



HEALTH ANNUAL STATEMENT

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

Humana Medical Plan, Inc.

NAIC Group Code01190119NAIC Company Code95270Employer's ID Number61-1103898
(Current)(Prior)

Organized under the Laws ofFlorida, State of Domicile or Port of EntryFL

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized08/12/1986Commenced Business06/01/1987

Statutory Home Office3501 SW 160th AvenueMiramar , FL, US 33027
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office3501 SW 160th Avenue
(Street and Number)
Miramar , FL, US 33027305-626-5616
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

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

Primary Location of Books and Records3501 SW 160th Avenue
(Street and Number)
Miramar , FL, US 33027305-626-5616
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactJeremy Denny502-580-8298
(Name)(Area Code) (Telephone Number)
DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardSr. VP & CFOBrian Andrew Kane #

VP & Corporate SecretaryJoan Olliges LenahanVP & Appointed ActuaryJonathan Albert Canine

OTHER

Alan James Bailey # VP & Treasurer	John Edward Barger, III Reg Pres-Sr. Prod/Central Florida	Elizabeth Diane Bierbower Pres, Employer Group Segment
John Gregory Catron VP & Chief Compliance Officer	Michael Lester Cotton # Vice President	Steven James DeRaleau President, HumanaOne
Mark Sobhi El-Tawil # VP & Division Leader-Western Division	Jeffrey Carl Fernandez # Segment VP, Medicare: West	Deborah Maureen Galloway Vice President
Gerald Lawrence Ganoni # President & VP, Small Business & Large Group	Roy Goldman Ph.D VP & Chief Actuary	Charles Frederic Lambert, III Vice President
Brian Phillip LeClaire Sr VP & Chief Info Officer	Heidi Suzanne Margulis Sr. Vice President	Steven Edward McCulley # SVP, Medicare Operations
Kevin Ross Meriwether # VP & Division Leader-SE Division	William Mark Preston # VP-Investment Management	Tamara Lynn Quiram # COO, Small Business & Large Group
Richard Donald Remmers VP, Employer Group Segment	George Renaudin Seg. VP, Medicare: East	Donald Hank Robinson # Vice President-Tax
Debra Anne Smith VP-Sr. Prod Strategy & Prod Dev	Jill Michelle Sumfest M.D. Market Vice President	Fernando Jose Valverde M.D. # Reg. Pres-Sr. Prod/S. Florida
Joseph Christopher Ventura Assistant Corporate Secretary	Timothy Alan Wheatley President-Retail Segment	Ralph Martin Wilson Vice President

DIRECTORS OR TRUSTEES

Roy Ainsworth Beveridge M.D. #	Bruce Dale Broussard	James Elmer Murray
--------------------------------	----------------------	--------------------

State ofKentuckySS:

County ofJefferson

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 BroussardJoan Olliges LenahanAlan James Bailey
President & CEOPresident & CEOPresident & Treasurer #

Subscribed and sworn to before me this20th day ofFebruary 2015

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

Michele Sizemore
Notary Public
January 3, 2019

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	1,366,614,089	1,058,460	1,365,555,629	1,336,905,052
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)	2,053,896	0	2,053,896	2,119,651
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$18,735,241 , Schedule E - Part 1), cash equivalents (\$899,999 , Schedule E - Part 2) and short-term investments (\$36,709,314 , Schedule DA)	56,344,554	0	56,344,554	140,385,421
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)	1,425,012,539	1,058,460	1,423,954,079	1,479,410,124
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	12,640,253	27,563	12,612,690	12,063,498
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	35,876,665	1,298,663	34,578,002	13,680,361
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	7,311,997	0	7,311,997	20,522,291
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	105,018,235	0	105,018,235	127,091
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	53,171,664	0	53,171,664	6,444,547
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	67,530,212	9,062,893	58,467,319	44,467,733
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	86,799	4,176	82,623	104,275
21. Furniture and equipment, including health care delivery assets (\$0)	15,162,240	15,162,240	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	11,831,317	11,831,317	0	0
24. Health care (\$28,116,040) and other amounts receivable	32,420,203	2,469,136	29,951,067	17,929,168
25. Aggregate write-ins for other than invested assets	30,228,654	13,142,051	17,086,603	229,828
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,796,290,778	54,056,499	1,742,234,279	1,594,978,916
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	1,796,290,778	54,056,499	1,742,234,279	1,594,978,916
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Risk Adjustment Premium Receivables	16,933,804	0	16,933,804	0
2502. Prepaid Commissions	9,061,292	9,061,292	0	0
2503. Deposits	2,304,411	2,304,411	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	1,929,147	1,776,348	152,799	229,828
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	30,228,654	13,142,051	17,086,603	229,828

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$28,463,932 reinsurance ceded)	802,607,883	46,600,899	849,208,782	879,665,368
2. Accrued medical incentive pool and bonus amounts	1,778,243	0	1,778,243	624,848
3. Unpaid claims adjustment expenses	19,291,094	0	19,291,094	7,224,732
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	36,019,675	0	36,019,675	39,161,601
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	148,385	8,615	157,000	115,000
8. Premiums received in advance	75,439,402	0	75,439,402	7,313,344
9. General expenses due or accrued	13,920,417	0	13,920,417	11,388,038
10.1 Current federal and foreign income tax payable and interest thereon (including \$1,172,984 on realized capital gains (losses))	50,598,781	0	50,598,781	47,324,123
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	716,401	0	716,401	265,633
12. Amounts withheld or retained for the account of others	844	0	844	339
13. Remittances and items not allocated	7,924,149	0	7,924,149	2,981,829
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	201,611
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	24,300,421	0	24,300,421	5,192,125
23. Aggregate write-ins for other liabilities (including \$0 current)	71,329,567	0	71,329,567	62,851,543
24. Total liabilities (Lines 1 to 23)	1,104,075,262	46,609,514	1,150,684,776	1,064,310,134
25. Aggregate write-ins for special surplus funds	XXX	XXX	127,043,198	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	203,896,208	168,926,750
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	260,609,097	361,741,032
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	591,549,503	530,668,782
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,742,234,279	1,594,978,916
DETAILS OF WRITE-INS				
2301. Risk Adjustment Premium Payable	71,329,469	0	71,329,469	62,851,543
2302. Miscellaneous Liability	98	0	98	0
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)	71,329,567	0	71,329,567	62,851,543
2501. Special Surplus – Projected 2015 ACA Fee Assessment	XXX	XXX	127,043,198	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	127,043,198	0
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	10,236,442	6,118,952
2. Net premium income (including \$0 non-health premium income)	XXX	6,965,147,976	5,391,463,419
3. Change in unearned premium reserves and reserve for rate credits	XXX	695,640	(64,568)
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	6,965,843,616	5,391,398,851
Hospital and Medical:			
9. Hospital/medical benefits	290,888,582	4,669,938,853	3,649,295,085
10. Other professional services	0	93,454,242	20,585,362
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	13,659,573	238,565,371	156,427,396
13. Prescription drugs	0	679,947,696	492,702,873
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	1,394,914	(999,525)
16. Subtotal (Lines 9 to 15)	304,548,155	5,683,301,076	4,318,011,191
Less:			
17. Net reinsurance recoveries	0	132,538,676	1,105,230
18. Total hospital and medical (Lines 16 minus 17)	304,548,155	5,550,762,400	4,316,905,961
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$180,028,343 cost containment expenses	0	226,238,625	201,260,647
21. General administrative expenses	0	678,799,990	377,141,082
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	(988,771)	14,838,004
23. Total underwriting deductions (Lines 18 through 22).....	304,548,155	6,454,812,244	4,910,145,694
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	511,031,372	481,253,157
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	45,740,986	52,084,358
26. Net realized capital gains (losses) less capital gains tax of \$1,695,309	0	3,148,432	1,145,680
27. Net investment gains (losses) (Lines 25 plus 26)	0	48,889,418	53,230,038
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	(73,759)	253,244
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	559,847,031	534,736,439
31. Federal and foreign income taxes incurred	XXX	226,935,437	186,168,312
32. Net income (loss) (Lines 30 minus 31)	XXX	332,911,594	348,568,127
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. Loss on Disposal of Fixed Assets	0	(77,891)	0
2902. Miscellaneous Income	0	4,132	253,244
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	(73,759)	253,244

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	530,668,782	631,539,996
34. Net income or (loss) from Line 32	332,911,594	348,568,127
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 \$1,105	(27,150,726)	(5,722,449)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	12,641,488	14,511,021
39. Change in nonadmitted assets	15,396,925	(15,526,132)
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	34,969,458	13,046,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	(300,730,000)	(460,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	(7,158,018)	4,252,219
48. Net change in capital and surplus (Lines 34 to 47)	60,880,721	(100,871,214)
49. Capital and surplus end of reporting period (Line 33 plus 48)	591,549,503	530,668,782
DETAILS OF WRITE-INS		
4701. Surplus Changes Due to Merger of Humana Advantagecare Plan	(7,529,651)	0
4702. Surplus Changes Due to Merger of American Dental Plan of North Carolina	371,633	0
4703. Correction of Prior Period Error-Depreciation	0	11,583,347
4798. Summary of remaining write-ins for Line 47 from overflow page	0	(7,331,128)
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(7,158,018)	4,252,219

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	7,014,169,586	5,428,434,029
2. Net investment income	58,086,904	64,172,238
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	7,072,256,490	5,492,606,267
5. Benefit and loss related payments	5,697,857,027	4,299,082,895
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	915,484,639	582,992,712
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$781,852 tax on capital gains (losses)	225,356,088	187,082,630
10. Total (Lines 5 through 9)	6,838,697,754	5,069,158,237
11. Net cash from operations (Line 4 minus Line 10)	233,558,736	423,448,030
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	675,529,195	502,234,139
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	1,286	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	50,616	(13,817)
12.7 Miscellaneous proceeds	99,712	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	675,680,809	502,220,322
13. Cost of investments acquired (long-term only):		
13.1 Bonds	710,060,029	519,126,044
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	70,475	44,333
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	710,130,504	519,170,377
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)	(34,449,695)	(16,950,055)
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	34,969,458	13,046,000
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	300,730,000	460,000,000
16.6 Other cash provided (applied)	(17,389,366)	(24,458,740)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(283,149,908)	(471,412,740)
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)	(84,040,867)	(64,914,765)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	140,385,421	205,300,186
19.2 End of year (Line 18 plus Line 19.1)	56,344,554	140,385,421

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

--	--	--

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, 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	6,965,147,976	1,342,407,231	0	574,227	68,703	39,398,502	4,873,848,031	708,851,282	0	0
2. Change in unearned premium reserves and reserve for rate credit	695,640	682,189	0	13,451	0	0	0	0	0	0
3. Fee-for-service (net of \$0 medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	6,965,843,616	1,343,089,420	0	587,678	68,703	39,398,502	4,873,848,031	708,851,282	0	0
8. Hospital/medical benefits	4,669,938,853	955,818,772	0	0	0	26,644,306	3,206,230,257	481,245,518	0	XXX
9. Other professional services	93,454,242	481,353	0	399,951	22,068	11,678	65,466,376	27,072,816	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	238,565,371	98,707,218	0	0	0	0	96,345,019	43,513,134	0	XXX
12. Prescription drugs	679,947,696	155,993,456	0	0	0	6,458,878	408,050,291	109,445,071	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	1,394,914	0	0	0	0	0	1,394,914	0	0	XXX
15. Subtotal (Lines 8 to 14)	5,683,301,076	1,211,000,799	0	399,951	22,068	33,114,862	3,777,486,857	661,276,539	0	XXX
16. Net reinsurance recoveries	132,538,676	132,538,676	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	5,550,762,400	1,078,462,123	0	399,951	22,068	33,114,862	3,777,486,857	661,276,539	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$180,028,343 cost containment expenses	226,238,625	55,701,671	0	10,913	166	1,657,336	139,124,464	29,744,075	0	0
20. General administrative expenses	678,799,990	216,058,753	0	175,906	10,020	4,476,779	372,328,121	85,750,411	0	0
21. Increase in reserves for accident and health contracts	(988,771)	3,484,229	0	0	0	0	0	(4,473,000)	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)	6,454,812,244	1,353,706,776	0	586,770	32,254	39,248,977	4,288,939,442	772,298,025	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	511,031,372	(10,617,356)	0	908	36,449	149,525	584,908,589	(63,446,743)	0	0
DETAILS OF WRITE-INS										XXX
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

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)	1,351,071,249	0	8,664,018	1,342,407,231
2. Medicare Supplement	0	0	0	0
3. Dental only	574,227	0	0	574,227
4. Vision only	68,703	0	0	68,703
5. Federal Employees Health Benefits Plan	39,398,502	0	0	39,398,502
6. Title XVIII - Medicare	4,873,848,031	0	0	4,873,848,031
7. Title XIX - Medicaid	708,851,282	0	0	708,851,282
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	6,973,811,994	0	8,664,018	6,965,147,976
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	6,973,811,994	0	8,664,018	6,965,147,976

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	5,696,221,424	1,116,018,786	.0	386,555	17,381	34,571,175	3,963,511,046	581,716,481	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded	(816,402)	(816,402)	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	5,697,037,826	1,116,835,188	.0	386,555	17,381	34,571,175	3,963,511,046	581,716,481	.0	.0
2. Paid medical incentive pools and bonuses	241,519	.0	.0	.0	.0	.0	241,519	.0	.0	.0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	877,672,714	156,845,852	.0	24,016	4,687	1,092,436	607,166,389	112,539,334	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded	28,463,932	28,463,932	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	849,208,782	128,381,920	.0	24,016	4,687	1,092,436	607,166,389	112,539,334	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	157,000	157,000	.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	157,000	157,000	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year	1,778,243	.0	.0	.0	.0	.0	1,778,243	.0	.0	.0
6. Net healthcare receivables (a)	12,364,610	1,780,069	.0	.0	.0	64,420	10,593,507	(73,386)	.0	.0
7. Amounts recoverable from reinsurers December 31, current year	105,018,235	105,018,235	.0	.0	.0	.0	.0	.0	.0	.0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	879,665,368	60,125,772	.0	10,620	.0	2,484,329	783,991,985	33,052,662	.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	879,665,368	60,125,772	.0	10,620	.0	2,484,329	783,991,985	33,052,662	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	115,000	115,000	.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	115,000	115,000	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	624,848	0	0	0	0	0	624,848	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	127,091	127,091	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	5,681,906,160	1,211,000,797	.0	399,951	22,068	33,114,862	3,776,091,943	661,276,539	.0	.0
12.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded	132,538,674	132,538,674	0	0	0	0	0	0	0	0
12.4 Net	5,549,367,486	1,078,462,123	0	399,951	22,068	33,114,862	3,776,091,943	661,276,539	0	0
13. Incurred medical incentive pools and bonuses	1,394,914	0	0	0	0	0	1,394,914	0	0	0

(a) Excludes \$ 400,000 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	133,833,628	37,335,615	.0	8,835	4,687	208,673	59,003,216	37,272,602	.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	133,833,628	37,335,615	.0	8,835	4,687	208,673	59,003,216	37,272,602	.0	.0
2. Incurred but Unreported:										
2.1 Direct	336,645,486	118,823,993	.0	15,181	.0	883,763	172,541,088	44,381,461	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded	28,463,932	28,463,932	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Net	308,181,554	90,360,061	.0	15,181	.0	883,763	172,541,088	44,381,461	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	407,193,600	686,244	.0	.0	.0	.0	375,622,085	30,885,271	.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	407,193,600	686,244	.0	.0	.0	.0	375,622,085	30,885,271	.0	.0
4. TOTALS:										
4.1 Direct	877,672,714	156,845,852	.0	24,016	4,687	1,092,436	607,166,389	112,539,334	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	28,463,932	28,463,932	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	849,208,782	128,381,920	0	24,016	4,687	1,092,436	607,166,389	112,539,334	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	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	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	50,744,883	961,200,210	845,286	127,693,633	51,590,169	60,240,772
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	407,244	(20,689)	5,895	18,121	413,139	10,620
4. Vision Only	0	17,381	0	4,687	0	0
5. Federal Employees Health Benefits Plan	4,122,048	30,448,081	154,324	938,112	4,276,372	2,484,329
6. Title XVIII - Medicare	610,628,970	3,352,882,073	49,804,743	557,361,647	660,433,713	783,991,985
7. Title XIX - Medicaid	33,515,512	548,200,970	1,066,748	111,472,586	34,582,260	33,052,662
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	699,418,657	4,892,728,026	51,876,996	797,488,786	751,295,653	879,780,368
10. Healthcare receivables (a)	0	28,590,209	0	0	0	16,225,598
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	241,519	0	1,778,243	0	624,848
13. Totals (Lines 9 - 10 + 11 + 12)	699,418,657	4,864,379,336	51,876,996	799,267,029	751,295,653	864,179,618

(a) Excludes \$400,000 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	26,440	25,625	24,311	23,087	23,026
2.	2010	431,043	478,428	477,923	477,979	477,768
3.	2011	XXX	492,465	531,291	531,081	531,445
4.	2012	XXX	XXX	467,228	516,031	517,071
5.	2013	XXX	XXX	XXX	465,275	514,888
6.	2014	XXX	XXX	XXX	XXX	961,200

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	26,966	25,652	24,311	23,087	23,026
2.	2010	484,554	479,253	477,968	477,979	477,768
3.	2011	XXX	535,673	531,966	531,228	531,445
4.	2012	XXX	XXX	518,400	517,324	517,143
5.	2013	XXX	XXX	XXX	524,076	515,661
6.	2014	XXX	XXX	XXX	XXX	1,088,894

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2010	562,999	477,768	4,544	1.0	482,312	85.7	0	0	482,312	85.7
2.	2011	633,590	531,445	5,054	1.0	536,499	84.7	0	0	536,499	84.7
3.	2012	629,135	517,071	4,917	1.0	521,988	83.0	72	7	522,067	83.0
4.	2013	624,250	514,888	4,897	1.0	519,785	83.3	773	79	520,637	83.4
5.	2014	1,342,407	961,200	9,141	1.0	970,341	72.3	127,694	13,066	1,111,101	82.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior					0	0	0	0	57
2.	2010					0	0	0	0	758
3.	2011					XXX	80	90	90	819
4.	2012					XXX	XXX	205	213	1,112
5.	2013					XXX	XXX	XXX	246	1,349
6.	2014					XXX	XXX	XXX	XXX	(20)

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior					0	0	0	0	57
2.	2010					0	0	0	0	758
3.	2011					XXX	83	90	90	819
4.	2012					XXX	XXX	217	213	1,112
5.	2013					XXX	XXX	XXX	256	1,355
6.	2014					XXX	XXX	XXX	XXX	(3)

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2010	0	758	7	0.9	765	0.0	0	0	765	0.0
2.	2011	215	819	8	1.0	827	384.7	0	0	827	384.7
3.	2012	515	1,112	11	1.0	1,123	218.1	0	0	1,123	218.1
4.	2013	602	1,349	13	1.0	1,362	226.2	6	0	1,368	227.2
5.	2014	574	(20)	0	0.0	(20)	(3.5)	18	0	(2)	(0.3)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior					0	0	0	0	0
2.	2010					0	0	0	0	0
3.	2011					XXX	0	0	0	0
4.	2012					XXX	XXX	5	5	5
5.	2013					XXX	XXX	XXX	10	10
6.	2014					XXX	XXX	XXX	XXX	17

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior					0	0	0	0	0
2.	2010					0	0	0	0	0
3.	2011					XXX	0	0	0	0
4.	2012					XXX	XXX	5	5	5
5.	2013					XXX	XXX	XXX	10	10
6.	2014					XXX	XXX	XXX	XXX	22

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2010	0	0	0	0.0	0	0.0	0	0	0	0.0
2.	2011	0	0	0	0.0	0	0.0	0	0	0	0.0
3.	2012	10	5	0	0.0	5	50.0	0	0	5	50.0
4.	2013	13	10	0	0.0	10	76.9	0	0	10	76.9
5.	2014	69	17	0	0.0	17	24.6	5	0	22	31.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	2,677	2,536	2,536	2,536	2,536
2.	2010	26,961	29,721	29,721	29,721	29,721
3.	2011	XXX	28,291	30,633	30,633	30,633
4.	2012	XXX	XXX	30,553	34,823	34,823
5.	2013	XXX	XXX	XXX	30,270	34,392
6.	2014	XXX	XXX	XXX	XXX	30,448

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	2,922	2,536	2,536	2,536	2,536
2.	2010	28,868	29,872	29,710	29,721	29,721
3.	2011	XXX	29,807	30,882	30,633	30,633
4.	2012	XXX	XXX	33,621	35,121	34,823
5.	2013	XXX	XXX	XXX	32,456	34,546
6.	2014	XXX	XXX	XXX	XXX	31,386

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	38,571	29,721	283	1.0	30,004	77.8	0	0	30,004	77.8
2. 2011	40,690	30,633	291	0.9	30,924	76.0	0	0	30,924	76.0
3. 2012	36,158	34,823	331	1.0	35,154	97.2	0	0	35,154	97.2
4. 2013	36,609	34,392	327	1.0	34,719	94.8	154	0	34,873	95.3
5. 2014	39,399	30,448	290	1.0	30,738	78.0	938	0	31,676	80.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	679,671	645,183	640,036	629,334	641,836
2.	2010	2,246,031	3,166,551	3,145,478	3,145,182	3,307,687
3.	2011	XXX	2,208,019	2,766,067	2,748,810	2,938,286
4.	2012	XXX	XXX	2,884,956	3,477,311	3,667,318
5.	2013	XXX	XXX	XXX	3,006,051	3,802,931
6.	2014	XXX	XXX	XXX	XXX	3,352,882

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	681,090	645,399	640,036	629,334	641,836
2.	2010	3,134,255	3,169,201	3,145,647	3,145,182	3,307,687
3.	2011	XXX	3,056,212	2,953,444	2,749,033	2,938,286
4.	2012	XXX	XXX	3,463,601	3,682,570	3,667,590
5.	2013	XXX	XXX	XXX	3,585,186	3,852,464
6.	2014	XXX	XXX	XXX	XXX	3,910,244

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	3,879,546	3,307,687	31,456	1.0	3,339,143	86.1	0	0	3,339,143	86.1
2. 2011	4,083,828	2,938,286	27,943	1.0	2,966,229	72.6	0	0	2,966,229	72.6
3. 2012	4,387,024	3,667,318	34,876	1.0	3,702,194	84.4	272	2	3,702,468	84.4
4. 2013	4,504,958	3,802,931	36,166	1.0	3,839,097	85.2	49,533	452	3,889,082	86.3
5. 2014	4,873,848	3,352,882	31,886	1.0	3,384,768	69.4	559,140	5,090	3,948,998	81.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	13,630	11,701	10,792	10,084	10,199
2.	2010	125,105	140,846	140,421	140,261	140,245
3.	2011	XXX	140,384	155,229	153,526	153,236
4.	2012	XXX	XXX	144,795	162,628	161,977
5.	2013	XXX	XXX	XXX	159,054	193,411
6.	2014	XXX	XXX	XXX	XXX	548,201

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	13,880	11,704	10,792	10,084	10,199
2.	2010	142,024	141,016	140,424	140,261	140,245
3.	2011	XXX	154,208	155,383	153,535	153,236
4.	2012	XXX	XXX	162,459	163,316	161,977
5.	2013	XXX	XXX	XXX	191,410	194,478
6.	2014	XXX	XXX	XXX	XXX	659,674

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	182,843	140,245	1,334	1.0	141,579	77.4	0	0	141,579	77.4
2. 2011	176,857	153,236	1,457	1.0	154,693	87.5	0	0	154,693	87.5
3. 2012	186,168	161,977	1,540	1.0	163,517	87.8	0	0	163,517	87.8
4. 2013	225,032	193,411	1,839	1.0	195,250	86.8	1,067	6	196,323	87.2
5. 2014	708,851	548,201	5,213	1.0	553,414	78.1	111,473	588	665,475	93.9

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 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	722,418	685,045	677,675	665,041	677,654
2.	2010	2,829,140	3,815,546	3,793,543	3,793,143	3,956,179
3.	2011	XXX	2,869,239	3,483,310	3,464,140	3,654,419
4.	2012	XXX	XXX	3,527,742	4,191,011	4,382,306
5.	2013	XXX	XXX	XXX	3,660,906	4,546,981
6.	2014	XXX	XXX	XXX	XXX	4,892,728

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	724,858	685,291	677,675	665,041	677,654
2.	2010	3,789,701	3,819,342	3,793,749	3,793,143	3,956,179
3.	2011	XXX	3,775,983	3,671,765	3,464,519	3,654,419
4.	2012	XXX	XXX	4,178,303	4,398,549	4,382,650
5.	2013	XXX	XXX	XXX	4,333,394	4,598,514
6.	2014	XXX	XXX	XXX	XXX	5,690,217

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	4,663,959	3,956,179	37,624	1.0	3,993,803	85.6	0	0	3,993,803	85.6
2. 2011	4,935,180	3,654,419	34,753	1.0	3,689,172	74.8	0	0	3,689,172	74.8
3. 2012	5,239,010	4,382,306	41,675	1.0	4,423,981	84.4	344	9	4,424,334	84.4
4. 2013	5,391,464	4,546,981	43,242	1.0	4,590,223	85.1	51,533	537	4,642,293	86.1
5. 2014	6,965,148	4,892,728	46,530	1.0	4,939,258	70.9	799,268	18,744	5,757,270	82.7

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)	33,697,295	33,697,295	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	2,322,380	1,796,407	0	0	0	0	525,973	0	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	36,019,675	35,493,702	0	0	0	0	525,973	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	36,019,675	35,493,702	0	0	0	0	525,973	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	157,000	157,000	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)	157,000	157,000	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)	157,000	157,000	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 \$28,443,000 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$0 for occupancy of own building)	2,929,866	534,238	7,453,484	5,090	10,922,678
2. Salary, wages and other benefits	79,628,449	30,126,911	232,081,995	154,350	341,991,705
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	91,872,560	3,112	91,875,672
4. Legal fees and expenses	411,122	95,172	10,989,322	900	11,496,516
5. Certifications and accreditation fees	11,185	3,620	50,897	32	65,734
6. Auditing, actuarial and other consulting services	1,585,585	393,616	4,988,034	3,375	6,970,610
7. Traveling expenses	2,484,907	586,438	7,095,921	4,792	10,172,058
8. Marketing and advertising	8,211,143	1,822,148	24,460,101	16,660	34,510,052
9. Postage, express and telephone	6,922,696	1,546,314	19,989,241	13,570	28,471,821
10. Printing and office supplies	3,695,099	744,644	7,930,547	5,365	12,375,655
11. Occupancy, depreciation and amortization	381,086	85,790	1,206,192	819	1,673,887
12. Equipment	466,907	70,455	990,681	674	1,528,717
13. Cost or depreciation of EDP equipment and software	5,488,120	1,215,392	16,889,780	11,512	23,604,804
14. Outsourced services including EDP, claims, and other services	54,356,228	4,467,001	65,819,469	37,910	124,680,608
15. Boards, bureaus and association fees	138,815	32,007	413,337	279	584,438
16. Insurance, except on real estate	547,066	127,158	1,661,763	1,126	2,337,113
17. Collection and bank service charges	1,697,251	390,374	5,487,931	3,740	7,579,296
18. Group service and administration fees	2,625,814	2,045,248	1,760,159	0	6,431,221
19. Reimbursements by uninsured plans	0	0	61	0	61
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	1,896,603	384,012	5,360,421	3,652	7,644,688
22. Real estate taxes	0	0	0	77,346	77,346
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	14,608,927	1	14,608,928
23.2 State premium taxes	0	0	9,287	0	9,287
23.3 Regulatory authority licenses and fees	0	0	4,280,348	2,754	4,283,102
23.4 Payroll taxes	0	0	13,780,943	9,286	13,790,229
23.5 Other (excluding federal income and real estate taxes)	77	0	117,583,665	600	117,584,342
24. Investment expenses not included elsewhere	4,888,026	1,121,644	15,613,132	10,562	21,633,364
25. Aggregate write-ins for expenses	1,662,298	418,100	6,421,792	2,719	8,504,909
26. Total expenses incurred (Lines 1 to 25)	180,028,343	46,210,282	678,799,990	370,226	(a) .....905,408,841
27. Less expenses unpaid December 31, current year ..	6,185,548	13,105,547	13,920,417	0	33,211,512
28. Add expenses unpaid December 31, prior year	4,946,975	2,277,757	11,388,038	0	18,612,770
29. Amounts receivable relating to uninsured plans, prior year	0	0	6,444,547	0	6,444,547
30. Amounts receivable relating to uninsured plans, current year	0	0	53,171,664	0	53,171,664
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	178,789,770	35,382,492	722,994,728	370,226	937,537,216
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	1,662,298	418,100	6,421,792	2,719	8,504,909
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)	1,662,298	418,100	6,421,792	2,719	8,504,909

(a) Includes management fees of \$808,103,141 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....729,067	.....564,336
1.1	Bonds exempt from U.S. tax	(a) .....0	.....0
1.2	Other bonds (unaffiliated)	(a) .....44,766,961	.....45,303,077
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) .....197,086	.....197,086
5	Contract Loans .....	.....0	.....0
6	Cash, cash equivalents and short-term investments	(e) .....164,711	.....164,544
7	Derivative instruments	(f) .....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....17,113	.....17,113
10.	Total gross investment income	45,874,938	46,246,156
11.	Investment expenses		(g) .....357,585
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) .....12,641
13.	Interest expense		(h) .....0
14.	Depreciation on real estate and other invested assets		(i) .....134,944
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....505,170
17.	Net investment income (Line 10 minus Line 16)		45,740,986
DETAILS OF WRITE-INS			
0901.	Miscellaneous Investment Expenses .....	.....17,113	.....17,113
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)	17,113	17,113
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$675,818 accrual of discount less \$13,401,719 amortization of premium and less \$1,923,668 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 \$197,086 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.
- (e) Includes \$95,303 accrual of discount less \$145,223 amortization of premium and less \$419,678 paid for accrued interest on purchases.
- (f) Includes \$0 accrual of discount less \$0 amortization of premium.
- (g) Includes \$.357,585 investment expenses and \$12,641 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 \$134,944 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	400,182	0	400,182	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	4,293,640	0	4,293,640	2,743	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	(27,152,777)	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	(1,286)	0	(1,286)	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	51,493	0	51,493	403	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)	99,712	0	99,712	0	0
10.	Total capital gains (losses)	4,843,741	0	4,843,741	(27,149,631)	0
DETAILS OF WRITE-INS						
0901.	Other realized gain	99,712	0	99,712	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)	99,712	0	99,712	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

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)	1,058,460	3,207,539	2,149,079
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	27,152,777	27,152,777
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)	1,058,460	30,360,316	29,301,856
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	27,563	61,828	34,265
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	1,298,663	332,958	(965,705)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	9,062,893	10,422,096	1,359,203
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	4,176	1,374,609	1,370,433
21. Furniture and equipment, including health care delivery assets	15,162,240	13,164,320	(1,997,920)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	11,831,317	0	(11,831,317)
24. Health care and other amounts receivable	2,469,136	490,182	(1,978,954)
25. Aggregate write-ins for other than invested assets	13,142,051	13,247,115	105,064
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	54,056,499	69,453,424	15,396,925
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	54,056,499	69,453,424	15,396,925
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Commissions	9,061,292	9,457,177	395,885
2502. Deposits	2,304,411	2,029,553	(274,858)
2503. Prepaid Expenses	1,776,348	1,760,385	(15,963)
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)	13,142,051	13,247,115	105,064

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	480,240	604,781	766,951	961,167	986,232	9,561,671
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	49,015	49,034	53,189	56,261	58,986	634,082
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	3,457	3,459	3,891	4,147	3,774	40,689
7. Total	532,712	657,274	824,031	1,021,575	1,048,992	10,236,442
DETAILS OF WRITE-INS						
0601. Dental	3,336	3,124	3,530	3,732	3,331	36,131
0602. Vision	121	335	361	415	443	4,558
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)	3,457	3,459	3,891	4,147	3,774	40,689

STATEMENT AS OF December 31, 2014 OF Humana Medical 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 Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Florida 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 Florida. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. The Company, per the mandate of the Commissioner of Insurance of the State of Florida, does not admit receivables from parent, subsidiaries, and affiliates, investment in subsidiaries, or bonds and investment income due and accrued with a Securities Valuation Office (SVO) rating of 3 through 6, which is not in accordance with the NAIC SAP. The Company's risk-based capital would have not triggered a regulatory event had it not used a prescribed or permitted practice.

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

	State of Domicile		2014		2013
Net Income					
1. Humana Medical Plan, Inc. Florida basis	FL	\$	332,911,594	\$	348,568,127
2. State Prescribed Practices that increase/(decrease) NAIC SAP	FL		-		-
3. State Permitted Practices that increase/(decrease) NAIC SAP	FL		-		-
4. NAIC SAP	FL	\$	<u>332,911,594</u>	\$	<u>348,568,127</u>
Surplus					
5. Humana Medical Plan, Inc. Florida basis	FL	\$	591,549,503	\$	530,668,782
6. State Prescribed Practices that increase/(decrease) NAIC SAP					
a. Intercompany Receivables	FL		11,831,817		-
b. Nonadmitted Investment in Subsidiary	FL		-		27,152,777
c. Bonds Above SVO rating of 3	FL		1,058,460		3,207,539
d. Investment Income Due and Accrued Above SVO rating of 3	FL		27,563		61,828
7. State Permitted Practices that increase/(decrease) NAIC SAP	FL		-		-
8. NAIC SAP	FL	\$	<u>604,482,342</u>	\$	<u>561,090,926</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.

NOTES TO THE FINANCIAL STATEMENTS

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

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

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and 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) The Company accounts for its investments in subsidiaries using the audited statutory equity method of accounting.
- (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.

Real estate held for the production of income is carried at depreciated cost.

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.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

In 2013, the Company determined the Florida requirement to accelerate depreciation on fixed assets was no longer included in the current Florida Statute Section 641.35 (1). Statutory adjustments to accelerate depreciation of furniture and equipment were discontinued. Consistent with NAIC Accounting Practices and Policies Manual, \$13,164,319 of assets were reestablished to reflect no difference between GAAP and SSAP reporting. The total value of these assets was non-admitted. There was no impact on net admitted assets. An \$11,583,347 adjustment to surplus was recorded in the fourth quarter of 2013.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

a. With the approval from the Florida Office of Insurance Regulation, HumanaAdvantage Care Plan, Inc. and American Dental of North Carolina, Inc. merged with Humana Medical Plan, Inc. on June 30, 2014 and December 31, 2014, respectively.

b. This transaction was accounted for as a statutory merger in accordance with SSAP No. 68, *Business Combinations & Goodwill* ("SSAP No. 68").

c. Prior to the June 30, 2014 merger, Humana Medical Plan, Inc. the parent of HumanaAdvantage Care Plan, Inc., owned all 18,100 shares of outstanding common stock of HumanaAdvantage Care Plan, Inc. and Humana Inc., the parent of Humana Medical Plan, Inc., owned all 1,000 shares of outstanding common stock of Humana Medical Plan, Inc. Effective upon the merger, the 18,100 shares of HumanaAdvantage Care Plan, Inc.'s outstanding stock were retired.

Prior to the December 31, 2014, merger, Humana Inc., the parent of American Dental of North Carolina, Inc., owned all 7,500 shares of outstanding common stock of American Dental of North Carolina, Inc. and Humana Inc., the parent of Humana Medical Plan, Inc., owned all 1,000 shares of outstanding common stock of Humana Medical Plan, Inc. Effective upon the merger, the 7,500, respectively shares of American Dental of North Carolina, Inc.'s outstanding stock were retired.

d. Pre-merger separate company revenue and net income for the six months ended June 30, 2014, (unaudited) were \$(25,711) and \$3,169,424, respectively for HumanaAdvantage Care Plan, Inc. and \$2,654,427,776 and \$95,169,653, respectively for Humana Medical Plan, Inc.

Pre-merger separate company revenue and net income for the twelve months ended December 31, 2014, respectively (unaudited) were \$(10,375) and \$(70,533), respectively for American Dental of North Carolina, Inc. and \$6,339,866,209 and \$327,916,037, respectively for Humana Medical Plan, Inc.

e. SSAP No. 3, Accounting Changes and Corrections of Errors ("SSAP No. 3") requires prior year amounts to be restated as if the merger had occurred as of January 1, 2013 unless the merging entity, HumanaAdvantage Care Plan, Inc. and American Dental of North Carolina, Inc., met the definition of a shell company. HumanaAdvantage Care Plan, Inc. and American Dental of North Carolina, Inc. met the definition of a shell company and thus no prior year restatement has been performed. Since prior year was not restated, Humana Medical Plan, Inc.'s surplus was adjusted for HumanaAdvantage Care Plan, Inc. and American Dental of North Carolina, Inc.'s pre-merger surplus balances.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Not Applicable.

(2) Not Applicable.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (3) Not Applicable.
- (4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 2014.

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

- (a) The aggregate amount of unrealized losses:
- | | | |
|----------------------------|----|-------------|
| 1. Less than Twelve Months | \$ | (164,482) |
| 2. Twelve Months or Longer | \$ | (7,432,884) |
- (b) The aggregate related fair value of securities with unrealized losses:
- | | | |
|----------------------------|----|-------------|
| 1. Less than Twelve Months | \$ | 8,195,877 |
| 2. Twelve Months or Longer | \$ | 191,171,685 |

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

- (5) Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company has no repurchase agreements or securities lending transactions.
- (2) The Company has not pledged any of its assets as collateral.
- (3-7) Not Applicable.

F. Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

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	37,215,218	16,638,047	20,577,171	37,215,218	2.07%	2.14%
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	\$ 37,215,218	\$ 16,638,047	\$ 20,577,171	\$ 37,215,218	2.07%	2.14%

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (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 or investments with a NAIC designation lower than the top two rating classifications.

- B. The total amount excluded was \$27,563.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

- A. Deferred Tax Assets/(Liabilities)

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

December 31, 2014			
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 67,588,346	\$ 373,786	\$ 67,962,132
b. Statutory valuation allowance adjustments	-	(373,786)	(373,786)
c. Adjusted gross deferred tax assets	67,588,346	-	67,588,346
d. Deferred tax assets nonadmitted	(9,062,893)	-	(9,062,893)
e. Net admitted deferred tax assets	58,525,453	-	58,525,453
f. Deferred tax liabilities	(58,134)	-	(58,134)
g. Net admitted deferred tax asset/(liability)	\$ 58,467,319	\$ -	\$ 58,467,319

December 31, 2013			
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 55,333,587	\$ 1,145,226	\$ 56,478,813
b. Statutory valuation allowance adjustments	-	(1,145,226)	(1,145,226)
c. Adjusted gross deferred tax assets	55,333,587	-	55,333,587
d. Deferred tax assets nonadmitted	(10,422,096)	-	(10,422,096)
e. Net admitted deferred tax assets	44,911,491	-	44,911,491
f. Deferred tax liabilities	(443,758)	-	(443,758)
g. Net admitted deferred tax asset/(liability)	\$ 44,467,733	\$ -	\$ 44,467,733

Change			
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 12,254,759	\$ (771,440)	\$ 11,483,319
b. Statutory valuation allowance adjustments	-	771,440	771,440
c. Adjusted gross deferred tax assets	12,254,759	-	12,254,759
d. Deferred tax assets nonadmitted	1,359,203	-	1,359,203
e. Net admitted deferred tax assets	13,613,962	-	13,613,962
f. Deferred tax liabilities	385,624	-	385,624
g. Net admitted deferred tax asset/(liability)	\$ 13,999,586	\$ -	\$ 13,999,586

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

		December 31, 2014		Total
		Ordinary	Capital	
a.	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 56,722,386	\$ -	\$ 56,722,386
b.	Adjusted gross deferred tax assets expected to be realized after	1,744,933	-	1,744,933
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	1,744,933
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	116,435,479
c.	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	58,134	-	58,134
d.	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 58,525,453	\$ -	\$ 58,525,453

		December 31, 2013		Total
		Ordinary	Capital	
a.	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 42,026,056	\$ -	\$ 42,026,056
b.	Adjusted gross deferred tax assets expected to be realized after	2,441,677	-	2,441,677
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	2,441,677
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	103,574,488
c.	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	443,758	-	443,758
d.	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 44,911,491	\$ -	\$ 44,911,491

		Ordinary	Change Capital	Total
a.	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 14,696,330	\$ -	\$ 14,696,330
b.	Adjusted gross deferred tax assets expected to be realized after	(696,744)	-	(696,744)
1.	Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(696,744)
2.	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	12,860,991
c.	Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(385,624)	-	(385,624)
d.	Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 13,613,962	\$ -	\$ 13,613,962

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

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
a. Ratio percentage used to determine recovery period and threshold limitation amount	373%	484%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	532,999,561	486,096,774

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

		December 31, 2014	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 67,588,346	\$ -
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)	\$ 58,525,453	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

		December 31, 2013		
		Ordinary	Capital	
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage			
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 55,333,587	\$ -	
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)	\$ 44,911,491	\$ -	
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)	\$ 12,254,759	\$ -	
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)	\$ 13,613,962	\$ -	
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	
b.	Does the Company's tax planning strategies include the use of reinsurance? Yes [] No [X]			
B.	There are no temporary differences for which a DTL has not been established.			
C.	Current and deferred income taxes			
(1)	Current income taxes incurred consist of the following major components:			
		December 31, 2014	December 31, 2013	Change
a.	Federal	\$ 226,958,727	\$ 185,312,524	\$ 41,646,203
b.	Foreign	-	-	-
c.	Subtotal	226,958,727	185,312,524	41,646,203
d.	Federal income tax on net capital gains	1,695,309	616,926	1,078,383
e.	Utilization of capital loss carryforwards	-	-	-
f.	Other	(23,290)	855,788	(879,078)
g.	Federal and foreign income taxes incurred	\$ 228,630,746	\$ 186,785,238	\$ 41,845,508

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

DTAs resulting from Book/Tax Differences in:

	December 31, 2014	December 31, 2013	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 38,667,065	\$ 37,442,792	\$ 1,224,273
2. Unearned premium reserve	5,280,758	460,420	4,820,338
3. Policyholder reserves	1,728,702	1,853,674	(124,972)
4. Investments and other	-	-	-
5. Deferred acquisition costs	801,276	902,240	(100,964)
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	8,437,388	12,267,795	(3,830,407)
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	4,140,961	-	4,140,961
11. Net operating loss carry-forward	-	117,900	(117,900)
12. Tax credit carry-forward	-	-	-
13. Other	32	-	32
14. Bad debts	3,553,228	-	3,553,228
15. Accrued litigation	-	-	-
16. Risk corridor	-	-	-
17. Medicare risk adjustment data	58,129	-	58,129
18. Miscellaneous reserves	806,544	710,344	96,200
19. Accrued lease	690,189	1,151,622	(461,433)
20. Section 197 intangible	2,366,320	426,800	1,939,520
21. Reinsurance fee	1,057,754	-	1,057,754
99. Subtotal	67,588,346	55,333,587	12,254,759
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	(9,062,893)	(10,422,096)	1,359,203
d. Admitted Ordinary DTAs	58,525,453	44,911,491	13,613,962
e. Capital			
1. Investments	373,786	1,145,226	(771,440)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	373,786	1,145,226	(771,440)
f. Statutory valuation allowance adjustment	(373,786)	(1,145,226)	771,440
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	\$ 58,525,453	\$ 44,911,491	\$ 13,613,962

DTLs resulting from Book/Tax Differences in:

	December 31, 2014	December 31, 2013	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	(55,242)	(2,582)	(52,660)
6. Premium acquisition reserve	(2,892)	(441,176)	438,284
99. Subtotal	(58,134)	(443,758)	385,624
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
c. DTLs	\$ (58,134)	\$ (443,758)	\$ 385,624

(4) Net deferred tax asset/(liability)	\$ 58,467,319	\$ 44,467,733	\$ 13,999,586
--	---------------	---------------	---------------

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 561,542,340	\$ 196,539,820	35.00%
Tax-exempt interest	(19,979,908)	(6,992,968)	(1.25%)
Dividends received deduction	-	-	0.00%
Proration	2,996,986	1,048,945	0.19%
Meals & entertainment, lobbying expenses, etc.	286,005	100,102	0.02%
Statutory valuation allowance adjustment	(2,201,371)	(770,480)	(0.14%)
ACA fee	84,556,549	29,594,792	5.27%
Change to nonadmits & deferred tax true-up	(10,100,862)	(3,535,302)	(0.63%)
Other, including prior year true-up	15,580	5,452	0.00%
Total	\$ 617,115,319	\$ 215,990,363	38.46%
Federal income taxes incurred [expense/(benefit)]		\$ 226,935,437	40.41%
Tax on capital gains/(losses)		1,695,309	0.30%
Change in net deferred income tax [charge/(benefit)]		(12,640,383)	(2.25%)
Total statutory income taxes		\$ 215,990,363	38.46%

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

(1) At December 31, 2014, the Company had no net operating loss carry-forwards.

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

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

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

	Ordinary	Capital	Total
2012	\$ -	\$ -	\$ -
2013	185,289,233	616,926	185,906,159
2014	226,958,727	1,695,309	228,654,036
Total	\$ 412,247,960	\$ 2,312,235	\$ 414,560,195

(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.

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

CALENDAR YEAR ENDED DECEMBER 31, 2014
AFFILIATIONS SCHEDULE

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

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	AMBULATORY CARE SOLUTIONS OF ARKANSAS, LLC	27-0200477
6	AMBULATORY CARE SOLUTIONS OF OHIO, LLC	26-4179617
7	AMBULATORY CARE SOLUTIONS, LLC	37-1485812
8	AMERICAN DENTAL PLAN OF NORTH CAROLINA, INC.	56-1796975

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

9	AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.	58-2302163
10	AMERICAN ELDERCARE, INC.	65-0380198
11	ARCADIAN CHOICE, INC.	27-3387971
12	ARCADIAN HEALTH PLAN, INC.	20-1001348
13	ARCADIAN MANAGEMENT SRVICES, INC.	86-0836599
14	CAC MEDICAL CENTERs HOLDINGS, INC.	30-0117876
15	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
16	CARENETWORK, INC.	39-1514846
17	CAREPLUS HEALTH PLANS, INC.	59-2598550
18	CARITEN HEALTH PLAN, INC.	62-1579044
19	CARITEN INSURANCE COMPANY	62-0729865
20	CERTIFY DATA SYSTEMS, INC.	80-0072760
21	CHA HMO, INC.	61-1279717
22	CHA SERVICE COMPANY, INC.	61-1279716
23	COMPBENEFITS COMPANY	59-2531815
24	COMPBENEFITS CORPORATION	04-3185995
25	COMPBENEFITS DENTAL, INC.	36-3686002
26	COMPBENEFITS DIRECT, INC.	58-2228851
27	COMPBENEFITS INSURANCE COMPANY	74-2552026
28	COMPBENEFITS OF ALABAMA, INC.	63-1063101
29	COMPBENEFITS OF GEORGIA, INC.	58-2198538
30	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
31	COMPREHENSIVE HEALTH INSIGHTS, INC.	42-1575099
32	CONCENTRA HEALTH SERVICES, INC.	75-2510547
33	CONCENTRA INC.	26-4823524
34	CONCENTRA INTEGRATED SERVICES, INC.	04-2658593
35	CONCENTRA OPERATING CORPORATION	04-3363415
36	CONCENTRA SOLUTIONS, INC.	75-2678146
37	CONTIINUCARE CORPORATION	59-2716023
38	CONTIINUCARE MSO, INC.	65-0780986
39	CONTINUCARE MANAGED CARE, INC.	65-0796178
40	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
41	CORPHEALTH PROVIDER LINK, INC.	20-8236655
42	CORPHEALTH, INC.	75-2043865
43	DEFENSEWEB TECHNOLOGIES, INC.	33-0916248
44	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
45	DENTICARE, INC.	76-0039628
46	ELDER HEALTH CARE OF VOLUSIA, INC.	59-3657970
47	EMPHESYS INSURANCE COMPANY	31-0935772
48	EMPHESYS, INC.	61-1237697
49	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
50	HARTE PLACEMENTS, INC.	11-2795529
51	HEALTH VALUE MANAGEMENT, INC.	61-1223418
52	HEMECARE HEALTH SOLUTIONS, INC.	45-3116348
53	HRI HUMANA OF CALIFORNIA, INC.	46-4912173
54	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
55	HUMANA ADVANTAGECARE PLAN, INC.	65-1137990
56	HUMANA AT HOME (MA), INC. (fka SeniorBridge Family Companies (MA), Inc.	04-3580066
57	HUMANA AT HOME 1, INC. (fka Humanacares, Inc.)	65-0274594
58	HUMANA AT HOME, INC. (fka SeniorBridge Family Companies, Inc.)	13-4036798
59	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
60	HUMANA DENTAL COMPANY	59-1843760
61	HUMANA DENTAL CONCERN, LTD (fka The Dental Concern, LTD)	36-3654697
62	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
63	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
64	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
65	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
66	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
67	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
68	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
69	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
70	HUMANA HEALTH PLAN, INC.	61-1013183
71	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
72	HUMANA INSURANCE COMPANY	39-1263473
73	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
74	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
75	HUMANA MARKETPOINT, INC.	61-1343508

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

76	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
77	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
78	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
79	HUMANA MEDICAL PLAN, INC.	61-1103898
80	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
81	HUMANA PHARMACY, INC.	61-1316926
82	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
83	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
84	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO.	39-1525003
85	HUMANADENTAL INSURANCE COMPANY	39-0714280
86	HUMANADENTAL, INC.	61-1364005
87	HUMCO, INC.	61-1239538
88	HUM-e-FL, INC.	61-1383567
89	HUM-HOLDINGS INTERNATIONAL, INC.	26-3583438
90	INTELI HOME HEALTHCARE, INC.	76-0537878
91	KANAWHA HEALTHCARE SOLUTIONS, INC.	62-1245230
92	KANAWHA INSURANCE COMPANY	57-0380426
93	KMG AMERICA CORPORATION	20-1377270
94	MANAGED CARE INDEMNITY, INC.	61-1232669
95	MD CARE, INC.	20-1981339
96	METCARE OF FLORIDA, INC.	65-0879131
97	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
98	NATIONAL HEALTHCARE RESOURCES, INC.	11-3273542
99	OMP INSURANCE COMPANY, LTD.	98-0445802
100	PHP COMPANIES, INC.	62-1552091
101	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
102	PRESERVATION ON MAIN, INC.	20-1724127
103	PRIMARY CARE HOLDINGS, INC. (fka Agile Technology Solutions, Inc.)	46-1225873
104	REACHOUT HOMECARE, INC.	75-2739333
105	ROHC, LLC	75-2844854
106	SENIORBRIDGE (NC), INC.	56-2593719
107	SENIORBRIDGE CARE MANAGEMENT, INC.	80-0581269
108	SENIORBRIDGE FAMILY COMPANIES (AZ), INC.	46-0702349
109	SENIORBRIDGE FAMILY COMPANIES (CA), INC.	45-3039782
110	SENIORBRIDGE FAMILY COMPANIES (CT), INC.	27-0452360
111	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
112	SENIORBRIDGE FAMILY COMPANIES (IL), INC.	02-0660212
113	SENIORBRIDGE FAMILY COMPANIES (MD), INC.	81-0557727
114	SENIORBRIDGE FAMILY COMPANIES (MO), INC.	46-0677759
115	SENIORBRIDGE FAMILY COMPANIES (NJ), INC.	36-4484449
116	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
117	SENIORBRIDGE FAMILY COMPANIES (OH), INC.	20-0260501
118	SENIORBRIDGE FAMILY COMPANIES (PA), INC.	38-3643832
119	SENIORBRIDGE FAMILY COMPANIES (TX), INC.	01-0766084
120	SENIORBRIDGE FAMILY COMPANIES (VA), INC.	46-0691871
121	SEREDOR CORPORATION	27-0338595
122	ST MARY'S MEDICAL PARK PHARMACY, INC.	86-0597187
123	SYMPHONY HEALTH PARTNERS, INC.	45-5032192
124	TEXAS DENTAL PLANS, INC.	74-2352809
125	THE DENTAL CONCERN, INC.	52-1157181
126	TLC PLUS OF TEXAS, INC.	75-2600512
127	VALOR HEATHCARE, INC.	20-3585174

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-F. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2014 and 2013 were \$808,103,141 and \$632,597,029 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 \$300,730,000 were paid to Humana Inc. on May 8, 2014. The Florida Office of Insurance Regulation was notified prior to the payment of this dividend.

At December 31, 2014, the Company reported \$11,831,317 due from Humana Inc. Amounts due to or from parent are generally settled within 30 days.

NOTES TO THE FINANCIAL STATEMENTS

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

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

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

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

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

- (1) The Company has \$1 par value common stock with 1,000,000 shares authorized and 1,000 shares issued and 1,000 outstanding. All shares are common stock shares.

- (2) The Company has no preferred stock outstanding.

- (3-5) Dividends are noncumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Florida Office of Insurance Regulation 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 \$300,730,000 were paid to Humana Inc. on May 8, 2014, 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.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (8) Not Applicable.
- (9) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2015.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(17,647,254)
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments
Not Applicable.
- B. Assessments
Not Applicable.
- C. Gain Contingencies
Not Applicable.
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits
Not Applicable.
- E. Joint and Several Liabilities
Not Applicable.
- F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of December 31, 2014.

15. Leases

- A. Lessee Operating Lease
 - (1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to seven years. Operating lease rental payments charged to expenses for the years ended December 31, 2014 and 2013 was \$17,093,293 and \$18,437,950, respectively.
 - (2) Noncancelable Lease Terms:
 - a) At January 1, 2015, the minimum aggregate rental commitments are as follows:

Year ending December 31,	
2015	\$ 20,522,710
2016	18,684,148
2017	11,339,164
2018	6,468,888
2019	4,638,355
Thereafter	1,895,775
Total Minimum Lease Payments	\$ <u>63,549,040</u>
 - b) Certain rental commitments have renewal options extending through the year 2023. Some of these renewals are subject to adjustments in future periods.
 - (3) The Company is not involved in any sales-leaseback transactions.
- B. Lessor Leases
 - (1) Operating Leases

The Company owns or leases numerous sites that are leased or subleased to unrelated parties. The typical lease period ranges from one to seven years and some leases contain renewal options.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, 2014 are as follows:

Year ending December 31,	
2015	\$ 6,384,431
2016	5,529,274
2017	4,450,463
2018	3,471,297
2019	1,887,985
Thereafter	1,531,270
Total	<u>\$ 23,254,721</u>

(2) Leveraged Leases

The Company is not involved in any leveraged leases.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

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

(2) As of December 31, 2014, the Company has recorded a receivable from CMS of \$53,171,664 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.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

20. Fair Value Measurements

A. (1) The fair value of financial assets at December 31, 2014 were as follows:

	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Bonds				
U.S. governments	\$ -	\$ -	\$ -	\$ -
Tax-exempt municipal	-	-	-	-
Residential mortgage-backed	-	364,358	-	364,358
Corporate debt securities	-	-	-	-
Total bonds	-	364,358	-	364,358
Total assets at fair value	\$ -	\$ 364,358	\$ -	\$ 364,358
b. Liabilities at fair value	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

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

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

Not Applicable.

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

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2014.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 364,358	\$ 364,358	\$ -	\$ 364,358	\$ -	\$ -

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

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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.

22. Events Subsequent

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be \$127,043,198. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 21.48%. Reporting the ACA assessment as of December 31, 2014 would not have triggered an RBC action level. The Company expects to offset the impact of the health insurance industry fee on its results of operations in 2015 through pretax income improvement; however, there can be no assurance that it will be able to do so.

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 20, 2015 for the Statutory Statement issued on February 20, 2015.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	\$ 127,043,198	\$ 77,223,002
B. ACA fee assessment paid	\$ 84,556,548	\$ -
C. Premiums written subject to ACA 9010 assessment	\$ 6,815,955,372	\$ 5,350,398,178
D. Total Adjusted Capital before surplus adjustment	\$ 591,549,503	
E. Authorized Control Level before surplus adjustment	\$ 143,034,678	
F. Total Adjusted Capital after surplus adjustment	\$ 464,506,305	
G. Authorized Control Level after surplus adjustment	\$ 143,034,678	
H. Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action level (YES/NO)	No	

NOTES TO THE FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

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

- C. The amount of net premiums written by the Company at December 31, 2014 that are subject to retrospective rating features was \$6,256,335,952, or 89.82% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ 649,021	\$ 22,624	\$ 4,363	\$ -	\$ 676,008
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	649,021	31,037	4,363	-	684,421
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 684,421
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ (225,728)	\$ (31,037)	\$ (4,363)	\$ -	\$ (261,128)
Medical loss ratio rebates paid	423,293	-	-	-	423,293
Medical loss rebates unpaid	-	-	0	-	0
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 0

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO) Yes (X) No ()
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year
- a. Permanent ACA Risk Adjustment Program
- Assets
1. Premium adjustments receivable due to ACA Risk Adjustment \$ -
- Liabilities
2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 174,043
3. Premium adjustments payable due to ACA Risk Adjustment \$ 49,917,283
- Operations (Revenue & Expenses)
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (49,917,283)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 174,043
- b. Transitional ACA Reinsurance Program
- Assets
1. Amounts recoverable for claims paid due to ACA Reinsurance \$ 105,018,235
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$ 28,463,932
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$ -
- Liabilities
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$ 3,022,153
5. Ceded reinsurance premiums payable due to ACA Reinsurance \$ 3
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance \$ -
- Operations (Revenues & Expenses)
7. Ceded reinsurance premiums due to ACA Reinsurance \$ 6,221,365
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$ 133,482,167
9. ACA Reinsurance contributions – not reported as ceded premiums \$ 11,911,549
- c. Temporary ACA Risk Corridors Program
- Assets
1. Accrued retrospective premium due to ACA Risk Corridors \$ 2,805,006
- Liabilities
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$ -
- Operations (Revenues & Expenses)
3. Effect of ACA Risk Corridors on net premium income \$ 2,805,006
4. Effect of ACA Risk Corridors on change in reserves for rate credits \$ -

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
1	2	3	4	5	6	7	8	Ref	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	-		-	-		-			-	
2. Premium adjustments (payables)		-	-		-		-			-
3. Subtotal ACA Permanent Risk Adjustment Program	-	-	-	-	-	-	-		-	-
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	-		-	-		-			-	
2. Amounts recoverable for claims unpaid (contra liability)	-		-	-		-			-	
3. Amounts receivable relating to uninsured plans	-		-	-		-			-	
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium		-	-		-		-			-
5. Ceded reinsurance premiums payable		-	-		-		-			-
6. Liability for amounts held under uninsured plans		-	-		-		-			-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-		-	-
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	-		-	-		-			-	
2. Reserve for rate credits or policy experience rating refunds		-	-		-		-			-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-		-	-
d. Total for ACA Risk Sharing Provisions	-	-	-	-	-	-	-	-	-	-

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were \$887,803,965. As of December 31, 2014, \$705,585,288 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$52,345,052 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$129,873,626 favorable prior-year development since December 31, 2013. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

STATEMENT AS OF December 31, 2014 OF Humana Medical Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2014	\$ 28,544,519	\$ 28,544,519	\$ -	\$ -	\$ -
9/30/2014	27,117,516	27,117,516	26,987,478	-	-
6/30/2014	27,915,250	27,915,250	27,552,215	100,825	-
3/31/2014	20,072,361	20,072,361	19,007,745	494,234	488,515
12/31/2013	16,215,819	16,215,819	15,715,937	423,071	76,811
9/30/2013	15,647,334	15,647,334	15,622,980	-	24,354
6/30/2013	14,661,716	14,661,716	14,661,582	-	134
3/31/2013	21,657,085	21,657,085	21,568,634	-	88,451
12/31/2012	14,308,512	14,308,512	14,250,130	-	58,382
9/30/2012	14,431,811	14,431,811	12,398,209	1,973,552	60,050
6/30/2012	16,221,644	16,221,644	15,874,525	288,531	58,588
3/31/2012	9,576,674	9,576,674	5,935,413	3,564,986	76,275

B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received – All Others
2014	2014	-	1,594,967	-	1,594,967	-	-	-	-
	2015	XXX	-	XXX	XXX	XXX	XXX	XXX	XXX
2013	2013	-	-	-	-	-	-	-	-
	2014	XXX	-	XXX	XXX	XXX	XXX	XXX	XXX
2012	2012	-	-	-	-	-	-	-	-
	2013	XXX	-	XXX	XXX	XXX	XXX	XXX	XXX

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves\$ 28,443,000
2. Date of the most recent evaluation of this liabilityDecember 31, 2014
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 0.10%.

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?
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [X] No []

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?

Florida

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.

12/31/2010

3.2

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

12/31/2010

3.3

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

06/18/2012

3.4

By what department or departments?
Florida Office of Insurance Regulation

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes [] No [X]
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?
4.22 renewals?

Yes [] No [X]
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 [X] No []

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
American Dental Plan of North Carolina, Inc.	12999	NC
Humana AdvantageCare Plan, Inc.	10126	FL

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;
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).

0.0 %

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
N/A
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

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

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
N/A
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
N/A
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain
N/A
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Jonathan Albert Canine, Vice President and Appointed Actuary, 500 West Main Street, Louisville, KY 40202
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$0
- 12.2

If, yes provide explanation:
.....
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
Not Applicable.
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 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).
.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

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	\$	37,215,218
		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. \$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes ☒ 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
107105	Blackrock, Inc.	55 East 52nd Street, New York, NY 10055

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

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

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

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	1,403,164,942	1,446,424,915	43,259,973
30.2 Preferred stocks	0	0	0
30.3 Totals	1,403,164,942	1,446,424,915	43,259,973

- 30.4 Describe the sources or methods utilized in determining the fair values:
Fair value of actively traded debt and equity securities are based on quoted market prices.Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No [X]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
Fair value of actively traded debt and equity securities are based on quoted market prices.Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:
None

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

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?\$9,491,944

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
OMELVENY & MYERS LLP	6,085,195

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

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

Current Year

2

Prior Year

2.1

Premium Numerator

6,965,147,976

5,931,463,419

2.2

Premium Denominator

6,965,147,976

5,391,463,419

2.3

Premium Ratio (2.1/2.2)

1.000

1.100

2.4

Reserve Numerator

887,163,700

919,566,817

2.5

Reserve Denominator

887,163,700

919,566,817

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 3,000,000

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Provider contracts include hold harmless and continuation of benefits provisions. 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 [X] No []

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

210,805

8.2

Number of providers at end of reporting year

223,918

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months.

\$ 0

9.22

Business with rate guarantees over 36 months

\$ 0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [X] No []

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 1,778,243

10.22

Amount actually paid for year bonuses

\$ 241,518

10.23

Maximum amount payable withholds

\$ 0

10.24

Amount actually paid for year withholds

\$ 0

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or, .

Yes [] No [X]

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X] No []

11.3

If yes, show the name of the state requiring such net worth.

Florida

11.4

If yes, show the amount required.

\$ 286,069,356

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
Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Columbia, Dade, Dixie, Duval, Flagler, Gilchrist, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Levy, Manatee, Marion, Martin, Nassau, Okeechobee, Orange, Oseceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Union, Volusia

13.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2

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

\$ 0

13.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4

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

\$ 0

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [] No [X] N/A []

14.2

If the answer to 14.1 is yes, please provide the following:

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

15.

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

15.1

Direct Premium Written

\$ 0

15.2

Total Incurred Claims

\$ 0

15.3

Number of Covered Lives

0

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

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,742,234,279	1,594,978,916	1,618,606,836	1,660,998,863	1,586,979,737
2. Total liabilities (Page 3, Line 24)	1,150,684,776	1,064,310,134	987,066,840	1,061,894,633	1,139,517,078
3. Statutory surplus	286,069,356	200,850,718	187,783,798	106,189,463	113,951,708
4. Total capital and surplus (Page 3, Line 33)	591,549,503	530,668,782	631,539,996	599,104,230	447,462,659
Income Statement (Page 4)					
5. Total revenues (Line 8)	6,965,843,616	5,391,398,851	5,242,248,481	4,931,323,072	4,663,959,341
6. Total medical and hospital expenses (Line 18)	5,550,762,400	4,316,905,961	4,033,012,877	3,760,853,469	3,793,274,469
7. Claims adjustment expenses (Line 20)	226,238,625	201,260,647	176,413,221	133,614,823	123,223,449
8. Total administrative expenses (Line 21)	678,799,990	377,141,082	364,762,601	407,196,104	358,250,583
9. Net underwriting gain (loss) (Line 24)	511,031,372	481,253,157	658,775,796	623,204,600	386,120,840
10. Net investment gain (loss) (Line 27)	48,889,418	53,230,038	46,580,319	41,386,880	39,120,598
11. Total other income (Lines 28 plus 29)	(73,759)	253,244	3,063,380	2,437,797	2,687,125
12. Net income or (loss) (Line 32)	332,911,594	348,568,127	461,235,463	432,879,152	276,001,685
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	233,558,736	423,448,030	391,850,915	394,220,616	540,364,971
Risk-Based Capital Analysis					
14. Total adjusted capital	591,549,503	530,668,782	631,539,996	599,104,230	447,462,659
15. Authorized control level risk-based capital	143,034,678	100,425,359	91,606,615	84,218,795	85,614,995
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,048,992	532,712	484,970	459,441	493,768
17. Total members months (Column 6, Line 7)	10,236,442	6,118,952	5,749,011	5,628,132	5,990,815
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)	79.7	80.1	76.9	76.3	81.3
20. Cost containment expenses	2.6	3.2	2.8	2.3	2.4
21. Other claims adjustment expenses	0.7	0.5	0.5	0.4	0.3
22. Total underwriting deductions (Line 23)	92.7	91.1	87.4	87.4	91.7
23. Total underwriting gain (loss) (Line 24)	7.3	8.9	12.6	12.6	8.3
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	751,295,653	838,984,162	773,358,243	953,075,132	724,854,853
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	864,179,618	839,221,964	910,785,774	962,998,791	765,232,815
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	27,152,777	32,885,757	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	27,152,777	32,885,757	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 [X]

If no, please explain: As disclosed in the notes to the financial statements, SSAP No. 3, Accounting Changes and Corrections of Errors, requires prior year amounts to be restated as if the merger had occurred as of January 1, 2012 unless the merging entities, Humana AdvantageCare Plan, Inc. and American Dental Plan of North Carolina, Inc. met the definition of a shell company. Both companies met the definition of a shell company and thus no prior year restatement has been performed.

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
2.	Alaska	AK	N	0	0	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0
5.	California	CA	N	0	0	0	0	0	0	0
6.	Colorado	CO	N	0	0	0	0	0	0	0
7.	Connecticut	CT	N	0	0	0	0	0	0	0
8.	Delaware	DE	N	0	0	0	0	0	0	0
9.	District of Columbia	DC	N	0	0	0	0	0	0	0
10.	Florida	FL	L	1,351,071,248	4,517,409,826	708,851,282	39,398,502	0	6,616,730,858	0
11.	Georgia	GA	N	0	0	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0	0	0
14.	Illinois	IL	N	0	0	0	0	0	0	0
15.	Indiana	IN	N	0	0	0	0	0	0	0
16.	Iowa	IA	N	0	0	0	0	0	0	0
17.	Kansas	KS	N	0	0	0	0	0	0	0
18.	Kentucky	KY	N	0	0	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0	0	0
20.	Maine	ME	N	0	0	0	0	0	0	0
21.	Maryland	MD	N	0	0	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0	0	0
23.	Michigan	MI	N	0	0	0	0	0	0	0
24.	Minnesota	MN	N	0	0	0	0	0	0	0
25.	Mississippi	MS	L	74,784	107,695,642	0	0	0	107,770,426	0
26.	Missouri	MO	N	0	0	0	0	0	0	0
27.	Montana	MT	N	0	0	0	0	0	0	0
28.	Nebraska	NE	N	0	0	0	0	0	0	0
29.	Nevada	NV	N	0	0	0	0	0	0	0
30.	New Hampshire	NH	N	0	0	0	0	0	0	0
31.	New Jersey	NJ	N	0	0	0	0	0	0	0
32.	New Mexico	NM	N	0	0	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0	0	0
34.	North Carolina	NC	L	437,769	231,017,025	0	0	0	231,454,794	0
35.	North Dakota	ND	N	0	0	0	0	0	0	0
36.	Ohio	OH	N	0	0	0	0	0	0	0
37.	Oklahoma	OK	N	0	0	0	0	0	0	0
38.	Oregon	OR	L	130,378	17,725,538	0	0	0	17,855,916	0
39.	Pennsylvania	PA	N	0	0	0	0	0	0	0
40.	Rhode Island	RI	N	0	0	0	0	0	0	0
41.	South Carolina	SC	N	0	0	0	0	0	0	0
42.	South Dakota	SD	N	0	0	0	0	0	0	0
43.	Tennessee	TN	N	0	0	0	0	0	0	0
44.	Texas	TX	N	0	0	0	0	0	0	0
45.	Utah	UT	N	0	0	0	0	0	0	0
46.	Vermont	VT	N	0	0	0	0	0	0	0
47.	Virginia	VA	N	0	0	0	0	0	0	0
48.	Washington	WA	N	0	0	0	0	0	0	0
49.	West Virginia	WV	N	0	0	0	0	0	0	0
50.	Wisconsin	WI	N	0	0	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0	0	0
52.	American Samoa	AS	N	0	0	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal	XXX	1,351,714,179	4,873,848,031	708,851,282	39,398,502	0	0	6,973,811,994	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Total (Direct Business)	(a) 4	1,351,714,179	4,873,848,031	708,851,282	39,398,502	0	0	6,973,811,994	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

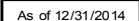
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

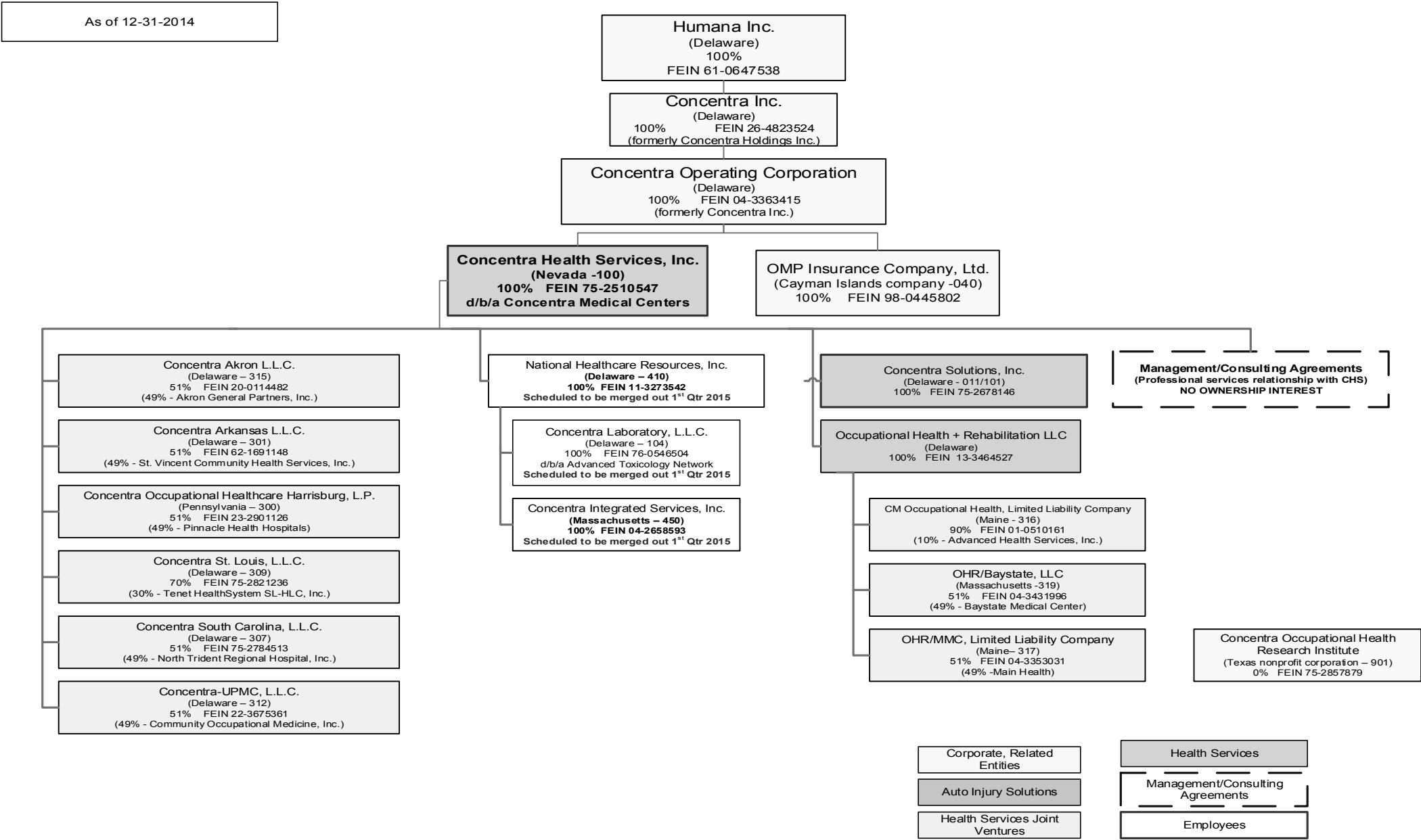
The Company allocated premiums based on situs of contract and individual premiums based on residence.

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

40

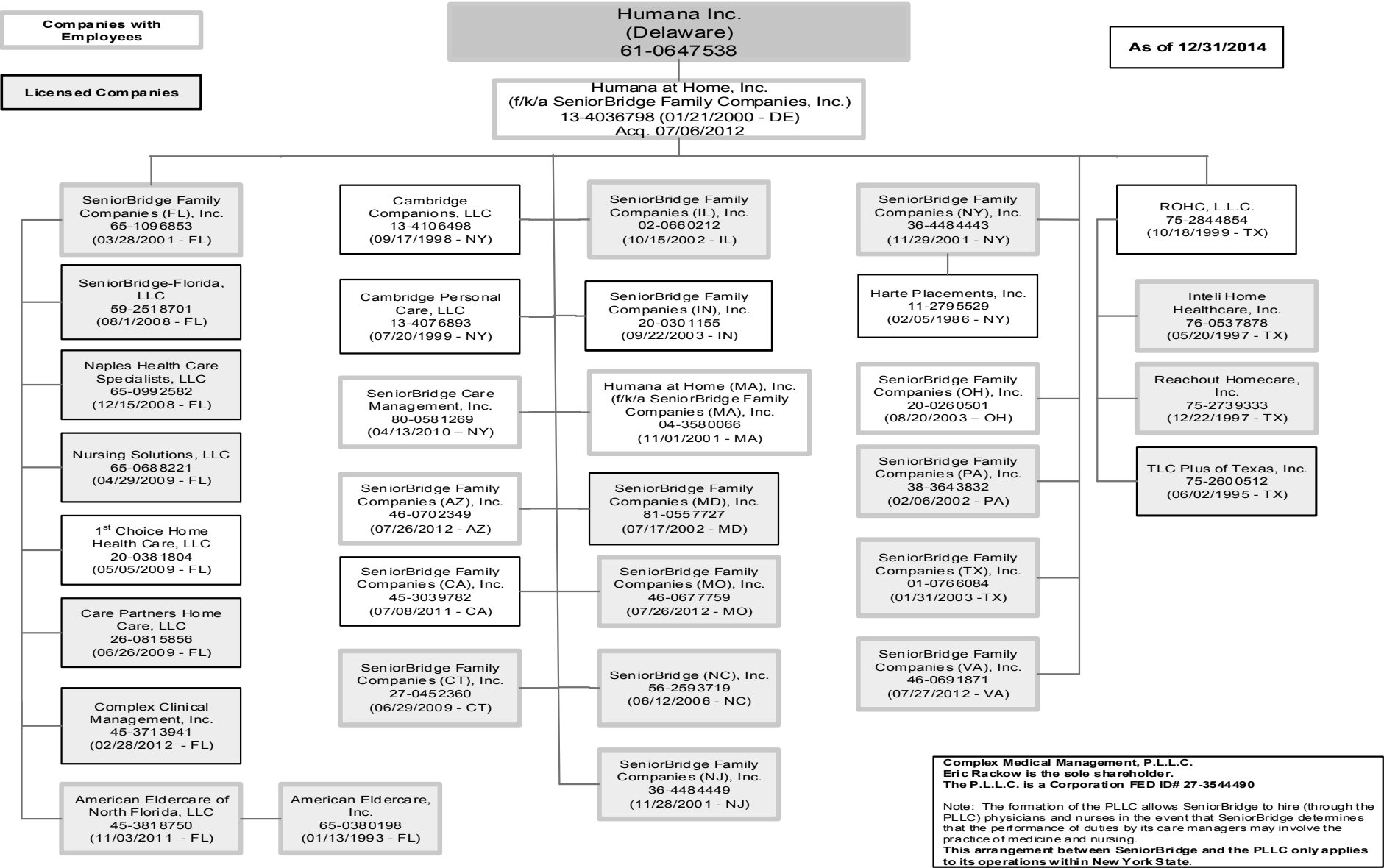


ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.



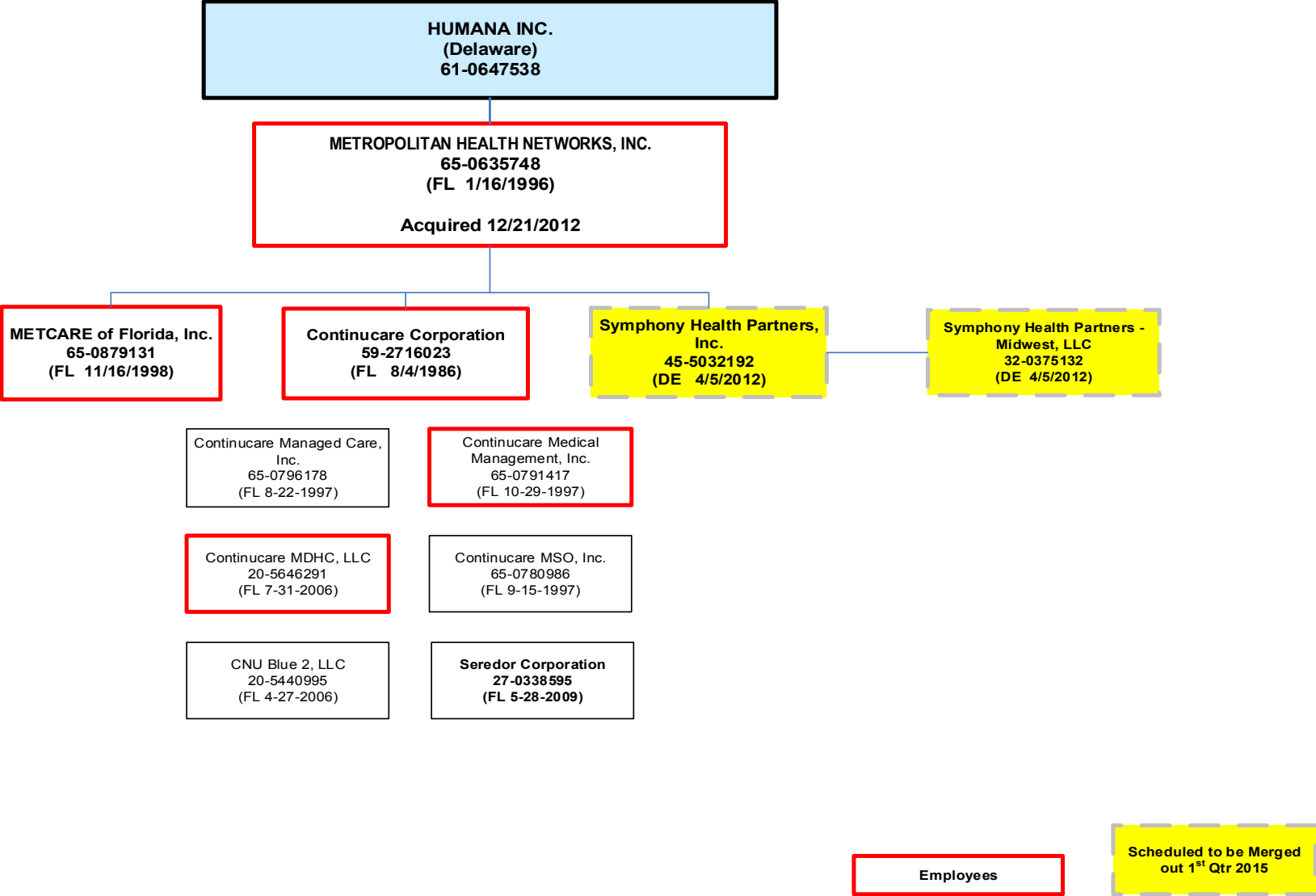
ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

40.2



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

As of 12-31-2014



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Medical Plan, Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Prepaid Expenses	1,776,348	1,776,348	0	0
2505.	Federal Contingency Reserves	152,799	0	152,799	229,828
2597.	Summary of remaining write-ins for Line 25 from overflow page	1,929,147	1,776,348	152,799	229,828

Additional Write-ins for Statement of Revenue and Expenses Line 47

		1	2
		Current Year	Prior Year
4704.	Surplus Changes Due to Merger of Arcadian Health Plan of North Carolina	0	(7,331,128)
4797.	Summary of remaining write-ins for Line 47 from overflow page	0	(7,331,128)

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business 7

Assets 2

Cash Flow 6

Exhibit 1 - Enrollment By Product Type for Health Business Only 17

Exhibit 2 - Accident and Health Premiums Due and Unpaid 18

Exhibit 3 - Health Care Receivables 19

Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued 20

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus 21

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates 22

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 23

Exhibit 7 - Part 1 - Summary of Transactions With Providers 24

Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries 24

Exhibit 8 - Furniture, Equipment and Supplies Owned 25

Exhibit of Capital Gains (Losses) 15

Exhibit of Net Investment Income 15

Exhibit of Nonadmitted Assets 16

Exhibit of Premiums, Enrollment and Utilization (State Page) 30

Five-Year Historical Data 29

General Interrogatories 27

Jurat Page 1

Liabilities, Capital and Surplus 3

Notes To Financial Statements 26

Overflow Page For Write-ins 44

Schedule A - Part 1 E01

Schedule A - Part 2 E02

Schedule A - Part 3 E03

Schedule A - Verification Between Years SI02

Schedule B - Part 1 E04

Schedule B - Part 2 E05

Schedule B - Part 3 E06

Schedule B - Verification Between Years SI02

Schedule BA - Part 1 E07

Schedule BA - Part 2 E08

Schedule BA - Part 3 E09

Schedule BA - Verification Between Years SI03

Schedule D - Part 1 E10

Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

Schedule D - Part 2 - Section 1 E11

Schedule D - Part 2 - Section 2 E12

Schedule D - Part 3 E13

Schedule D - Part 4 E14

Schedule D - Part 5 E15

Schedule D - Part 6 - Section 1 E16

Schedule D - Part 6 - Section 2 E16

Schedule D - Summary By Country SI04

Schedule D - Verification Between Years SI03

Schedule DA - Part 1 E17

Schedule DA - Verification Between Years SI10

Schedule DB - Part A - Section 1 E18

Schedule DB - Part A - Section 2 E19

Schedule DB - Part A - Verification Between Years SI11

Schedule DB - Part B - Section 1 E20

Schedule DB - Part B - Section 2 E21

Schedule DB - Part B - Verification Between Years SI11

Schedule DB - Part C - Section 1 SI12

Schedule DB - Part C - Section 2 SI13

Schedule DB - Part D - Section 1 E22

Schedule DB - Part D - Section 2 E23

Schedule DB - Verification SI14

Schedule DL - Part 1 E24

Schedule DL - Part 2 E25

Schedule E - Part 1 - Cash E26

Schedule E - Part 2 - Cash Equivalents E27

Schedule E - Part 3 - Special Deposits E28

Schedule E - Verification Between Years SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14