



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Humana Regional Health Plan, Inc. f/k/a Arkansas Community Care, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 12282 Employer's ID Number 20-2036444
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 12/09/2004 Commenced Business 01/01/2006

Statutory Home Office c/oCSC300 Spring Bldg, Ste 900, 300 Spring St., Little Rock, AR, US 72201
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 W. Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Website Address www.humana.com

Statutory Statement Contact Matt Brumit, 502-580-3092
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@Humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO Bruce Dale Broussard Sr. VP & CFO Brian Andrew Kane
VP & Corporate Secretary Joan Olliges Lenahan VP & Chief Actuary Kenny Waitem Kan #

OTHER

<u>Stephen Michael Arnhold #, Vice President</u>	<u>Alan James Bailey, VP & Treasurer</u>	<u>Elizabeth Diane Bierbower, Pres. Group Segment</u>
<u>Jonathan Albert Canine, VP & Appointed Actuary</u>	<u>John Gregory Catron, VP & Chief Compliance Officer</u>	<u>Steven James DeRaleau, Pres., HumanaOne</u>
<u>Jeffrey Carl Fernandez, Segment VP, Medicare: West</u>	<u>Brian Phillip LeClaire, Sr. VP & Chief Info Officer</u>	<u>Steven Edward McCulley, SVP, Medicare Operations</u>
<u>William Mark Preston, VP-Investment Management</u>	<u>Richard Donald Remmers, VP, Group Segment</u>	<u>Donald Hank Robinson, Vice President-Tax</u>
<u>Joseph Christopher Ventura, Assistant Corporate Secretary</u>	<u>Timothy Alan Wheatley, President-Retail Segment</u>	<u>Ralph Martin Wilson, Vice President</u>
<u>Cynthia Hillebrand Zipperle #, VP & Chief Accounting Officer</u>		

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Brian Andrew Kane # James Elmer Murray

State of Kentucky SS:
County of Jefferson

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

Bruce Dale Broussard
President & CEO

Joan Olliges Lenahan
VP & Corporate Secretary

Alan James Bailey
VP & Treasurer

Subscribed and sworn to before me this
22nd day of February, 2016

- a. Is this an original filing? Yes [] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Michele Sizemore
Notary Public
January 3, 2019

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	7,356,513	0	7,356,513	8,936,711
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 (\$(21,489) , Schedule E - Part 1), cash equivalents (\$0 , Schedule E - Part 2) and short-term investments (\$5,500,706 , Schedule DA)	5,479,217	0	5,479,217	6,105,901
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)	12,835,730	0	12,835,730	15,042,612
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	90,930	0	90,930	114,807
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	41,513	8,407	33,106	12,916
15.2 Deferred premiums and 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 (\$3,559) and contracts subject to redetermination (\$390,022)	393,580	0	393,580	37,911
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	905,672	0	905,672	498,478
18.1 Current federal and foreign income tax recoverable and interest thereon	90,597	0	90,597	97,038
18.2 Net deferred tax asset	284,601	51,496	233,105	104,760
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	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	97,639	0	97,639	0
24. Health care (\$230,100) and other amounts receivable	234,490	787	233,703	44,270
25. Aggregate write-ins for other than invested assets	23,325	23,325	0	68,607
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,998,077	84,015	14,914,062	16,021,399
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	14,998,077	84,015	14,914,062	16,021,399
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. Prepaid Commissions	23,325	23,325	0	0
2502. Risk Adjustment Premium Receivables	0	0	0	68,607
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	23,325	23,325	0	68,607

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	1,662,554	294,139	1,956,693	673,969
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	15,350	0	15,350	8,511
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	286,434	0	286,434	54,616
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	8,876	0	8,876	67,986
9. General expenses due or accrued	31,147	0	31,147	56,413
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	1,194	0	1,194	177
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	74,303
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	17,734	0	17,734	27,890
23. Aggregate write-ins for other liabilities (including \$0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	2,023,289	294,139	2,317,428	963,865
25. Aggregate write-ins for special surplus funds	XXX	XXX	394,472	103,512
26. Common capital stock	XXX	XXX	0	0
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	13,469,452	14,969,452
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	(1,267,290)	(15,430)
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	12,596,634	15,057,534
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	14,914,062	16,021,399
DETAILS OF WRITE-INS				
2301.				
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)	0	0	0	0
2501. Special Surplus - Projected HCRL Assessment for the Upcoming Year	XXX	XXX	394,472	103,512
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	394,472	103,512
3001.	XXX	XXX		
3002.	XXX	XXX		
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	26,984	6,184
2. Net premium income (including \$ 0 non-health premium income)	XXX	22,027,345	5,673,138
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	22,027,345	5,673,138
Hospital and Medical:			
9. Hospital/medical benefits	2,768,524	16,719,500	3,384,482
10. Other professional services	0	823,580	140,665
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	342,189	798,277	118,644
13. Prescription drugs	0	2,120,990	32,725
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)	3,110,713	20,462,347	3,676,516
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	3,110,713	20,462,347	3,676,516
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$ 741,039 cost containment expenses	0	928,090	177,173
21. General administrative expenses	0	2,075,037	537,122
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	231,000	0
23. Total underwriting deductions (Lines 18 through 22)	3,110,713	23,696,474	4,390,811
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,669,129)	1,282,327
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	361,309	428,315
26. Net realized capital gains (losses) less capital gains tax of \$ 6	0	12	2
27. Net investment gains (losses) (Lines 25 plus 26)	0	361,321	428,317
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	7	4
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	(1,307,801)	1,710,648
31. Federal and foreign income taxes incurred	XXX	(176,374)	266,701
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,131,427)	1,443,947
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	7	4
2902.			
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	7	4

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	15,057,534	15,221,469
34. Net income or (loss) from Line 32	(1,131,427)	1,443,947
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	135,375	(90,638)
39. Change in nonadmitted assets	35,152	(17,244)
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	(1,500,000)	(1,500,000)
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)	(2,460,900)	(163,935)
49. Capital and surplus end of reporting period (Line 33 plus 48)	12,596,634	15,057,534
DETAILS OF WRITE-INS		
4701.		
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	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	21,887,624	8,125,568
2. Net investment income	424,244	498,702
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	22,311,868	8,624,270
5. Benefit and loss related payments	19,596,721	3,084,155
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,438,897	452,406
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ⁶ tax on capital gains (losses)	(182,809)	327,084
10. Total (Lines 5 through 9)	22,852,809	3,863,645
11. Net cash from operations (Line 4 minus Line 10)	(540,941)	4,760,625
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,714,556	1,555,684
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	18	2
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,714,574	1,555,686
13. Cost of investments acquired (long-term only):		
13.1 Bonds	173,415	635,933
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)	173,415	635,933
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)	1,541,159	919,753
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	(1,500,000)	(1,500,000)
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)	(126,902)	7,717
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,626,902)	(1,492,283)
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)	(626,684)	4,188,095
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	6,105,901	1,917,806
19.2 End of year (Line 18 plus Line 19.1)	5,479,217	6,105,901

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	22,027,345	0	0	0	0	0	22,027,345	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 \$ 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)	22,027,345	0	0	0	0	0	22,027,345	0	0	0
8. Hospital/medical benefits	16,719,500	0	0	0	0	0	16,719,500	0	0	XXX
9. Other professional services	823,580	0	0	0	0	0	823,580	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	798,277	0	0	0	0	0	798,277	0	0	XXX
12. Prescription drugs	2,120,990	0	0	0	0	0	2,120,990	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)	20,462,347	0	0	0	0	0	20,462,347	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)	20,462,347	0	0	0	0	0	20,462,347	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	928,090	0	0	0	0	0	928,090	0	0	0
20. General administrative expenses	2,075,037	0	0	0	0	0	2,075,037	0	0	0
21. Increase in reserves for accident and health contracts	231,000	0	0	0	0	0	231,000	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)	23,696,474	0	0	0	0	0	23,696,474	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(1,669,129)	0	0	0	0	0	(1,669,129)	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	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
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

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0	0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	22,027,345	0	0	22,027,345
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	22,027,345	0	0	22,027,345
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	22,027,345	0	0	22,027,345

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	19,365,914	.0	.0	.0	.0	.0	19,365,914	.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	19,365,914	.0	.0	.0	.0	.0	19,365,914	.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	1,956,693	.0	.0	.0	.0	.0	1,956,693	.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	1,956,693	.0	.0	.0	.0	.0	1,956,693	.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)	186,291	.0	.0	.0	.0	.0	186,291	.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	673,969	.0	.0	.0	.0	.0	673,969	.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	673,969	.0	.0	.0	.0	.0	673,969	.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	20,462,347	.0	.0	.0	.0	.0	20,462,347	.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	20,462,347	.0	.0	.0	.0	.0	20,462,347	.0	.0	.0
13. Incurred medical incentive pools and bonuses	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	663,072	.0	.0	.0	.0	.0	663,072	.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	663,072	.0	.0	.0	.0	.0	663,072	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	1,252,511	.0	.0	.0	.0	.0	1,252,511	.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	1,252,511	.0	.0	.0	.0	.0	1,252,511	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	41,110	.0	.0	.0	.0	.0	41,110	.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	41,110	.0	.0	.0	.0	.0	41,110	.0	.0	.0
4. TOTALS:										
4.1 Direct	1,956,693	.0	.0	.0	.0	.0	1,956,693	.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	1,956,693	.0	.0	.0	.0	.0	1,956,693	.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 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	594,482	18,771,432	23,236	1,933,457	617,718	673,968
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)	594,482	18,771,432	23,236	1,933,457	617,718	673,968
10. Healthcare receivables (a)	108	230,779	0	0	108	44,595
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)	594,374	18,540,653	23,236	1,933,457	617,610	629,373

(a) Excludes \$0 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 - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	13,611	13,611	13,611	13,611	13,611
2.	2011	80,110	88,356	88,357	88,357	88,357
3.	2012	XXX	70,893	80,573	80,573	80,573
4.	2013	XXX	XXX	0	59	59
5.	2014	XXX	XXX	XXX	3,042	3,636
6.	2015	XXX	XXX	XXX	XXX	18,771

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 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	13,645	13,611	13,611	13,611	13,611
2.	2011	90,502	88,436	88,357	88,357	88,357
3.	2012	XXX	81,721	80,630	80,573	80,573
4.	2013	XXX	XXX	0	66	63
5.	2014	XXX	XXX	XXX	3,710	3,656
6.	2015	XXX	XXX	XXX	XXX	20,704

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. 2011	107,875	88,357	840	1.0	89,197	82.7	0	0	89,197	82.7
2. 2012	90,818	80,573	766	1.0	81,339	89.6	0	0	81,339	89.6
3. 2013	(142)	59	1	1.7	60	(42.3)	4	0	64	(45.1)
4. 2014	5,673	3,636	35	1.0	3,671	64.7	19	0	3,690	65.0
5. 2015	22,027	18,771	179	1.0	18,950	86.0	1,933	15	20,888	94.9

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 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	13,611	13,611	13,611	13,611	13,611
2.	2011	80,110	88,356	88,357	88,357	88,357
3.	2012	XXX	70,893	80,573	80,573	80,573
4.	2013	XXX	XXX	0	59	59
5.	2014	XXX	XXX	XXX	3,042	3,636
6.	2015	XXX	XXX	XXX	XXX	18,771

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 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	13,645	13,611	13,611	13,611	13,611
2.	2011	90,502	88,436	88,357	88,357	88,357
3.	2012	XXX	81,721	80,630	80,573	80,573
4.	2013	XXX	XXX	0	66	63
5.	2014	XXX	XXX	XXX	3,710	3,656
6.	2015	XXX	XXX	XXX	XXX	20,704

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.	107,875	88,357	840	1.0	89,197	82.7	0	0	89,197	82.7
2.	90,818	80,573	766	1.0	81,339	89.6	0	0	81,339	89.6
3.	(142)	59	1	1.7	60	(42.3)	4	0	64	(45.1)
4.	5,673	3,636	35	1.0	3,671	64.7	19	0	3,690	65.0
5.	22,027	18,771	179	1.0	18,950	86.0	1,933	15	20,888	94.9

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	231,000	0	0	0	0	0	231,000	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	55,434	0	0	0	0	0	55,434	0	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	286,434	0	0	0	0	0	286,434	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	286,434	0	0	0	0	0	286,434	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 \$231,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$0 for occupancy of own building)	9,974	2,800	22,929	19	35,722
2. Salary, wages and other benefits	283,632	103,599	704,509	574	1,092,314
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	427,576	12	427,588
4. Legal fees and expenses	3,719	1,047	9,450	7	14,223
5. Certifications and accreditation fees	16	11	87	0	114
6. Auditing, actuarial and other consulting services	3,664	1,028	8,420	7	13,119
7. Traveling expenses	8,328	2,530	18,033	15	28,906
8. Marketing and advertising	23,155	6,542	52,951	44	82,692
9. Postage, express and telephone	29,701	8,953	64,703	53	103,410
10. Printing and office supplies	10,292	3,163	22,071	18	35,544
11. Occupancy, depreciation and amortization	3,221	904	7,402	6	11,533
12. Equipment	5,997	1,684	13,776	12	21,469
13. Cost or depreciation of EDP equipment and software	24,876	6,981	57,162	48	89,067
14. Outsourced services including EDP, claims, and other services	283,777	25,829	165,627	158	475,391
15. Boards, bureaus and association fees	653	191	1,455	1	2,300
16. Insurance, except on real estate	2,543	737	5,709	5	8,994
17. Collection and bank service charges	7,009	1,967	20,014	14	29,004
18. Group service and administration fees	25,367	14,839	13,902	0	54,108
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	7,307	2,055	16,769	14	26,145
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	(9,045)	0	(9,045)
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	13,409	10	13,419
23.4 Payroll taxes	0	0	42,331	35	42,366
23.5 Other (excluding federal income and real estate taxes)	0	0	373,325	2	373,327
24. Investment expenses not included elsewhere	1,111	312	2,555	2	3,980
25. Aggregate write-ins for expenses	6,697	1,879	19,917	11	28,504
26. Total expenses incurred (Lines 1 to 25)	741,039	187,051	2,075,037	1,067	(a) .....3,004,194
27. Less expenses unpaid December 31, current year	0	15,350	31,147	0	46,497
28. Add expenses unpaid December 31, prior year	5,741	2,770	56,413	0	64,924
29. Amounts receivable relating to uninsured plans, prior year	0	0	498,478	0	498,478
30. Amounts receivable relating to uninsured plans, current year	0	0	905,672	0	905,672
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	746,780	174,471	2,507,497	1,067	3,429,815
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	6,697	1,879	19,917	11	28,504
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)	6,697	1,879	19,917	11	28,504

(a) Includes management fees of \$1,801,313 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) 113,400	104,617
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 269,729	254,636
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) 3,176	3,176
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	386,305	362,429
11. Investment expenses		(g) 1,020
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 47
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		53
16. Total deductions (Lines 11 through 15)		1,120
17. Net investment income (Line 10 minus Line 16)		361,309
DETAILS OF WRITE-INS		
0901.		
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)	0	0
1501. Miscellaneous Investment Expense		53
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)		53

- (a) Includes \$ 25,198 accrual of discount less \$ 64,256 amortization of premium and less \$ 460 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 \$ 2,921 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 \$ 0 investment expenses and \$ 0 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	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	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)	1	0	1	0	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	17	0	17	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)	0	0	0	0	0
10. Total capital gains (losses)	18	0	18	0	0
DETAILS OF WRITE-INS					
0901. Other realized gain/(loss)	0	0	0	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)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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	8,407	3,232	(5,175)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	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	51,496	44,466	(7,030)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
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	787	519	(268)
25. Aggregate write-ins for other than invested assets	23,325	70,950	47,625
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	84,015	119,167	35,152
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	84,015	119,167	35,152
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.	0	0	0
1103.			
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	23,325	70,950	47,625
2502.			
2503.			
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)	23,325	70,950	47,625

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	561	2,148	2,236	2,333	2,439	26,984
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
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	0	0	0	0	0	0
7. Total	561	2,148	2,236	2,333	2,439	26,984
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
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)	0	0	0	0	0	0

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

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

	State of Domicile	2015	2014
Net (Loss)/Income			
1. Humana Regional Health Plan, Inc. Arkansas basis	AR	\$ (1,131,427)	\$ 1,443,947
2. State Prescribed Practices that increase/(decrease) NAIC SAP	AR	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP	AR	-	-
4. NAIC SAP	AR	\$ <u>(1,131,427)</u>	\$ <u>1,443,947</u>
Surplus			
5. Humana Regional Health Plan, Inc. Arkansas basis	AR	\$ 12,596,634	\$ 15,057,534
6. State Prescribed Practices that increase/(decrease) NAIC SAP	AR	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP	AR	-	-
8. NAIC SAP	AR	\$ <u>12,596,634</u>	\$ <u>15,057,534</u>

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.

NOTES TO THE FINANCIAL STATEMENTS

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

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

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

- (12) The Company 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, 2015.

The Company did not have any temporarily impaired securities in a continuous unrealized loss position as of December 31, 2015.

(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.

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

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	1,003,298	1,004,267	(969)	1,003,298	6.69%	6.73%
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	\$ 1,003,298	\$ 1,004,267	\$ (969)	\$ 1,003,298	6.69%	6.73%

(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.

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

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, 2015		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 284,663	\$ -	\$ 284,663
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	284,663	-	284,663
d. Deferred tax assets nonadmitted	(51,496)	-	(51,496)
e. Net admitted deferred tax assets	233,167	-	233,167
f. Deferred tax liabilities	(62)	-	(62)
g. Net admitted deferred tax asset/(liability)	<u>\$ 233,105</u>	<u>\$ -</u>	<u>\$ 233,105</u>

	December 31, 2014		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 182,097	\$ -	\$ 182,097
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	182,097	-	182,097
d. Deferred tax assets nonadmitted	(44,466)	-	(44,466)
e. Net admitted deferred tax assets	137,631	-	137,631
f. Deferred tax liabilities	(32,871)	-	(32,871)
g. Net admitted deferred tax asset/(liability)	<u>\$ 104,760</u>	<u>\$ -</u>	<u>\$ 104,760</u>

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 102,566	\$ -	\$ 102,566
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	102,566	-	102,566
d. Deferred tax assets nonadmitted	(7,030)	-	(7,030)
e. Net admitted deferred tax assets	95,536	-	95,536
f. Deferred tax liabilities	32,809	-	32,809
g. Net admitted deferred tax asset/(liability)	<u>\$ 128,345</u>	<u>\$ -</u>	<u>\$ 128,345</u>

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

	December 31, 2015		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 181,547	\$ -	\$ 181,547
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	51,558	-	51,558
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	51,558
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	1,832,133
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	62	-	62
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 233,167</u>	<u>\$ -</u>	<u>\$ 233,167</u>

	December 31, 2014		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 78,981	\$ -	\$ 78,981
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	25,779	-	25,779
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	25,779
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	2,288,013
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	32,871	-	32,871
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 137,631</u>	<u>\$ -</u>	<u>\$ 137,631</u>

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	Ordinary	Change Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 102,566	\$ -	\$ 102,566
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	25,779	-	25,779
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	25,779
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	(455,880)
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(32,809)	-	(32,809)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 95,536	\$ -	\$ 95,536

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

	December 31, 2015	December 31, 2014
a. Ratio percentage used to determine recovery period and threshold limitation amount	1,070%	1,750%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	12,363,529	14,952,774

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

	December 31, 2015	
	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)	\$ 284,663	\$ -
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)	\$ 233,167	\$ -
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, 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)	\$ 182,097	\$ -
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)	\$ 137,631	\$ -
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)	\$ 102,566	\$ -
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)	\$ 95,536	\$ -
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]		

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

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

C. Current and deferred income taxes

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

	December 31, 2015	December 31, 2014	Change
a. Federal	\$ (177,616)	\$ 505,102	\$ (682,718)
b. Foreign	-	-	-
c. Subtotal	(177,616)	505,102	(682,718)
d. Federal income tax on net capital gains	6	-	6
e. Utilization of capital loss carryforwards	-	-	-
f. Other	1,242	(238,401)	239,644
g. Federal and foreign income taxes incurred	<u>\$ (176,368)</u>	<u>\$ 266,701</u>	<u>\$ (443,068)</u>

(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, 2015	December 31, 2014	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 154,777	\$ 22,735	\$ 132,042
2. Unearned premium reserve	621	4,555	(3,934)
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	-	-	-
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	25	(25)
14. Bad debts	227	109	118
15. Accrued litigation	-	-	-
16. Risk corridor	143	-	143
17. CMS risk corridor - ACA	-	-	-
18. Medicare risk adjustment data	-	-	-
19. Miscellaneous reserves	-	-	-
20. Accrued lease	-	-	-
21. Section 197 intangible	128,895	154,673	(25,778)
22. Reinsurance fee	-	-	-
99. Subtotal	284,663	182,097	102,566
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	(51,496)	(44,466)	(7,030)
d. Admitted Ordinary DTAs	233,167	137,631	95,536
e. Capital			
1. Investments	-	-	-
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	-	-	-
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	<u>\$ 233,167</u>	<u>\$ 137,631</u>	<u>\$ 95,536</u>

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

DTLs resulting from Book/Tax Differences in:

	December 31, 2015	December 31, 2014	Change
a. Ordinary			
1. Investments	\$ -	\$ -	-
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(62)	-	(62)
7. Risk corridor	-	(32,871)	32,871
99. Subtotal	<u>(62)</u>	<u>(32,871)</u>	<u>32,809</u>
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	<u>-</u>	<u>-</u>	<u>-</u>
c. DTLs	<u>\$ (62)</u>	<u>\$ (32,871)</u>	<u>\$ 32,809</u>
(4) Net deferred tax asset/(liability)	<u>\$ 233,105</u>	<u>\$ 104,760</u>	<u>\$ 128,345</u>

- 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, 2015 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ (1,307,793)	\$ (457,728)	35.00%
Tax-exempt interest	-	-	0.00%
Dividends received deduction	-	-	0.00%
Proration	-	-	0.00%
Meals & entertainment, lobbying expenses, etc.	922	323	(0.02%)
Statutory valuation allowance adjustment	-	-	0.00%
ACA fee	370,782	129,774	(9.92%)
Change to nonadmits & deferred tax true-up	45,399	15,890	(1.21%)
Other, including prior year true-up	(4)	(2)	0.00%
Total	<u>\$ (890,694)</u>	<u>\$ (311,743)</u>	<u>23.84%</u>
Federal income taxes incurred [expense/(benefit)]		\$ (176,374)	13.49%
Tax on capital gains/(losses)		6	0.00%
Change in net deferred income tax [charge/(benefit)]		<u>(135,375)</u>	<u>10.35%</u>
Total statutory income taxes		<u>\$ (311,743)</u>	<u>23.84%</u>

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

At December 31, 2015, the Company had no net operating loss carry-forwards.

At December 31, 2015, the Company had no capital loss carry-forwards.

At December 31, 2015, the Company had no AMT credit carry-forwards.

- (2) The following table demonstrates the income tax expense for 2013, 2014 and 2015 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2013	\$ -	\$ -	\$ -
2014	506,345	-	506,345
2015	-	-	-
Total	<u>\$ 506,345</u>	<u>\$ -</u>	<u>\$ 506,345</u>

- (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.

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2015 CONSOLIDATED FEDERAL INCOME TAX RETURN

**CALENDAR YEAR ENDED DECEMBER 31, 2015
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	ALAMO CITY MEDICAL GROUP, PLLC	74-2698089
6	AMBULATORY CARE SOLUTIONS OF ARKANSAS, LLC	27-0200477
7	AMBULATORY CARE SOLUTIONS OF OHIO, LLC	26-4179617
8	AMBULATORY CARE SOLUTIONS, LLC	37-1485812
9	AMERICAN CURRENT CARE OF ARIZONA, P.A.	20-8602074
10	AMERICAN CURRENT CARE OF ARKANSAS, P.A.	26-3224187
11	AMERICAN CURRENT CARE OF CALIFORNIA, A MEDICAL CORPORATION	26-0656668
12	AMERICAN CURRENT CARE OF DELAWARE, P.A.	26-2043667
13	AMERICAN CURRENT CARE OF HAWAII, PROF. CORP.	26-2089664
14	AMERICAN CURRENT CARE OF ILLINOIS, PC	46-2548275
15	AMERICAN CURRENT CARE OF KANSAS, PA	47-2063023
16	AMERICAN CURRENT CARE OF MASSACHUSETTS, P.C.	26-2104617
17	AMERICAN CURRENT CARE OF MICHIGAN, P.C.	20-5997415
18	AMERICAN CURRENT CARE OF MISSOURI, P.C.	27-1160021
19	AMERICAN CURRENT CARE OF NEBRASKA, P.C.	26-1809492
20	AMERICAN CURRENT CARE OF NEW JERSEY PA	26-1961910
21	AMERICAN CURRENT CARE OF NORTH CAROLINA, P.C.	26-2018322
22	AMERICAN CURRENT CARE OF OHIO, P.A., CO.	26-3239475
23	AMERICAN CURRENT CARE, P.A.	20-5805198
24	AMERICAN ELDERCARE, INC.	65-0380198
25	ARCADIAN CHOICE, INC.	27-3387971
26	ARCADIAN HEALTH PLAN, INC.	20-1001348
27	ARCADIAN MANAGEMENT SERVICES, INC.	86-0836599
28	CAC MEDICAL CENTER HOLDINGS, INC.	30-0117876
29	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
30	CARENETWORK, INC.	39-1514846
31	CAREPLUS HEALTH PLANS, INC.	59-2598550
32	CARITEN HEALTH PLAN INC.	62-1579044
33	CHA HMO, INC.	61-1279717
34	CHA SERVICE COMPANY, INC.	61-1279716
35	COMPBENEFITS COMPANY	59-2531815
36	COMPBENEFITS CORPORATION	04-3185995
37	COMPBENEFITS DENTAL, INC.	36-3686002
38	COMPBENEFITS DIRECT, INC.	58-2228851
39	COMPBENEFITS INSURANCE COMPANY	74-2552026
40	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
41	COMPREHENSIVE HEALTH INSIGHTS, INC.	42-1575099
42	CONCENTRA HEALTH CARE, P.A.	27-4757941
43	CONCENTRA HEALTH SERVICES, INC.	75-2510547
44	CONCENTRA INC.	26-4823524
45	CONCENTRA INTEGRATED SERVICES, INC.	04-2658593
46	CONCENTRA OPERATING CORPORATION	04-3363415
47	CONCENTRA PRIMARY CARE OF NEW JERSEY, PA	45-2897046
48	CONCENTRA PRIMARY CARE OF OHIO, P.A., CO.	45-4091303
49	CONCENTRA PRIMARY CARE, P.A.	32-0346082
50	CONCENTRA SOLUTIONS, INC.	75-2678146
51	CONCENTRA WORKSITE OF ARIZONA, P.A.	27-1743694
52	CONTINUCARE CORPORATION	59-2716023
53	CONTINUCARE MANAGED CARE, INC.	65-0796178
54	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

55	CONTINUCARE MSO, INC.	65-0780986
56	CORPHEALTH PROVIDER LINK, INC.	20-8236655
57	DATALINK SOLUTIONS, INC.	47-4706668
58	DEFENSEWEB TECHNOLOGIES, INC.	33-0916248
59	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
60	DENTICARE, INC.	76-0039628
61	EMPHEYSYS INSURANCE COMPANY	31-0935772
62	EMPHEYSYS, INC.	61-1237697
63	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
64	HARTE PLACEMENTS, INC.	11-2795529
65	HEALTH VALUE MANAGEMENT, INC.	61-1223418
66	HRI HUMANA OF CALIFORNIA, INC.	46-4912173
67	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
68	HUMANA AT HOME (DALLAS), INC. (fka Reachout Homecare, Inc.)	75-2739333
69	HUMANA AT HOME (HOUSTON), INC. (fka Intelli Home Healthcare, Inc.)	76-0537878
70	HUMANA AT HOME (MA), INC.	04-3580066
71	HUMANA AT HOME (TLC), INC. (f.k.a. TLC Plus of Texas, Inc.)	75-2600512
72	HUMANA AT HOME 1, INC.	65-0274594
73	HUMANA AT HOME, INC.	13-4036798
74	HUMANA BEHAVIORAL HEALTH, INC. (f.k.a. Corphealth, Inc.)	75-2043865
75	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
76	HUMANA DENTAL COMPANY	59-1843760
77	HUMANA DENTAL CONCERN, LTD.	36-3654697
78	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
79	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
80	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
81	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
82	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
83	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
84	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
85	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
86	HUMANA HEALTH PLAN, INC.	61-1013183
87	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
88	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
89	HUMANA INSURANCE COMPANY	39-1263473
90	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
91	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
92	HUMANA MARKETPOINT, INC.	61-1343508
93	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
94	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
95	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
96	HUMANA MEDICAL PLAN, INC.	61-1103898
97	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
98	HUMANA PHARMACY, INC.	61-1316926
99	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
100	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
101	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
102	HUMANADENTAL INSURANCE COMPANY	39-0714280
103	HUMANADENTAL, INC.	61-1364005
104	HUMCO, INC.	61-1239538
105	HUM-e-FL, INC.	61-1383567
106	HUM-HOLDINGS INTERNATIONAL, INC.	26-3583438
107	KANAWHA INSURANCE COMPANY	57-0380426
108	KMG AMERICA CORPORATION	20-1377270
109	MANAGED CARE INDEMNITY, INC.	61-1232669
110	METCARE OF FLORIDA, INC.	65-0879131
111	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
112	NATIONAL HEALTHCARE RESOURCES, INC.	11-3273542
113	OCCSPECIALISTS CORP., A MEDICAL CORPORATION	94-3418907
114	OCCUPATIONAL HEALTH CENTERS OF ARKANSAS, P.A.	75-2688160
115	OCCUPATIONAL HEALTH CENTERS OF CALIFORNIA, A MEDICAL CORPORATION	77-0469725
116	OCCUPATIONAL HEALTH CENTERS OF DELAWARE, P.A.	51-0376661
117	OCCUPATIONAL HEALTH CENTERS OF GEORGIA, P.C.	58-2285009
118	OCCUPATIONAL HEALTH CENTERS OF ILLINOIS, PC	46-2554525
119	OCCUPATIONAL HEALTH CENTERS OF KANSAS, PA	47-2063864
120	OCCUPATIONAL HEALTH CENTERS OF LOUISIANA, A PROFESSIONAL CORPORATION	74-2891603

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

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121	OCCUPATIONAL HEALTH CENTERS OF MICHIGAN, P.C.	38-2857561
122	OCCUPATIONAL HEALTH CENTERS OF NEBRASKA, P.C.	47-0827928
123	OCCUPATIONAL HEALTH CENTERS OF NEW JERSEY, P.A.	22-3473542
124	OCCUPATIONAL HEALTH CENTERS OF NEW YORK, P.A.	20-3187863
125	OCCUPATIONAL HEALTH CENTERS OF NORTH CAROLINA, P.C.	26-2484838
126	OCCUPATIONAL HEALTH CENTERS OF OHIO, P.A., CO.	26-3239286
127	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A. (Arizona)	86-0750222
128	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A. (Texas)	75-2014828
129	OHC OF HAWAII, INC.	74-2731442
130	OMP INSURANCE COMPANY, LTD.	98-0445802
131	ONSITE OCCMED, P.A.	20-0513177
132	PARTNERS IN INTEGRATED CARE, INC.	47-2905609
133	PARTNERS IN PRIMARY CARE OF ARIZONA, P.A.	45-3637057
134	PARTNERS IN PRIMARY CARE OF ILLINOIS, P.A.	45-4041098
135	PARTNERS IN PRIMARY CARE, P.A.	47-1161014
136	PHP COMPANIES, INC.	62-1552091
137	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
138	PRESERVATION ON MAIN, INC.	20-1724127
139	PRIMARY CARE HOLDINGS, INC.	46-1225873
140	ROHC, LLC	75-2844854
141	SENIORBRIDGE (NC), INC.	56-2593719
142	SENIORBRIDGE CARE MANAGEMENT, INC.	80-0581269
143	SENIORBRIDGE FAMILY COMPANIES (AZ), INC.	46-0702349
144	SENIORBRIDGE FAMILY COMPANIES (CA), INC.	45-3039782
145	SENIORBRIDGE FAMILY COMPANIES (CT), INC.	27-0452360
146	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
147	SENIORBRIDGE FAMILY COMPANIES (IL), INC.	02-0660212
148	SENIORBRIDGE FAMILY COMPANIES (MD), INC.	81-0557727
149	SENIORBRIDGE FAMILY COMPANIES (MO), INC.	46-0677759
150	SENIORBRIDGE FAMILY COMPANIES (NJ), INC.	36-4484449
151	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
152	SENIORBRIDGE FAMILY COMPANIES (OH), INC.	20-0260501
153	SENIORBRIDGE FAMILY COMPANIES (PA), INC.	38-3643832
154	SENIORBRIDGE FAMILY COMPANIES (TX), INC.	01-0766084
155	SENIORBRIDGE FAMILY COMPANIES (VA), INC.	46-0691871
156	SEREDOR CORPORATION	27-0338595
157	ST MARY'S MEDICAL PARK PHARMACY, INC.	86-0597187
158	SYMPHONY HEALTH PARTNERS, INC.	45-5032192
159	SYMPHONY HEALTH PARTNERS-MIDWEST, LLC	32-0375132
160	TEXAS DENTAL PLANS, INC.	74-2352809
161	TEXAS MEDGROUP, P.A.	75-2891678
162	THE DENTAL CONCERN, INC.	52-1157181
163	THERAPY CENTERS OF SOUTH CAROLINA, P.A.	20-2883662
164	THERAPY CENTERS OF THE SOUTHWEST I, P.A.	20-3033507
165	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A. (f.k.a. Arkansas Community Physician Network, P.A.)	47-2770181
166	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A. (f.k.a. Kansas City Community Physician Network, P.A.)	47-2111323
167	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C. (f.k.a. Alabama Community Physician Network, P.C.)	47-2750105
168	TRANSCEND INSIGHTS, INC. (f.k.a. Certify Data Systems, Inc.)	80-0072760
169	U.S. MEDGROUP OF ARKANSAS, P.A.	26-4101338
170	U.S. MEDGROUP OF DELAWARE, P.A.	22-3867212
171	U.S. MEDGROUP OF ILLINOIS, PC	46-2689388
172	U.S. MEDGROUP OF KANSAS, PA	47-2063567
173	U.S. MEDGROUP OF MASSACHUSETTS, P.C.	20-3760561
174	U.S. MEDGROUP OF MICHIGAN, P.C.	75-2972185
175	U.S. MEDGROUP OF NEW JERSEY, P.A.	22-3869772
176	U.S. MEDGROUP OF NEW YORK, P.A.	26-3598351
177	U.S. MEDGROUP OF NORTH CAROLINA, P.C.	26-2502158
178	U.S. MEDGROUP OF OHIO, P.A., CO.	26-3239579
179	U.S. MEDGROUP, P.A. (Arizona)	75-2645352
180	U.S. MEDGROUP, P.A. (Texas)	75-2612924
181	VALOR HEALTHCARE, INC.	20-3585174
182	VIRGINIA COMMUNITY PHYSICIAN NETWORK, P.C.	47-3950146

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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, 2015 and 2014 were \$1,771,742 and \$725,985 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 \$1,500,000 were paid to Humana, Inc. on August 31, 2015. The Arkansas Insurance Department was notified prior to the payment of this dividend.

At December 31, 2015, the Company reported \$97,639 due from Humana Inc. Amounts due to or 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.

M. Not Applicable.

N. 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 \$186,060,971 and \$174,594,222 for the years ended December 31, 2015 and 2014, respectively. As of December 31, 2015 and 2014, the fair market value of the Humana Retirement Savings Plan's assets was \$3,437,862,654 and \$3,203,247,487, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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

- (1) The Company has \$0.01 par value common stock with 10 shares authorized and 5 shares issued and 5 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 Arkansas Insurance Department 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 \$1,500,000 were paid to Humana, Inc. on August 31, 2015, of which none 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, 2016.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. 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, 2015.

15. 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.

NOTES TO THE FINANCIAL STATEMENTS

C. 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, 2015, the Company has recorded a receivable from CMS of \$905,672 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, 2015.

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, 2014 and December 31, 2015.

(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, 2014 and December 31, 2015.

(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, 2015.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

- 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. Unusual or Infrequent Items

Not Applicable.

- B. Troubled Debt Restructuring: Debtors

Not Applicable.

- C. Other Disclosures

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.
- 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.

- H. Insurance Linked Securities

Not Applicable

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NOTES TO THE FINANCIAL STATEMENTS

22. Events Subsequent

On January 1, 2016, 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, 2015, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2016, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2016 to be \$394,472. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 3.13%. Reporting the ACA assessment as of December 31, 2015 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 2016 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 23, 2016 for the Statutory Statement issued on February 23, 2016.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ 394,472	\$ 103,512
C. ACA fee assessment paid	\$ 370,782	\$ 69,645
D. Premiums written subject to ACA 9010 assessment	\$ 22,028,273	\$ 5,636,074
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 12,596,634	15,057,534
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 12,202,162	14,954,022
G. Authorized Control Level after surplus adjustment (Five-Year Historical Line 15)	\$ 1,155,081	854,619
H. Would reporting the ACA assessment as of December 31, 2015, 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)

(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

STATEMENT AS OF December 31, 2015 OF Humana Regional Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (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.

- 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, 2015 that are subject to retrospective rating features was \$22,027,345, or 100.00% 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, 2014 were \$680,378. As of December 31, 2015, \$650,156 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$23,457 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$6,765 favorable prior-year development since December 31, 2014. 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 amounts presented in this footnote exclude any impact related to Pharmacy Rebates and other Healthcare Receivable activity. Impact of such receivables can be seen on Exhibit 3 & 3a as well as Footnote 28. 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.

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
12/31/2015	\$ 230,346	\$ 230,346	\$ -	\$ -	\$ -
9/30/2015	272,214	272,214	272,214	-	-
6/30/2015	225,366	225,366	225,159	-	-
3/31/2015	122,277	122,277	122,014	-	263
12/31/2014	44,595	44,595	44,236	-	-
9/30/2014	37,530	37,530	37,309	-	-
6/30/2014	34,708	34,708	34,288	223	197
3/31/2014	20,876	20,876	20,342	432	102
12/31/2013	-	-	-	-	-
9/30/2013	2,192	2,192	2,192	-	-
6/30/2013	986	986	986	-	-
3/31/2013	-	-	-	-	-

NOTES TO THE FINANCIAL STATEMENTS

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

- | | |
|---|-------------------|
| 1. Liability carried for premium deficiency reserves | \$ 231,000 |
| 2. Date of the most recent evaluation of this liability | December 31, 2015 |
| 3. Was anticipated investment income utilized in the calculation? | Yes () No (X) |

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.30%.

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? Arkansas
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 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. 12/31/2013
- 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). 05/14/2015
- 3.4 By what department or departments?
Arkansas Insurance Department
- 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 [] No [X] 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.
.....
- 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 18A 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 []
- 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 |
| 21.22 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: \$
- 97,639

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
.....
- 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)
.....
- 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. \$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$
- 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 [] 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	\$	1,003,298
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 []

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

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

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 [] 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 []

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

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	12,857,220	13,335,685	478,465
30.2 Preferred stocks	0	0	0
30.3 Totals	12,857,220	13,335,685	478,465

- 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 []

- 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 Investment Analysis Office been followed? Yes [X] No []

- 32.2 If no, list exceptions:

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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only.	\$		0
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	\$		0
	1.62 Total incurred claims	\$		0
	1.63 Number of covered lives			0
	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	2	
		Current Year	Prior Year	
2.1	Premium Numerator	22,027,345	5,673,138	
2.2	Premium Denominator	22,027,345	5,673,138	
2.3	Premium Ratio (2.1/2.2)	1.000	1.000	
2.4	Reserve Numerator	2,243,127	728,584	
2.5	Reserve Denominator	2,243,127	728,585	
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
5.1	Does the reporting entity have stop-loss reinsurance?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
5.2	If no, explain: Stop-Loss Reinsurance is not required			
5.3	Maximum retained risk (see instructions)			
	5.31 Comprehensive Medical	\$		0
	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. HMO has an indemnity agreement with the parent company.			
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?			Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
7.2	If no, give details			
8.	Provide the following information regarding participating providers:			
	8.1 Number of providers at start of reporting year		57,698	
	8.2 Number of providers at end of reporting year		62,376	
9.1	Does the reporting entity have business subject to premium rate guarantees?			Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Arkansas
- 11.4 If yes, show the amount required. \$ 2,310,162
- 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
AR - Crawford, Franklin, Logan, Scott, Sebastian, Yell, Benton, Carroll, Madison, Washington, Boone, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Sevier, Clark, Cleburne, Conway, Garland, Hot Spring, Independence, Izard, Johnson, Lonoke, Montgomery, Ouachita, Perry, Pike, Polk, Pope, Pulaski, Saline, Sharp, Stone, White Counties

- 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 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	14,914,062	16,021,399	16,140,459	26,598,781	26,185,720
2. Total liabilities (Page 3, Line 24)	2,317,428	963,865	918,990	12,569,571	13,740,613
3. Statutory minimum capital and surplus requirement	2,310,162	1,709,238	1,500,000	8,362,134	4,089,840
4. Total capital and surplus (Page 3, Line 33)	12,596,634	15,057,534	15,221,469	14,029,210	12,445,109
Income Statement (Page 4)					
5. Total revenues (Line 8)	22,027,345	5,673,138	(142,181)	90,818,441	107,349,895
6. Total medical and hospital expenses (Line 18)	20,462,347	3,676,516	(1,153,946)	77,957,163	91,280,822
7. Claims adjustment expenses (Line 20)	928,090	177,173	(73,544)	1,160,864	4,388,242
8. Total administrative expenses (Line 21)	2,075,037	537,122	49,108	15,126,090	14,054,513
9. Net underwriting gain (loss) (Line 24)	(1,669,129)	1,282,327	1,036,201	(3,425,676)	(2,373,682)
10. Net investment gain (loss) (Line 27)	361,321	428,317	451,380	514,647	516,460
11. Total other income (Lines 28 plus 29)	7	4	1,293	5,180	0
12. Net income or (loss) (Line 32)	(1,131,427)	1,443,947	1,568,891	(1,950,370)	(1,276,033)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(540,941)	4,760,625	(8,958,203)	(802,359)	900,737
Risk-Based Capital Analysis					
14. Total adjusted capital	12,596,634	15,057,534	15,221,469	14,029,210	12,445,109
15. Authorized control level risk-based capital	1,155,081	854,619	47,083	3,588,079	4,089,840
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	2,439	561	0	10,377	11,930
17. Total members months (Column 6, Line 7)	26,984	6,184	0	127,750	147,484
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)	92.9	64.8	811.6	85.8	85.0
20. Cost containment expenses	3.4	2.7	0.0	0.4	1.2
21. Other claims adjustment expenses	0.8	0.4	51.8	0.9	2.9
22. Total underwriting deductions (Line 23)	107.6	77.4	828.8	103.8	102.2
23. Total underwriting gain (loss) (Line 24)	(7.6)	22.6	(728.8)	(3.8)	(2.2)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	617,610	65,719	9,753,556	8,326,061	10,126,678
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	629,373	53,724	10,907,502	10,425,846	9,348,149
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	N	0	0	0	0	0	0	0	0
2. Alaska AK	N	0	0	0	0	0	0	0	0
3. Arizona AZ	N	0	0	0	0	0	0	0	0
4. Arkansas AR	L	0	9,085	0	0	0	0	9,085	0
5. California CA	N	0	0	0	0	0	0	0	0
6. Colorado CO	N	0	0	0	0	0	0	0	0
7. Connecticut CT	N	0	0	0	0	0	0	0	0
8. Delaware DE	N	0	0	0	0	0	0	0	0
9. District of Columbia DC	N	0	0	0	0	0	0	0	0
10. Florida FL	N	0	0	0	0	0	0	0	0
11. Georgia GA	N	0	0	0	0	0	0	0	0
12. Hawaii HI	N	0	0	0	0	0	0	0	0
13. Idaho ID	N	0	0	0	0	0	0	0	0
14. Illinois IL	N	0	0	0	0	0	0	0	0
15. Indiana IN	N	0	0	0	0	0	0	0	0
16. Iowa IA	N	0	0	0	0	0	0	0	0
17. Kansas KS	N	0	0	0	0	0	0	0	0
18. Kentucky KY	N	0	0	0	0	0	0	0	0
19. Louisiana LA	N	0	0	0	0	0	0	0	0
20. Maine ME	N	0	0	0	0	0	0	0	0
21. Maryland MD	N	0	0	0	0	0	0	0	0
22. Massachusetts MA	N	0	0	0	0	0	0	0	0
23. Michigan MI	N	0	0	0	0	0	0	0	0
24. Minnesota MN	N	0	0	0	0	0	0	0	0
25. Mississippi MS	N	0	0	0	0	0	0	0	0
26. Missouri MO	N	0	0	0	0	0	0	0	0
27. Montana MT	N	0	0	0	0	0	0	0	0
28. Nebraska NE	N	0	0	0	0	0	0	0	0
29. Nevada NV	N	0	0	0	0	0	0	0	0
30. New Hampshire NH	N	0	0	0	0	0	0	0	0
31. New Jersey NJ	N	0	0	0	0	0	0	0	0
32. New Mexico NM	N	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	N	0	0	0	0	0	0	0	0
35. North Dakota ND	N	0	0	0	0	0	0	0	0
36. Ohio OH	N	0	0	0	0	0	0	0	0
37. Oklahoma OK	L	0	22,001,891	0	0	0	0	22,001,891	0
38. Oregon OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania PA	N	0	0	0	0	0	0	0	0
40. Rhode Island RI	N	0	0	0	0	0	0	0	0
41. South Carolina SC	N	0	0	0	0	0	0	0	0
42. South Dakota SD	N	0	0	0	0	0	0	0	0
43. Tennessee TN	N	0	0	0	0	0	0	0	0
44. Texas TX	L	0	16,369	0	0	0	0	16,369	0
45. Utah UT	N	0	0	0	0	0	0	0	0
46. Vermont VT	N	0	0	0	0	0	0	0	0
47. Virginia VA	N	0	0	0	0	0	0	0	0
48. Washington WA	N	0	0	0	0	0	0	0	0
49. West Virginia WV	N	0	0	0	0	0	0	0	0
50. Wisconsin WI	N	0	0	0	0	0	0	0	0
51. Wyoming WY	N	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	0	22,027,345	0	0	0	0	22,027,345	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a) 3	0	22,027,345	0	0	0	0	22,027,345	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.

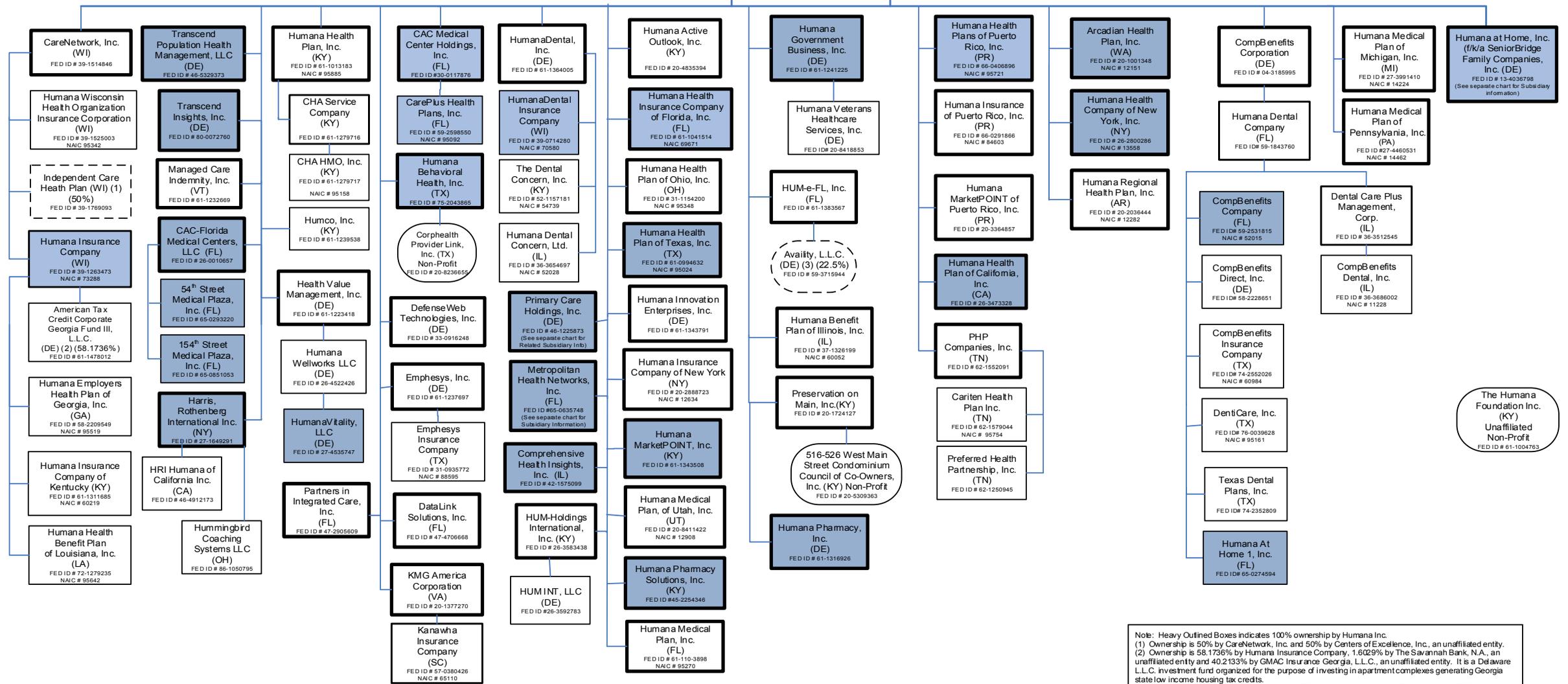
The Company allocates group premiums to the situs of the contract and individual premiums based on residence.
 (a) Insert the number of L responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.

Blue boxes indicate companies with employees

As of 12/31/2015

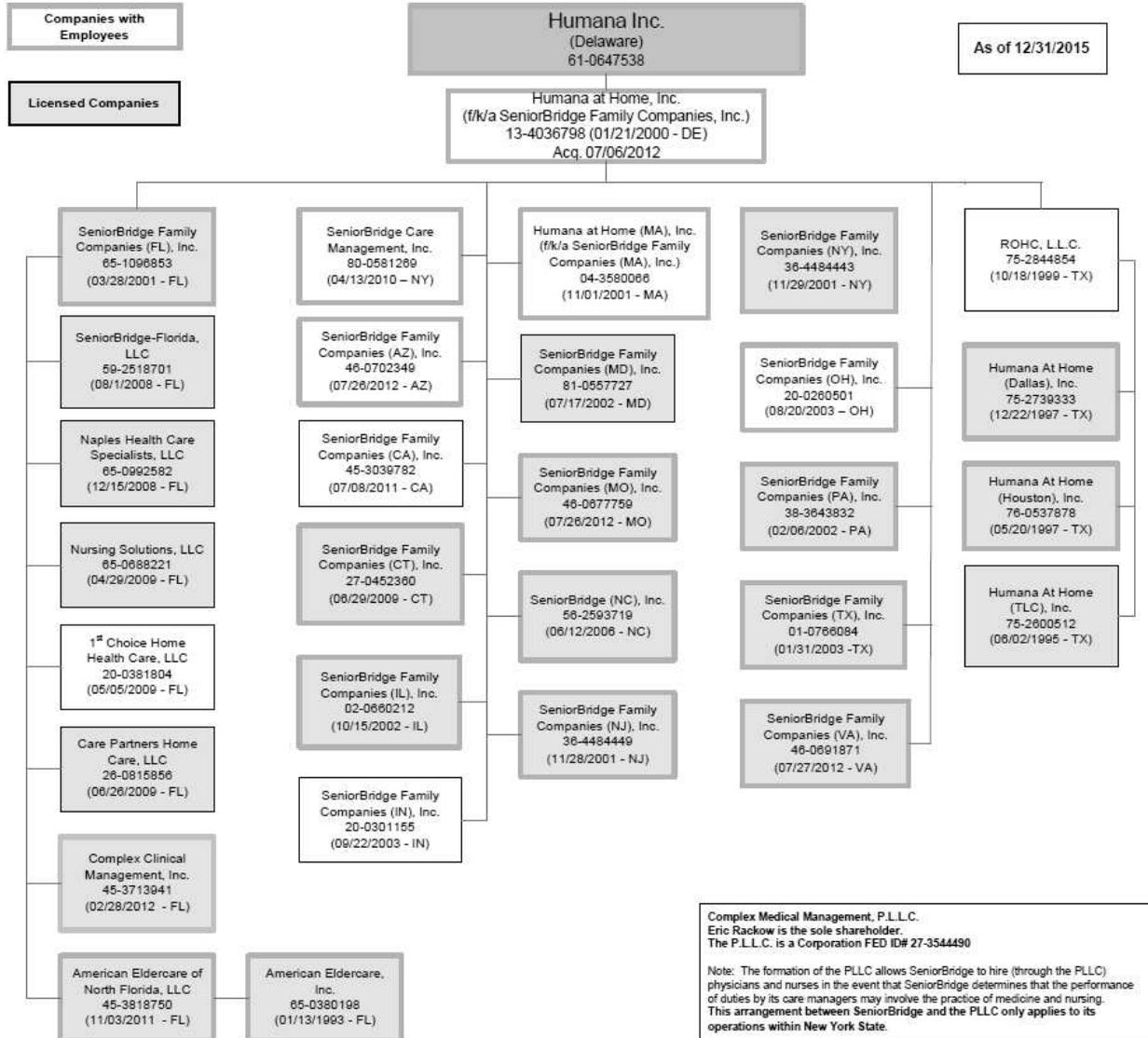
Humana Inc. (DE)
FED ID # 61-0647538



40

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 Selcore, Inc., an unaffiliated entity.

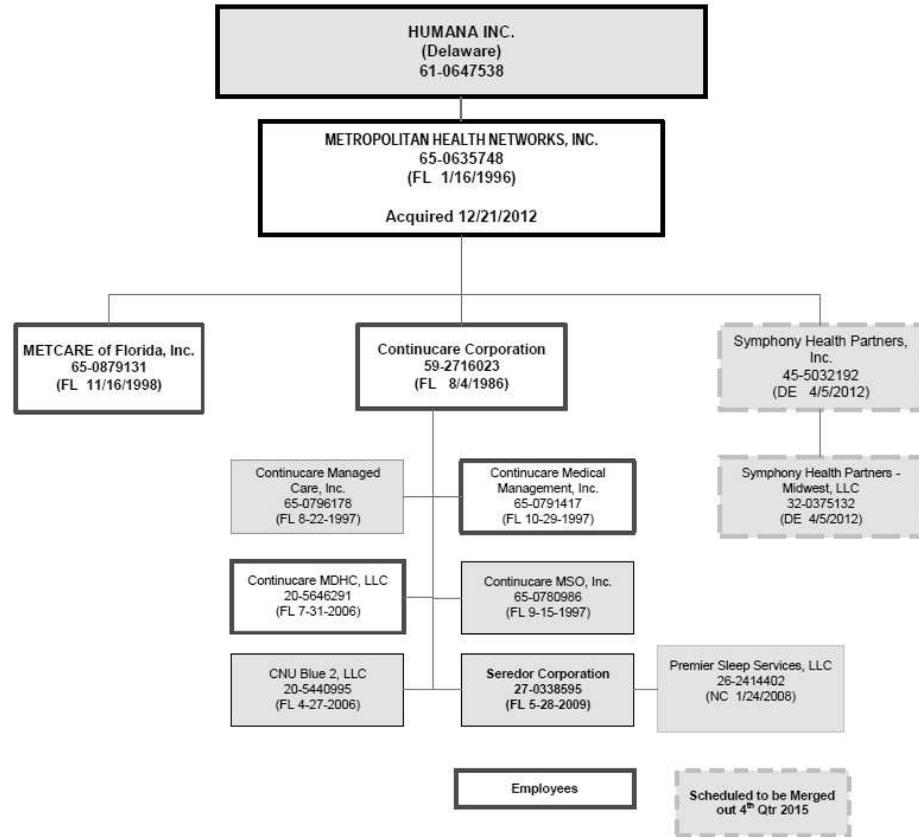
ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.



40.1

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.

As of 12-31-2015



OVERFLOW PAGE FOR WRITE-INS

NONE

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