for life only)	0	(1,981,000)	1,981,000
23.	Total underwriting deductions (Lines 18 through 22)	7,376,341	255,635,511	169,475,278
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	24,559,186	2,775,271
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	2,199,248	1,852,446
26.	Net realized capital gains (losses) less capital gains tax of $ 44,432	0	82,515	9,772
27.	Net investment gains (losses) (Lines 25 plus 26)	0	2,281,763	1,862,218
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ 0) (amount charged off $ 0)]	0	0	0
29.	Aggregate write-ins for other income or expenses	0	(923)	12,598
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	26,840,026	4,650,087
31.	Federal and foreign income taxes incurred	XXX	7,304,748	(21,501)
32.	Net income (loss) (Lines 30 minus 31)	XXX	19,535,278	4,671,588
	DETAILS OF WRITE-INS			
0601.		XXX		
0602.		XXX		
0603		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		XXX		
0702.		XXX		
0703		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.	Miscellaneous Income	0	152	12,598
2902.	Loss on Disposal	0	(1,075)	0
2903				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	(923)	12,598

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	45,928,579	44,630,618
34.	Net income or (loss) from Line 32	19,535,278	4,671,588
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 $ 338	627	(550)
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0
38.	Change in net deferred income tax	(2,902,581)	(1,538,830)
39.	Change in nonadmitted assets	1,291,321	2,165,753
40	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	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	(2,000,000)	(4,000,000)
	45.2 Transferred to capital (Stock Dividend)	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	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	15,924,645	1,297,961
49.	Capital and surplus end of reporting period (Line 33 plus 48)	61,853,224	45,928,579
	DETAILS OF WRITE-INS		
4701.		0	0
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	276,009,023	171,541,917
2.	Net investment income	2,293,632	2,096,651
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	278,302,655	173,638,568
5.	Benefit and loss related payments	216,486,064	147,029,256
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	37,599,744	21,481,823
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of $ 10,040 tax on capital gains (losses)	7,010,341	10,117
10.	Total (Lines 5 through 9)	261,096,149	168,521,196
11.	Net cash from operations (Line 4 minus Line 10)	17,206,506	5,117,372
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	27,669,418	5,846,799
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(15)	0
	12.7 Miscellaneous proceeds	637	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	27,670,040	5,846,799
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	29,962,700	12,578,749
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	29,962,700	12,578,749
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(2,292,660)	(6,731,950)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	(2,000,000)	(4,000,000)
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	(5,506,138)	(983,008)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(7,506,138)	(4,983,008)
	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)	7,407,709	(6,597,586)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	207,521	6,805,107
	19.2 End of year (Line 18 plus Line 19.1)	7,615,230	207,521

Note: Supplemental disclosures of cash flow information for non-cash transactions:

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	280,194,697	0	550	259,238	259,886	7,193,057	272,481,966	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of $ 0 medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	280,194,697	0	550	259,238	259,886	7,193,057	272,481,966	0	0	0
8. Hospital/medical benefits	193,759,654	0	0	0	0	4,814,415	188,945,239	0	0	XXX
9. Other professional services	5,941,726	0	0	116,238	167,402	7,042	5,651,044	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	3,882,646	0	0	0	0	227,200	3,655,446	0	0	XXX
12. Prescription drugs	21,759,625	0	0	0	0	983,654	20,775,971	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	225,343,651	0	0	116,238	167,402	6,032,311	219,027,700	0	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	225,343,651	0	0	116,238	167,402	6,032,311	219,027,700	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 7,736,353 cost containment expenses	9,975,110	0	0	2,388	1,000	238,343	9,733,379	0	0	0
20. General administrative expenses	22,297,750	0	94	29,706	20,406	572,875	21,674,669	0	0	0
21. Increase in reserves for accident and health contracts	(1,981,000)	0	0	0	0	(1,981,000)	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	255,635,511	0	94	148,332	188,808	4,862,529	250,435,748	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	24,559,186	0	456	110,906	71,078	2,330,528	22,046,218	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0	0	0	0
2. Medicare Supplement	550	0	0	550
3. Dental only	259,238	0	0	259,238
4. Vision only	259,886	0	0	259,886
5. Federal Employees Health Benefits Plan	7,200,894	0	7,837	7,193,057
6. Title XVIII - Medicare	272,481,966	0	0	272,481,966
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	280,202,534	0	7,837	280,194,697
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	280,202,534	0	7,837	280,194,697

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	218,640,457	0	0	120,178	153,803	6,174,179	212,192,297	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	218,640,457	0	0	120,178	153,803	6,174,179	212,192,297	0	0	0
2. Paid medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	24,241,030	0	0	5,001	13,599	655,755	23,566,675	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	24,241,030	0	0	5,001	13,599	655,755	23,566,675	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0
6. Net healthcare receivables (a)	947,676	0	0	0	0	11,567	936,109	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	16,590,160	0	0	8,941	0	786,056	15,795,163	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	16,590,160	0	0	8,941	0	786,056	15,795,163	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	225,343,651	0	0	116,238	167,402	6,032,311	219,027,700	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	225,343,651	0	0	116,238	167,402	6,032,311	219,027,700	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes $ 188,771 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	4,640,564	0	0	893	13,599	137,417	4,488,655	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	4,640,564	0	0	893	13,599	137,417	4,488,655	0	0	0
2. Incurred but Unreported:										
2.1 Direct	16,941,874	0	0	4,108	0	518,338	16,419,428	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
2.4 Net	16,941,874	0	0	4,108	0	518,338	16,419,428	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	2,658,592	0	0	0	0	0	2,658,592	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	2,658,592	0	0	0	0	0	2,658,592	0	0	0
4. TOTALS:										
4.1 Direct	24,241,030	0	0	5,001	13,599	655,755	23,566,675	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	24,241,030	0	0	5,001	13,599	655,755	23,566,675	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	(1,635)	121,815	0	5,001	(1,635)	8,941
4. Vision Only	0	153,803	0	13,599	0	0
5. Federal Employees Health Benefits Plan	267,089	5,907,088	34,403	621,352	301,492	786,057
6. Title XVIII - Medicare	13,597,609	198,594,688	143,211	23,423,464	13,740,820	15,795,163
7 Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	13,863,063	204,777,394	177,614	24,063,416	14,040,677	16,590,161
10. Healthcare receivables (a)	0	1,690,646	0	0	0	742,971
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	13,863,063	203,086,748	177,614	24,063,416	14,040,677	15,847,190

(a) Excludes $ 188,771 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	10,155	10,155	10,155	10,155	10,155
2. 2010	39,809	39,809	39,809	39,809	39,809
3. 2011	XXX	(123)	(123)	(123)	(123)
4. 2012	XXX	XXX	(56)	(56)	(56)
5. 2013	XXX	XXX	XXX	0	0
6. 2014	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	10,252	10,155	10,155	10,155	10,155
2. 2010	40,088	39,809	39,809	39,809	39,809
3. 2011	XXX	(123)	(123)	(123)	(123)
4. 2012	XXX	XXX	(56)	(56)	(56)
5. 2013	XXX	XXX	XXX	0	0
6. 2014	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	38,149	39,809	379	1.0	40,188	105.3	0	0	40,188	105.3
2. 2011	(3)	(123)	(1)	0.8	(124)	4,133.3	0	0	(124)	4,133.3
3. 2012	0	(56)	(1)	1.8	(57)	0.0	0	0	(57)	0.0
4. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2014	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare Supplement

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2012	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2014	1	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	0
2. 2010	160	172	172	172	172
3. 2011	XXX	61	76	76	76
4. 2012	XXX	XXX	87	98	98
5. 2013	XXX	XXX	XXX	137	135
6. 2014	XXX	XXX	XXX	XXX	122

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	0
2. 2010	172	172	172	172	172
3. 2011	XXX	77	77	76	76
4. 2012	XXX	XXX	96	98	98
5. 2013	XXX	XXX	XXX	146	135
6. 2014	XXX	XXX	XXX	XXX	127

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	136	172	2	1.2	174	127.9	0	0	174	127.9
2. 2011	192	76	1	1.3	77	40.1	0	0	77	40.1
3. 2012	218	98	1	1.0	99	45.4	0	0	99	45.4
4. 2013	215	135	1	0.7	136	63.3	0	0	136	63.3
5. 2014	259	122	1	0.8	123	47.5	5	0	128	49.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	0
2. 2010	105	105	105	105	105
3. 2011	XXX	116	116	116	116
4. 2012	XXX	XXX	124	124	124
5. 2013	XXX	XXX	XXX	119	119
6. 2014	XXX	XXX	XXX	XXX	154

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	0	0	0	0	0
2. 2010	105	105	105	105	105
3. 2011	XXX	116	116	116	116
4. 2012	XXX	XXX	124	124	124
5. 2013	XXX	XXX	XXX	119	119
6. 2014	XXX	XXX	XXX	XXX	168

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	156	105	1	1.0	106	67.9	0	0	106	67.9
2. 2011	220	116	1	0.9	117	53.2	0	0	117	53.2
3. 2012	235	124	1	0.8	125	53.2	0	0	125	53.2
4. 2013	171	119	1	0.8	120	70.2	0	0	120	70.2
5. 2014	260	154	1	0.6	155	59.6	14	0	169	65.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	671	671	671	671	671
2. 2010	7,276	8,171	8,171	8,171	8,171
3. 2011	XXX	9,401	10,274	10,274	10,274
4. 2012	XXX	XXX	6,585	7,995	7,995
5. 2013	XXX	XXX	XXX	6,669	6,936
6. 2014	XXX	XXX	XXX	XXX	5,907

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	677	671	671	671	671
2. 2010	8,123	8,268	8,172	8,171	8,171
3. 2011	XXX	10,513	10,306	10,274	10,274
4. 2012	XXX	XXX	7,564	8,032	7,995
5. 2013	XXX	XXX	XXX	7,418	6,970
6. 2014	XXX	XXX	XXX	XXX	6,528

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	8,813	8,171	78	1.0	8,249	93.6	0	0	8,249	93.6
2. 2011	8,405	10,274	98	1.0	10,372	123.4	0	0	10,372	123.4
3. 2012	7,993	7,995	76	1.0	8,071	101.0	0	0	8,071	101.0
4. 2013	6,973	6,936	66	1.0	7,002	100.4	34	0	7,036	100.9
5. 2014	7,193	5,907	56	0.9	5,963	82.9	621	10	6,594	91.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	15,143	14,686	14,488	14,092	14,077
2. 2010	111,887	123,076	122,812	122,676	122,721
3. 2011	XXX	124,811	138,671	138,587	138,527
4. 2012	XXX	XXX	124,900	137,261	137,014
5. 2013	XXX	XXX	XXX	124,988	138,862
6. 2014	XXX	XXX	XXX	XXX	198,595

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	15,336	14,687	14,488	14,092	14,077
2. 2010	125,114	123,248	122,813	122,676	122,721
3. 2011	XXX	139,130	138,794	138,592	138,527
4. 2012	XXX	XXX	139,508	137,426	137,014
5. 2013	XXX	XXX	XXX	140,613	139,005
6. 2014	XXX	XXX	XXX	XXX	222,018

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	154,066	122,721	1,167	1.0	123,888	80.4	0	0	123,888	80.4
2. 2011	163,587	138,527	1,317	1.0	139,844	85.5	0	0	139,844	85.5
3. 2012	156,026	137,014	1,303	1.0	138,317	88.6	0	0	138,317	88.6
4. 2013	164,892	138,861	1,321	1.0	140,182	85.0	143	2	140,327	85.1
5. 2014	272,482	198,595	1,889	1.0	200,484	73.6	23,423	352	224,259	82.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XIX

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

NONE

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Other

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

NONE

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	25,969	25,512	25,314	24,918	24,903
2. 2010	159,237	171,333	171,069	170,933	170,978
3. 2011	XXX	134,266	149,014	148,930	148,870
4. 2012	XXX	XXX	131,640	145,422	145,175
5. 2013	XXX	XXX	XXX	131,913	146,052
6. 2014	XXX	XXX	XXX	XXX	204,778

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	26,265	25,513	25,314	24,918	24,903
2. 2010	173,602	171,602	171,071	170,933	170,978
3. 2011	XXX	149,713	149,170	148,935	148,870
4. 2012	XXX	XXX	147,236	145,624	145,175
5. 2013	XXX	XXX	XXX	148,296	146,229
6. 2014	XXX	XXX	XXX	XXX	228,841

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	201,320	170,978	1,627	1.0	172,605	85.7	0	0	172,605	85.7
2. 2011	172,401	148,870	1,416	1.0	150,286	87.2	0	0	150,286	87.2
3. 2012	164,472	145,175	1,380	1.0	146,555	89.1	0	0	146,555	89.1
4. 2013	172,251	146,051	1,389	1.0	147,440	85.6	177	2	147,619	85.7
5. 2014	280,195	204,778	1,947	1.0	206,725	73.8	24,063	362	231,150	82.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including $ 0) for investment income	169,897	0	0	0	0	128,704	41,193	0	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	169,897	0	0	0	0	128,704	41,193	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	169,897	0	0	0	0	128,704	41,193	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ 0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses 1 Cost Containment Expenses	Claim Adjustment Expenses 2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($ 0 for occupancy of own building)	138,684	38,105	296,237	200	473,226
2. Salary, wages and other benefits	3,578,859	1,222,139	9,141,265	6,069	13,948,332
3. Commissions (less $ 0 ceded plus $ 0 assumed)	0	0	988,109	122	988,231
4. Legal fees and expenses	19,864	6,789	52,604	35	79,292
5. Certifications and accreditation fees	488	259	2,018	1	2,766
6. Auditing, actuarial and other consulting services	76,292	26,604	197,492	133	300,521
7. Traveling expenses	114,006	38,281	280,802	188	433,277
8. Marketing and advertising	369,895	125,464	969,871	655	1,465,885
9. Postage, express and telephone	317,431	104,661	791,999	534	1,214,625
10. Printing and office supplies	128,288	42,596	314,005	211	485,100
11. Occupancy, depreciation and amortization	18,386	6,150	47,827	32	72,395
12. Equipment	22,051	5,051	39,278	27	66,407
13. Cost or depreciation of EDP equipment and software	259,005	86,183	669,811	453	1,015,452
14. Outsourced services including EDP, claims, and other services	2,063,000	296,578	2,215,577	1,491	4,576,646
15. Boards, bureaus and association fees	6,637	2,184	16,371	11	25,203
16. Insurance, except on real estate	26,160	8,735	65,827	44	100,766
17. Collection and bank service charges	82,025	27,987	217,640	147	327,799
18. Group service and administration fees	112,334	66,667	53,872	0	232,873
19. Reimbursements by uninsured plans	0	0	3	0	3
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	90,420	27,385	212,564	144	330,513
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	618,031	0	618,031
23.2 State premium taxes	0	0	3,446	0	3,446
23.3 Regulatory authority licenses and fees	0	0	224,957	108	225,065
23.4 Payroll taxes	0	0	545,064	365	545,429
23.5 Other (excluding federal income and real estate taxes)	0	0	3,464,500	24	3,464,524
24. Investment expenses not included elsewhere	236,020	80,413	624,265	415	941,113
25. Aggregate write-ins for expenses	76,508	26,526	244,315	107	347,456
26. Total expenses incurred (Lines 1 to 25)	7,736,353	2,238,757	22,297,750	11,516	(a) 32,284,376
27. Less expenses unpaid December 31, current year	180,274	183,595	105,317	0	469,186
28. Add expenses unpaid December 31, prior year	165,693	119,072	41,536	0	326,301
29. Amounts receivable relating to uninsured plans, prior year	0	0	234,285	0	234,285
30. Amounts receivable relating to uninsured plans, current year	0	0	5,277,541	0	5,277,541
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	7,721,772	2,174,234	27,277,225	11,516	37,184,747
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	76,508	26,526	244,315	107	347,456
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	76,508	26,526	244,315	107	347,456

(a) Includes management fees of $ 32,494,964 to affiliates and $ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 33,291	52,390
1.1	Bonds exempt from U.S. tax	(a) 0	0
1.2	Other bonds (unaffiliated)	(a) 2,146,443	2,150,775
1.3	Bonds of affiliates	(a) 0	0
2.1	Preferred stocks (unaffiliated)	(b) 0	0
2.11	Preferred stocks of affiliates	(b) 0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) 0	0
4.	Real estate	(d) 0	0
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e) 7,535	7,535
7	Derivative instruments	(f) 0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	64	64
10.	Total gross investment income	2,187,333	2,210,764
11.	Investment expenses		(g) 11,019
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 497
13.	Interest expense		(h) 0
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		11,516
17.	Net investment income (Line 10 minus Line 16)		2,199,248
	DETAILS OF WRITE-INS		
0901.	Miscellaneous Investment Expenses	64	64
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	64	64
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 222,103 accrual of discount less $ 339,917 amortization of premium and less $ 37,599 paid for accrued interest on purchases.

(b) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ 0 paid for accrued dividends on purchases.

(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ 0 paid for accrued interest on purchases.

(d) Includes $ 0 for company's occupancy of its own buildings; and excludes $ 0 interest on encumbrances.

(e) Includes $ 3,426 accrual of discount less $ 0 amortization of premium and less $ 0 paid for accrued interest on purchases.

(f) Includes $ 0 accrual of discount less $ 0 amortization of premium.

(g) Includes $. 11,019 investment expenses and $ 497 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ 0 interest on surplus notes and $ 0 interest on capital notes.

(i) Includes $ 0 depreciation on real estate and $ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	126,325	0	126,325	965	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	(15)	0	(15)	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	637	0	637	0	0
10.	Total capital gains (losses)	126,947	0	126,947	965	0
	DETAILS OF WRITE-INS					
0901.	Other Realized Gain	637	0	637	0	0
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	637	0	637	0	0

EXHIBIT OF NON-ADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	0	0	0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks	0	0	0
	2.2 Common stocks	0	0	0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens	0	0	0
	3.2 Other than first liens	0	0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company	0	0	0
	4.2 Properties held for the production of income	0	0	0
	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6.	Contract loans	0	0	0
7.	Derivatives (Schedule DB)	0	0	0
8.	Other invested assets (Schedule BA)	0	0	0
9.	Receivables for securities	0	0	0
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11.	Aggregate write-ins for invested assets	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13.	Title plants (for Title insurers only)	0	0	0
14.	Investment income due and accrued	0	0	0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	134,816	113,544	(21,272)
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
	15.3 Accrued retrospective premiums	0	0	0
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers	0	0	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0
	16.3 Other amounts receivable under reinsurance contracts	0	0	0
17.	Amounts receivable relating to uninsured plans	0	0	0
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2	Net deferred tax asset	49,247	2,174,488	2,125,241
19.	Guaranty funds receivable or on deposit	0	0	0
20.	Electronic data processing equipment and software	0	7,610	7,610
21.	Furniture and equipment, including health care delivery assets	133,825	94,849	(38,976)
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23.	Receivable from parent, subsidiaries and affiliates	0	0	0
24.	Health care and other amounts receivable	208,121	364,043	155,922
25.	Aggregate write-ins for other than invested assets	1,134,031	196,827	(937,204)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,660,040	2,951,361	1,291,321
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	Total (Lines 26 and 27)	1,660,040	2,951,361	1,291,321
	DETAILS OF WRITE-INS			
1101.		0	0	0
1102.		0	0	0
1103.		0	0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.	Prepaid Commissions	1,102,507	169,669	(932,838)
2502.	Prepaid Expenses	26,286	27,158	872
2503.	Deposits	5,238	0	(5,238)
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,134,031	196,827	(937,204)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	16,186	6,058	6,024	5,996	5,966	71,510
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	20,217	20,275	20,342	20,398	243,545
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	2,257	2,219	3,263	3,391	3,381	39,231
7. Total	18,443	28,494	29,562	29,729	29,745	354,286
DETAILS OF WRITE-INS						
0601. Vision	1,440	1,417	2,438	2,529	2,536	29,306
0602. Dental	817	802	825	861	844	9,921
0603. Medicare Supplement	0	0	0	1	1	4
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	2,257	2,219	3,263	3,391	3,381	39,231

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 Illinois Department of Insurance.

The Illinois Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Illinois 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 Illinois. 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 Illinois is shown below:

	State of Domicile	2014	2013
Net Income			
1. Humana Benefit Plan of Illinois, Inc. Illinois basis	IL	$ 19,535,278	$ 4,671,588
2. State Prescribed Practices that increase/(decrease) NAIC SAP	IL	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP	IL	-	-
4. NAIC SAP	IL	$ 19,535,278	$ 4,671,588
Surplus			
5. Humana Benefit Plan of Illinois, Inc. Illinois basis	IL	$ 61,853,224	$ 45,928,579
6. State Prescribed Practices that increase/(decrease) NAIC SAP	IL	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP	IL	-	-
8. NAIC SAP	IL	$ 61,853,224	$ 45,928,579

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. Common 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 then 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 has not modified its capitalization policy from the prior period.

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

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) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

(14) Not Applicable.

(15) Not Applicable.

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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 December 31, 2014.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at December 31, 2014:

(a)	The aggregate amount of unrealized losses:		
	1. Less than Twelve Months	$	(1,760)
	2. Twelve Months or Longer	$	(190,339)
(b)	The aggregate related fair value of securities with unrealized losses:		
	1. Less than Twelve Months	$	109,321
	2. Twelve Months or Longer	$	2,973,466

The unrealized losses at December 31, 2014 were primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company's ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

(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.

(3-7) Not Applicable.

F. Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	$ -	$ -	$ -	$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	3,250,689	2,995,029	255,660	3,250,689	3.60%	3.67%
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
o. Total Restricted Assets	$ 3,250,688	$ 2,995,029	$ 255,660	$ 3,250,688	3.60%	3.67%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

(3) Detail of Other Restricted Assets Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

I. Working Capital Finance Investments

Not Applicable.

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

K. Structured Notes

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.

NOTES TO THE FINANCIAL STATEMENTS

9. Income Taxes

A. Deferred Tax Assets/(Liabilities)

(1) The components of the net admitted deferred tax asset/(liability) by tax character were as follows:

	December 31, 2014		
	Ordinary	Capital	Total
a. Gross deferred tax assets	$ 5,000,936	$ -	$ 5,000,936
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	5,000,936	-	5,000,936
d. Deferred tax assets nonadmitted	(49,247)	-	(49,247)
e. Net admitted deferred tax assets	4,951,689	-	4,951,689
f. Deferred tax liabilities	(236)	-	(236)
g. Net admitted deferred tax asset/(liability)	$ 4,951,453	$ -	$ 4,951,453

	December 31, 2013		
	Ordinary	Capital	Total
a. Gross deferred tax assets	$ 7,903,961	$ 338	$ 7,904,299
b. Statutory valuation allowance adjustments	-	(338)	(338)
c. Adjusted gross deferred tax assets	7,903,961	-	7,903,961
d. Deferred tax assets nonadmitted	(2,174,488)	-	(2,174,488)
e. Net admitted deferred tax assets	5,729,473	-	5,729,473
f. Deferred tax liabilities	(342)	-	(342)
g. Net admitted deferred tax asset/(liability)	$ 5,729,131	$ -	$ 5,729,131

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	$ (2,903,025)	$ (338)	$ (2,903,363)
b. Statutory valuation allowance adjustments	-	338	338
c. Adjusted gross deferred tax assets	(2,903,025)	-	(2,903,025)
d. Deferred tax assets nonadmitted	2,125,241	-	2,125,241
e. Net admitted deferred tax assets	(777,784)	-	(777,784)
f. Deferred tax liabilities	106	-	106
g. Net admitted deferred tax asset/(liability)	$ (777,678)	$ -	$ (777,678)

(2) The amount of admitted adjusted gross deferred tax assets under SSAP No. 101 were as follows:

	December 31, 2014		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	$ 3,636,853	$ -	$ 3,636,853
b. Adjusted gross deferred tax assets expected to be realized after	1,314,600	-	1,314,600
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	1,314,600
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	9,729,301
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	236	-	236
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	$ 4,951,689	$ -	$ 4,951,689

	December 31, 2013		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	$ -	$ -	$ -
b. Adjusted gross deferred tax assets expected to be realized after	5,729,131	-	5,729,131
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	6,557,009
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	5,729,131
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	342	-	342
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	$ 5,729,473	$ -	$ 5,729,473

NOTES TO THE FINANCIAL STATEMENTS

	Ordinary	Change Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	$ 3,636,853	$ -	$ 3,636,853
b. Adjusted gross deferred tax assets expected to be realized after	(4,414,531)	-	(4,414,531)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(5,242,409)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	4,000,170
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(106)	-	(106)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	$ (777,784)	$ -	$ (777,784)

(3) The ratio percentage used to determine recovery period and threshold limitation amount was as follows:

	December 31, 2014	December 31, 2013
a. Ratio percentage used to determine recovery period and threshold limitation amount	685%	737%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	56,894,906	40,184,233

(4) The impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs was as follows:

	December 31, 2014 Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	$ 5,000,936	$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	$ 4,951,689	$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

	December 31, 2013 Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	$ 7,903,961	$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	$ 5,729,473	$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

	Change Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	$ (2,903,025)	$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	$ (777,784)	$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

b. Does the Company's tax planning strategies include the use of reinsurance? Yes [ ] No [X]

B. There are no temporary differences for which a DTL has not been established.

NOTES TO THE FINANCIAL STATEMENTS

C. Current and deferred income taxes

(1) Current income taxes incurred consist of the following major components:

		December 31, 2014	December 31, 2013	Change
a.	Federal	$ 7,304,748	$ (21,501)	$ 7,326,249
b.	Foreign	-	-	-
c.	Subtotal	7,304,748	(21,501)	7,326,249
d.	Federal income tax on net capital gains	44,432	5,262	39,170
e.	Utilization of capital loss carryforwards	-	-	-
f.	Other	-	-	-
g.	Federal and foreign income taxes incurred	$ 7,349,180	$ (16,239)	$ 7,365,419

(2–3) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

DTAs resulting from Book/Tax Differences in:

		December 31, 2014	December 31, 2013	Change
a.	Ordinary			
	1. Discounting of unpaid losses	$ 817,970	$ 1,205,441	$ (387,471)
	2. Unearned premium reserve	71,124	45,099	26,025
	3. Policyholder reserves	-	-	-
	4. Investments and other	-	-	-
	5. Deferred acquisition costs	-	-	-
	6. Policyholder dividends accrual	-	-	-
	7. Fixed assets	70,691	56,316	14,375
	8. Compensation and benefit accruals	-	-	-
	9. Pension accruals	-	-	-
	10. Receivables – nonadmitted	-	-	-
	11. Net operating loss carry-forward	3,965,210	6,460,841	(2,495,631)
	12. Tax credit carry-forward	-	-	-
	13. Other	6	-	6
	14. Bad debts	70,496	127,138	(56,642)
	15. Accrued litigation	-	-	-
	16. Risk corridor	337	9,126	(8,789)
	17. Medicare risk adjustment data	-	-	-
	18. Miscellaneous reserves	1,831	-	1,831
	19. Accrued lease	-	-	-
	20. Section 197 intangible	-	-	-
	21. Reinsurance fee	3,271	-	3,271
	99. Subtotal	5,000,936	7,903,961	(2,903,025)
b.	Statutory valuation allowance adjustment	-	-	-
c.	Nonadmitted	(49,247)	(2,174,488)	2,125,241
d.	Admitted Ordinary DTAs	4,951,689	5,729,473	(777,784)
e.	Capital			
	1. Investments	-	338	(338)
	2. Net capital loss carry-forward	-	-	-
	3. Real estate	-	-	-
	4. Other	-	-	-
	99. Subtotal	-	338	(338)
f.	Statutory valuation allowance adjustment	-	(338)	338
g.	Nonadmitted	-	-	-
h.	Admitted capital DTAs	-	-	-
i.	Admitted DTAs	$ 4,951,689	$ 5,729,473	$ (777,784)

NOTES TO THE FINANCIAL STATEMENTS

DTLs resulting from Book/Tax Differences in:

	December 31, 2014	December 31, 2013	Change
a. Ordinary			
1. Investments	$ -	$ -	$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(236)	(342)	106
99. Subtotal	(236)	(342)	106
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
c. DTLs	$ (236)	$ (342)	$ 106
(4) Net deferred tax asset/(liability)	$ 4,951,453	$ 5,729,131	$ (777,678)

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2014 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	$ 26,884,457	$ 9,409,560	35.00%
Tax-exempt interest	(145,168)	(50,809)	(0.19%)
Dividends received deduction	-	-	0.00%
Proration	21,775	7,621	0.03%
Meals & entertainment, lobbying expenses, etc.	-	-	0.00%
Statutory valuation allowance adjustment	-	-	0.00%
ACA fee	3,364,559	1,177,596	4.38%
Change to nonadmits & deferred tax true-up	(833,915)	(291,870)	(1.09%)
Other, including prior year true-up	3	1	0.00%
Total	$ 29,291,711	$ 10,252,099	38.13%
Federal income taxes incurred [expense/(benefit)]		$ 7,304,748	27.17%
Tax on capital gains/(losses)		44,432	0.16%
Change in net deferred income tax [charge/(benefit)]		2,902,919	10.80%
Total statutory income taxes		$ 10,252,099	38.13%

E. Operating loss and tax credit carry-forwards and protective tax deposits

(1) At December 31, 2014, the Company had net operating loss carry-forwards expiring through the year 2023 of $11,329,172.

At December 31, 2014, the Company had no capital loss carry-forwards.

At December 31, 2014, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2012, 2013 and 2014 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2012	$ -	$ -	$ -
2013	-	-	-
2014	7,304,748	44,432	7,349,180
Total	$ 7,304,748	$ 44,432	$ 7,349,180

(3) There are no deposits admitted under IRC § 6603.

F. The Company is included in a consolidated federal income tax return with its parent Company, Humana Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to be paid for any future net losses it may incur. The Company has no contingent income tax liabilities. The Company has not adjusted gross deferred tax assets due to changes in judgment about the realizability of the related deferred tax asset. The Company has no deposits under Section 6603 of the Internal Revenue Code.

NOTES TO THE FINANCIAL STATEMENTS

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2014 CONSOLIDATED FEDERAL INCOME TAX RETURN

CALENDAR YEAR ENDED DECEMBER 31, 2014
AFFILIATIONS SCHEDULE

CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	AMBULATORY CARE SOLUTIONS OF ARKANSAS, LLC	27-0200477
6	AMBULATORY CARE SOLUTIONS OF OHIO, LLC	26-4179617
7	AMBULATORY CARE SOLUTIONS, LLC	37-1485812
8	AMERICAN DENTAL PLAN OF NORTH CAROLINA, INC.	56-1796975
9	AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.	58-2302163
10	AMERICAN ELDERCARE, INC.	65-0380198
11	ARCADIAN CHOICE, INC.	27-3387971
12	ARCADIAN HEALTH PLAN, INC.	20-1001348
13	ARCADIAN MANAGEMENT SRVICES, INC.	86-0836599
14	CAC MEDICAL CENTERs HOLDINGS, INC.	30-0117876
15	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
16	CARENETWORK, INC.	39-1514846
17	CAREPLUS HEALTH PLANS, INC.	59-2598550
18	CARITEN HEALTH PLAN, INC.	62-1579044
19	CARITEN INSURANCE COMPANY	62-0729865
20	CERTIFY DATA SYSTEMS, INC.	80-0072760
21	CHA HMO, INC.	61-1279717
22	CHA SERVICE COMPANY, INC.	61-1279716
23	COMPBENEFITS COMPANY	59-2531815
24	COMPBENEFITS CORPORATION	04-3185995
25	COMPBENEFITS DENTAL, INC.	36-3686002
26	COMPBENEFITS DIRECT, INC.	58-2228851
27	COMPBENEFITS INSURANCE COMPANY	74-2552026
28	COMPBENEFITS OF ALABAMA, INC.	63-1063101
29	COMPBENEFITS OF GEORGIA, INC.	58-2198538
30	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
31	COMPREHENSIVE HEALTH INSIGHTS, INC.	42-1575099
32	CONCENTRA HEALTH SERVICES, INC.	75-2510547
33	CONCENTRA INC.	26-4823524
34	CONCENTRA INTEGRATED SERVICES, INC.	04-2658593
35	CONCENTRA OPERATING CORPORATION	04-3363415
36	CONCENTRA SOLUTIONS, INC.	75-2678146
37	CONTINUCARE CORPORATION	59-2716023
38	CONTINUCARE MSO, INC.	65-0780986
39	CONTINUCARE MANAGED CARE, INC.	65-0796178
40	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
41	CORPHEALTH PROVIDER LINK, INC.	20-8236655
42	CORPHEALTH, INC.	75-2043865
43	DEFENSEWEB TECHNOLOGIES, INC.	33-0916248
44	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
45	DENTICARE, INC.	76-0039628
46	ELDER HEALTH CARE OF VOLUSIA, INC.	59-3657970
47	EMPHESYS INSURANCE COMPANY	31-0935772
48	EMPHESYS, INC.	61-1237697
49	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
50	HARTE PLACEMENTS, INC.	11-2795529
51	HEALTH VALUE MANAGEMENT, INC.	61-1223418
52	HOMECARE HEALTH SOLUTIONS, INC.	45-3116348
53	HRI HUMANA OF CALIFORNIA, INC.	46-4912173
54	HUMANA ACTIVE OUTLOOK, INC.	20-4835394

NOTES TO THE FINANCIAL STATEMENTS

55	HUMANA ADVANTAGECARE PLAN, INC.	65-1137990
56	HUMANA AT HOME (MA), INC. (fka SeniorBridge Family Companies (MA), Inc.	04-3580066
57	HUMANA AT HOME 1, INC. (fka Humanacares, Inc.)	65-0274594
58	HUMANA AT HOME, INC. (fka SeniorBridge Family Companies, Inc.)	13-4036798
59	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
60	HUMANA DENTAL COMPANY	59-1843760
61	HUMANA DENTAL CONCERN, LTD (fka The Dental Concern, LTD)	36-3654697
62	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
63	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
64	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
65	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
66	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
67	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
68	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
69	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
70	HUMANA HEALTH PLAN, INC.	61-1013183
71	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
72	HUMANA INSURANCE COMPANY	39-1263473
73	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
74	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
75	HUMANA MARKETPOINT, INC.	61-1343508
76	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
77	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
78	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
79	HUMANA MEDICAL PLAN, INC.	61-1103898
80	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
81	HUMANA PHARMACY, INC.	61-1316926
82	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
83	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
84	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO.	39-1525003
85	HUMANADENTAL INSURANCE COMPANY	39-0714280
86	HUMANADENTAL, INC.	61-1364005
87	HUMCO, INC.	61-1239538
88	HUM-e-FL, INC.	61-1383567
89	HUM-HOLDINGS INTERNATIONAL, INC.	26-3583438
90	INTELI HOME HEALTHCARE, INC.	76-0537878
91	KANAWHA HEALTHCARE SOLUTIONS, INC.	62-1245230
92	KANAWHA INSURANCE COMPANY	57-0380426
93	KMG AMERICA CORPORATION	20-1377270
94	MANAGED CARE INDEMNITY, INC.	61-1232669
95	MD CARE, INC.	20-1981339
96	METCARE OF FLORIDA, INC.	65-0879131
97	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
98	NATIONAL HEALTHCARE RESOURCES, INC.	11-3273542
99	OMP INSURANCE COMPANY, LTD.	98-0445802
100	PHP COMPANIES, INC.	62-1552091
101	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
102	PRESERVATION ON MAIN, INC.	20-1724127
103	PRIMARY CARE HOLDINGS, INC. (fka Agile Technology Solutions, Inc.)	46-1225873
104	REACHOUT HOMECARE, INC.	75-2739333
105	ROHC, LLC	75-2844854
106	SENIORBRIDGE (NC), INC.	56-2593719
107	SENIORBRIDGE CARE MANAGEMENT, INC.	80-0581269
108	SENIORBRIDGE FAMILY COMPANIES (AZ), INC.	46-0702349
109	SENIORBRIDGE FAMILY COMPANIES (CA), INC.	45-3039782
110	SENIORBRIDGE FAMILY COMPANIES (CT), INC.	27-0452360
111	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
112	SENIORBRIDGE FAMILY COMPANIES (IL), INC.	02-0660212
113	SENIORBRIDGE FAMILY COMPANIES (MD), INC.	81-0557727
114	SENIORBRIDGE FAMILY COMPANIES (MO), INC.	46-0677759
115	SENIORBRIDGE FAMILY COMPANIES (NJ), INC.	36-4484449
116	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
117	SENIORBRIDGE FAMILY COMPANIES (OH), INC.	20-0260501
118	SENIORBRIDGE FAMILY COMPANIES (PA), INC.	38-3643832
119	SENIORBRIDGE FAMILY COMPANIES (TX), INC.	01-0766084
120	SENIORBRIDGE FAMILY COMPANIES (VA), INC.	46-0691871
121	SEREDOR CORPORATION	27-0338595

NOTES TO THE FINANCIAL STATEMENTS

122	ST MARY'S MEDICAL PARK PHARMACY, INC.	86-0597187
123	SYMPHONY HEALTH PARTNERS, INC.	45-5032192
124	TEXAS DENTAL PLANS, INC.	74-2352809
125	THE DENTAL CONCERN, INC.	52-1157181
126	TLC PLUS OF TEXAS, INC.	75-2600512
127	VALOR HEALTHCARE, INC.	20-3585174

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-F. The Company has several management contracts with Humana Inc. 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 ended December 31, 2014 and 2013 were $32,494,964 and $17,603,761 respectively. As a part of this agreement, Humana Inc. 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 Inc. 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. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

Dividends of $2,000,000 were paid to Humana Inc. on May 30, 2014. The Illinois Department of Insurance was notified prior to the payment of this dividend.

At December 31, 2014, the Company reported $4,951,195 due from Humana Inc. Amounts due from parent are generally settled within 30 days.

G. All outstanding shares of the Company 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.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

The Company employees are eligible to participate in the Humana Retirement and Savings Plan ("the Plan"), a defined contribution plan, sponsored by Humana Inc. The Plan maintains two accounts, the Savings Account and the Retirement Account.

Humana Inc.'s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were $174,594,222 and $149,022,462 for the years ended December 31, 2014 and 2013, respectively. As of December 31, 2014 and 2013, the fair market value of the Humana Retirement Savings Plan's assets was $3,203,247,287 and $2,779,832,745, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

I. 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 $25 par value common stock with 100,000 shares authorized and 100,000 shares issued and 100,000 outstanding. All shares are common stock shares.

(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 Illinois 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.

Dividends of $2,000,000 were paid to Humana Inc. on May 30, 2014, of which $2,000,000 was deemed extraordinary.

(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) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2015.

(10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is $627.

(11) Not Applicable.

(12) Not Applicable.

(13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

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. Joint and Several Liabilities

Not Applicable.

F. 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 other material contingent liabilities as of December 31, 2014.

15. Leases

A. Lessee Operating Lease

(1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to seven years. Operating lease rental payments charged to expenses for the years ended December 31, 2014 and 2013 was $308,909 and $314,998, respectively.

NOTES TO THE FINANCIAL STATEMENTS

(2) Noncancelable Lease Terms:

a) At January 1, 2015, the minimum aggregate rental commitments are as follows:

Year ending December 31,

2015	$	306,474
2016		302,918
2017		77,718
2018		61
2019		61
Thereafter		117
Total Minimum Lease Payments	$	687,349

b) Certain rental commitments have renewal options extending through the year 2017. Some of these renewals are subject to adjustments in future periods.

(3) The Company is not involved in any sales-leaseback transactions.

B. Lessor Leases

Not Applicable.

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 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

(1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.

(2) As of December 31, 2014, the Company has recorded a receivable from CMS of $5,277,541 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or $10,000.

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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 December 31, 2014.

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2013 and December 31, 2014.

NOTES TO THE FINANCIAL STATEMENTS

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2013 and December 31, 2014.

(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 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 December 31, 2014.

(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 and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. 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.

NOTES TO THE FINANCIAL STATEMENTS

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.
g. Total – 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.

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.

G. Retained Assets

Not Applicable.

22. Events Subsequent

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be $4,957,377. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 8.01%. Reporting the ACA assessment as of December 31, 2014 would not have triggered an RBC action level. The Company expects to offset the impact of the health insurance industry fee on its results of operations in 2015 through pretax income improvement; however, there can be no assurance that it will be able to do so.

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 February 20, 2015 for the Statutory Statement issued on February 20, 2015.

		Current Year	Prior Year
A.	ACA fee assessment payable for the upcoming year	$ 4,957,377	$ 2,099,841
B.	ACA fee assessment paid	$ 3,364,558	$ -
C.	Premiums written subject to ACA 9010 assessment	$ 280,469,881	$ 172,532,982
D.	Total Adjusted Capital before surplus adjustment	$ 61,853,224	
E.	Authorized Control Level before surplus adjustment	$ 8,311,597	
F.	Total Adjusted Capital after surplus adjustment	$ 56,895,847	
G.	Authorized Control Level after surplus adjustment	$ 8,311,597	
H.	Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action level (YES/NO)	No	

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)

NOTES TO THE FINANCIAL STATEMENTS

(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.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.

The Company estimates accrued retrospective premium adjustments for its Commercial business based on experience to date, knowledge of the marketplace, and the terms of the risk corridors program with HHS.

B. The Company records accrued retrospective premium as an adjustment to earned premiums.

C. The amount of net premiums written by the Company at December 31, 2014 that are subject to retrospective rating features was $279,675,024, or 99.81% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

Not Applicable.

E. Risk Sharing Provisions of the Affordable Care Act

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were $16,741,462. As of December 31, 2014, $13,989,494 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $179,234 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a $2,572,734 favorable prior-year development since December 31, 2013. 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 did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

NOTES TO THE FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2014	$ 1,672,304	$ 1,672,304	$ -	$ -	$ -
9/30/2014	1,628,436	1,628,436	1,620,657	-	-
6/30/2014	1,961,195	1,961,195	1,943,024	11,986	-
3/31/2014	1,637,771	1,637,771	1,603,872	26,553	1,959
12/31/2013	742,858	742,858	734,352	7,959	547
9/30/2013	759,184	759,184	757,792	-	1,392
6/30/2013	705,947	705,947	705,947	-	-
3/31/2013	1,023,922	1,023,922	1,022,786	-	1,136
12/31/2012	718,040	718,040	717,103	-	937
9/30/2012	738,409	738,409	634,442	103,241	726
6/30/2012	936,016	936,016	807,510	127,797	709
3/31/2012	668,539	668,539	356,247	311,369	923

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? Illinois

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 [X] No [ ]

2.2 If yes, date of change: 10/30/2014

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

3.2 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

3.3 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). 07/21/2012

3.4 By what department or departments?
Illinois Department of Insurance

3.5 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 [ ] N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [ ] No [X]
4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [ ] No [X]
4.22 renewals? Yes [ ] No [X]

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

5.2 If yes, provide the name of the 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the 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]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,
7.21 State the percentage of foreign control; 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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.
N/A

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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:
N/A

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:
N/A

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain
N/A

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Jonathan Albert Canine, Vice President and Appointed Actuary, 500 West Main Street, Louisville, KY 40202

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $ 0

12.2 If, yes provide explanation:

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
Not Applicable.

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 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.

14.11 If the response to 14.1 is No, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Revised based on general policy and regulatory changes

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $ 0
- 20.12 To stockholders not officers $ 0
- 20.13 Trustees, supreme or grand (Fraternal Only) $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $ 0
- 20.22 To stockholders not officers $ 0
- 20.23 Trustees, supreme or grand (Fraternal Only) $ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $ 0
- 22.22 Borrowed from others $ 0
- 21.23 Leased from others $ 0
- 21.24 Other $ 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $ 0
- 22.22 Amount paid as expenses $ 0
- 22.23 Other amounts paid $ 0

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 4,951,195

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information relating thereto
N/A

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. $ 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
24.103 Total payable for securities lending reported on the liability page. $ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements $ 0
25.22 Subject to reverse repurchase agreements $ 0
25.23 Subject to dollar repurchase agreements $ 0
25.24 Subject to reverse dollar repurchase agreements $ 0
25.25 Placed under option agreements $ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock $ 0
25.27 FHLB Capital Stock $ 0
25.28 On deposit with states $ 3,250,689
25.29 On deposit with other regulatory bodies $ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB $ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements $ 0
25.32 Other $ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. $ 0

28. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase	4 Metro Tech Center, 16th Floor Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Barbara J. Walsh

28.02 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 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]
28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

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

1 Central Registration Depository Number(s)	2 Name	3 Address
107105	Blackrock, Inc.	55 East 52nd Street, New York, NY 10055

GENERAL INTERROGATORIES

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	56,090,174	58,094,312	2,004,138
30.2 Preferred stocks	0	0	0
30.3 Totals	56,090,174	58,094,312	2,004,138

30.4 Describe the sources or methods utilized in determining the fair values:

Fair value of actively traded debt and equity securities are based on quoted market prices.Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Fair value of actively traded debt and equity securities are based on quoted market prices.Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.

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

32.2 If no, list exceptions:

None

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? $ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [X] No [ ]

1.2 If yes, indicate premium earned on U.S. business only. $ 550

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $ 0

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 550

1.62 Total incurred claims $ 0

1.63 Number of covered lives 1

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	280,194,697	172,250,549
2.2	Premium Denominator	280,194,697	172,250,549
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	24,410,927	18,747,214
2.5	Reserve Denominator	24,410,927	18,747,214
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $ 3,000,000

5.32 Medical Only $ 0

5.33 Medicare Supplement $ 0

5.34 Dental & Vision $ 0

5.35 Other Limited Benefit Plan $ 0

5.36 Other $ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Provider contracts include hold harmless and continuation of benefits provisions.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 136,449

8.2 Number of providers at end of reporting year 139,527

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months $ 0

9.22 Business with rate guarantees over 36 months $ 0

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses $ 0
10.22 Amount actually paid for year bonuses $ 0
10.23 Maximum amount payable withholds $ 0
10.24 Amount actually paid for year withholds $ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]
11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No [ ]
11.3 If yes, show the name of the state requiring such net worth. Wisconsin 623.11
11.4 If yes, show the amount required. $ 41,571,957
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]
11.6 If the amount is calculated, show the calculation
See RBC calculation or state regulation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
IL - Medicare Only - Boone, Brown, Bureau, Cass, DeKalb, Dewitt, Fulton, Hancock, Henderson, Henry, Kane, Knox, LaSalle, Lee, Livingston, McDonough, McHenry, McLean, Marshall, Mercer, Ogle, Peoria, Putnam, Stark, Stephenson, Schuyler, Tazewell, Warren, Whiteside, Winnebago, Woodford,

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $ 0

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. $ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [X] N/A [ ]
14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit 5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written $ 0
15.2 Total Incurred Claims $ 0
15.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

FIVE-YEAR HISTORICAL DATA

		1 2014	2 2013	3 2012	4 2011	5 2010
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	88,521,925	66,426,352	64,251,036	61,411,294	80,035,401
2.	Total liabilities (Page 3, Line 24)	26,668,701	20,497,773	19,620,418	21,751,010	25,075,862
3.	Statutory surplus	41,571,957	17,593,926	11,963,628	11,191,964	14,043,712
4.	Total capital and surplus (Page 3, Line 33)	61,853,224	45,928,579	44,630,618	39,660,284	54,959,539
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	280,194,697	172,250,549	164,471,640	172,401,114	201,319,892
6.	Total medical and hospital expenses (Line 18)	225,343,651	145,172,639	145,569,357	140,501,694	173,850,607
7.	Claims adjustment expenses (Line 20)	9,975,110	9,370,241	7,634,358	4,950,491	5,531,831
8.	Total administrative expenses (Line 21)	22,297,750	12,951,398	12,498,944	14,144,427	15,500,647
9.	Net underwriting gain (loss) (Line 24)	24,559,186	2,775,271	1,768,981	9,804,502	8,236,807
10.	Net investment gain (loss) (Line 27)	2,281,763	1,862,218	1,948,862	2,107,941	2,047,257
11.	Total other income (Lines 28 plus 29)	(923)	12,598	17,770	(265)	751,103
12.	Net income or (loss) (Line 32)	19,535,278	4,671,588	3,796,949	8,959,844	12,397,112
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	17,206,506	5,117,372	2,748,978	1,782,291	18,337,889
	Risk-Based Capital Analysis					
14.	Total adjusted capital	61,853,224	45,928,579	44,630,618	39,660,284	54,959,539
15.	Authorized control level risk-based capital	8,311,597	5,453,782	5,995,390	5,596,387	7,021,856
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	29,745	18,443	17,686	17,915	17,464
17.	Total members months (Column 6, Line 7)	354,286	222,287	214,550	216,709	333,362
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.4	84.3	88.5	81.5	86.4
20.	Cost containment expenses	2.8	4.7	4.0	2.4	2.3
21.	Other claims adjustment expenses	0.8	0.8	0.7	0.4	0.5
22.	Total underwriting deductions (Line 23)	91.2	98.4	98.9	94.3	95.9
23.	Total underwriting gain (loss) (Line 24)	8.8	1.6	1.1	5.7	4.1
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	14,040,677	13,373,137	14,444,661	11,907,905	22,314,819
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	15,847,190	15,753,826	15,716,593	14,543,673	22,065,171
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30.	Affiliated mortgage loans on real estate	0	0	0	0	0
31.	All other affiliated	0	0	0	0	0
32.	Total of above Lines 26 to 31	0	0	0	0	0
33.	Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

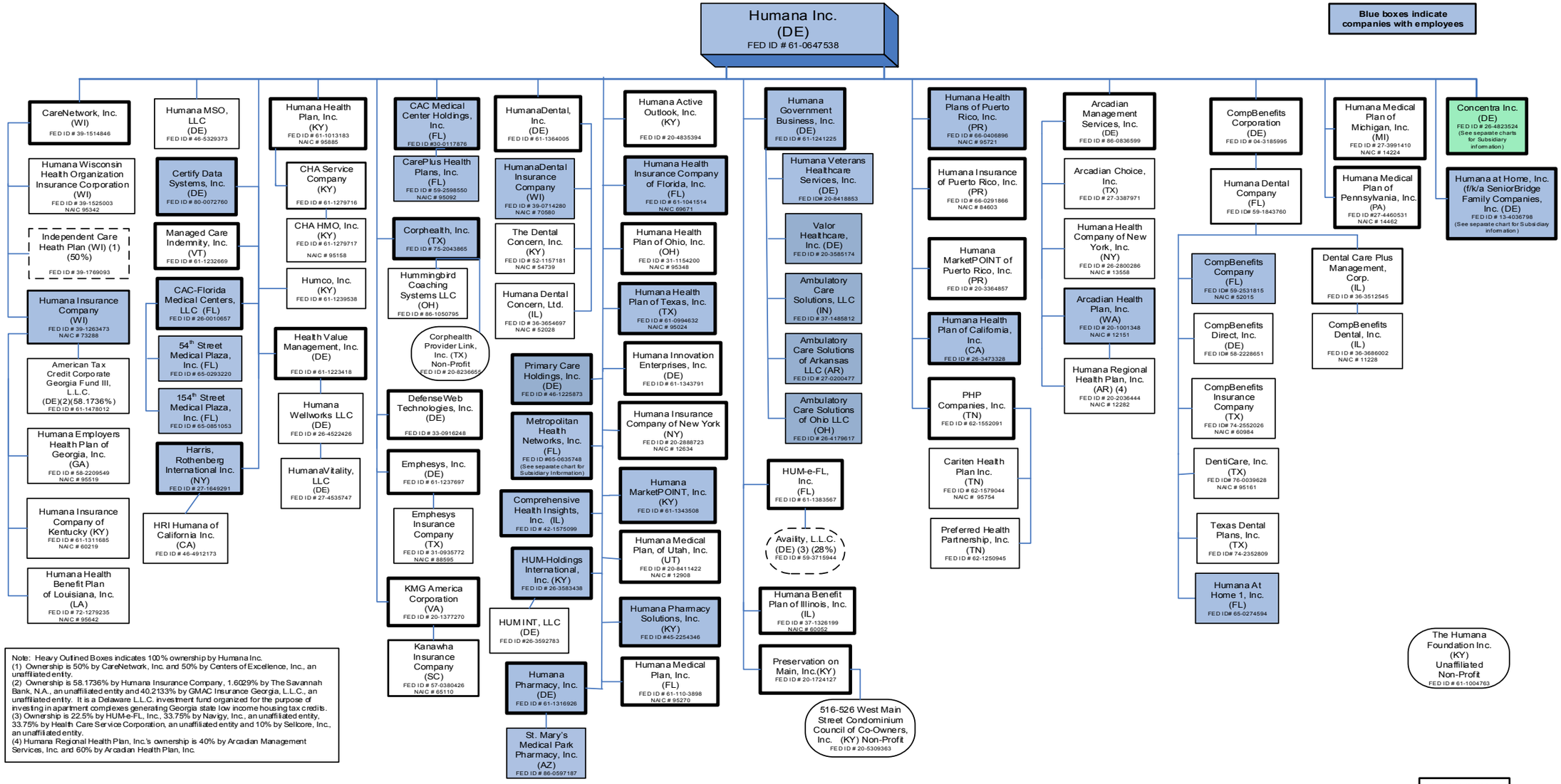
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
	States, etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama AL	L	0	0	0	0	0	0	0	0
2.	Alaska AK	L	0	0	0	0	0	0	0	0
3.	Arizona AZ	L	0	0	0	0	0	0	0	0
4.	Arkansas AR	L	0	0	0	0	0	0	0	0
5.	California CA	N	0	0	0	0	0	0	0	0
6.	Colorado CO	L	0	0	0	0	0	0	0	0
7.	Connecticut CT	L	0	0	0	0	0	0	0	0
8.	Delaware DE	L	0	0	0	0	0	0	0	0
9.	District of Columbia DC	L	0	0	0	0	0	0	0	0
10.	Florida FL	N	0	0	0	0	0	0	0	0
11.	Georgia GA	L	0	0	0	0	0	0	0	0
12.	Hawaii HI	L	0	0	0	0	0	0	0	0
13.	Idaho ID	L	0	0	0	0	0	0	0	0
14.	Illinois IL	L	433,094	156,828,885	0	7,200,894	0	0	164,462,873	0
15.	Indiana IN	L	0	0	0	0	0	0	0	0
16.	Iowa IA	L	0	0	0	0	0	0	0	0
17.	Kansas KS	L	0	0	0	0	0	0	0	0
18.	Kentucky KY	L	0	0	0	0	0	0	0	0
19.	Louisiana LA	L	0	0	0	0	0	0	0	0
20.	Maine ME	L	0	0	0	0	0	0	0	0
21.	Maryland MD	L	0	0	0	0	0	0	0	0
22.	Massachusetts MA	L	0	0	0	0	0	0	0	0
23.	Michigan MI	L	0	0	0	0	0	0	0	0
24.	Minnesota MN	L	0	0	0	0	0	0	0	0
25.	Mississippi MS	L	0	0	0	0	0	0	0	0
26.	Missouri MO	L	0	0	0	0	0	0	0	0
27.	Montana MT	L	0	0	0	0	0	0	0	0
28.	Nebraska NE	L	0	0	0	0	0	0	0	0
29.	Nevada NV	L	0	0	0	0	0	0	0	0
30.	New Hampshire NH	L	0	0	0	0	0	0	0	0
31.	New Jersey NJ	L	0	0	0	0	0	0	0	0
32.	New Mexico NM	L	0	0	0	0	0	0	0	0
33.	New York NY	N	0	0	0	0	0	0	0	0
34.	North Carolina NC	L	0	0	0	0	0	0	0	0
35.	North Dakota ND	L	550	0	0	0	0	0	550	0
36.	Ohio OH	N	0	0	0	0	0	0	0	0
37.	Oklahoma OK	L	0	0	0	0	0	0	0	0
38.	Oregon OR	L	0	0	0	0	0	0	0	0
39.	Pennsylvania PA	L	86,030	115,653,081	0	0	0	0	115,739,111	0
40.	Rhode Island RI	L	0	0	0	0	0	0	0	0
41.	South Carolina SC	L	0	0	0	0	0	0	0	0
42.	South Dakota SD	L	0	0	0	0	0	0	0	0
43.	Tennessee TN	L	0	0	0	0	0	0	0	0
44.	Texas TX	L	0	0	0	0	0	0	0	0
45.	Utah UT	N	0	0	0	0	0	0	0	0
46.	Vermont VT	L	0	0	0	0	0	0	0	0
47.	Virginia VA	L	0	0	0	0	0	0	0	0
48.	Washington WA	L	0	0	0	0	0	0	0	0
49.	West Virginia WV	L	0	0	0	0	0	0	0	0
50.	Wisconsin WI	L	0	0	0	0	0	0	0	0
51.	Wyoming WY	L	0	0	0	0	0	0	0	0
52.	American Samoa AS	N	0	0	0	0	0	0	0	0
53.	Guam GU	N	0	0	0	0	0	0	0	0
54.	Puerto Rico PR	N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands VI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands MP	N	0	0	0	0	0	0	0	0
57.	Canada CAN	N	0	0	0	0	0	0	0	0
58.	Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	519,674	272,481,966	0	7,200,894	0	0	280,202,534	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Total (Direct Business)	(a) 46	519,674	272,481,966	0	7,200,894	0	0	280,202,534	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.

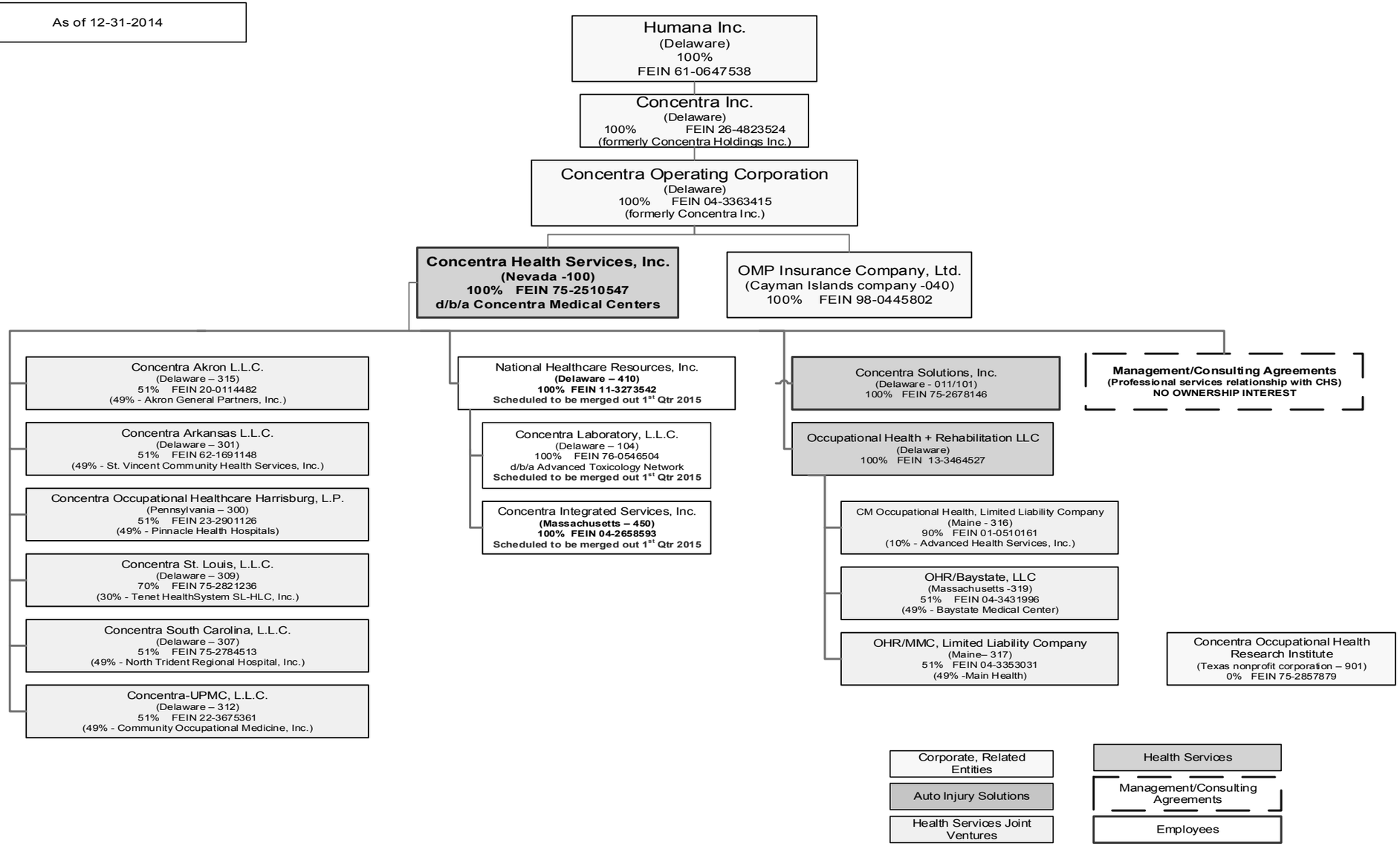
Explanation of basis of allocation by states, premiums by state, etc.

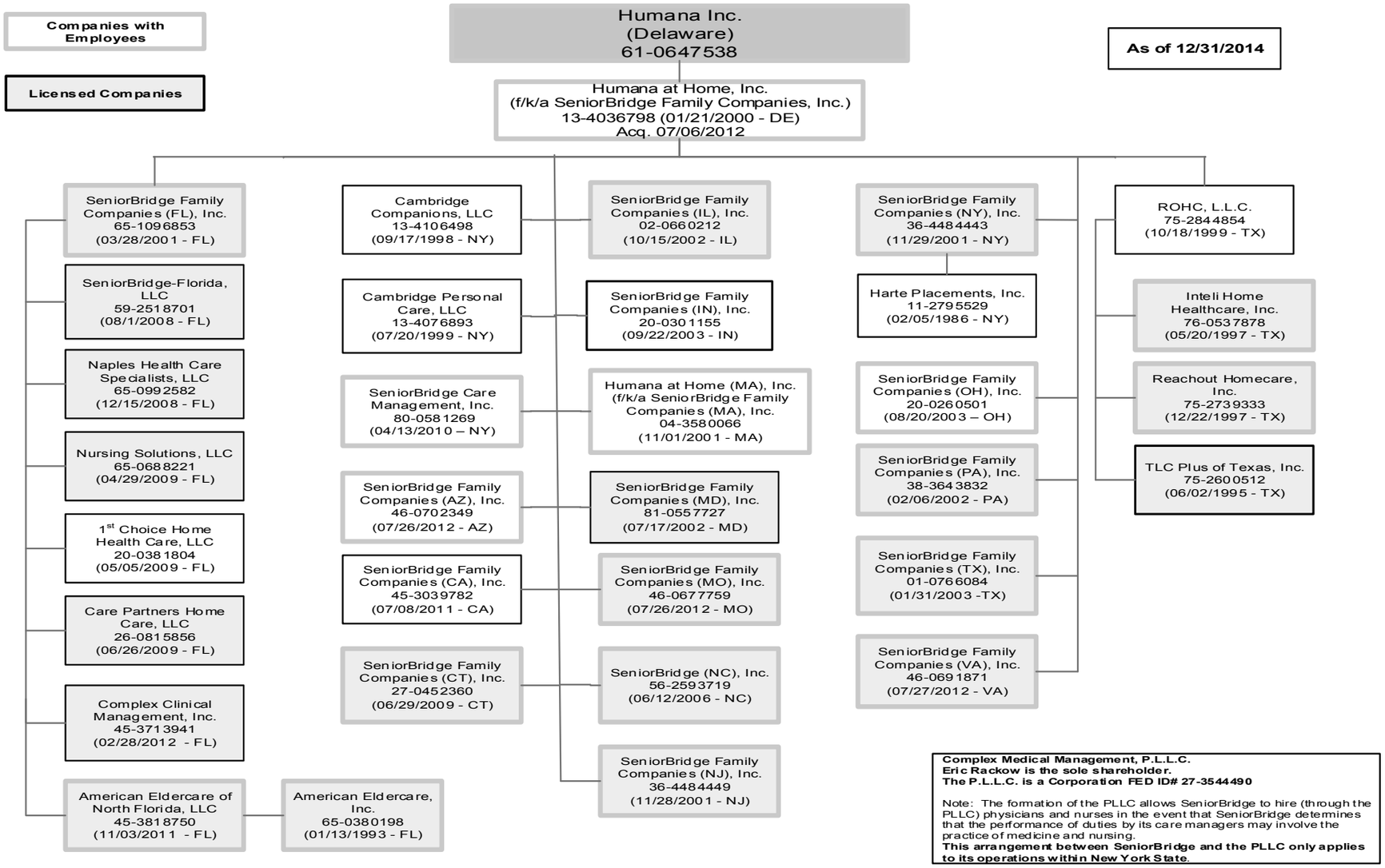
The Company allocates premiums based on the situs of the contract and individual premium based on residence.

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

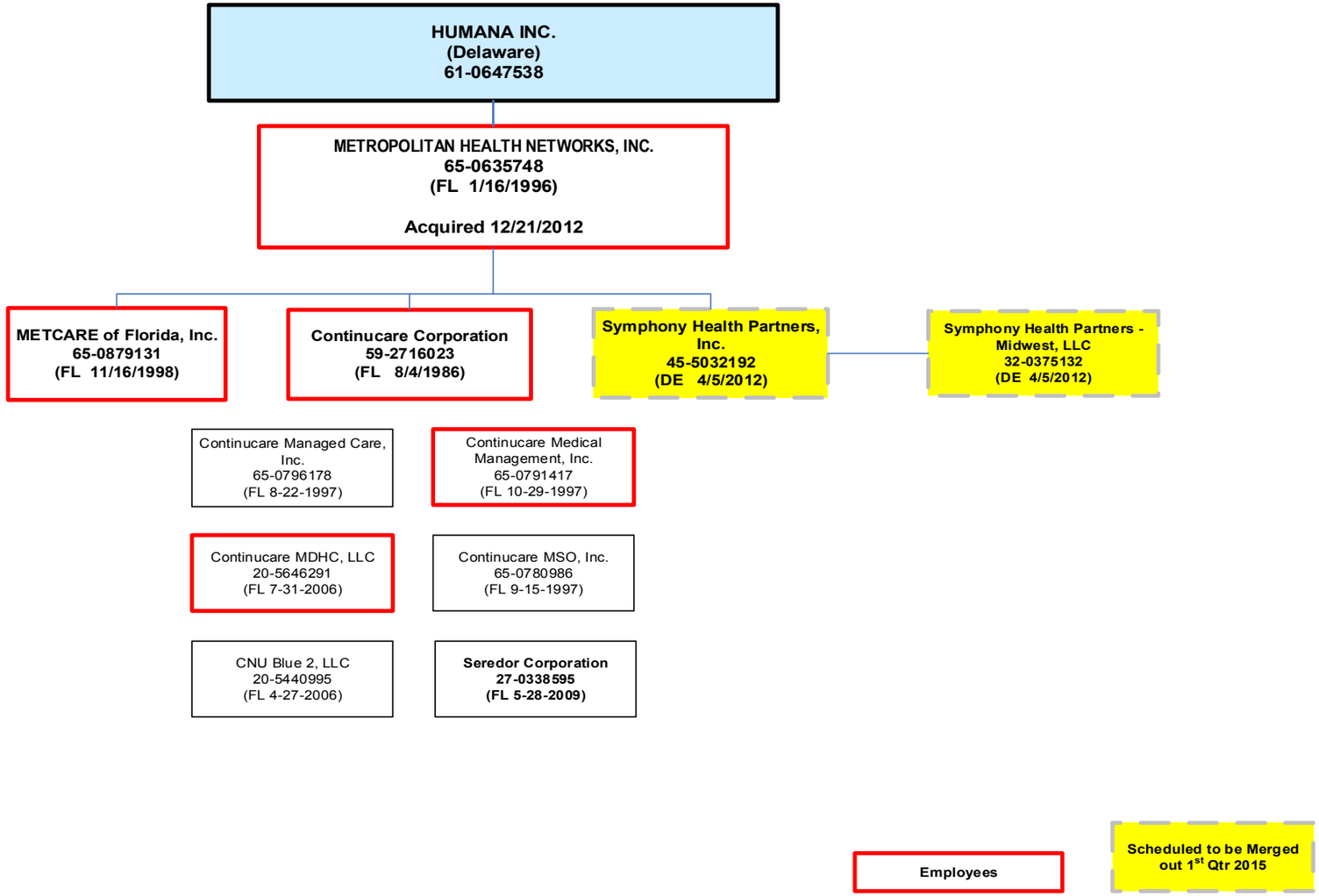

Humana Inc. (DE) FED ID # 61-0647538
Blue boxes indicate companies with employees
CareNetwork, Inc. (WI) FED ID # 39-1514846
Humana Wisconsin Health Organization Insurance Corporation (WI) FED ID # 39-1525003 NAIC 95342
Independent Care Heath Plan (WI) (1) (50%) FED ID # 39-1769093
Humana Insurance Company (WI) FED ID # 39-1263473 NAIC # 73288
American Tax Credit Corporate Georgia Fund III, L.L.C. (DE)(2)(58.1736%) FED ID # 61-1478012
Humana Employers Health Plan of Georgia, Inc. (GA) FED ID # 58-2209549 NAIC # 95519
Humana Insurance Company of Kentucky (KY) FED ID # 61-1311685 NAIC # 60219
Humana Health Benefit Plan of Louisiana, Inc. (LA) FED ID # 72-1279235 NAIC # 95642
Humana MSO, LLC (DE) FED ID # 46-5329373
Certify Data Systems, Inc. (DE) FED ID # 80-0072760
Managed Care Indemnity, Inc. (VT) FED ID # 61-1232669
CAC-Florida Medical Centers, LLC (FL) FED ID # 26-0010657
54th Street Medical Plaza, Inc. (FL) FED ID # 65-0293220
154th Street Medical Plaza, Inc. (FL) FED ID # 65-0851053
Harris, Rothenberg International Inc. (NY) FED ID # 27-1649291
HRI Humana of California Inc. (CA) FED ID # 46-4912173
Humana Health Plan, Inc. (KY) FED ID # 61-1013183 NAIC # 95885
CHA Service Company (KY) FED ID # 61-1279716
CHA HMO, Inc. (KY) FED ID # 61-1279717 NAIC # 95158
Humco, Inc. (KY) FED ID # 61-1239538
Health Value Management, Inc. (DE) FED ID # 61-1223418
Humana Wellworks LLC (DE) FED ID # 26-4522426
HumanaVitality, LLC (DE) FED ID # 27-4535747
CAC Medical Center Holdings, Inc. (FL) FED ID #30-0117876
CarePlus Health Plans, Inc. (FL) FED ID # 59-2598550 NAIC # 95092
Corphealth, Inc. (TX) FED ID # 75-2043865
Hummingbird Coaching Systems LLC (OH) FED ID # 86-1050795
Corphealth Provider Link, Inc. (TX) Non-Profit FED ID # 20-8236652
DefenseWeb Technologies, Inc. (DE) FED ID# 33-0916248
Emphesys, Inc. (DE) FED ID # 61-1237697
Emphesys Insurance Company (TX) FED ID # 31-0935772 NAIC # 88595
KMG America Corporation (VA) FED ID # 20-1377270
Kanawha Insurance Company (SC) FED ID # 57-0380426 NAIC # 65110
HumanaDental, Inc. (DE) FED ID # 61-1364005
HumanaDental Insurance Company (WI) FED ID # 39-0714280 NAIC # 70580
The Dental Concern, Inc. (KY) FED ID # 52-1157181 NAIC # 54739
Humana Dental Concern, Ltd. (IL) FED ID # 36-3654697 NAIC # 52028
Primary Care Holdings, Inc. (DE) FED ID # 46-1225873
Metropolitan Health Networks, Inc. (FL) FED ID #65-0635748 (See separate chart for Subsidiary Information)
Comprehensive Health Insights, Inc. (IL) FED ID # 42-1575099
HUM-Holdings International, Inc. (KY) FED ID # 26-3583438
HUMINT, LLC (DE) FED ID #26-3592783
Humana Pharmacy, Inc. (DE) FED ID # 61-1316926
St. Mary's Medical Park Pharmacy, Inc. (AZ) FED ID # 86-0597187
Humana Active Outlook, Inc. (KY) FED ID # 20-4835394
Humana Health Insurance Company of Florida, Inc. (FL) FED ID # 61-1041514 NAIC 69671
Humana Health Plan of Ohio, Inc. (OH) FED ID # 31-1154200 NAIC # 95348
Humana Health Plan of Texas, Inc. (TX) FED ID # 61-0994632 NAIC # 95024
Humana Innovation Enterprises, Inc. (DE) FED ID # 61-1343791
Humana Insurance Company of New York (NY) FED ID # 20-2888723 NAIC # 12634
Humana MarketPOINT, Inc. (KY) FED ID # 61-1343508
Humana Medical Plan, of Utah, Inc. (UT) FED ID # 20-8411422 NAIC # 12908
Humana Pharmacy Solutions, Inc. (KY) FED ID #45-2254346
Humana Medical Plan, Inc. (FL) FED ID # 61-110-3898 NAIC # 95270
Humana Government Business, Inc. (DE) FED ID # 61-1241225
Humana Veterans Healthcare Services, Inc. (DE) FED ID# 20-8418853
Valor Healthcare, Inc. (DE) FED ID # 20-3585174
Ambulatory Care Solutions, LLC (IN) FED ID # 37-1485812
Ambulatory Care Solutions of Arkansas LLC (AR) FED ID # 27-0200477
Ambulatory Care Solutions of Ohio LLC (OH) FED ID # 26-4179617
HUM-e-FL, Inc. (FL) FED ID # 61-1383567
Availity, L.L.C. (DE) (3) (28%) FED ID # 59-3715944
Humana Benefit Plan of Illinois, Inc. (IL) FED ID # 37-1326199 NAIC # 60052
Preservation on Main, Inc.(KY) FED ID # 20-1724127
516-526 West Main Street Condominium Council of Co-Owners, Inc. (KY) Non-Profit FED ID # 20-5309363
Humana Health Plans of Puerto Rico, Inc. (PR) FED ID # 66-0406896 NAIC # 95721
Humana Insurance of Puerto Rico, Inc. (PR) FED ID # 66-0291866 NAIC # 84603
Humana MarketPOINT of Puerto Rico, Inc. (PR) FED ID # 20-3364857
Humana Health Plan of California, Inc. (CA) FED ID # 26-3473328
PHP Companies, Inc. (TN) FED ID # 62-1552091
Cariten Health Plan Inc. (TN) FED ID # 62-1579044 NAIC # 95754
Preferred Health Partnership, Inc. (TN) FED ID # 62-1250945
Arcadian Management Services, Inc. (DE) FED ID # 86-0836599
Arcadian Choice, Inc. (TX) FED ID # 27-3387971
Humana Health Company of New York, Inc. (NY) FED ID # 26-2800286 NAIC # 13558
Arcadian Health Plan, Inc. (WA) FED ID # 20-1001348 NAIC # 12151
Humana Regional Health Plan, Inc. (AR) (4) FED ID # 20-2036444 NAIC # 12282
CompBenefits Corporation (DE) FED ID # 04-3185995
Humana Dental Company (FL) FED ID# 59-1843760
CompBenefits Company (FL) FED ID# 59-2531815 NAIC # 52015
CompBenefits Direct, Inc. (DE) FED ID# 58-2228651
CompBenefits Insurance Company (TX) FED ID# 74-2552026 NAIC # 60984
DentiCare, Inc. (TX) FED ID# 76-0039628 NAIC # 95161
Texas Dental Plans, Inc. (TX) FED ID# 74-2352809
Humana At Home 1, Inc. (FL) FED ID# 65-0274594
Dental Care Plus Management, Corp. (IL) FED ID # 36-3512545
CompBenefits Dental, Inc. (IL) FED ID # 36-3686002 NAIC # 11228
Humana Medical Plan of Michigan, Inc. (MI) FED ID # 27-3991410 NAIC # 14224
Humana Medical Plan of Pennsylvania, Inc. (PA) FED ID #27-4460531 NAIC # 14462
Concentra Inc. (DE) FED ID # 26-4823524 (See separate charts for Subsidiary information)
Humana at Home, Inc. (f/k/a SeniorBridge Family Companies, Inc. (DE) FED ID # 13-4036798 (See separate chart for Subsidiary information)
The Humana Foundation Inc. (KY) Unaffiliated Non-Profit FED ID # 61-1004763
Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.
(1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers of Excellence, 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) Humana Regional Health Plan, Inc.'s ownership is 40% by Arcadian Management Services, Inc. and 60% by Arcadian Health Plan, Inc.
As of 12/31/2014

As of 12-31-2014




Companies with Employees
Licensed Companies
Humana Inc. (Delaware) 61-0647538
As of 12/31/2014
Humana at Home, Inc. (f/k/a SeniorBridge Family Companies, Inc.) 13-4036798 (01/21/2000 - DE) Acq. 07/06/2012
SeniorBridge Family Companies (FL), Inc. 65-1096853 (03/28/2001 - FL)
SeniorBridge-Florida, LLC 59-2518701 (08/1/2008 - FL)
Naples Health Care Specialists, LLC 65-0992582 (12/15/2008 - FL)
Nursing Solutions, LLC 65-0688221 (04/29/2009 - FL)
1st Choice Home Health Care, LLC 20-0381804 (05/05/2009 - FL)
Care Partners Home Care, LLC 26-0815856 (06/26/2009 - FL)
Complex Clinical Management, Inc. 45-3713941 (02/28/2012 - FL)
American Eldercare of North Florida, LLC 45-3818750 (11/03/2011 - FL)
American Eldercare, Inc. 65-0380198 (01/13/1993 - FL)
Cambridge Companions, LLC 13-4106498 (09/17/1998 - NY)
Cambridge Personal Care, LLC 13-4076893 (07/20/1999 - NY)
SeniorBridge Care Management, Inc. 80-0581269 (04/13/2010 – NY)
SeniorBridge Family Companies (AZ), Inc. 46-0702349 (07/26/2012 - AZ)
SeniorBridge Family Companies (CA), Inc. 45-3039782 (07/08/2011 - CA)
SeniorBridge Family Companies (CT), Inc. 27-0452360 (06/29/2009 - CT)
SeniorBridge Family Companies (IL), Inc. 02-0660212 (10/15/2002 - IL)
SeniorBridge Family Companies (IN), Inc. 20-0301155 (09/22/2003 - IN)
Humana at Home (MA), Inc. (f/k/a SeniorBridge Family Companies (MA), Inc. 04-3580066 (11/01/2001 - MA)
SeniorBridge Family Companies (MD), Inc. 81-0557727 (07/17/2002 - MD)
SeniorBridge Family Companies (MO), Inc. 46-0677759 (07/26/2012 - MO)
SeniorBridge (NC), Inc. 56-2593719 (06/12/2006 - NC)
SeniorBridge Family Companies (NJ), Inc. 36-4484449 (11/28/2001 - NJ)
SeniorBridge Family Companies (NY), Inc. 36-4484443 (11/29/2001 - NY)
Harte Placements, Inc. 11-2795529 (02/05/1986 - NY)
SeniorBridge Family Companies (OH), Inc. 20-0260501 (08/20/2003 – OH)
SeniorBridge Family Companies (PA), Inc. 38-3643832 (02/06/2002 - PA)
SeniorBridge Family Companies (TX), Inc. 01-0766084 (01/31/2003 -TX)
SeniorBridge Family Companies (VA), Inc. 46-0691871 (07/27/2012 - VA)
ROHC, L.L.C. 75-2844854 (10/18/1999 - TX)
Inteli Home Healthcare, Inc. 76-0537878 (05/20/1997 - TX)
Reachout Homecare, Inc. 75-2739333 (12/22/1997 - TX)
TLC Plus of Texas, Inc. 75-2600512 (06/02/1995 - TX)
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.

As of 12-31-2014



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Federal Contingency Reserves	24,969	0	24,969	45,352
2505. Deposits	5,238	5,238	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	30,207	5,238	24,969	45,352

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