

ANNUAL STATEMENT
OF THE
**HUMANA INSURANCE OF PUERTO RICO,
INC.**

2010

OF
San Juan
IN THE STATE OF
Puerto Rico
TO THE
INSURANCE DEPARTMENT
OF THE
STATE OF Puerto Rico
FOR THE YEAR ENDED
DECEMBER 31, 2010

LIFE AND ACCIDENT AND HEALTH

2010



LIFE AND ACCIDENT AND HEALTH COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE
HUMANA INSURANCE OF PUERTO RICO, INC.

NAIC Group Code 0119, 0119 NAIC Company Code 84603 Employer's ID Number 66-0291866
Organized under the Laws of Puerto Rico, State of Domicile or Port of Entry Puerto Rico
Country of Domicile United States
Incorporated/Organized 10/06/1969 Commenced Business 09/22/1971
Statutory Home Office 383 F.D. Roosevelt Avenue, San Juan, PR 00918-2131
Main Administrative Office 383 F.D. Roosevelt Avenue, San Juan, PR 00918-2131 787-282-7900
Mail Address 383 F. D. Roosevelt Avenue, San Juan, PR 00918-2131
Primary Location of Books and Records 383 F.D. Roosevelt Avenue, San Juan, PR 00918-2131 787-282-7900-5529
Internet Web Site Address
Statutory Statement Contact Wanda M. Reyes, 787-282-7900-5529
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OFFICERS

Name Title Name Title
David M. Krebs President and Chief Operating Officer James H. Bloem Treasurer
Mayra G. Torres Vice President-Finance

OTHER OFFICERS

Joan O. Lenahan Assistant Secretary Thomas J. Liston Senior Vice President-Senior Products

DIRECTORS OR TRUSTEES

James E. Murray David M. Krebs Luis Montaner M.D. Bruce D. Perkins
Mayra G. Torres

State of

County of ss

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

David M. Krebs
President and Chief Operating Officer

Joan O. Lenahan
Assistant Secretary

James H. Bloem
Treasurer

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

Subscribed and sworn to before me this
day of

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

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	16,730,871		16,730,871	5,198,499
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$3,349,140 , Schedule E - Part 1), cash equivalents (\$17,999,995 , Schedule E - Part 2) and short-term investments (\$10,129,861 , Schedule DA).....	31,478,996		31,478,996	28,480,916
6. Contract loans (including \$premium notes).....			0	0
7. Derivatives			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets.....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	48,209,867	0	48,209,867	33,679,415
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	124,067		124,067	66,970
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,425,720		2,425,720	1,881,231
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premium).....			0	0
15.3 Accrued retrospective premiums.....	32,392		32,392	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0		0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	0		0	0
17. Amounts receivable relating to uninsured plans	4,536,497		4,536,497	5,025,190
18.1 Current federal and foreign income tax recoverable and interest thereon	134,009		134,009	184,386
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0		0	0
23. Receivables from parent, subsidiaries and affiliates	1,842,508		1,842,508	8,765,161
24. Health care (\$) and other amounts receivable.....	326,854		326,854	190,618
25. Aggregate write-ins for other than invested assets	48,967	48,967	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	57,680,881	48,967	57,631,914	49,792,971
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	57,680,881	48,967	57,631,914	49,792,971
DETAILS OF WRITE-INS				
1101. Other Security Deposits.....			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Receivable ASO.....			0	0
2502. Prepaid Other.....	38,333	38,333	0	0
2503. Receivable from stock issue.....	10,634	10,634	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	48,967	48,967	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$ 53,892 (Exhibit 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve)	53,892	52,835
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 17, Col. 1)(including \$ Modco Reserve)	21,579	18,495
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve)	0	0
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11)	54,257	53,254
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11)	11,133,989	10,338,526
5. Policyholders' dividends \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)	0	0
6. Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:		
6.1 Dividends apportioned for payment (including \$ Modco).....	0	0
6.2 Dividends not yet apportioned (including \$ Modco)	0	0
6.3 Coupons and similar benefits (including \$ Modco)	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$ 809,575 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)	812,305	844,833
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts	0	0
9.2 Provision for experience rating refunds, including \$ accident and health experience rating refunds	24,392	0
9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded	0	0
9.4 Interest Maintenance Reserve (IMR, Line 6)	244,993	288,974
10. Commissions to agents due or accrued-life and annuity contracts \$ accident and health \$ and deposit-type contract funds \$	132,452	99,196
11. Commissions and expense allowances payable on reinsurance assumed	0	0
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6)	1,323,836	1,382,986
13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)	2,748	0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5)	0	0
15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses).....	234,969	0
15.2 Net deferred tax liability	0	0
16. Unearned investment income	0	0
17. Amounts withheld or retained by company as agent or trustee	0	0
18. Amounts held for agents' account, including \$ agents' credit balances	0	0
19. Remittances and items not allocated	351,967	0
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0
21. Liability for benefits for employees and agents if not included above	0	0
22. Borrowed money \$ and interest thereon \$	0	0
23. Dividends to stockholders declared and unpaid	0	0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7)	41,925	17,512
24.02 Reinsurance in unauthorized companies	0	0
24.03 Funds held under reinsurance treaties with unauthorized reinsurers	0	0
24.04 Payable to parent, subsidiaries and affiliates	0	0
24.05 Drafts outstanding	0	1,248,804
24.06 Liability for amounts held under uninsured plans	710,531	713,581
24.07 Funds held under coinsurance	0	0
24.08 Derivatives	0	0
24.09 Payable for securities	0	0
24.10 Payable for securities lending.....	0	0
24.11 Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	1,407,629	1,983,255
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)	16,551,464	17,042,251
27. From Separate Accounts statement	0	0
28. Total liabilities (Lines 26 and 27)	16,551,464	17,042,251
29. Common capital stock	2,500,026	2,500,026
30. Preferred capital stock	0	0
31. Aggregate write-ins for other than special surplus funds	0	0
32. Surplus notes	0	0
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)	0	0
34. Aggregate write-ins for special surplus funds	0	0
35. Unassigned funds (surplus)	38,580,424	30,250,694
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$)	0	0
36.2 shares preferred (value included in Line 30 \$)	0	0
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ in Separate Accounts Statement).....	38,580,424	30,250,694
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)	41,080,450	32,750,720
39. Totals of Lines 28 and 38 (Page 2, Line 27, Col. 3)	57,631,914	49,792,971
DETAILS OF WRITE-INS		
2501. Line 15 from 2000 Annual Statement.....	4,857	0
2502. Unclaimed Funds.....	1,271,117	1,331,696
2503. Miscellaneous Liabilities.....	131,657	651,559
2598. Summary of remaining write-ins for Line 25 from overflow page	(2)	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,407,629	1,983,255
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page	0	0
3199. Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	0	0
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	89,229,845	80,582,257
2. Considerations for supplementary contracts with life contingencies		0
3. Net investment income (Exhibit of Net Investment Income, Line 17)	605,811	263,781
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)	44,558	43,394
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	0	0
7. Reserve adjustments on reinsurance ceded		0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		0
8.2 Charges and fees for deposit-type contracts		0
8.3 Aggregate write-ins for miscellaneous income	3,680	4,860
9. Totals (Lines 1 to 8.3)	89,883,894	80,894,292
10. Death benefits	72,945	253,293
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)	0	0
13. Disability benefits and benefits under accident and health contracts	73,046,675	68,929,413
14. Coupons, guaranteed annual pure endowments and similar benefits		0
15. Surrender benefits and withdrawals for life contracts		0
16. Group conversions		0
17. Interest and adjustments on contract or deposit-type contract funds		0
18. Payments on supplementary contracts with life contingencies		0
19. Increase in aggregate reserves for life and accident and health contracts	4,141	32,903
20. Totals (Lines 10 to 19)	73,123,761	69,215,609
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	4,675,841	3,782,277
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	0	0
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	2,840,287	5,012,777
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	132,464	99,745
25. Increase in loading on deferred and uncollected premiums		0
26. Net transfers to or (from) Separate Accounts net of reinsurance		0
27. Aggregate write-ins for deductions	0	0
28. Totals (Lines 20 to 27)	80,772,353	78,110,408
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	9,111,541	2,783,884
30. Dividends to policyholders		0
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	9,111,541	2,783,884
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	867,646	1,500,904
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	8,243,895	1,282,980
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ 0 (excluding taxes of \$ (577) transferred to the IMR)	312	(1,402)
35. Net income (Line 33 plus Line 34)	8,244,207	1,281,578
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	32,750,720	31,098,034
37. Net income (Line 35)	8,244,207	1,281,578
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0		0
39. Change in net unrealized foreign exchange capital gain (loss)		0
40. Change in net deferred income tax		0
41. Change in nonadmitted assets	109,936	34,082
42. Change in liability for reinsurance in unauthorized companies	0	0
43. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4)	0	0
44. Change in asset valuation reserve	(24,413)	(2,970)
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period		0
47. Other changes in surplus in Separate Accounts statement	0	0
48. Change in surplus notes	0	0
49. Cumulative effect of changes in accounting principles		0
50. Capital changes:		
50.1 Paid in		339,996
50.2 Transferred from surplus (Stock Dividend)		0
50.3 Transferred to surplus		0
51. Surplus adjustment:		
51.1 Paid in		0
51.2 Transferred to capital (Stock Dividend)		0
51.3 Transferred from capital		0
51.4 Change in surplus as a result of reinsurance		0
52. Dividends to stockholders		0
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	8,329,730	1,652,686
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	41,080,450	32,750,720
DETAILS OF WRITE-INS		
08.301 Misch Income Round Decimal	(2)	0
08.302 Miscellaneous Income	3,682	4,860
08.303		0
08.398 Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	3,680	4,860
2701. Misch Income Decimal Round	0	0
2702.		0
2703.		0
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0
5301.		0
5302.		0
5303.		0
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	88,644,828	80,212,157
2. Net investment income	627,344	256,015
3. Miscellaneous income	3,680	4,860
4. Total (Lines 1 through 3)	89,275,852	80,473,032
5. Benefit and loss related payments	72,323,154	67,087,614
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	(2,748)	0
7. Commissions, expenses paid and aggregate write-ins for deductions	7,188,843	7,839,839
8. Dividends paid to policyholders	(1,157)	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	582,300	1,685,290
10. Total (Lines 5 through 9)	80,090,392	76,612,743
11. Net cash from operations (Line 4 minus Line 10)	9,185,460	3,860,290
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	712,596	957,090
12.2 Stocks	0	80,293
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	(312)
12.7 Miscellaneous proceeds	0	1,950
12.8 Total investment proceeds (Lines 12.1 to 12.7)	712,596	1,039,021
13. Cost of investments acquired (long-term only):		
13.1 Bonds	12,322,712	2,595,219
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	1,154	2,175
13.7 Total investments acquired (Lines 13.1 to 13.6)	12,323,866	2,597,394
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)	(11,611,270)	(1,558,373)
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	0	339,996
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	5,423,890	(4,784,332)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	5,423,890	(4,444,336)
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).....	2,998,080	(2,142,419)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	28,480,916	30,623,335
19.2 End of year (Line 18 plus Line 19.1)	31,478,996	28,480,916

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	
1. Premiums and annuity consideration for life and accident and health contracts	89,229,845	.0	4,721	.0		.0	454,655	.0	88,770,469	.0	.0
2. Considerations for supplementary contracts with life contingencies	.0										
3. Net investment income	605,811		32				3,086	.0	602,693		
4. Amortization of Interest Maintenance Reserve (IMR)	44,558		2				228	.0	44,328		
5. Separate Accounts net gain from operations excluding unrealized gains or losses	.0										
6. Commissions and expense allowances on reinsurance ceded	.0	.0	.0	.0		.0	.0	.0	.0	.0	.0
7. Reserve adjustments on reinsurance ceded	.0										
8. Miscellaneous income:											
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts	.0						.0	.0	.0		
8.2 Charges and fees for deposit-type contracts	.0								.0		
8.3 Aggregate write-ins for miscellaneous income	3,680	.0	.0	.0	.0	.0	19	.0	3,661	.0	.0
9. Totals (Lines 1 to 8.3)	89,883,894	.0	4,755	.0	.0	.0	457,988	.0	89,421,151	.0	.0
10. Death benefits	72,945		729				72,216				
11. Matured endowments (excluding guaranteed annual pure endowments)	.0	.0	.0				.0				
12. Annuity benefits	.0			.0				.0			
13. Disability benefits and benefits under accident and health contracts	73,046,675								73,046,675	.0	.0
14. Coupons, guaranteed annual pure endowments and similar benefits	.0										
15. Surrender benefits and withdrawals for life contracts	.0										
16. Group conversions	.0										
17. Interest and adjustments on contract or deposit-type contract funds	.0										
18. Payments on supplementary contracts with life contingencies	.0										
19. Increase in aggregate reserves for life and accident and health contracts	4,141		1,057						3,084		
20. Totals (Lines 10 to 19)	73,123,761	.0	1,786	.0	.0	.0	72,216	.0	73,049,759	.0	.0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	4,675,841	.0	247	.0		.0	23,825	.0	4,651,769	.0	.0
22. Commissions and expense allowances on reinsurance assumed	.0	.0	.0	.0		.0	.0	.0	.0	.0	.0
23. General insurance expenses	2,840,287		157				35,254		2,804,876	.0	.0
24. Insurance taxes, licenses and fees, excluding federal income taxes	132,464		7				675		131,782	.0	.0
25. Increase in loading on deferred and uncollected premiums	.0										
26. Net transfers to or (from) Separate Accounts net of reinsurance	.0										
27. Aggregate write-ins for deductions	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Totals (Lines 20 to 27)	80,772,353	.0	2,197	.0	.0	.0	131,970	.0	80,638,186	.0	.0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	9,111,541	.0	2,558	.0	.0	.0	326,018	.0	8,782,965	.0	.0
30. Dividends to policyholders	.0								.0	.0	.0
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	9,111,541	.0	2,558	.0	.0	.0	326,018	.0	8,782,965	.0	.0
32. Federal income taxes incurred (excluding tax on capital gains)	867,646		46				4,421		863,179		
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	8,243,895	.0	2,512	.0	.0	.0	321,597	.0	7,919,786	.0	.0
DETAILS OF WRITE-INS											
08.301.	3,680						19		3,661		
08.302.											
08.303.											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	3,680	.0	.0	.0	.0	.0	19	.0	3,661	.0	.0
2701.											
2702.											
2703.											
2798. Summary of remaining write-ins for Line 27 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Includes the following amounts for FEGLI/SGLI: Line 1 Line 10 Line 16 Line 23 Line 24

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group	
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)								
1. Reserve December 31, prior year	52,835	0	52,835	0	0	0	0	0
2. Tabular net premiums or considerations	0							
3. Present value of disability claims incurred	0				XXX			
4. Tabular interest	0							
5. Tabular less actual reserve released	0							
6. Increase in reserve on account of change in valuation basis	0							
7. Other increases (net)	1,057		1,057					
8. Totals (Lines 1 to 7)	53,892	0	53,892	0	0	0	0	0
9. Tabular cost	0				XXX			
10. Reserves released by death	0			XXX	XXX			XXX
11. Reserves released by other terminations (net)	0							
12. Annuity, supplementary contract, and disability payments involving life contingencies	0							
13. Net transfers to or (from) Separate Accounts	0							
14. Total deductions (Lines 9 to 13)	0	0	0	0	0	0	0	0
15. Reserve December 31, current year	53,892	0	53,892	0	0	0	0	0

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EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 1,774	1,774
1.1 Bonds exempt from U.S. tax	(a) 153,983	153,670
1.2 Other bonds (unaffiliated)	(a) 359,836	417,246
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	0	
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 33,121	33,121
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	548,714	605,811
11. Investment expenses		(g) 0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		605,811
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0

- (a) Includes \$ accrual of discount less \$78,630 amortization of premium and less \$38,560 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ 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 \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$13,276 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5. Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0		0		
1.1 Bonds exempt from U.S. tax	(154)		(154)		
1.2 Other bonds (unaffiliated)	1,043		1,043		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0	0	0
7. Derivative instruments			0		
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	889	0	889	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health		11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)		10 Other
FIRST YEAR (other than single)										
1. Uncollected	398,662					3,128	0	395,534		
2. Deferred and accrued	0									
3. Deferred, accrued and uncollected:										
3.1 Direct	398,662					3,128	0	395,534		
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net (Line 1 + Line 2)	398,662	0	0	0	0	3,128	0	395,534	0	0
4. Advance	0	0	0	0	0	0	0	0	0	0
5. Line 3.4 - Line 4	398,662	0	0	0	0	3,128	0	395,534	0	0
6. Collected during year:										
6.1 Direct	12,224,739					43,753		12,180,986		
6.2 Reinsurance assumed	0					0	0	0		
6.3 Reinsurance ceded	0									
6.4 Net	12,224,739	0	0	0	0	43,753	0	12,180,986	0	0
7. Line 5 + Line 6.4	12,623,401	0	0	0	0	46,881	0	12,576,520	0	0
8. Prior year (uncollected + deferred and accrued - advance)	350,481	0	0	0	0	4,084	0	346,397	0	0
9. First year premiums and considerations:										
9.1 Direct	12,272,920	0	0	0	0	42,797	0	12,230,123	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 (Line 7 - Line 8)	12,272,920	0	0	0	0	42,797	0	12,230,123	0	0
SINGLE										
10. Single premiums and considerations:										
10.1 Direct	0									
10.2 Reinsurance assumed	0									
10.3 Reinsurance ceded	0									
10.4 Net	0	0	0	0	0	0	0	0	0	0
RENEWAL										
11. Uncollected	2,027,058					30,445		1,996,613		
12. Deferred and accrued	0									
13. Deferred, accrued and uncollected:										
13.1 Direct	2,027,058					30,445		1,996,613		
13.2 Reinsurance assumed	0									
13.3 Reinsurance ceded	0									
13.4 Net (Line 11 + Line 12)	2,027,058	0	0	0	0	30,445	0	1,996,613	0	0
14. Advance	812,305	0	0	0	0	2,730	0	809,575	0	0
15. Line 13.4 - Line 14	1,214,753	0	0	0	0	27,715	0	1,187,038	0	0
16. Collected during year:										
16.1 Direct	76,428,089		4,721			408,094		76,015,274		
16.2 Reinsurance assumed	0									
16.3 Reinsurance ceded	0									
16.4 Net	76,428,089	0	4,721	0	0	408,094	0	76,015,274	0	0
17. Line 15 + Line 16.4	77,642,842	0	4,721	0	0	435,809	0	77,202,312	0	0
18. Prior year (uncollected + deferred and accrued - advance)	685,917	0	0	0	0	23,951	0	661,966	0	0
19. Renewal premiums and considerations:										
19.1 Direct	76,956,925	0	4,721	0	0	411,858	0	76,540,346	0	0
19.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
19.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
19.4 Net (Line 17 - Line 18)	76,956,925	0	4,721	0	0	411,858	0	76,540,346	0	0
TOTAL										
20. Total premiums and annuity considerations:										
20.1 Direct	89,229,845	0	4,721	0	0	454,655	0	88,770,469	0	0
20.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4)	89,229,845	0	4,721	0	0	454,655	0	88,770,469	0	0

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EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

	1 Total	2 Industrial Life	3 Ordinary		5 Credit Life (Group and Individual)	6 Group		8 Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums .....	.0										
22. All other .....	.0										
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded .....	.0										
23.2 Reinsurance assumed .....	.0										
23.3 Net ceded less assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Single:											
24.1 Reinsurance ceded .....	.0										
24.2 Reinsurance assumed .....	.0										
24.3 Net ceded less assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
25. Renewal:											
25.1 Reinsurance ceded .....	.0										
25.2 Reinsurance assumed .....	.0										
25.3 Net ceded less assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26.2 Reinsurance assumed (Page 6, Line 22) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26.3 Net ceded less assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single)	644,774		.0			2,307		642,467			
28. Single .....	.0										
29. Renewal	4,031,067		247			21,518		4,009,302			
30. Deposit-type contract funds	0										
31. Totals (to agree with Page 6, Line 21)	4,675,841	0	247	0	0	23,825	0	4,651,769	0	0	0

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5 Investment	6 Total
	1 Life	2 Accident and Health		4 All Other Lines of Business		
		2 Cost Containment	3 All Other			
1. Rent	2,638		509,832			512,470
2. Salaries and wages	17,493		3,380,402			3,397,895
3.11 Contributions for benefit plans for employees	331		63,894			64,225
3.12 Contributions for benefit plans for agents						0
3.21 Payments to employees under non-funded benefit plans						0
3.22 Payments to agents under non-funded benefit plans						0
3.31 Other employee welfare	4,928		952,328			957,256
3.32 Other agent welfare						0
4.1 Legal fees and expenses	3,358		648,858			652,216
4.2 Medical examination fees						0
4.3 Inspection report fees						0
4.4 Fees of public accountants and consulting actuaries	462		89,364			89,826
4.5 Expense of investigation and settlement of policy claims						0
5.1 Travelling expenses	613		118,409			119,022
5.2 Advertising	2,404		464,613			467,017
5.3 Postage, express, telegraph and telephone	986		190,585			191,571
5.4 Printing and stationery	308		59,581			59,889
5.5 Cost or depreciation of furniture and equipment	479		92,558			93,037
5.6 Rental of equipment	272		52,650			52,922
5.7 Cost or depreciation of EDP equipment and software	223		43,014			43,237
6.1 Books and periodicals	108		20,932			21,040
6.2 Bureau and association fees						0
6.3 Insurance, except on real estate	310		59,858			60,168
6.4 Miscellaneous losses						0
6.5 Collection and bank service charges						0
6.6 Sundry general expenses	348		67,330			67,678
6.7 Group service and administration fees	667	0	128,546			129,213
6.8 Reimbursements by uninsured plans			(4,038,059)			(4,038,059)
7.1 Agency expense allowance						0
7.2 Agents' balances charged off (less \$ recovered)						0
7.3 Agency conferences other than local meetings						0
9.1 Real estate expenses						0
9.2 Investment expenses not included elsewhere						0
9.3 Aggregate write-ins for expenses	(517)	0	(99,819)	0	0	(100,336)
10. General expenses incurred	35,411	0	2,804,876	0	0	2,840,287
11. General expenses unpaid December 31, prior year	3,841	0	1,379,145	0	0	1,382,986
12. General expenses unpaid December 31, current year	6,815	0	1,317,021	0	0	1,323,836
13. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0	0
14. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0	0
15. General expenses paid during year (Lines 10+11-12-13+14)	32,437	0	2,867,000	0	0	2,899,437
DETAILS OF WRITE-INS						
09.301. Other Administration Charges	187		36,172			36,359
09.302. Lae Expense	(704)		(135,991)			(136,695)
09.303.						0
09.398. Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	0	0	0
09.399. Totals (Lines 09.301 through 09.303 + 09.398) (Line 9.3 above)	(517)	0	(99,819)	0	0	(100,336)

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4 Investment	5 Total
	1 Life	2 Accident and Health			
		3 All Other Lines of Business			
1. Real estate taxes					0
2. State insurance department licenses and fees	682	131,782			132,464
3. State taxes on premiums					0
4. Other state taxes, incl. \$ for employee benefits					0
5. U.S. Social Security taxes					0
6. All other taxes					0
7. Taxes, licenses and fees incurred	682	131,782	0	0	132,464
8. Taxes, licenses and fees unpaid December 31, prior year	0	0	0	0	0
9. Taxes, licenses and fees unpaid December 31, current year	0	0	0	0	0
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	682	131,782	0	0	132,464

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
	NONE	
1. Applied to pay renewal premiums		
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Lines 1 through 4	0	0
6. Paid - in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options	0	0
9. Total Lines 5 through 8	0	0
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend contracts not included in Line 13		
15. Total Lines 10 through 14	0	0
16. Total from prior year	0	0
17. Total dividends or refunds (Lines 9 + 15 - 16)	0	0
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page	0	0
0899. Totals (Line 0801 through 0803 + 0898) (Line 8 above)	0	0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
LIFE INSURANCE:					
0100001 58 CSO 4%CRVM.....	53,892		53,892		
0100002 58 CSO 3%CRVM.....	0				
0100003 60 CSG 3%SP.....	0				
0199997 Totals (Gross)	53,892	0	53,892	0	0
0199998 Reinsurance ceded	0		0		
0199999 Totals (Net)	53,892	0	53,892	0	0
ANNUITIES (excluding supplementary contracts with life contingencies):					
0299997 Totals (Gross)	0	XXX	0	XXX	0
0299998 Reinsurance ceded	0	XXX		XXX	
0299999 Totals (Net)	0	XXX	0	XXX	0
SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES:					
0399997 Totals (Gross)	0	0	0	0	0
0399998 Reinsurance ceded	0				
0399999 Totals (Net)	0	0	0	0	0
ACCIDENTAL DEATH BENEFITS:					
0499997 Totals (Gross)	0	0	0	0	0
0499998 Reinsurance ceded	0				
0499999 Totals (Net)	0	0	0	0	0
DISABILITY-ACTIVE LIVES:					
0599997 Totals (Gross)	0	0	0	0	0
0599998 Reinsurance ceded	0				
0599999 Totals (Net)	0	0	0	0	0
DISABILITY-DISABLED LIVES:					
0699997 Totals (Gross)	0	0	0	0	0
0699998 Reinsurance ceded	0				
0699999 Totals (Net)	0	0	0	0	0
MISCELLANEOUS RESERVES					
0799997 Totals (Gross)	0	0	0	0	0
0799998 Reinsurance ceded	0				
0799999 Totals (Net)	0	0	0	0	0
9999999 Totals (Net) - Page 3, Line 1	53,892	0	53,892	0	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

EXHIBIT 5 - INTERROGATORIES

- 1.1. Has the reporting entity ever issued both participating and non-participating contracts?..... Yes [] No []
- 1.2. If not, state which kind is issued.
.....
- 2.1. Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No []
- 2.2. If not, state which kind is issued.
.....
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [] No []
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No []
If so, state:
 - 4.1 Amount of insurance?..... \$
 - 4.2 Amount of reserve?..... \$
 - 4.3 Basis of reserve
.....
 - 4.4 Basis of regular assessments
.....
 - 4.5 Basis of special assessments
.....
 - 4.6 Assessments collected during the year:..... \$
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
.....
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No []
 - 6.1 If so, state the amount of reserve on such contracts on the basis actually held:..... \$
 - 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:..... \$
 Attach statement of methods employed in their valuation.
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? .. Yes [] No []
 - 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:..... \$
 - 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
.....
 - 7.3 State the amount of reserves established for this business:..... \$
 - 7.4 Identify where the reserves are reported in the blank
.....

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
0199999 Subtotal (Page 7, Line 6)	XXX	XXX	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
0299999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
NONE			
0399999 Subtotal	XXX	XXX	
9999999 TOTAL (Column 4 only)			

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
ACTIVE LIFE RESERVE									
1. Unearned premium reserves	0								
2. Additional contract reserves (a)	0								
3. Additional actuarial reserves-Asset/Liability analysis	0								
4. Reserve for future contingent benefits	0								
5. Reserve for rate credits	0								
6. Aggregate write-ins for reserves	0	0	0	0	0	0	0	0	0
7. Totals (Gross)	0	0	0	0	0	0	0	0	0
8. Reinsurance ceded	0								
9. Totals (Net)	0	0	0	0	0	0	0	0	0
CLAIM RESERVE									
10. Present value of amounts not yet due on claims	21,579	21,579							
11. Additional actuarial reserves-Asset/Liability analysis	0								
12. Reserve for future contingent benefits	0								
13. Aggregate write-ins for reserves	0	0	0	0	0	0	0	0	0
14. Totals (Gross)	21,579	21,579	0	0	0	0	0	0	0
15. Reinsurance ceded	0								
16. Totals (Net)	21,579	21,579	0	0	0	0	0	0	0
17. TOTAL (Net)	21,579	21,579	0	0	0	0	0	0	0
18. TABULAR FUND INTEREST	0								
DETAILS OF WRITE-INS									
0601.									
0602.									
0603.									
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0	0	0	0
1301.									
1302.									
1303.									
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	.0					
3. Investment earnings credited to the account .....	.0					
4. Other net change in reserves .....	.0					
5. Fees and other charges assessed .....	.0					
6. Surrender charges .....	.0					
7. Net surrender or withdrawal payments .....	.0					
8. Other net transfers to or (from) Separate Accounts .....	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year .....	.0					
11. Net change in reinsurance assumed .....	.0					
12. Net change in reinsurance ceded .....	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct	236,836								236,836		
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	0										
1.4 Net	236,836	0	0	0	0	0	0	0	236,836	0	0
2. In course of settlement:											
2.1 Resisted											
2.11 Direct	0										
2.12 Reinsurance assumed	0										
2.13 Reinsurance ceded	0										
2.14 Net	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	0	0	0
2.2 Other											
2.21 Direct	332,042								332,042		
2.22 Reinsurance assumed	0										
2.23 Reinsurance ceded	0										
2.24 Net	332,042	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 332,042	(b) 0	(b) 0
3. Incurred but unreported:											
3.1 Direct	10,619,368		37,194				17,063		10,565,111		
3.2 Reinsurance assumed	0										
3.3 Reinsurance ceded	0										
3.4 Net	10,619,368	0	(b) 37,194	(b) 0	0	(b) 0	(b) 17,063	0	(b) 10,565,111	(b) 0	(b) 0
4. TOTALS											
4.1 Direct	11,188,246	0	37,194	0	0	0	17,063	0	11,133,989	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	0
4.4 Net	11,188,246	(a) 0	(a) 37,194	0	0	0	(a) 17,063	0	11,133,989	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ in Column 2, \$ in Column 3 and \$ in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance

\$
 Individual Annuities \$, Credit Life (Group and Individual) \$, and Group Life \$, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$,
 Credit (Group and Individual) Accident and Health \$
 \$, and Other Accident and Health \$ are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct	72,323,154						71,942		72,251,212		
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	0										
1.4 Net	72,323,154	0	0	0	0	0	71,942	0	72,251,212	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct	11,188,246	0	37,194	0	0	0	17,063	0	11,133,989	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	11,188,246	0	37,194	0	0	0	17,063	0	11,133,989	0	0
3. Amounts recoverable from reinsurers December 31, current year	0										
4. Liability December 31, prior year:											
4.1 Direct	10,391,780	0	36,465	0	0	0	16,789	0	10,338,526	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	10,391,780	0	36,465	0	0	0	16,789	0	10,338,526	0	0
5. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0
6. Incurred benefits:											
6.1 Direct	73,119,620	0	729	0	0	0	72,216	0	73,046,675	0	0
6.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
6.4 Net	73,119,620	0	729	0	0	0	72,216	0	73,046,675	0	0

- (a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$in Line 1.1, \$in Line 1.4.
 \$in Line 6.1 and \$in Line 6.4.
- (b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$in Line 1.1, \$in Line 1.4.
 \$in Line 6.1 and \$in Line 6.4.
- (c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$in Line 1.1, \$in Line 1.4.
 \$in Line 6.1 and \$in Line 6.4.
- (d) Includes \$premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives	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	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
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.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other than invested assets	48,967	158,903	109,936
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	48,967	158,903	109,936
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	48,967	158,903	109,936
DETAILS OF WRITE-INS			
1101. Other Security Deposits.....	0	0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Utility Deposit.....	0	111,678	111,678
2502. Prepaid Other.....	38,333	47,225	8,892
2503. Receivable from stock issue.....	10,634	0	(10,634)
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	48,967	158,903	109,936

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
- 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 [] No [] NA [X]
- 1.3 State Regulating?.....
- 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.12/31/2006
- 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.12/31/2006
- 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).
- 3.4 By what department or departments? The Puerto Rico Commissioner of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] NA []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control
- 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, government, manager or attorney - in - fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Price WaterHouse Cooper LLP
- 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:
- 10.3 Has the insurer been granted any exemptions to the audit committee requirements as allowed in Section 14H of the Annual Financial Reporting 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:
- 10.5 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]
- 10.6 If the response to 10.5 is yes, provide information related to this exemption:
- 10.7 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No []
- 10.8 If the response to 10.7 is no or n/a, please explain
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?
P. Anthony Hammond, Vice President and Chief Actuary
- 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.....
- 12.13 Total book/adjusted carrying value..... \$.....
- 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?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [X]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] NA [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 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).

BOARD OF DIRECTORS

15. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
16. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
17. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

GENERAL INTERROGATORIES

FINANCIAL

18. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 19.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 19.11 To directors or other officers \$
 - 19.12 To stockholders not officers .. \$
 - 19.13 Trustees, supreme or grand (Fraternal only) \$
- 19.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 19.21 To directors or other officers .. \$
 - 19.22 To stockholders not officers ... \$
 - 19.23 Trustees, supreme or grand (Fraternal only) \$
- 20.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 20.2 If yes, state the amount thereof at December 31 of the current year:
- 20.21 Rented from others \$
 - 20.22 Borrowed from others \$
 - 20.23 Leased from others \$
 - 20.24 Other \$
- 21.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 21.2 If answer is yes:
- 21.21 Amount paid as losses or risk adjustment \$
 - 21.22 Amount paid as expenses \$
 - 21.23 Other amounts paid \$
- 22.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 22.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$1,842,320

INVESTMENT

- 23.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 23.3)..... Yes [X] No []
- 23.2 If no, give full and complete information, relating thereto
- 23.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 23.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?.....Yes [] No [] NA [X]
- 23.5 If answer to 23.4 is yes, report amount of collateral for conforming programs. \$
- 23.6 If answer to 23.4 is no, report amount of collateral for other programs. \$
- 23.7 Does the company's security lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?.....Yes [X] No [] NA []
- 23.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?.....Yes [] No [] NA [X]
- 23.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?.....Yes [X] No [] NA []
- 24.1 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 20.1 and 23.3) Yes [] No [X]
- 24.2 If yes, state the amount thereof at December 31 of the current year:
- 24.21 Subject to repurchase agreements \$
 - 24.22 Subject to reverse repurchase agreements..... \$
 - 24.23 Subject to dollar repurchase agreements..... \$
 - 24.24 Subject to reverse dollar repurchase agreements..... \$
 - 24.25 Pledged as collateral..... \$
 - 24.26 Placed under option agreements..... \$
 - 24.27 Letter stock or securities restricted as to sale..... \$
 - 24.28 On deposit with state or other regulatory body..... \$1,510,463
 - 24.29 Other..... \$
- 24.3 For category (24.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 25.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 25.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] NA [X]
If no, attach a description with this statement.
- 26.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 26.2 If yes, state the amount thereof at December 31 of the current year. \$

GENERAL INTERROGATORIES

27. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

27.01 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
Citibank.....	

27.02 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)
.....
.....

27.03 Have there been any changes, including name changes, in the custodian(s) identified in 27.01 during the current year?

Yes [] No [X]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
Central Registration Depository # 107105.....	Blackrock, Inc.....	40 East 52nd Street, New York, NY 10022.....

28.1 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]

28.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
28.2999 TOTAL		0

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

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

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-) or Fair Value over Statement (+)
29.1 Bonds.....	44,860,729	27,144,832	(17,715,897)
29.2 Preferred Stocks.....	0		0
29.3 Totals	44,860,729	27,144,832	(17,715,897)

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

Fair Value of actively trade debt and equity securities are based on quoted prices, Fair Value of inactively trade debt securites are based on quoted market prices of identicla or similar securities or based on observable inputs like interest rates using eithe a market or income valuation approach.....

30.1 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]

30.2 If the answer to 30.1 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 []

30.3 If the answer to 30.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

31.2 If no, list exceptions:

OTHER

32.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?.....\$

32.2 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
.....
.....

33.1 Amount of payments for legal expenses, if any?.....\$

33.2 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
.....
.....

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

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

1 Name	2 Amount Paid
.....
.....

GENERAL INTERROGATORIES

PART 2 - LIFE 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	2
		Current Year	Prior Year
2.1	Premium Numerator	\$ 88,518,266	\$ 79,817,863
2.2	Premium Denominator	\$ 89,229,845	\$ 80,582,257
2.3	Premium Ratio (2.1/2.2)	..... 0.992	..... 0.991
2.4	Reserve Numerator	\$ 11,133,989	\$ 10,338,526
2.5	Reserve Denominator	\$ 11,263,717	\$ 10,463,110
2.6	Reserve Ratio (2.4/2.5)	..... 0.988	..... 0.988

- 3.1 Does this reporting entity have Separate Accounts? Yes [] No [X]
 3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [] No [] NA [X]
 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$0
 3.4 State the authority under which Separate Accounts are maintained:.....

- 3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No [X]
 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No [X]
 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)? \$0

- 4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [] No [X]

- 4.2 Net reimbursement of such expenses between reporting entities:
- 4.21 Paid: \$
 4.22 Received: \$

- 5.1 Does the reporting entity write any guaranteed interest contracts? Yes [] No [X]

- 5.2 If yes, what amount pertaining to these items is included in:
- 5.21 Page 3, Line 1 \$
 5.22 Page 4, Line 1 \$

6. For stock reporting entities only:

- 6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$

7. Total dividends paid stockholders since organization of the reporting entity:
- 7.11 Cash \$
 7.12 Stock \$

GENERAL INTERROGATORIES

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Yes [] No [X]
 Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers Compensation Carve-Out Supplement to the Annual Statement? Yes [] No []

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

		1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31	Earned premium.....			
8.32	Paid claims.....			
8.33	Claim liability and reserve (beginning of year).....			
8.34	Claim liability and reserve (end of year).....			
8.35	Incurred claims.....			

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column 1 are:

	Attachment Point	1 Earned Premium	2 Claim Liability And Reserve
8.41	<\$25,000	.....	.....
8.42	\$25,000 – 99,999	.....	.....
8.43	\$100,000 – 249,999	.....	.....
8.44	\$250,000 – 999,999	.....	.....
8.45	\$1,000,000 or more	.....	.....

8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools? \$.....

9.1 Does the company have variable annuities with guaranteed benefits? Yes [] No [X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefits	2 Guaranteed Living Benefits	Waiting Period Remaining	Account Value Related to Col.3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserved Credit

10 For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year: \$.....

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e. Present Value)
.....
.....

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

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

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

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

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.
 Show amounts of life insurance in this exhibit in thousands (OMIT \$000)

	1 2010	2 2009	3 2008	4 2007	5 2006
Life Insurance in Force					
(Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4)	2,383	2,383	2,290	2,289	2,289
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4)	0	0	0	1	0
3. Credit life (Line 21, Col. 6)	0	0	0	0	732
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)	106,101	133,839	149,560	121,585	197,161
5. Industrial (Line 21, Col. 2)	0	0	0	0	0
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0	0	0	0	0
7. Total (Line 21, Col. 10)	108,484	136,222	151,850	123,875	200,182
New Business Issued					
(Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2)	0	0	0	0	0
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)	1	99	0	0	0
10. Credit life (Line 2, Col. 6)	0	0	0	0	0
11. Group (Line 2, Col. 9)	(27,666)	(15,474)	28,134	0	40,285
12. Industrial (Line 2, Col. 2)	0	0	0	0	0
13. Total (Line 2, Col. 10)	(27,665)	(15,375)	28,134	0	40,285
Premium Income - Lines of Business					
(Exhibit 1 - Part 1)					
14. Industrial life (Line 20.4, Col. 2)	0	0	0	0	0
15.1 Ordinary life insurance (Line 20.4, Col. 3)	4,721	4,178	6,776	12,378	9,055
15.2 Ordinary individual annuities (Line 20.4, Col. 4)	0	0	0	0	0
16. Credit life, (group and individual) (Line 20.4, Col. 5)	0	0	0	0	(96)
17.1 Group life insurance (Line 20.4, Col. 6)	454,655	525,807	533,300	349,406	369,852
17.2 Group annuities (Line 20.4, Col. 7)	0	0	0	0	0
18.1 A & H-group (Line 20.4, Col. 8)	88,770,469	80,052,272	76,668,073	65,205,702	90,344,493
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)	0	0	0	0	0
18.3 A & H-other (Line 20.4, Col. 10)	0	0	0	0	0
19. Aggregate of all other lines of business (Line 20.4, Col. 11)	0	0	0	0	0
20. Total	89,229,845	80,582,257	77,208,149	65,567,486	90,723,304
Balance Sheet					
(Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 25, Col. 3)	57,631,914	49,792,971	44,129,053	36,235,946	30,616,033
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	16,551,464	17,042,251	13,031,019	12,628,371	13,246,733
23. Aggregate life reserves (Page 3, Line 1)	53,892	52,835	50,319	47,923	52,076
24. Aggregate A & H reserves (Page 3, Line 2)	21,579	18,495	17,829	43,505	164,489
25. Deposit-type contract funds (Page 3, Line 3)	0	0	0	0	0
26. Asset valuation reserve (Page 3, Line 24.01)	41,925	17,512	14,541	22,197	37,558
27. Capital (Page 3, Lines 29 & 30)	2,500,026	2,500,026	2,160,030	2,160,030	1,820,042
28. Surplus (Page 3, Line 37)	38,580,424	30,250,694	28,938,004	21,447,544	15,549,258
Cash Flow (Page 5)					
29. Net cash from operations (Line 11)	9,185,460	3,860,290	6,622,306	7,087,271	790,145
Risk-Based Capital Analysis					
30. Total adjusted capital	41,122,375	32,768,232	31,112,575	23,629,771	17,406,858
31. Authorized control level risk - based capital	4,246,016	4,047,506	3,447,905	3,048,237	4,535,064
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Line No. / Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)	34.7	15.4	10.3	24.1	25.9
33. Stocks (Lines 2.1 and 2.2)	0.0	0.0	0.4	0.0	0.0
34. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
35. Real estate (Lines 4.1, 4.2 and 4.3)	0.0	0.0	0.0	0.0	0.0
36. Cash, cash equivalents and short - term investments (Line 5)	65.3	84.6	89.3	75.9	74.1
37. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
38. Derivatives (Page 2, Line 7)	0	XXX	XXX	XXX	XXX
39. Other invested assets (Line 8)	0.0	0	0	0	0
40. Receivables for securities (Line 9)	0.0	0	0	0	0
41. Securities lending reinvested collateral assets (Line 10)	0	XXX	XXX	XXX	XXX
42. Aggregate write-ins for invested assets (Line 11)	0.0	0	0	0	0
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2010	2 2009	3 2008	4 2007	5 2006
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
47. Affiliated short-term investments (subtotal included in Schedule DA, Verification, Col. 5, Line 10)	0	0	0	0	0
48. Affiliated mortgage loans on real estate	0	0	0	0	0
49. All other affiliated	0	0	0	0	0
50. Total of above Lines 44 to 49	0	0	0	0	0
Total Nonadmitted and Admitted Assets					
51. Total nonadmitted assets (Page 2, Line 28, Col. 2)	48,967	158,903	192,985	480,422	351,680
52. Total admitted assets (Page 2, Line 28, Col. 3)	57,631,914	49,792,971	44,129,053	36,235,946	30,616,033
Investment Data					
53. Net investment income (Exhibit of Net Investment Income)	605,811	263,781	582,310	1,133,836	827,082
54. Realized capital gains (losses)	0	0	0	0	0
55. Unrealized capital gains (losses)	0	0	0	0	0
56. Total of above Lines 53, 54 and 55	605,811	263,781	582,310	1,133,836	827,082
Benefits and Reserve Increase (Page 6)					
57. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col.1 minus Lines 10, 11, 12, 13, 14, and 15, Cols. 9, 10 and 11)	72,945	253,293	160,819	51,914	214,768
58. Total contract benefits - A & H (Lines 13 & 14, Cols. 9, 10 & 11)	73,046,675	68,929,413	60,362,916	52,445,141	82,414,097
59. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3)	1,057	4,252	2,396	2,282	2,174
60. Increase in A & H reserves (Line 19, Cols. 9, 10 & 11)	3,084	666	141	0	(6,023,228)
61. Dividends to policyholders (Line 30, Col. 1)	0	0	0	0	0
Operating Percentages					
62. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/ (Page 6, Col.1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00	8.4	10.9	12.4	11.6	13.0
63. Lapse percent (ordinary only). [(Exhibit of Life Insurance, Column 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00	0.0	0.0	0.0	0.0	0.0
64. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)	82.3	86.1	78.7	80.3	91.2
65. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)	0.0	0.0	0.0	0.0	0.0
66. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)	8.5	11.0	12.5	11.7	13.1
A & H Claim Reserve Adequacy					
67. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2)	9,280,070	8,275,232	5,959,741	8,434,715	10,919,222
68. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2 Col. 2)	10,338,526	8,216,166	7,756,344	9,338,624	11,996,490
69. Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2)	0	0	0	0	0
70. Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 2)	0	0	0	0	0
Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)					
71. Industrial life (Col. 2)	0	0	0	0	0
72. Ordinary - life (Col. 3)	2,512	(5,914)	2,269	8,206	2,046
73. Ordinary - individual annuities (Col. 4)	0	0	0	0	0
74. Ordinary-supplementary contracts (Col. 5)	0	0	0	0	0
75. Credit life (Col. 6)	0	0	0	10,792	28,458
76. Group life (Col. 7)	321,597	182,504	247,816	209,712	87,995
77. Group annuities (Col. 8)	0	0	0	0	0
78. A & H-group (Col. 9)	7,919,786	1,106,390	6,935,570	5,785,193	2,999,017
79. A & H-credit (Col. 10)	0	0	0	0	0
80. A & H-other (Col. 11)	0	0	0	0	0
81. Aggregate of all other lines of business (Col. 12)	0	0	0	0	0
82. Total (Col. 1)	8,243,895	1,282,980	7,185,655	6,013,903	3,117,516

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

Yes [] No []

If no, please explain



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2010

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 84603

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,720		454,655		459,375
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,720	0	454,655	0	459,375
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1.Paid in cash or left on deposit					0
6.2.Applied to pay renewal premiums					0
6.3.Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4.Other					0
6.5.Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1.Paid in cash or left on deposit					0
7.2.Applied to provide paid-up annuities					0
7.3.Other					0
7.4.Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits			71,942		71,942
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	71,942	0	71,942
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	36,465	2	0	3	16,789	0	0	10	53,254
17. Incurred during current year	0	729			10	72,216			10	72,945
Settled during current year:										
18.1 By payment in full	0	0			12	71,942			12	71,942
18.2 By payment on compromised claims	0								0	0
18.3 Totals paid	0	0	0	0	12	71,942	0	0	12	71,942
18.4 Reduction by compromise									0	0
18.5 Amount rejected	5		2						7	0
18.6 Total settlements	5	0	2	0	12	71,942	0	0	19	71,942
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	37,194	0	0	1	17,063	0	0	1	54,257
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	50	2,382,832	0	0	12,922	133,838,608	0	0	12,972	136,221,440
21. Issued during year					(2,815)	(27,665,554)			(2,815)	(27,665,554)
22. Other changes to in force (Net)					(10)	(72,216)			(10)	(72,216)
23. In force December 31 of current year	50	2,382,832	0	0	10,097	106,100,838	0	0	10,147	108,483,670

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	88,770,469	88,801,264		73,318,327	72,740,430
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,770,469	88,801,264	0	73,318,327	72,740,430

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2010

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 84603

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,720	0	454,655	0	459,375
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,720	0	454,655	0	459,375
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1.Paid in cash or left on deposit	0	0	0	0	0
6.2.Applied to pay renewal premiums	0	0	0	0	0
6.3.Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4.Other	0	0	0	0	0
6.5.Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1.Paid in cash or left on deposit	0	0	0	0	0
7.2.Applied to provide paid-up annuities	0	0	0	0	0
7.3.Other	0	0	0	0	0
7.4.Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	71,942	0	71,942
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	71,942	0	71,942
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	36,465	2	0	3	16,789	0	0	10	53,254
17. Incurred during current year	0	729	0	0	10	72,216	0	0	10	72,945
Settled during current year:										
18.1 By payment in full	0	0	0	0	12	71,942	0	0	12	71,942
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	12	71,942	0	0	12	71,942
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	5	0	2	0	0	0	0	0	7	0
18.6 Total settlements	5	0	2	0	12	71,942	0	0	19	71,942
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	37,194	0	0	1	17,063	0	0	1	54,257
POLICY EXHIBIT										
20. In force December 31, prior year	50	2,382,832	0	0	12,922	133,838,608	0	0	12,972	136,221,440
21. Issued during year	0	0	0	0	(2,815)	(27,665,554)	0	0	(2,815)	(27,665,554)
22. Other changes to in force (Net)	0	0	0	0	(10)	(72,216)	0	0	(10)	(72,216)
23. In force December 31 of current year	50	2,382,832	0	0	10,097	106,100,838	0	0	10,147	108,483,670

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	88,770,469	88,801,264	0	73,318,327	72,740,430
24.1 Federal Employees Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,770,469	88,801,264	0	73,318,327	72,740,430

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance (a)
	1	2	3	4	5	6	Number of		9	
	Number of Policies	Amount of Insurance (a)	Number of Policies	Amount of Insurance (a)	Number of Individual Policies and Group Certificates	Amount of Insurance (a)	7 Policies	8 Certificates	Amount of Insurance (a)	
1. In force end of prior year .....	.0	.0	50	2,383	.0	.0	.0	12,922	133,839	136,222
2. Issued during year .....	.0	.0	.0	.1	.0	.0	.0	(2,815)	(27,666)	(27,665)
3. Reinsurance assumed .....										.0
4. Revived during year .....										.0
5. Increased during year (net) .....										.0
6. Subtotals, Lines 2 to 5 .....	.0	.0	.0	.1	.0	.0	.0	(2,815)	(27,666)	(27,665)
7. Additions by dividends during year	XXX		XXX		XXX		XXX	XXX		.0
8. Aggregate write-ins for increases .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Totals (Lines 1 and 6 to 8) .....	.0	.0	50	2,384	.0	.0	.0	10,107	106,173	108,557
Deductions during year:										
10. Death .....				.1			XXX	10	72	73
11. Maturity							XXX			.0
12. Disability							XXX			.0
13. Expiry .....				.0						.0
14. Surrender .....										.0
15. Lapse .....										.0
16. Conversion							XXX	XXX	XXX	.0
17. Decreased (net) .....										.0
18. Reinsurance .....										.0
19. Aggregate write-ins for decreases .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
20. Totals (Lines 10 to 19) .....	.0	.0	.0	.1	.0	.0	.0	10	72	73
21. In force end of year (Line 9 minus Line 20) .....	.0	.0	50	2,383	.0	.0	.0	10,097	106,101	108,484
22. Reinsurance ceded end of year	XXX		XXX		XXX		XXX	XXX		0
23. Line 21 minus Line 22	XXX	0	XXX	2,383	XXX	0 ^(b)	XXX	XXX	106,101	108,484
DETAILS OF WRITE-INS										
0801.										
0802.										
0803.										
0898. Summary of remaining write-ins for Line 8 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)	0	0	0	0	0	0	0	0	0	0
1901.										
1902.										
1903.										
1998. Summary of remaining write-ins for Line 19 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above)	0	0	0	0	0	0	0	0	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) Group \$; Individual \$

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EXHIBIT OF LIFE INSURANCE (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends			XXX	
25. Other paid-up insurance				
26. Debit ordinary insurance	XXX	XXX		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies - decreasing		1		
28. Term policies - other				
29. Other term insurance - decreasing	XXX		XXX	
30. Other term insurance	XXX		XXX	
31. Totals, (Lines 27 to 30)	0	1	0	0
Reconciliation to Lines 2 and 21:				
32. Term additions	XXX		XXX	
33. Totals, extended term insurance	XXX	XXX		
34. Totals, whole life and endowment			50	2,383
35. Totals (Lines 31 to 34)	0	1	50	2,383

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial				
37. Ordinary		1		2,383
38. Credit Life (Group and Individual)		0		
39. Group		(27,666)		106,101
40. Totals (Lines 36 to 39)	0	(27,665)	0	108,484

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies	XXX		XXX	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21				
44. Servicemen's Group Life Insurance included in Line 21				
45. Group Permanent Insurance included in Line 21				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a)	
---	--

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contracts containing Family Income, Modified Endowment, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above	
47.1	
47.2	

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium								
49. Disability Income								
50. Extended Benefits			XXX	XXX				
51. Other								
52. Total	0 (b)	0	0 (b)	0	0 (b)	0	0 (b)	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year	0	0	0	0
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Totals (Lines 1 to 4)	0	0	0	0
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)	0	0	0	0
9. In force end of year	0	0	0	0
10. Amount on deposit	(a)	(a)	(a)	(a)
11. Income now payable				
12. Amount of income payable	(a)	(a)	(a)	(a)

NONE

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year	0	0	0	0
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Totals (Lines 1 to 4)	0	0	0	0
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)	0	0	0	0
9. In force end of year	0	0	0	0
Income now payable:				
10. Amount of income payable	(a)	XXX	XXX	(a)
Deferred fully paid:				
11. Account balance	XXX	(a)	XXX	(a)
Deferred not fully paid:				
12. Account balance	XXX	(a)	XXX	(a)

NONE

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year	0	0	0	0	0	0
2. Issued during year						
3. Reinsurance assumed						
4. Increased during year (net)		XXX		XXX		XXX
5. Totals (Lines 1 to 4)	0	XXX	0	XXX	0	XXX
Deductions during year:						
6. Conversions		XXX	XXX	XXX	XXX	XXX
7. Decreased (net)		XXX		XXX		XXX
8. Reinsurance ceded		XXX		XXX		XXX
9. Totals (Lines 6 to 8)	0	XXX	0	XXX	0	XXX
10. In force end of year	0	(a)	0	(a)	0	(a)

NONE

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1	2
	Deposit Funds Contracts	Dividend Accumulations Contracts
1. In force end of prior year	0	0
2. Issued during year		
3. Reinsurance assumed		
4. Increased during year (net)		
5. Totals (Lines 1 to 4)	0	0
Deductions during year:		
6. Decreased (net)		
7. Reinsurance ceded		
8. Totals (Lines 6 and 7)	0	0
9. In force end of year	0	0
10. Amount of account balance	(a)	(a)

NONE

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	288,974
2. Current year's realized pre-tax capital gains/(losses) of \$ Transferred into the Reserve Net of Taxes of \$ 0	577
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	289,551
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	44,558
6. Reserve as of December 31, current year (Line 4 minus Line 5)	244,993

AMORTIZATION

Year of Amortization	1	2	3	4
	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 2010	44,311	247	0	44,558
2. 2011	41,814	284	0	42,098
3. 2012	38,698	53	0	38,751
4. 2013	36,314	37	0	36,351
5. 2014	33,260	20	0	33,280
6. 2015	29,554	2	0	29,556
7. 2016	25,504	(7)	0	25,497
8. 2017	21,863	(8)	0	21,855
9. 2018	18,070	(8)	0	18,062
10. 2019	14,259	(9)	0	14,250
11. 2020	9,989	(9)	0	9,980
12. 2021	6,056	(9)	0	6,047
13. 2022	2,692	(7)	0	2,685
14. 2023	(62)	(5)	0	(67)
15. 2024	(1,251)	(3)	0	(1,254)
16. 2025	(1,632)	(1)	0	(1,633)
17. 2026	(1,978)	0	0	(1,978)
18. 2027	(2,253)	0	0	(2,253)
19. 2028	(2,479)	0	0	(2,479)
20. 2029	(2,608)	0	0	(2,608)
21. 2030	(2,652)	0	0	(2,652)
22. 2031	(2,703)	0	0	(2,703)
23. 2032	(2,780)	0	0	(2,780)
24. 2033	(2,904)	0	0	(2,904)
25. 2034	(2,917)	0	0	(2,917)
26. 2035	(2,624)	0	0	(2,624)
27. 2036	(2,077)	0	0	(2,077)
28. 2037	(1,461)	0	0	(1,461)
29. 2038	(797)	0	0	(797)
30. 2039	(232)	0	0	(232)
31. 2040 and Later	0	0	0	0
32. Total (Lines 1 to 31)	288,974	577	0	289,551

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3+6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1+2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4+5)	
1. Reserve as of December 31, prior year	17,512	.0	17,512	.0	.0	.0	17,512
2. Realized capital gains/(losses) net of taxes - General Account .....			.0			.0	.0
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			.0			.0	.0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....			.0			.0	.0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....			.0			.0	.0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			.0			.0	.0
7. Basic contribution	16,706	0	16,706	0	0	0	16,706
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	34,218	.0	34,218	.0	.0	.0	34,218
9. Maximum reserve	99,568	.0	99,568	.0	.0	.0	99,568
10. Reserve objective.....	72,756	0	72,756	0	0	0	72,756
11. 20% of (Line 10 - Line 8)	7,708	0	7,708	0	0	0	7,708
12. Balance before transfers (Lines 8 + 11)	41,925	.0	41,925	.0	.0	.0	41,925
13. Transfers .....			.0			.0	.XXX
14. Voluntary contribution .....			.0			.0	.0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	41,925	0	41,925	0	0	0	41,925

**ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
LONG-TERM BONDS												
1		Exempt Obligations	2,210,827	XXX	XXX	2,210,827	0.0000	0	0.0000	0	0.0000	0
2	1	Highest Quality	11,981,465	XXX	XXX	11,981,465	0.0004	4,793	0.0023	27,557	0.0030	35,944
3	2	High Quality	2,207,558	XXX	XXX	2,207,558	0.0019	4,194	0.0058	12,804	0.0090	19,868
4	3	Medium Quality	291,107	XXX	XXX	291,107	0.0093	2,707	0.0230	6,695	0.0340	9,898
5	4	Low Quality	34,914	XXX	XXX	34,914	0.0213	744	0.0530	1,850	0.0750	2,619
6	5	Lower Quality	5,000	XXX	XXX	5,000	0.0432	216	0.1100	550	0.1700	850
7	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total Unrated Multi-Class Securities Acquired by Conversion		XXX	XXX	0	XXX		XXX		XXX	
9		Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, Net Admitted Asset)	16,730,871	XXX	XXX	16,730,871	XXX	12,654	XXX	49,457	XXX	69,179
PREFERRED STOCK												
10	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total Preferred Stocks (Sum of Lines 10 thru 16) (Page 2, Line 2.1, Net Admitted Asset)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest Quality	10,129,861	XXX	XXX	10,129,861	0.0004	4,052	0.0023	23,299	0.0030	30,390
20	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total Short-term Bonds (Sum of lines 18 thru 24)	10,129,861	XXX	XXX	10,129,861	XXX	4,052	XXX	23,299	XXX	30,390

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ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Line 9 + 17 + 25 + 33)	26,860,732	XXX	XXX	26,860,732	XXX	16,706	XXX	72,756	XXX	99,568
MORTGAGE LOANS												
In Good Standing:												
35		Farm Mortgages			XXX	0	0.0063 ^(a)	0	0.0120 ^(a)	0	0.0190 ^(a)	0
36		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial Mortgages - All Other			XXX	0	0.0063 ^(a)	0	0.0120 ^(a)	0	0.0190 ^(a)	0
40		In Good Standing With Restructured Terms			XXX	0	0.2800 ^(b)	0	0.6200 ^(b)	0	1.0000 ^(b)	0
Overdue, Not in Process:												
41		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
In Process of Foreclosure:												
46		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B Mortgages (Sum of Lines 35 thru 50) (Page 2, Line 3, Net Admitted Asset)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Total Schedule DA Mortgages	0	0	XXX	0	XXX ^(c)	0	XXX ^(c)	0	XXX ^(c)	0
53		Total Mortgage Loans on Real Estate (Line 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

(a) Times the Company's Experience Adjustment Factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

**ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1	2	3	4	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1300 ^(d)	0	0.1300 ^(d)	0
2		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5		Fixed Income - Exempt Obligations	0	0	0	0	XXX	0	XXX	0	XXX	0
6		Fixed Income - Highest Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
7		Fixed Income - High Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
8		Fixed Income - Medium Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
9		Fixed Income - Low Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
10		Fixed Income - Lower Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
11		Fixed Income - In/Near Default	0	0	0	0	XXX	0	XXX	0	XXX	0
12		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 ^(d)	0	0.1300 ^(d)	0
13		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage Loans				0	^(c)	0	^(c)	0	^(c)	0
15		Real Estate				0	^(e)	0	^(e)	0	^(e)	0
16		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total Common Stock (Sum of Lines 1 thru 17)(Page 2, Line 2.2, Net Admitted Asset)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
19		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
21		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total Real Estate (Sum of Lines 19 thru 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with Bond characteristics (Sum of Lines 23 thru 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1	2	3	4	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
31	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38		Total with Preferred Stock characteristics (Sum of Lines 31 thru 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing:												
39		Farm Mortgages			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
40		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial Mortgages - All Other			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
44		In Good Standing With Restructured Terms			XXX	0	0.2800 (b)	0	0.6200 (b)	0	1.0000 (b)	0
Overdue, Not in Process:												
45		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
47		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
49		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
In Process of Foreclosure:												
50		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
52		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
53		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55		Total with Mortgage Loan Characteristics (Sum of Lines 39 thru 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCKS												
56		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 ^(d)	0	0.1300 ^(d)	0
57		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
58		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
59		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
60		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61		Total with Common Stock characteristics (Sum of Lines 56 thru 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
62		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
63		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
64		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
65		Total with Real Estate Characteristics (Lines 62 thru 64)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
66		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
68		State Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
69		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
70		Total LIHTC	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
71		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
72		Other Short Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
73		Total All Other (Sum of Lines 71 + 72)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
74		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	0	0	0	0	XXX	0	XXX	0	XXX	0

(a) Times the Company's Experience Adjustment Factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(e) Determined using same factors and breakdowns used for directly owned real estate.

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SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
NONE							
5399999 Totals							XXX

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts										
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other		
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	88,770,469	XXX	88,770,469	XXX	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned	88,801,264	XXX	88,801,264	XXX	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims	73,046,675	82.3	73,046,675	82.3	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
4.	Cost containment expenses	0	0.0	0	0.0	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	73,046,675	82.3	73,046,675	82.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	4,651,769	5.2	4,651,769	5.2	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
8.	Other general insurance expenses	2,804,876	3.2	2,804,876	3.2	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees	131,782	0.1	131,782	0.1	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred	7,588,427	8.5	7,588,427	8.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	8,166,162	9.2	8,166,162	9.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0	0	0.0	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	8,166,162	9.2	8,166,162	9.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.																			
1102.																			
1103.																			
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	.0								
2. Advance premiums	809,575	809,575							
3. Reserve for rate credits	.0	.0							
4. Total premium reserves, current year	809,575	809,575	0	0	0	0	0	0	0
5. Total premium reserves, prior year	840,371	840,371	0	0	0	0	0	0	0
6. Increase in total premium reserves	(30,796)	(30,796)	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	.0								
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)	.0								
3. Total contract reserves, current year	.0	.0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	.0	.0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	11,133,989	11,133,989							
2. Total prior year	10,338,526	10,338,526	0	0	0	0	0	0	0
3. Increase	795,463	795,463	0	0	0	0	0	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claim paid during the year:									
1.1 On claims incurred prior to current year	8,931,250	8,931,250							
1.2 On claims incurred during current year	63,319,962	63,319,962							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	348,820	348,820							
2.2 On claims incurred during current year	10,785,168	10,785,168							
3. Test:									
3.1 Lines 1.1 and 2.1	9,280,070	9,280,070	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31 prior year	10,338,526	10,338,526	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	(1,058,456)	(1,058,456)	0	0	0	0	0	0	0

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	.0								
2. Premiums earned	.0								
3. Incurred claims	.0								
4. Commissions	.0								
B. Reinsurance Ceded:									
1. Premiums written	.0								
2. Premiums earned	.0								
3. Incurred claims	.0								
4. Commissions	.0								

NONE

(a) Includes \$ premium deficiency reserve

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....	73,046,675			73,046,675
2. Beginning Claim Reserves and Liabilities.....	10,338,526	0	0	10,338,526
3. Ending Claim Reserves and Liabilities.....	11,133,989			11,133,989
4. Claims Paid.....	72,251,212	0	0	72,251,212
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities.....	0	0	0	0
7. Ending Claim Reserves and Liabilities.....				0
8. Claims Paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities.....	0	0	0	0
11. Ending Claim Reserves and Liabilities.....				0
12. Claims Paid.....	0	0	0	0
D. Net:				
13. Incurred Claims.....	73,046,675	0	0	73,046,675
14. Beginning Claim Reserves and Liabilities.....	10,338,526	0	0	10,338,526
15. Ending Claim Reserves and Liabilities.....	11,133,989	0	0	11,133,989
16. Claims Paid.....	72,251,212	0	0	72,251,212
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....	73,046,675			73,046,675
18. Beginning Reserves and Liabilities.....	10,338,526	0	0	10,338,526
19. Ending Reserves and Liabilities.....	11,133,989			11,133,989
20. Paid Claims and Cost Containment Expenses	72,251,212	0	0	72,251,212

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 1

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 11)	48,209,867		48,209,867
2. Reinsurance (Line 15)	0	0	0
3. Premiums and considerations (Line 14)	2,458,112	0	2,458,112
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (balance)	6,963,935		6,963,935
6. Total assets excluding Separate Accounts (Line 25)	57,631,914	0	57,631,914
7. Separate Account assets (Line 26)	0		0
8. Total assets (Line 27)	57,631,914	0	57,631,914
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	75,471	0	75,471
10. Liability for deposit-type contracts (Line 3)	0		0
11. Claim reserves (Line 4)	11,188,246	0	11,188,246
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	812,305		812,305
14. Other contract liabilities (Line 9)	269,385		269,385
15. Reinsurance in unauthorized companies (Line 24.2)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)	0	0	0
17. All other liabilities (balance)	4,206,057		4,206,057
18. Total liabilities excluding Separate Accounts (Line 26)	16,551,464	0	16,551,464
19. Separate Account liabilities (Line 27)	0		0
20. Total liabilities (Line 28)	16,551,464	0	16,551,464
21. Capital & surplus (Line 38)	41,080,450	XXX	41,080,450
22. Total liabilities, capital & surplus (Line 39)	57,631,914	0	57,631,914
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	0		
24. Claim reserves	0		
25. Policyholder dividends/reserves	0		
26. Premium & annuity considerations received in advance	0		
27. Liability for deposit-type contracts	0		
28. Other contract liabilities	0		
29. Reinsurance ceded assets	0		
30. Other ceded reinsurance recoverables	0		
31. Total ceded reinsurance recoverables	0		
32. Premiums and considerations	0		
33. Reinsurance in unauthorized companies	0		
34. Funds held under reinsurance treaties with unauthorized reinsurers	0		
35. Other ceded reinsurance payables/offsets	0		
36. Total ceded reinsurance payable/offsets	0		
37. Total net credit for ceded reinsurance	0		

SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1	Direct Business Only						
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 Through 5	7 Deposit-Type Contracts	
		2 Life Insurance Premiums	3 Annuity Considerations					
1. Alabama	AL	N	.0	.0	.0	.0	.0	.0
2. Alaska	AK	N	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	N	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	N	.0	.0	.0	.0	.0	.0
5. California	CA	N	.0	.0	.0	.0	.0	.0
6. Colorado	CO	N	.0	.0	.0	.0	.0	.0
7. Connecticut	CT	N	.0	.0	.0	.0	.0	.0
8. Delaware	DE	N	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	N	.0	.0	.0	.0	.0	.0
10. Florida	FL	N	.0	.0	.0	.0	.0	.0
11. Georgia	GA	N	.0	.0	.0	.0	.0	.0
12. Hawaii	HI	N	.0	.0	.0	.0	.0	.0
13. Idaho	ID	N	.0	.0	.0	.0	.0	.0
14. Illinois	IL	N	.0	.0	.0	.0	.0	.0
15. Indiana	IN	N	.0	.0	.0	.0	.0	.0
16. Iowa	IA	N	.0	.0	.0	.0	.0	.0
17. Kansas	KS	N	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	N	.0	.0	.0	.0	.0	.0
19. Louisiana	LA	N	.0	.0	.0	.0	.0	.0
20. Maine	ME	N	.0	.0	.0	.0	.0	.0
21. Maryland	MD	N	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA	N	.0	.0	.0	.0	.0	.0
23. Michigan	MI	N	.0	.0	.0	.0	.0	.0
24. Minnesota	MN	N	.0	.0	.0	.0	.0	.0
25. Mississippi	MS	N	.0	.0	.0	.0	.0	.0
26. Missouri	MO	N	.0	.0	.0	.0	.0	.0
27. Montana	MT	N	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	N	.0	.0	.0	.0	.0	.0
29. Nevada	NV	N	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH	N	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ	N	.0	.0	.0	.0	.0	.0
32. New Mexico	NM	N	.0	.0	.0	.0	.0	.0
33. New York	NY	N	.0	.0	.0	.0	.0	.0
34. North Carolina	NC	N	.0	.0	.0	.0	.0	.0
35. North Dakota	ND	N	.0	.0	.0	.0	.0	.0
36. Ohio	OH	N	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	N	.0	.0	.0	.0	.0	.0
38. Oregon	OR	N	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA	N	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI	N	.0	.0	.0	.0	.0	.0
41. South Carolina	SC	N	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	N	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	N	.0	.0	.0	.0	.0	.0
44. Texas	TX	N	.0	.0	.0	.0	.0	.0
45. Utah	UT	N	.0	.0	.0	.0	.0	.0
46. Vermont	VT	N	.0	.0	.0	.0	.0	.0
47. Virginia	VA	N	.0	.0	.0	.0	.0	.0
48. Washington	WA	N	.0	.0	.0	.0	.0	.0
49. West Virginia	WV	N	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI	N	.0	.0	.0	.0	.0	.0
51. Wyoming	WY	N	.0	.0	.0	.0	.0	.0
52. American Samoa	AS	N	.0	.0	.0	.0	.0	.0
53. Guam	GU	N	.0	.0	.0	.0	.0	.0
54. Puerto Rico	PR	L	459,375	.0	88,770,469	.0	89,229,844	.0
55. US Virgin Islands	VI	N	.0	.0	.0	.0	.0	.0
56. Northern Mariana Islands	MP	N	.0	.0	.0	.0	.0	.0
57. Canada	CN	N	.0	.0	.0	.0	.0	.0
58. Aggregate Other Alien	OT	XXX	.0	.0	.0	.0	.0	.0
59. Subtotal	(a)	1	459,375	.0	88,770,469	.0	89,229,844	.0
90. Reporting entity contributions for employee benefits plans	XXX						.0	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX						.0	
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX						.0	
93. Premium or annuity considerations waived under disability or other contract provisions	XXX						.0	
94. Aggregate other amounts not allocable by State	XXX		.0	.0	.0	.0	.0	.0
95. Totals (Direct Business)	XXX		459,375	.0	88,770,469	.0	89,229,844	.0
96. Plus reinsurance assumed	XXX						.0	
97. Totals (All Business)	XXX		459,375	.0	88,770,469	.0	89,229,844	.0
98. Less reinsurance ceded	XXX						.0	
99. Totals (All Business) less Reinsurance Ceded	XXX		459,375	0	(b) 88,770,469	0	89,229,844	0
DETAILS OF WRITE-INS								
5801.	XXX							
5802.	XXX							
5803.	XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX		.0	.0	.0	.0	.0	.0
5899. Total (Lines 5801 through 5803 + 5898)(Line 58 above)	XXX		0	0	0	0	0	0
9401.	XXX							
9402.	XXX							
9403.	XXX							
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX		.0	.0	.0	.0	.0	.0
9499. Total (Lines 9401 through 9403 + 9498)(Line 94 above)	XXX		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, etc., of premiums and annuity considerations

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Line 1, indicate which: .

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

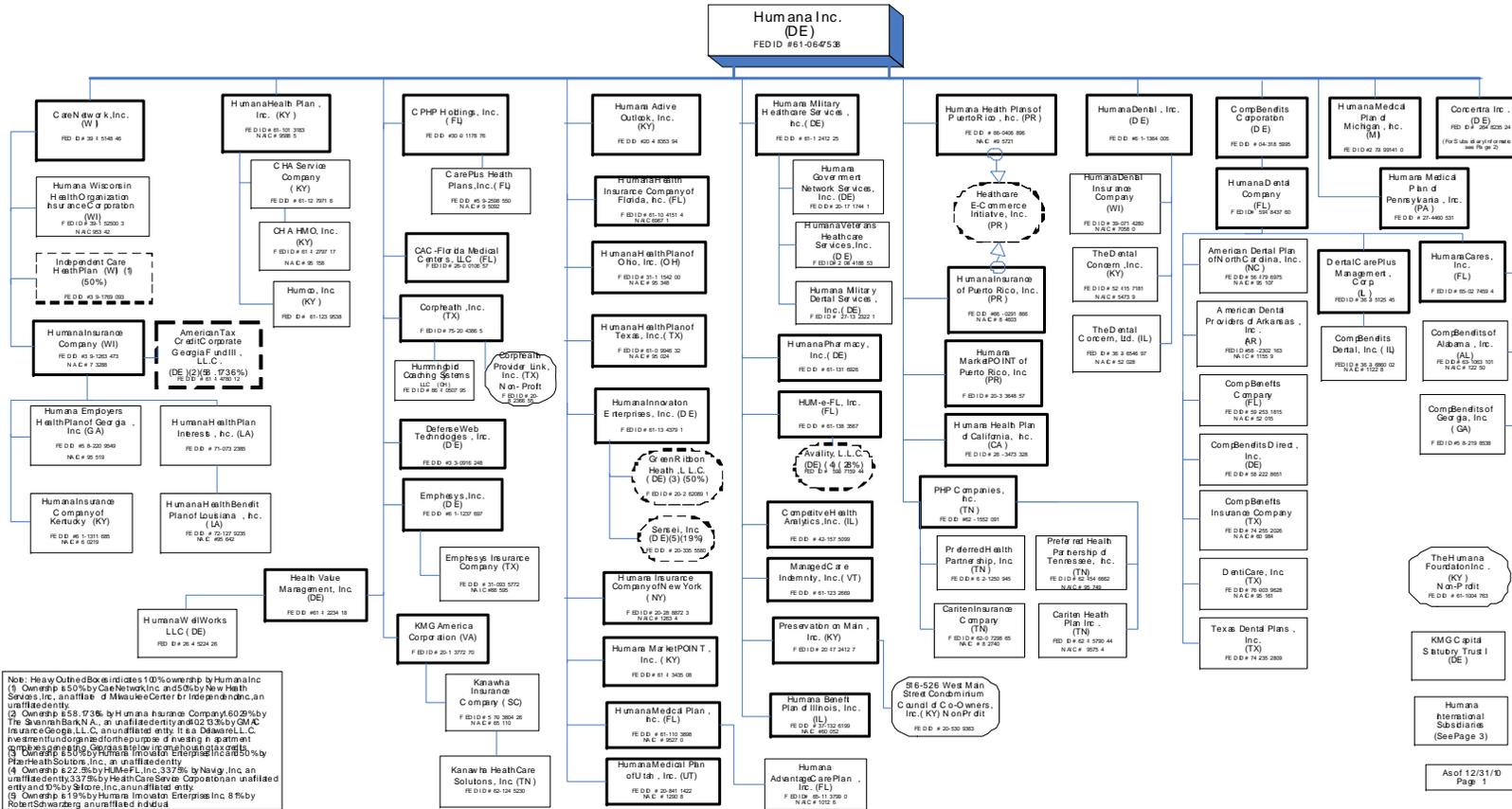
**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL	.0	.0	.0	.0	.0	.0
2. Alaska	AK	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	.0	.0	.0	.0	.0	.0
5. California	CA	.0	.0	.0	.0	.0	.0
6. Colorado	CO	.0	.0	.0	.0	.0	.0
7. Connecticut	CT	.0	.0	.0	.0	.0	.0
8. Delaware	DE	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	.0	.0	.0	.0	.0	.0
10. Florida	FL	.0	.0	.0	.0	.0	.0
11. Georgia	GA	.0	.0	.0	.0	.0	.0
12. Hawaii	HI	.0	.0	.0	.0	.0	.0
13. Idaho	ID	.0	.0	.0	.0	.0	.0
14. Illinois	IL	.0	.0	.0	.0	.0	.0
15. Indiana	IN	.0	.0	.0	.0	.0	.0
16. Iowa	IA	.0	.0	.0	.0	.0	.0
17. Kansas	KS	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	.0	.0	.0	.0	.0	.0
19. Louisiana	LA	.0	.0	.0	.0	.0	.0
20. Maine	ME	.0	.0	.0	.0	.0	.0
21. Maryland	MD	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA	.0	.0	.0	.0	.0	.0
23. Michigan	MI	.0	.0	.0	.0	.0	.0
24. Minnesota	MN	.0	.0	.0	.0	.0	.0
25. Mississippi	MS	.0	.0	.0	.0	.0	.0
26. Missouri	MO	.0	.0	.0	.0	.0	.0
27. Montana	MT	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	.0	.0	.0	.0	.0	.0
29. Nevada	NV	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ	.0	.0	.0	.0	.0	.0
32. New Mexico	NM	.0	.0	.0	.0	.0	.0
33. New York	NY	.0	.0	.0	.0	.0	.0
34. North Carolina	NC	.0	.0	.0	.0	.0	.0
35. North Dakota	ND	.0	.0	.0	.0	.0	.0
36. Ohio	OH	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	.0	.0	.0	.0	.0	.0
38. Oregon	OR	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI	.0	.0	.0	.0	.0	.0
41. South Carolina	SC	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	.0	.0	.0	.0	.0	.0
44. Texas	TX	.0	.0	.0	.0	.0	.0
45. Utah	UT	.0	.0	.0	.0	.0	.0
46. Vermont	VT	.0	.0	.0	.0	.0	.0
47. Virginia	VA	.0	.0	.0	.0	.0	.0
48. Washington	WA	.0	.0	.0	.0	.0	.0
49. West Virginia	WV	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI	.0	.0	.0	.0	.0	.0
51. Wyoming	WY	.0	.0	.0	.0	.0	.0
52. American Samoa	AS	.0	.0	.0	.0	.0	.0
53. Guam	GU	.0	.0	.0	.0	.0	.0
54. Puerto Rico	PR	459,375	.0	.0	.0	.0	459,375
55. US Virgin Islands	VI	.0	.0	.0	.0	.0	.0
56. Northern Mariana Islands	MP	.0	.0	.0	.0	.0	.0
57. Canada	CN	.0	.0	.0	.0	.0	.0
58. Aggregate Other Alien	OT	.0	.0	.0	.0	.0	.0
59. Totals		459,375	0	0	0	0	459,375

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

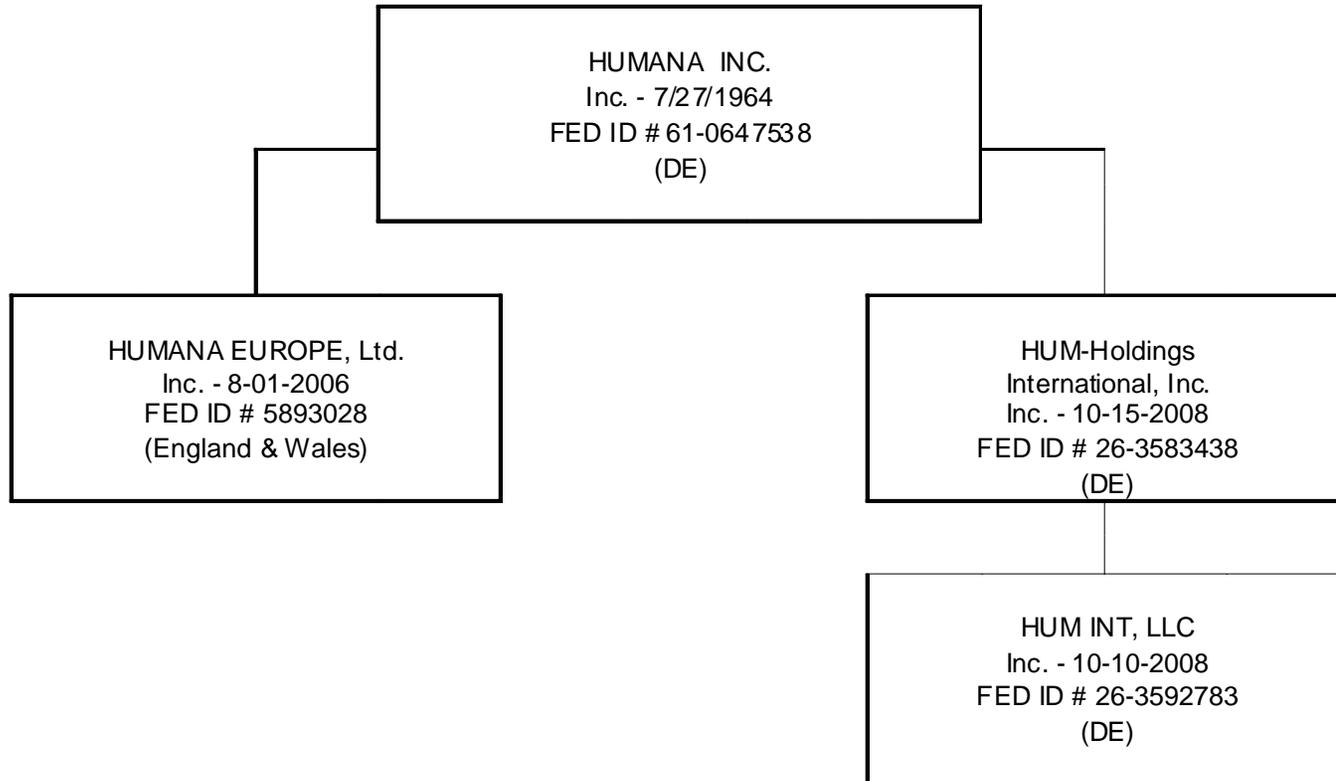


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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

HUMANA INTERNATIONAL



50.2

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
69671	61-1041514	Humana Health Insurance Co FL, Inc.	12,000,000				74,803,116	170,237,768			257,040,884	
00000	61-1343508	Humana Marketpoint, Inc.					338,913,603				338,913,603	
00000	61-1241225	Humana Military Healthcare Services, Inc.					(28,720,444)				(28,720,444)	
95270	61-1103898	Humana Medical Plan, Inc.	290,000,000	(15,000,000)			(309,494,496)	(170,237,768)			(204,732,264)	
95885	61-1013183	Humana Health Plan, Inc.					(303,672,529)	(110,426,988)			(414,099,517)	
95348	31-1154200	Humana Health Plan of Ohio, Inc.		(35,000,000)			(26,298,112)	(130,108,688)			(191,406,800)	
95024	61-0994632	Humana Health Plan of Texas, Inc.		(35,000,000)			(70,942,233)	(278,338,016)			(384,280,249)	
54739	52-1157181	The Dental Concern, Inc.	2,000,000				(2,306,031)				(306,031)	
00000	61-0647538	Humana Inc.	(746,600,000)	230,000,000			1,080,754,571				564,154,571	
00000	61-1232669	Managed Care Indemnity, Inc.	50,000,000				31,025,943				81,025,943	
00000	61-1223418	Health Value Management, Inc.					(16,557,469)				(16,557,469)	
95342	39-1525003	Humana WI Health Org. Insurance Corp.					(12,119,503)	(53,458,326)			(65,577,829)	
73288	39-1263473	Humana Insurance Company	201,000,000				(437,833,210)	690,627,172			453,793,962	
52028	39-3654697	The Dental Concern, Ltd.					(157,197)				(157,197)	
95519	58-2209549	Humana Employers Health Plan of GA, Inc.					(24,913,043)	(118,295,154)			(143,208,197)	
70580	39-0714280	HumanaDental Insurance Company	15,000,000				(12,716,308)				2,283,692	
88595	31-0935772	Empheys Insurance Company					(228,051)				(228,051)	
60219	61-1311605	Humana Insurance Company of Kentucky					(2,620,404)				(2,620,404)	
00000	66-0291866	PCA Insurance Group of Puerto Rico, Inc.					(1,009,594)				(1,009,594)	
00000	66-0406896	PCA Health Plans of Puerto Rico, Inc.					509,260				509,260	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	49,000,000				(132,445,216)				(83,445,216)	
95092	59-2598550	CarePlus Health Plans, Inc.	67,000,000				(164,906,032)				(97,906,032)	
12634	20-2888723	Humana Insurance Company of New York	7,500,000				(17,704,038)				(10,204,038)	
95158	61-1279717	CHA HMO					(375,635)				(375,635)	
00000	61-1383567	HUM-e-FL, Inc.										
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.										
00000	AA-5893028	Humana Health Enterprises UK Ltd.										
00000	26-0010657	CAC-Florida Medical Centers, LLC					125,310,480				125,310,480	
00000	61-1316926	Humana Pharmacy, Inc.					(3,562,646)				(3,562,646)	
00000	61-1343791	Humana Innovation Enterprises, Inc.					(1,468)				(1,468)	
00000	20-2620891	Green Ribbon Health, LLC										
00000	75-2043865	Corphealth, Inc.					(2,539,725)				(2,539,725)	
00000	20-1377270	KMG America Corporation		(160,000,000)							(160,000,000)	
65110	57-0380426	Kanawha Insurance Co.					(6,832,910)				(6,832,910)	
00000	74-2352809	Texas Dental Plans, Inc.					(31,830)				(31,830)	
12908	20-8411422	Humana Medical Plan of Utah					(1,381,948)				(1,381,948)	
95107	56-1796975	American Dental Plan of NC					(172,966)				(172,966)	
11559	58-2302163	American Dental Providers of AR					(40,288)				(40,288)	
12250	63-1063101	CompBenefits of Alabama					(182,756)				(182,756)	
52015	59-2531815	CompBenefits Company	2,900,000				(22,323,764)				(19,423,764)	
95161	76-0039628	DentiCare, Inc.	2,000,000				(5,650,361)				(3,650,361)	
11228	36-3686002	CompBenefits Dental, Inc.	1,000,000				(4,155,914)				(3,155,914)	
60984	74-2552026	CompBenefits Insurance Company	3,200,000				(21,764,660)				(18,564,660)	
60052	37-1326199	Humana Benefit Plan of Illinois					(11,887,588)				(11,887,588)	
10126	65-1137990	Humana AdvantageCare Plan		15,000,000			(6,143,228)				8,856,772	
95754	62-1579044	Cariten Health Plan	22,000,000				(36,571,598)				(14,571,598)	

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
82740	62-0729865	Cariten Insurance Company	2,000,000				(1,560,943)				439,057	
95749	62-1546662	Preferred Health Parntership of TN, Inc.	20,000,000				(232,902)				19,767,098	
00000	59-1843760	Humana/ComBenefits, Inc.					37,043,034				37,043,034	
00000	20-8418853	Humana Veterans Healthcare Services, Inc.					(12,128)				(12,128)	
00000	36-3512545	Dental Care Plus Mangement, Corp.									.0	
00000	58-2198538	ComBenefits of Georgia, Inc.					(720,311)				(720,311)	
00000	62-1245230	Kanawha Healthcare Solutions					(430,920)				(430,920)	
00000	20-1724127	Preservation on main Inc.					3,379,510				3,379,510	
00000	58-2228851	Combeneft Direct					78,542				78,542	
00000	26-3473328	Humana Health Plan of California					(585,808)				(585,808)	
00000	26-3583438	Humana Holdings International					(6,282)				(6,282)	
							294				294	
							(5,864)				(5,864)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

	<u>Responses</u>
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....WAIVED.....
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....WAIVED.....
4. Will an actuarial opinion be filed by March 1?	.....YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	.....WAIVED.....
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	.....WAIVED.....
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....

JUNE FILING

9. Will an audited financial report be filed by June 1?	.....YES.....
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....WAIVED.....

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?WAIVED.....
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The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

-NO.....
- 26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 33. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?NO.....
- 34. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?YES.....
- 35. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?YES.....

APRIL FILING

- 36. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 37. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?NO.....
- 39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....
- 40. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?NO.....
- 41. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?NO.....
- 42. Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1?NO.....
- 43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?NO.....

AUGUST FILING

- 44. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?NO.....

EXPLANATIONS:

- 12.
- 13.
- 14.
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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BAR CODE:

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8 4 6 0 3 2 0 1 0 4 6 0 0 0 0 0 0

3. 
8 4 6 0 3 2 0 1 0 3 9 0 0 0 0 0 0

5. 
8 4 6 0 3 2 0 1 0 3 5 0 0 0 0 0 0

7. 
8 4 6 0 3 2 0 1 0 3 0 0 5 9 0 0 0

10. 
8 4 6 0 3 2 0 1 0 2 2 1 0 0 0 0 0

11. 
8 4 6 0 3 2 0 1 0 2 2 2 0 0 0 0 0

12. 
8 4 6 0 3 2 0 1 0 4 2 0 0 0 0 0 0

13. 
8 4 6 0 3 2 0 1 0 3 6 0 5 9 0 0 0

14. 
8 4 6 0 3 2 0 1 0 4 9 0 0 0 0 0 0

15. 
8 4 6 0 3 2 0 1 0 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16. 
8 4 6 0 3 2 0 1 0 3 7 0 0 0 0 0

17. 
8 4 6 0 3 2 0 1 0 4 4 2 0 0 0 0

18. 
8 4 6 0 3 2 0 1 0 4 4 3 0 0 0 0

19. 
8 4 6 0 3 2 0 1 0 4 4 4 0 0 0 0

20. 
8 4 6 0 3 2 0 1 0 4 4 5 0 0 0 0

21. 
8 4 6 0 3 2 0 1 0 4 4 6 0 0 0 0

22. 
8 4 6 0 3 2 0 1 0 4 4 7 0 0 0 0

23. 
8 4 6 0 3 2 0 1 0 4 4 8 0 0 0 0

24. 
8 4 6 0 3 2 0 1 0 4 4 9 0 0 0 0

25. 
8 4 6 0 3 2 0 1 0 4 5 0 0 0 0 0

26. 
8 4 6 0 3 2 0 1 0 4 5 1 0 0 0 0

27. 
8 4 6 0 3 2 0 1 0 4 5 2 0 0 0 0

28. 
8 4 6 0 3 2 0 1 0 4 5 3 0 0 0 0

29. 
8 4 6 0 3 2 0 1 0 4 3 6 0 0 0 0

30. 
8 4 6 0 3 2 0 1 0 4 3 7 0 0 0 0

31. 
8 4 6 0 3 2 0 1 0 4 3 8 0 0 0 0

32. 
8 4 6 0 3 2 0 1 0 4 3 9 0 0 0 0

33. 
8 4 6 0 3 2 0 1 0 4 9 5 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

36. 
8 4 6 0 3 2 0 1 0 3 0 6 0 0 0 0 0

37. 
8 4 6 0 3 2 0 1 0 2 8 0 0 0 0 0 0

38. 
8 4 6 0 3 2 0 1 0 2 3 0 0 0 0 0 0

40. 
8 4 6 0 3 2 0 1 0 5 1 0 0 0 0 0 0

41. 
8 4 6 0 3 2 0 1 0 5 1 5 0 0 0 0 0

42. 
8 4 6 0 3 2 0 1 0 2 1 6 0 0 0 0 0

43. 
8 4 6 0 3 2 0 1 0 2 1 7 0 0 0 0 0

44. 
8 4 6 0 3 2 0 1 0 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

L003 Additional Aggregate Lines for Page 03 Line 25.
 *LIAB - Liabilities

	1 Current Year	2 Prior Year
2504. Misch Liabilities Round Decimal.....	(2)	0
2597. Summary of remaining write-ins for Line 25 from overflow page	(2)	0

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities	1,105,338	2.293	1,105,338	2.293
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies		0.000		0.000
1.22 Issued by U.S. government sponsored agencies	1,105,489	2.293	1,105,489	2.293
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000		0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations	1,562,146	3.240	1,562,146	3.240
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000		0.000
1.43 Revenue and assessment obligations	251,487	0.522	251,487	0.522
1.44 Industrial development and similar obligations		0.000		0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA		0.000		0.000
1.512 Issued or guaranteed by FNMA and FHLMC	9,331,872	19.357	9,331,872	19.357
1.513 All other		0.000		0.000
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000		0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000		0.000
1.523 All other	240,292	0.498	240,292	0.498
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	3,134,247	6.501	3,134,247	6.501
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000		0.000
2.3 Affiliated securities		0.000		0.000
3. Equity interests:				
3.1 Investments in mutual funds		0.000		0.000
3.2 Preferred stocks:				
3.21 Affiliated		0.000		0.000
3.22 Unaffiliated		0.000		0.000
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated		0.000		0.000
3.32 Unaffiliated		0.000		0.000
3.4 Other equity securities:				
3.41 Affiliated		0.000		0.000
3.42 Unaffiliated		0.000		0.000
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated		0.000		0.000
3.52 Unaffiliated		0.000		0.000
4. Mortgage loans:				
4.1 Construction and land development		0.000		0.000
4.2 Agricultural		0.000		0.000
4.3 Single family residential properties		0.000		0.000
4.4 Multifamily residential properties		0.000		0.000
4.5 Commercial loans		0.000		0.000
4.6 Mezzanine real estate loans		0.000		0.000
5. Real estate investments:				
5.1 Property occupied by company		0.000	0	0.000
5.2 Property held for the production of income (including \$ of property acquired in satisfaction of debt)		0.000	0	0.000
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)		0.000	0	0.000
6. Contract loans		0.000	0	0.000
7. Receivables for securities		0.000	0	0.000
8. Cash, cash equivalents and short-term investments	31,478,996	65.296	31,478,996	65.296
9. Other invested assets		0.000		0.000
10. Total invested assets	48,209,867	100.000	48,209,867	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 6).....	0
2.2 Additional investment made after acquisition (Part 2, Column 7).....	0
3. Current year change in encumbrances:	
3.1 Totals, Part 1, Column 13.....	0
3.2 Totals, Part 3, Column 11.....	0
4. Total gain (loss) on disposals, Part 3, Column 18.....	0
5. Deduct amounts received on disposals, Part 3, Column 15.....	0
6. Total foreign exchange change in book/adjusted carrying value:	
6.1 Totals, Part 1, Column 15.....	0
6.2 Totals, Part 3, Column 13.....	0
7. Deduct current year's other than temporary impairment recognized:	
7.1 Totals, Part 1, Column 12.....	0
7.2 Totals, Part 3, Column 10.....	0
8. Deduct current year's depreciation:	
8.1 Totals, Part 1, Column 11.....	0
8.2 Totals, Part 3, Column 9.....	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0
10. Deduct total nonadmitted amounts.....	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 7).....	0
2.2 Additional investment made after acquisition (Part 2, Column 8).....	0
3. Capitalized deferred interest and other:	
3.1 Totals, Part 1, Column 12.....	0
3.2 Totals, Part 3, Column 11.....	0
4. Accrual of discount.....	0
5. Unrealized valuation increase (decrease):	
5.1 Totals, Part 1, Column 9.....	0
5.2 Totals, Part 3, Column 8.....	0
6. Total gain (loss) on disposals, Part 3, Column 18.....	0
7. Deduct amounts received on disposals, Part 3, Column 15.....	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest:	
9.1 Totals, Part 1, Column 13.....	0
9.2 Totals, Part 3, Column 13.....	0
10. Deduct current year's other than temporary impairment recognized:	
10.1 Totals, Part 1, Column 11.....	0
10.2 Totals, Part 3, Column 10.....	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0
12. Total valuation allowance.....	0
13. Subtotal (Line 11 plus Line 12).....	0
14. Deduct total nonadmitted amounts.....	0
15. Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....	0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year.....	0
2. Cost of acquired:	
2.1 Actual cost at time of acquisition (Part 2, Column 8).....	0
2.2 Additional investment made after acquisition (Part 2, Column 9).....	0
3. Capitalized deferred interest and other:	
3.1 Totals, Part 1, Column 16.....	0
3.2 Totals, Part 3, Column 12.....	0
4. Accrual of discount.....	0
5. Unrealized valuation increase (decrease):	
5.1 Totals, Part 1, Column 13.....	0
5.2 Totals, Part 3, Column 9.....	0
6. Total gain (loss) on disposals, Part 3, Column 19.....	0
7. Deduct amounts received on disposals, Part 3, Column 16.....	0
8. Deduct amortization of premium and depreciation.....	0
9. Total foreign exchange change in book/adjusted carrying value:	
9.1 Totals, Part 1, Column 17.....	0
9.2 Totals, Part 3, Column 14.....	0
10. Deduct current year's other than temporary impairment recognized:	
10.1 Totals, Part 1, Column 15.....	0
10.2 Totals, Part 3, Column 11.....	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0
12. Deduct total nonadmitted amounts.....	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1. Book /adjusted carrying value, December 31 of prior year.....	5,198,499
2. Cost of bonds and stocks acquired, Part 3, Column 7.....	12,322,712
3. Accrual of discount.....	415
4. Unrealized valuation increase (decrease):	
4.1 Part 1, Column 12.....	0
4.2 Part 2, Section 1, Column 15.....	0
4.3 Part 2, Section 2, Column 13.....	0
4.4 Part 4, Column 11.....	0
5. Total gain (loss) on disposals, Part 4, Column 19.....	889
6. Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....	712,596
7. Deduct amortization of premium.....	79,048
8. Total foreign exchange change in book/adjusted carrying value:	
8.1 Part 1, Column 15.....	0
8.2 Part 2, Section 1, Column 19.....	0
8.3 Part 2, Section 2, Column 16.....	0
8.4 Part 4, Column 15.....	0
9. Deduct current year's other than temporary impairment recognized:	
9.1 Part 1, Column 14.....	0
9.2 Part 2, Section 1, Column 17.....	0
9.3 Part 2, Section 2, Column 14.....	0
9.4 Part 4, Column 13.....	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	16,730,871
11. Deduct total nonadmitted amounts.....	0
12. Statement value at end of current period (Line 10 minus Line 11).....	16,730,871

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	2,210,827	2,279,806	2,266,612	2,200,000
	2. Canada	0	0	0	0
	3. Other Countries	0	0	0	0
	4. Totals	2,210,827	2,279,806	2,266,612	2,200,000
U. S. States, Territories and Possessions (Direct and guaranteed)	5. Totals	1,562,146	1,613,746	1,573,873	1,530,000
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals	0	0	0	0
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7. Totals	9,583,359	9,713,238	9,611,080	9,012,505
Industrial and Miscellaneous and Credit Tenant Loans and Hybrid Securities (unaffiliated)	8. United States.....	3,026,239	3,059,488	3,031,055	3,013,286
	9. Canada.....	0	0	0	0
	10. Other Countries	348,300	348,693	348,277	350,000
	11. Totals	3,374,539	3,408,181	3,379,332	3,363,286
Parent, Subsidiaries and Affiliates	12. Totals	0	0	0	0
	13. Total Bonds	16,730,871	17,014,971	16,830,897	16,105,791
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States	0	0	0	
	15. Canada	0	0	0	
	16. Other Countries	0	0	0	
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals	0	0	0	
	19. Total Preferred Stocks	0	0	0	
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States	0	0	0	
	21. Canada	0	0	0	
	22. Other Countries	0	0	0	
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals	0	0	0	
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	16,730,871	17,014,971	16,830,897	

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 Class 1	19,005,524	1,205,298	.0	.0	.0	20,210,822	45.1	2,230,822	6.8	20,210,822	.0
1.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	19,005,524	1,205,298	0	0	0	20,210,822	45.1	2,230,822	6.8	20,210,822	0
2. All Other Governments											
2.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed											
3.1 Class 1	.0	1,535,343	26,803	.0	.0	1,562,146	3.5	1,594,655	4.8	1,562,146	.0
3.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	1,535,343	26,803	0	0	1,562,146	3.5	1,594,655	4.8	1,562,146	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Class 1	.0	145,876	193,062	.0	9,218,496	9,557,434	21.3	570,239	1.7	9,557,434	.0
5.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.4 Class 4	.0	.0	25,925	.0	.0	25,925	0.1	26,086	0.1	25,925	.0
5.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.7 Totals	0	145,876	218,987	0	9,218,496	9,583,359	21.4	596,325	1.8	9,583,359	0

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 Class 1	10,377,289	514,792	49,984	.0	49,681	10,991,746	24.5	28,215,320	85.4	10,991,746	.0
6.2 Class 2	5,033	944,388	1,133,176	124,962	.0	2,207,559	4.9	286,886	0.9	2,207,559	.0
6.3 Class 3	.0	25,296	210,811	55,000	.0	291,107	0.6	95,254	0.3	291,107	.0
6.4 Class 4	.0	1,990	7,000	.0	.0	8,990	0.0	16,965	0.1	8,990	.0
6.5 Class 5	.0	.0	5,000	.0	.0	5,000	0.0	5,000	0.0	5,000	.0
6.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	10,382,322	1,486,466	1,405,971	179,962	49,681	13,504,402	30.1	28,619,425	86.6	13,504,402	0
7. Credit Tenant Loans											
7.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Hybrid Securities											
8.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates											
9.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	(d) 29,382,813	3,401,309	269,849	.0	9,268,177	42,322,148	94.3	XXX	XXX	42,322,148	.0
10.2 Class 2	(d) 5,033	944,388	1,133,176	124,962	.0	2,207,559	4.9	XXX	XXX	2,207,559	.0
10.3 Class 3	(d) .0	25,296	210,811	55,000	.0	291,107	0.6	XXX	XXX	291,107	.0
10.4 Class 4	(d) .0	1,990	32,925	.0	.0	34,915	0.1	XXX	XXX	34,915	.0
10.5 Class 5	(d) .0	.0	5,000	.0	.0	5,000	0.0	XXX	XXX	5,000	.0
10.6 Class 6	(d) .0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	29,387,846	4,372,983	1,651,761	179,962	9,268,177	44,860,729	100.0	XXX	XXX	44,860,729	.0
10.8 Line 10.7 as a % of Col. 6	65.5	9.7	3.7	0.4	20.7	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	27,842,727	2,726,204	1,833,581	26,333	182,191	XXX	XXX	32,611,036	98.7	32,611,036	.0
11.2 Class 2	5,036	86,797	195,053	.0	.0	XXX	XXX	286,886	0.9	286,886	.0
11.3 Class 3	.0	40,912	49,342	5,000	.0	XXX	XXX	95,254	0.3	95,254	.0
11.4 Class 4	.0	9,965	33,086	.0	.0	XXX	XXX	43,051	0.1	43,051	.0
11.5 Class 5	.0	.0	5,000	.0	.0	XXX	XXX	5,000	0.0	5,000	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	27,847,763	2,863,878	2,116,062	31,333	182,191	XXX	XXX	33,041,227	100.0	33,041,227	.0
11.8 Line 11.7 as a % of Col. 8	84.3	8.7	6.4	0.1	0.6	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	29,382,813	3,401,309	269,849	.0	9,268,177	42,322,148	94.3	32,611,036	98.7	42,322,148	XXX
12.2 Class 2	5,033	944,388	1,133,176	124,962	.0	2,207,559	4.9	286,886	0.9	2,207,559	XXX
12.3 Class 3	.0	25,296	210,811	55,000	.0	291,107	0.6	95,254	0.3	291,107	XXX
12.4 Class 4	.0	1,990	32,925	.0	.0	34,915	0.1	43,051	0.1	34,915	XXX
12.5 Class 5	.0	.0	5,000	.0	.0	5,000	0.0	5,000	0.0	5,000	XXX
12.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.7 Totals	29,387,846	4,372,983	1,651,761	179,962	9,268,177	44,860,729	100.0	33,041,227	100.0	44,860,729	XXX
12.8 Line 12.7 as a % of Col. 6	65.5	9.7	3.7	0.4	20.7	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	65.5	9.7	3.7	0.4	20.7	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$.0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$.0 current year, \$.0 prior year of bonds with Z designations and \$.0 current year, .0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$.0 current year, \$.0 prior year of bonds with 5* designations and .0 current year, .0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 28,129,856 ; NAIC 2 \$.0 ; NAIC 3 \$.0 ; NAIC 4 \$.0 ; NAIC 5 \$.0 ; NAIC 6 \$.0 .

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations	19,005,524	1,205,298	0	0	0	20,210,822	45.1	2,230,822	6.8	20,210,822	0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	19,005,524	1,205,298	0	0	0	20,210,822	45.1	2,230,822	6.8	20,210,822	0
2. All Other Governments											
2.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, etc., Guaranteed											
3.1 Issuer Obligations	0	1,535,343	26,803	0	0	1,562,146	3.5	1,594,655	4.8	1,562,146	0
3.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	1,535,343	26,803	0	0	1,562,146	3.5	1,594,655	4.8	1,562,146	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
4.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Issuer Obligations	0	145,876	105,611	0	0	251,487	0.6	254,063	0.8	251,487	0
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	113,376	0	9,218,496	9,331,872	20.8	342,262	1.0	9,331,872	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	145,876	218,987	0	9,218,496	9,583,359	21.4	596,325	1.8	9,583,359	0

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Industrial and Miscellaneous											
6.1 Issuer Obligations	10,382,322	1,246,175	1,405,971	179,962	49,681	13,264,111	29.6	28,619,425	86.6	13,264,111	0
6.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES:											
6.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Other	0	240,291	0	0	0	240,291	0.5	0	0.0	240,291	0
6.7 Totals	10,382,322	1,486,466	1,405,971	179,962	49,681	13,504,402	30.1	28,619,425	86.6	13,504,402	0
7. Credit Tenant Loans											
7.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
7.2 Single Class Mortgage-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Hybrid Securities											
8.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
8.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES:											
8.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
8.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES:											
8.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
8.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates											
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
9.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES:											
9.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	29,387,846	4,132,692	1,538,385	179,962	49,681	35,288,566	78.7	XXX	XXX	35,288,566	.0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	.0	.0	113,376	.0	9,218,496	9,331,872	20.8	XXX	XXX	9,331,872	.0
10.3 Defined	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Other	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.6 Other	.0	240,291	.0	.0	.0	240,291	0.5	XXX	XXX	240,291	.0
10.7 Totals	29,387,846	4,372,983	1,651,761	179,962	9,268,177	44,860,729	100.0	XXX	XXX	44,860,729	.0
10.8 Lines 10.7 as a % of Col. 6	65.5	9.7	3.7	0.4	20.7	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	27,847,763	2,863,878	1,955,991	31,333	.0	XXX	XXX	32,698,965	99.0	32,698,965	.0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	.0	.0	160,071	.0	182,191	XXX	XXX	342,262	1.0	342,262	.0
11.3 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Other	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.6 Other	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	27,847,763	2,863,878	2,116,062	31,333	182,191	XXX	XXX	33,041,227	100.0	33,041,227	.0
11.8 Line 11.7 as a % of Col. 8	84.3	8.7	6.4	0.1	0.6	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	29,387,846	4,132,692	1,538,385	179,962	49,681	35,288,566	78.7	32,698,965	99.0	35,288,566	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	.0	.0	113,376	.0	9,218,496	9,331,872	20.8	342,262	1.0	9,331,872	XXX
12.3 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.4 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.6 Other	.0	240,291	.0	.0	.0	240,291	0.5	.0	0.0	240,291	XXX
12.7 Totals	29,387,846	4,372,983	1,651,761	179,962	9,268,177	44,860,729	100.0	33,041,227	100.0	44,860,729	XXX
12.8 Line 12.7 as a % of Col. 6	65.5	9.7	3.7	0.4	20.7	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	65.5	9.7	3.7	0.4	20.7	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Other	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....	27,842,727	27,842,727	0	0	0
2. Cost of short-term investments acquired	124,363,337	124,363,337	0	0	0
3. Accrual of discount.....	0	0	0	0	0
4. Unrealized valuation increase (decrease).....	0	0	0	0	0
5. Total gain (loss) on disposals.....	0	0	0	0	0
6. Deduct consideration received on disposals.....	142,076,203	142,076,203	0	0	0
7. Deduct amortization of premium.....	0	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0	0	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0	0	0	0
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	10,129,861	10,129,861	0	0	0
11. Deduct total nonadmitted amounts.....	0	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	10,129,861	10,129,861	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

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Schedule DB - Part A - Verification

NONE

Schedule DB - Part B- Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3
	Total	Bonds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	.0	.0	.0
2. Cost of cash equivalents acquired	953,486,719	953,486,719	.0
3. Accrual of discount.....	13,276	13,276	.0
4. Unrealized valuation increase (decrease).....	.0	.0	.0
5. Total gain (loss) on disposals.....	.0	.0	.0
6. Deduct consideration received on disposals.....	935,500,000	935,500,000	.0
7. Deduct amortization of premium.....	.0	.0	.0
8. Total foreign exchange change in book/adjusted carrying value.....	.0	.0	.0
9. Deduct current year's other than temporary impairment recognized.....	.0	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	17,999,995	17,999,995	.0
11. Deduct total nonadmitted amounts.....	.0	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	17,999,995	17,999,995	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Maturity
.3133XM-NX-5	FED HOME LN BANK	SD		1	1FE	1,051,406		101,7020	1,000,000	1,005,529	.0	(16,774)	.0	.0	5.220	3.480	AO	8,990	52,200	03/04/2008	04/29/2011
.31398A-YM-8	FED NTL MTG ASSO	AGCY			1FE	99,926		101,8680	100,000	99,960	.0	24	.0	.0	1.750	1.770	FA	685	1,750	07/09/2009	08/10/2012
.912828-GW-4	UNITED STATES TREASURY GOVERNMENT	SD			1	514,727		106,6060	500,000	504,934	.0	(3,136)	.0	.0	4.875	4.180	JD	134	24,375	09/19/2007	06/30/2012
.912828-KY-5	UNITED STATES TREASURY GOVERNMENT				1	600,553		104,6480	600,000	600,404	.0	(109)	.0	.0	2.625	2.600	JD	87	15,750	07/27/2009	06/30/2014
0199999 - Total Bonds - U.S. Government - Issuer Obligations						2,266,612	XXX	2,279,806	2,200,000	2,210,827	.0	(19,995)	.0	.0	XXX	XXX	XXX	9,896	94,075	XXX	XXX
0399999 - Total - U.S. Government Bonds						2,266,612	XXX	2,279,806	2,200,000	2,210,827	.0	(19,995)	.0	.0	XXX	XXX	XXX	9,896	94,075	XXX	XXX
.745260-EK-4	PUERTO RICO ELEC PWR AUTH ELE MUNI			1	1FE	1,546,071		105,3730	1,505,000	1,535,343	.0	(5,957)	.0	.0	5.000	4.500	JJ	37,625	75,250	02/20/2009	07/01/2015
.837147-E4-5	S CAROLINA ST PUBLIC SERVICE MUNI			1	1FE	27,802		111,5310	25,000	26,803	.0	(218)	.0	.0	5.250	4.050	JJ	656	1,313	01/18/2006	01/01/2018
1199999 - Total Bonds - U.S. States, Territories and Possessions - Issuer Obligations						1,573,873	XXX	1,613,746	1,530,000	1,562,146	.0	(6,175)	.0	.0	XXX	XXX	XXX	38,281	76,563	XXX	XXX
1799999 - Total - U.S. States, Territories and Possessions (Direct and Guaranteed)						1,573,873	XXX	1,613,746	1,530,000	1,562,146	.0	(6,175)	.0	.0	XXX	XXX	XXX	38,281	76,563	XXX	XXX
.011415-KM-7	ALAMO TEX COMMUNITY COLLEGE MUNI			1	1FE	81,192		111,7830	75,000	79,686	.0	(444)	.0	.0	5.000	4.130	FA	1,417	3,750	05/04/2007	08/15/2019
.472653-AK-0	JEFFERSON AL SALES TAX MUNI			1	4FE	26,796		95,8100	25,000	25,925	.0	(162)	.0	.0	5.250	4.410	JJ	656	1,313	12/21/2004	01/01/2016
.594614-VH-9	MICHIGAN ST BLDG AUTH MUNI			16	1FE	158,421		111,6130	140,000	145,876	.0	(1,970)	.0	.0	5.250	3.650	AO	1,552	7,350	11/19/2003	10/15/2013
2599999 - Total Bonds - U.S. Special Revenue - Issuer Obligations						266,409	XXX	264,048	240,000	251,487	.0	(2,576)	.0	.0	XXX	XXX	XXX	3,625	12,413	XXX	XXX
.3128M6-P2-8	FGOLD 30 YR FNMA				1	40,020		110,1800	39,582	39,997	.0	(134)	.0	.0	6.000	5.890	MON	198	2,375	08/20/2008	06/01/2038
.31371K-NX-5	FED NTL MTG ASSO FNMA				1	38,813		107,8280	37,504	38,129	.0	(330)	.0	.0	5.000	4.950	MON	172	2,063	12/24/2002	05/01/2017
.31392C-AV-6	FED NTL MTG ASSO FNMA				1	28,085		113,3440	27,123	27,886	.0	(80)	.0	.0	7.000	6.650	MON	158	1,899	02/12/2002	02/01/2032
.31394E-KS-6	FNMA REMIC TRUST 2005-66				1	76,317		99,9390	76,317	76,317	.0	.0	.0	.0	0.510	1.460	MON	6	397	07/12/2005	07/25/2035
.31400J-D0-9	FED NTL MTG ASSO FNMA				1	76,299		107,0780	74,144	75,247	.0	(549)	.0	.0	5.000	4.560	MON	309	3,707	02/26/2003	03/01/2018
.31414Y-DK-3	FNMA 30YR TBA FNMA				1	9,085,137		107,7590	8,517,835	9,074,296	.0	(44,056)	.0	.0	5.500	4.890	MON	39,041	351,360	03/23/2010	05/01/2038
2699999 - Total Bonds - U.S. Special Revenue - Single Class Mortgage-Backed/Asset-Backed Securities						9,344,671	XXX	9,449,190	8,772,505	9,331,872	.0	(45,149)	.0	.0	XXX	XXX	XXX	39,884	361,801	XXX	XXX
3199999 - Total - U.S. Special Revenue Bonds						9,611,080	XXX	9,713,238	9,012,505	9,583,359	.0	(47,725)	.0	.0	XXX	XXX	XXX	43,509	374,214	XXX	XXX
.001957-BC-2	AT&T CORP CORPORATE			1	1FE	25,319		105,6390	22,000	22,473	.0	(521)	.0	.0	7.300	4.740	MN	205	1,606	11/02/2004	11/15/2011
.0258M0-DA-4	AMERICAN EXPRESS CO CORPORATE				1FE	24,854		98,3690	25,000	24,862	.0	8	.0	.0	2.750	2.870	MS	206	.0	09/08/2010	09/15/2015
.029912-BC-5	ANADARKO PETROLEUM CORPORATE			1	2FE	299,640		98,3430	300,000	299,632	.0	(8)	.0	.0	5.050	5.060	MS	5,681	.0	08/11/2010	09/01/2020
.032511-AX-5	APACHE CORP CORPORATE			1	2FE	24,894		107,4290	25,000	24,929	.0	10	.0	.0	5.950	6.000	MS	438	1,488	09/14/2006	09/15/2016
.037411-AS-4	ARCH WESTERN RESOURCES CORPORATE			1	1FE	25,076		114,0530	25,000	25,050	.0	(7)	.0	.0	5.625	5.580	JJ	648	1,406	01/23/2007	01/15/2017
.03939R-AB-6	AVIATION CAPITAL GROUP TRUST CORPORATE			1	4FE	1,976		101,0000	2,000	1,990	.0	4	.0	.0	6.750	6.980	JJ	68	135	01/05/2007	07/01/2013
.05367A-AA-1	BELDEN CDT INC CORPORATE			1	2FE	99,997		101,8510	100,000	99,981	.0	(16)	.0	.0	7.125	7.120	AO	1,663	.0	09/30/2010	10/15/2020
.077454-AC-0	BIO-RAD LABORATORIES INC CORPORATE			1	4FE	2,000		101,2500	2,000	2,000	.0	.0	.0	.0	7.000	7.000	MS	41	140	03/13/2007	03/15/2017
.090572-AG-3	CANTOR FITZGERALD LP CORPORATE			1	3FE	11,000		101,3750	10,000	10,361	.0	(124)	.0	.0	7.500	5.980	FA	283	750	01/31/2005	08/15/2013
.138616-AB-3	CARLISLE COMPANIES INC CORPORATE			1	2FE	274,071		101,1100	275,000	274,150	.0	80	.0	.0	6.375	6.450	JD	243	8,863	06/22/2010	06/26/2015
.142339-AE-0	CISCO SYSTEMS INC CORPORATE			1	2FE	298,650		98,8080	300,000	298,646	.0	(4)	.0	.0	5.125	5.180	JD	940	.0	12/06/2010	12/15/2020
.17275R-AB-8	CITY NATIONAL CORPORATION CORPORATE			1	1FE	224,570		100,6270	225,000	224,955	.0	79	.0	.0	5.250	5.290	FA	4,233	11,813	02/14/2006	02/22/2011
.178566-AC-9	COMCAST STORER INC CORPORATE			1	1FE	24,935		97,7900	25,000	24,934	.0	(1)	.0	.0	5.250	5.280	MS	394	.0	09/08/2010	09/15/2020
.20030N-AW-1	CONSOL ENERGY INC CORPORATE			1	2FE	49,988		110,0530	50,000	49,987	.0	.1	.0	.0	5.700	5.700	MN	364	2,850	05/05/2008	05/15/2018
.20854P-AB-5	CORRECTIONS CORPORATION OF AMERICA DIRECTY HOLDING LLC CORPORATE			1	2FE	5,475		106,3750	5,000	5,098	.0	(79)	.0	.0	7.875	6.090	MS	131	394	07/28/2005	03/01/2012
.22025Y-AK-6	DRUMMOND CO INC CORPORATE			1	3FE	26,406		106,1250	25,000	26,294	.0	(112)	.0	.0	7.750	6.740	JD	161	1,938	04/08/2010	06/01/2017
.25459H-AD-7	DRUMMOND CO INC CORPORATE			1	2FE	4,954		103,3750	5,000	4,976	.0	5	.0	.0	6.375	6.500	JD	14	319	06/08/2005	06/15/2015
.262277-AB-2	DRUMMOND CO INC CORPORATE			1	4FE	5,000		103,6250	5,000	5,000	.0	.0	.0	.0	7.375	7.370	FA	139	369	02/08/2006	02/15/2016

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest				Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Maturity
26441C-AD-7	DUKE ENERGY CORP CORPORATE				2FE	99,623	105,960	105,960	100,000	99,658	0	32	0	0	5.050	5.090	MS	1,487	5,288	08/25/2009	09/15/2019
278766-BE-7	ECHOSTAR DBS CORPORATION CORPORATE			1	3FE	4,981	103,250	5,163	5,000	4,988	0	2	0	0	7.125	7.180	FA	148	356	01/19/2006	02/01/2016
35671D-AS-4	FREEPORT-MCMORAN C & G CORPORATE			1	2FE	5,481	110,625	5,531	5,000	5,342	0	(42)	0	0	8.375	7.000	AO	105	419	05/21/2007	04/01/2017
35906A-AH-1	NEW COMMUNICATIONS HLDGS CORPORATE			1	3FE	150,000	109,250	163,875	150,000	150,000	0	0	0	0	8.500	8.500	AO	2,692	6,481	03/26/2010	04/15/2020
421933-AH-5	HEALTH MANAGEMENT PLC CORPORATE			1	3FE	9,442	101,000	10,100	10,000	9,637	0	55	0	0	6.125	6.950	AO	129	613	01/17/2007	04/15/2016
481247-AK-0	JP MORGAN CHASE CORPORATE				1FE	49,918	102,305	51,153	50,000	49,962	0	25	0	0	2.200	2.250	JD	49	1,100	02/25/2009	06/15/2012
502413-AU-1	L-3 COMMUNICATIONS CORP CORPORATE			1	3FE	9,886	103,000	10,300	10,000	9,935	0	11	0	0	6.375	6.530	AO	135	638	11/01/2005	10/15/2015
527288-BC-7	LEUCADIA NATIONAL CORP CORPORATE			1	3FE	9,963	103,000	10,300	10,000	9,973	0	3	0	0	7.125	7.170	MS	210	713	05/17/2007	03/15/2017
53217V-AB-5	LIFE TECHNOLOGIES CORP CORPORATE			1	2FE	261,290	103,917	259,793	250,000	261,180	0	(110)	0	0	4.400	3.240	MS	3,667	0	12/10/2010	03/01/2015
62875U-AH-8	NBC UNIVERSAL INC CORPORATE			1	2FE	124,969	97,061	121,326	125,000	124,962	0	(7)	0	0	4.375	4.370	AO	1,322	0	09/27/2010	04/01/2021
629400-AA-3	NSG HOLDING LLC CORPORATE			1	3FE	5,000	93,000	4,650	5,000	5,000	0	0	0	0	7.750	7.750	JD	17	388	03/06/2007	12/15/2025
842400-FQ-1	SOUTHERN CALIFORNIA EDISON COMPANY, SOUTHWESTERN ENERGY COMPANY CORPORATE			1	1FE	49,682	90,153	45,077	50,000	49,681	0	(1)	0	0	4.500	4.530	MS	756	0	08/25/2010	09/01/2040
845467-AE-9	CORPORATE			1	3FE	5,000	112,750	5,638	5,000	5,000	0	0	0	0	7.500	7.500	FA	156	375	01/11/2008	02/01/2018
858271-AA-7	STEELRIVER TRANSMISSION COMPANY LL, TEREX CORPORATION CORPORATE			1	2FE	250,000	98,320	245,800	250,000	250,000	0	0	0	0	4.710	4.710	MUSD	1,276	0	11/17/2010	06/30/2017
880779-AU-7	TIME WARNER CORPORATE			1	5FE	5,000	101,000	5,050	5,000	5,000	0	0	0	0	8.000	8.000	MN	51	400	11/07/2007	11/15/2017
88732J-AK-4	CORPORATE			1	2FE	51,109	111,063	55,532	50,000	50,610	0	(221)	0	0	6.200	5.660	JJ	1,550	3,100	08/13/2008	07/01/2013
893570-BW-0	TRANSCONTINENTAL GAS PIPE LINE CORP, US AIRWAYS GROUP INC CORPORATE				2FE	5,000	114,996	5,750	5,000	5,000	0	0	0	0	6.400	6.400	AO	68	320	04/06/2006	04/15/2016
90345K-AA-8	CORPORATE			1	3FE	50,000	99,500	49,750	50,000	50,000	0	0	0	0	6.250	6.250	AO	87	0	12/15/2010	10/22/2024
92344S-AP-5	VERIZON COMMUNICATIONS CORPORATE			1	1FE	49,679	110,271	55,136	50,000	49,788	0	60	0	0	5.550	5.700	FA	1,156	2,775	01/30/2009	02/01/2014
97381W-AC-8	WINDSTREAM CORP CORPORATE			1	3FE	5,000	110,000	5,500	5,000	5,000	0	0	0	0	8.125	8.120	FA	169	406	06/28/2006	08/01/2013
97381W-AD-6	WINDSTREAM CORP CORPORATE			1	3FE	4,877	105,250	5,263	5,000	4,918	0	11	0	0	8.625	9.000	FA	180	431	06/28/2006	08/01/2016
982526-AF-2	WRIGLEY III JR CO CORPORATE			1	2FE	149,951	100,709	151,064	150,000	149,963	0	12	0	0	2.450	2.460	JD	31	1,838	06/21/2010	06/28/2012
984121-BN-2	XEROX CORPORATION CORPORATE			1	2FE	5,281	103,432	5,172	5,000	5,033	0	(57)	0	0	6.875	5.780	FA	130	344	05/26/2005	08/15/2011
44328M-AB-0	HSBC BANK PLC USA INCITEC PIVOT LTD CORPORATE		F	5	1FE	149,875	102,511	153,760	150,000	149,888	0	14	0	0	3.500	3.510	JD	43	2,622	06/21/2010	06/28/2015
45326Y-AA-5	CORPORATE		F	15	2FE	198,400	97,463	194,926	200,000	198,412	0	12	0	0	5.000	5.180	JD	667	0	11/30/2010	11/29/2015
3299999	Total Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					3,138,212	XXX	3,168,398	3,126,000	3,134,248	0	(886)	0	0	XXX	XXX	XXX	32,133	60,678	XXX	XXX
06052F-AC-4	BANK OF AMERICA 09-2A ABS FTST				1FE	147,407	100,846	146,864	145,632	147,016	0	(390)	0	0	2.130	1.430	MON	138	2,326	03/23/2010	09/15/2013
34529F-AC-1	FORD MOTOR CREDIT ABS FTST				1FE	93,713	101,380	92,919	91,654	93,275	0	(588)	0	0	2.720	1.500	MON	111	1,870	03/18/2010	11/15/2013
3799999	Total Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities					241,120	XXX	239,783	237,286	240,291	0	(978)	0	0	XXX	XXX	XXX	249	4,196	XXX	XXX
3899999	Total - Industrial and Miscellaneous Bonds (Unaffiliated)					3,379,332	XXX	3,408,181	3,363,286	3,374,539	0	(1,864)	0	0	XXX	XXX	XXX	32,382	64,874	XXX	XXX
7799999	Total - Issuer Obligations					7,245,106	XXX	7,325,998	7,096,000	7,158,708	0	(29,632)	0	0	XXX	XXX	XXX	83,935	243,729	XXX	XXX
7899999	Total - Single Class Mortgage-Backed/Asset-Backed Securities					9,344,671	XXX	9,449,190	8,772,505	9,331,872	0	(45,149)	0	0	XXX	XXX	XXX	39,884	361,801	XXX	XXX
7999999	Total - Defined Multi-Class Residential Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999	Total - Other Multi-Class Residential Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8199999	Total - Defined Multi-Class Commercial Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8299999	Total - Other Multi-Class Commercial Mortgage-Backed Securities					241,120	XXX	239,783	237,286	240,291	0	(978)	0	0	XXX	XXX	XXX	249	4,196	XXX	XXX
8399999	Totals					16,830,897	XXX	17,014,971	16,105,791	16,730,871	0	(75,759)	0	0	XXX	XXX	XXX	124,068	609,726	XXX	XXX

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
31414Y-DK-3	FNMA 30YR TBA FNMA		03/23/2010	MORGAN STANLEY		9,635,917	9,034,223	34,506
3199999 - Total	- Bonds - U.S. Special Revenue					9,635,917	9,034,223	34,506
0258M0-DA-4	AMERICAN EXPRESS CO CORPORATE		09/08/2010	GOLDMAN SACHS		24,854	25,000	.0
029912-BC-5	AMERICAN TOWER CORP CORPORATE		08/11/2010	CITIGROUP GLOBAL MARKETS INC.		299,640	300,000	.0
05367A-AA-1	AVIATION CAPITAL GROUP TRUST CORPORATE		09/30/2010	CITIGROUP GLOBAL MARKETS INC.		99,997	100,000	.0
06052F-AC-4	BANK OF AMERICA 09-2A ABS FTST		03/23/2010	DEUTSCHE BANK		151,828	150,000	.98
138616-AB-3	CANTOR FITZGERALD LP CORPORATE		06/22/2010	DEUTSCHE BANK		274,071	275,000	.0
142339-AE-0	CARLISLE COMPANIES INC CORPORATE		12/06/2010	J.P. MORGAN		298,650	300,000	.0
178566-AC-9	CITY NATIONAL CORPORATION CORPORATE		09/08/2010	J.P. MORGAN		24,935	25,000	.0
22025Y-AK-6	CORRECTIONS CORPORATION OF AMERICA		04/08/2010	BARCLAYS CAPITAL		26,406	25,000	.710
34529F-AC-1	FORD MOTOR CREDIT ABS FTST		03/18/2010	NOMURA SECURITIES		102,246	100,000	.68
35906A-AH-1	NEW COMMUNICATIONS HLDGS CORPORATE		03/26/2010	JP MORGAN CHASE BANK		150,000	150,000	.0
53217V-AB-5	LIFE TECHNOLOGIES CORP CORPORATE		12/10/2010	CREDIT SUISSE FIRST BOSTON CORP		261,290	250,000	3,178
62875U-AH-8	NBC UNIVERSAL INC CORPORATE		09/27/2010	MORGAN STANLEY		124,969	125,000	.0
842400-FO-1	SOUTHERN CALIFORNIA EDISON COMPANY		08/25/2010	WELLS FARGO		49,682	50,000	.0
858271-AA-7	STEELRIVER TRANSMISSION COMPANY LL		11/17/2010	DEUTSCHE BANK		250,000	250,000	.0
90345K-AA-8	US AIRWAYS GROUP INC CORPORATE		12/15/2010	MORGAN STANLEY		50,000	50,000	.0
982526-AF-2	WRIGLEY WM JR CO CORPORATE		06/21/2010	CITIGROUP GLOBAL MARKETS INC.		149,951	150,000	.0
44328M-AB-0	HSBC BANK PLC USA CORPORATE	F	06/21/2010	HSBC SECURITIES INC.		149,876	150,000	.0
45326Y-AA-5	INCITEC PIVOT LTD CORPORATE	F	11/30/2010	CITIGROUP GLOBAL MARKETS INC.		198,400	200,000	.0
3899999 - Total	- Bonds - Industrial and Miscellaneous (Unaffiliated)					2,686,795	2,675,000	4,054
8399997 - Total	- Bonds - Part 3					12,322,712	11,709,223	38,560
8399998 - Total	- Bonds - Part 5					.0	.0	.0
8399999 - Total	- Bonds					12,322,712	11,709,223	38,560
8999998 - Total	- Preferred Stocks - Part 5					.0	XXX	.0
8999999 - Total	- Preferred Stocks					.0	XXX	.0
9799998 - Total	- Common Stocks - Part 5					.0	XXX	.0
9799999 - Total	- Common Stocks					.0	XXX	.0
9899999 - Total	- Preferred and Common Stocks					.0	XXX	.0
9999999 Totals						12,322,712	XXX	38,560

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A. C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B/A. C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	
971567-KE-1	WILMINGTON DEL	MUNI	12/13/2010	GUGGENHEIM SECURITIES LLC		26,122	25,000	26,532	26,333	0	(57)	0	(57)	0	26,276	0	(154)	(154)	1,510	10/01/2025	
1799999	Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed)					26,122	25,000	26,532	26,333	0	(57)	0	(57)	0	26,276	0	(154)	(154)	1,510	XXX	
3128M6-P2-8	FGOLD 30 YR	FNMA	12/01/2010	MBS PAYDOWN		13,396	13,396	13,544	13,416	0	(20)	0	(20)	0	13,396	0	0	0	433	06/01/2038	
31371K-NX-5	FED NTL MTG ASSO	FNMA	12/01/2010	MBS PAYDOWN		15,728	15,728	16,278	15,790	0	(62)	0	(62)	0	15,728	0	0	0	487	05/01/2017	
31392C-AV-6	FED NTL MTG ASSO	FNMA	12/01/2010	MBS PAYDOWN		1,969	1,969	2,039	1,972	0	(3)	0	(3)	0	1,969	0	0	0	76	02/01/2032	
31394E-KS-6	FNMA REMIC TRUST 2005-66		12/25/2010	MBS PAYDOWN		22,388	22,388	22,388	22,388	0	0	0	0	0	22,388	0	0	0	57	07/25/2035	
31400J-DO-9	FED NTL MTG ASSO	FNMA	12/01/2010	MBS PAYDOWN		29,929	29,929	30,799	30,026	0	(97)	0	(97)	0	29,929	0	0	0	826	03/01/2018	
31414Y-DK-3	FNMA 30YR TBA	FNMA	12/01/2010	MBS PAYDOWN		516,389	516,389	550,780	0	0	(1,177)	0	(1,177)	0	516,389	0	0	0	15,947	05/01/2038	
3199999	Bonds - U.S. Special Revenues and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions					599,799	599,799	635,828	83,592	0	(1,359)	0	(1,359)	0	599,799	0	0	0	17,826	XXX	
03939R-AB-6	ARCH WESTERN RESOURCES CORPORATE		09/09/2010	CALLED SECURITY at 101.125		3,034	3,000	2,964	2,979	0	3	0	3	0	2,982	0	52	52	241	07/01/2013	
058498-AF-3	BALL CORPORATION CORPORATE		04/21/2010	CALLED SECURITY at 101.146		10,115	10,000	10,600	10,249	0	(24)	0	(24)	0	10,224	0	(110)	(110)	241	12/15/2012	
06052F-AC-4	BANK OF AMERICA 09-2A FTST	ABS	12/01/2010	CALLED SECURITY at 100.000		4,368	4,368	4,421	0	0	(53)	0	(53)	0	4,368	0	0	0	70	09/15/2013	
090572-AK-4	BIO-RAD LABORATORIES INC CORPORATE		12/20/2010	CALLED SECURITY at 102.042		10,204	10,000	10,000	10,000	0	0	0	0	0	10,000	0	204	204	621	12/15/2014	
15189T-AJ-6	CENTERPOINT ENERGY INC CORPORATE		09/01/2010	MATURITY		5,000	5,000	5,291	5,036	0	(36)	0	(36)	0	5,000	0	0	0	363	09/01/2010	
165167-BL-0	CHESAPEAKE ENERGY CORP CORPORATE		07/22/2010	CALLED SECURITY at 103.188		5,159	5,000	4,953	4,971	0	2	0	2	0	4,974	0	186	186	192	06/15/2015	
34529F-AC-1	FORD MOTOR CREDIT FTST	ABS	12/15/2010	MBS PAYDOWN		8,346	8,346	8,533	0	0	(38)	0	(38)	0	8,346	0	0	0	164	11/15/2013	
882491-AK-9	TEXAS INDUSTRIES INC CORPORATE		08/10/2010	CALLED SECURITY at 100.063		5,003	5,000	5,000	5,000	0	0	0	0	0	5,000	0	3	3	388	07/15/2013	
92276M-AK-1	VENTAS REALTY CORPORATE		06/11/2010	BANK OF AMERICA		5,178	5,000	5,263	5,165	0	(11)	0	(11)	0	5,154	0	24	24	188	06/01/2015	
969457-BF-6	WILLIAMS COS CORPORATE		02/17/2010	CALLED SECURITY at 106.500		10,650	10,000	9,900	9,963	0	4	0	4	0	9,966	0	684	684	329	09/01/2011	
46489N-AD-4	ISPAT INLAND ULC CORPORATE		04/01/2010	CALLED SECURITY at 103.250		19,618	19,000	22,497	20,920	0	(1,302)	0	(1,302)	0	19,618	0	0	0	924	04/01/2014	
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated)					86,675	84,714	89,422	74,283	0	(1,455)	0	(1,455)	0	85,632	0	1,043	1,043	3,721	XXX	
8399997	Bonds - Part 4					712,596	709,513	751,782	184,208	0	(2,871)	0	(2,871)	0	711,707	0	889	889	23,057	XXX	
8399998	Bonds - Part 5					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8399999	Total - Bonds					712,596	709,513	751,782	184,208	0	(2,871)	0	(2,871)	0	711,707	0	889	889	23,057	XXX	
8999998	Preferred Stocks - Part 5					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998	Common Stocks - Part 5					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999	Totals					712,596	XXX	751,782	184,208	0	(2,871)	0	(2,871)	0	711,707	0	889	889	23,057	XXX	

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SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code or Alien Insurer Identification Number	5 NAIC Valuation Method (See SVO Purposes and Procedures Manual)	6 Do Insurer's Admitted Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book / Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date	
								9 Number of Shares	10 % of Outstanding
NONE									
1999999 Totals								XXX	XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ _____
2. Total amount of intangible assets nonadmitted: \$ _____

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
NONE					
0399999 Total				XXX	XXX

Schedule DB - Part A - Section 1

NONE

Sch. DB - Pt. A - Sn. 1 - Footnote (a)

NONE

Schedule DB - Part A - Section 2

NONE

Sch. DB - Pt. A - Sn. 2 - Footnote (a)

NONE

Schedule DB - Part B - Section 1- Future

NONE

Sch. DB - Pt. B - Sn. 1 - Footnotes

NONE

Schedule DB - Part B - Section 2- Future

NONE

Sch. DB - Pt. B - Sn. 2 - Footnotes

NONE

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

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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
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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2010
(To Be Filed by April 1)

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives As of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves	0			0.000			
1.2 Without Contract Reserves	1,515,423	882,219		58.216			
1.3 Subtotal	1,515,423	882,219	0	58.216	0	0	0
2. Short-Term Medical							
2.1 With Contract Reserves				0.000			
2.2 Without Contract Reserves				0.000			
2.3 Subtotal	0	0	0	0.000	0	0	0
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves				0.000			
3.2 Without Contract Reserves				0.000			
3.3 Subtotal	0	0	0	0.000	0	0	0
4. Specified/Named Disease							
4.1 With Contract Reserves				0.000			
4.2 Without Contract Reserves				0.000			
4.3 Subtotal	0	0	0	0.000	0	0	0
5. Limited Benefit							
5.1 With Contract Reserves				0.000			
5.2 Without Contract Reserves				0.000			
5.3 Subtotal	0	0	0	0.000	0	0	0
6. Student							
6.1 With Contract Reserves				0.000			
6.2 Without Contract Reserves				0.000			
6.3 Subtotal	0	0	0	0.000	0	0	0
7. Accident Only or AD&D							
7.1 With Contract Reserves				0.000			
7.2 Without Contract Reserves				0.000			
7.3 Subtotal	0	0	0	0.000	0	0	0
8. Disability Income – Short-Term							
8.1 With Contract Reserves				0.000			
8.2 Without Contract Reserves				0.000			
8.3 Subtotal	0	0	0	0.000	0	0	0

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2010
(To Be Filed by April 1)

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives As of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income – Long-Term							
9.1 With Contract Reserves				0.000			
9.2 Without Contract Reserves				0.000			
9.3 Subtotal	0	0	0	0.000	0	0	0
10. Long-Term Care							
10.1 With Contract Reserves				0.000			
10.2 Without Contract Reserves				0.000			
10.3 Subtotal	0	0	0	0.000	0	0	0
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves				0.000			
11.2 Without Contract Reserves				0.000			
11.3 Subtotal	0	0	0	0.000	0	0	0
12. Dental							
12.1 With Contract Reserves				0.000			
12.2 Without Contract Reserves				0.000			
12.3 Subtotal	0	0	0	0.000	0	0	0
13. State Children's Health Insurance Program							
13.1 With Contract Reserves				0.000			
13.2 Without Contract Reserves				0.000			
13.3 Subtotal	0	0	0	0.000	0	0	0
14. Medicare							
14.1 With Contract Reserves				0.000			
14.2 Without Contract Reserves	22,748,630	21,474,540		94.399			
14.3 Subtotal	22,748,630	21,474,540	0	94.399	0	0	0
15. Medicaid							
15.1 With Contract Reserves				0.000			
15.2 Without Contract Reserves				0.000			
15.3 Subtotal	0	0	0	0.000	0	0	0
16. Medicare Part D – Stand-Alone							
16.1 With Contract Reserves				0.000			
16.2 Without Contract Reserves	282,998	208,264		73.592			
16.3 Subtotal	282,998	208,264	0	73.592	0	0	0
17. Other Individual Business							
17.1 With Contract Reserves				0.000			
17.2 Without Contract Reserves				0.000			
17.3 Subtotal	0	0	0	0.000	0	0	0
18. Total Individual Business							
18.1 With Contract Reserves	0	0	0	0.000	0	0	0
18.2 Without Contract Reserves	24,547,051	22,565,023		91.926			
19. Grand Total Individual	24,547,051	22,565,023	0	91.926	0	0	0

210-1.1

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2010
(To Be Filed by April 1)

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives As of Dec. 31	7 Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer.....	64,226,333	50,152,621		78.087			
1.2 Other Employer.....				0.000			
1.3 Single Employer Subtotal.....	64,226,333	50,152,621	0	78.087	0	0	0
2. Multiple Employer Assns and Trusts.....				0.000			
3. Other Associations and Discretionary Trusts.....				0.000			
4. Other Comprehensive Major Medical.....				0.000			
5. Comprehensive/Major Medical Subtotal.....	64,226,333	50,152,621	0	78.087	0	0	0
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease.....				0.000			
7. Limited Benefit.....				0.000			
8. Student.....				0.000			
9. Accident Only or AD&D.....				0.000			
10. Disability Income – Short-term.....				0.000			
11. Disability Income – Long-term.....				0.000			
12. Long-Term Care.....				0.000			
13. Medicare Supplement (Medigap).....				0.000			
14. Federal Employees Health Benefit Plans.....				0.000			
15. Tricare.....				0.000			
16. Dental.....	27,880	22,786		81.729			
17. Medicare.....				0.000			
18. Medicare Part D – Stand-Alone.....				0.000			
19. Other Group Care.....				0.000			
20. Grand Total Group Business.....	64,254,213	50,175,407	0	78.089	0	0	0
C. OTHER BUSINESS							
1. Credit (Individual and Group).....				0.000			
2. Stop Loss/Excess Loss.....				0.000			
3. Administrative Services Only.....	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts.....	XXX	XXX	XXX	XXX			
5. Grand Total Other Business.....	0	0	0	0.000	0	0	0
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms.....				0.000			
2. Grand Total Individual, Group and Other Business.....	88,801,264	72,740,430	0	81.914	0	0	0

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 - INDIVIDUAL POLICIES

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....	0	0		.000
2. Other Forms Direct Business.....				.000
3. Total Direct Business.....	0	0	0	.000
4. Reinsurance Assumed.....				.000
5. Less Reinsurance Ceded.....				.000
6. Total	0	0	0	0.000

PART 2 - GROUP POLICIES

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....	88,801,264	73,046,675		82.259
2. Other Forms Direct Business.....				.000
3. Total Direct Business.....	88,801,264	73,046,675	0	82.259
4. Reinsurance Assumed.....				.000
5. Less Reinsurance Ceded.....				.000
6. Total	88,801,264	73,046,675	0	82.259

PART 3 - CREDIT POLICIES (Individual and Group)

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				.000
2. Other Forms Direct Business.....				.000
3. Total Direct Business.....	0	0	0	.000
4. Reinsurance Assumed.....				.000
5. Less Reinsurance Ceded.....				.000
6. Total	0	0	0	0.000

PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES

SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....	88,801,264	73,046,675	0	82.259
2. Other Forms Direct Business.....	0	0	0	.000
3. Total Direct Business.....	88,801,264	73,046,675	0	82.259
4. Reinsurance Assumed.....	0	0	0	.000
5. Less Reinsurance Ceded.....	0	0	0	.000
6. Total	88,801,264	73,046,675	0	82.259

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION HUMANA INSURANCE OF PUERTO RICO, INC.

2. LOCATION San Juan, PR 00918-2131

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Puerto Rico	Comprehensive Health Coverage			DURING THE YEAR 2010		NAIC Company Code	84603	8	9
				1	2	3	4	5					6	7	Uninsured Plans	Total (7 + 8)
				Individual	Small Group Employer	Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Subtotal (Cols 1 thru 6)		
1.	Premium:											
	1.1 Health premiums earned (From Part 2, Line 1.8)			0	0	0	0	0	0	0	XXX	0
	1.2 Federal high risk pools									0	XXX	0
	1.3 State high risk pools									0	XXX	0
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)			0	0	0	0	0	0	0	XXX	0
	1.5 Federal taxes and federal assessments									0		0
	1.6 State insurance, premium and other taxes (Similar local taxes of \$.....)									0		0
	1.7 Regulatory authority licenses and fees									0		0
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)			0	0	0	0	0	0	0	XXX	0
	1.9 Net assumed less ceded reinsurance premiums earned									0	XXX	0
	1.10 Other adjustments due to MLR calculations - Premiums									0	XXX	0
	1.11 Risk revenue									0	XXX	0
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)			0	0	0	0	0	0	0	XXX	0
2.	Claims:											
	2.1 Incurred claims excluding prescription drugs									0	XXX	0
	2.2 Prescription drugs									0	XXX	0
	2.3 Pharmaceutical rebates									0	XXX	0
	2.4 State stop loss, market stabilization and claim/census based assessments									0	XXX	0
3.	Incurred medical incentive pools and bonuses									0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)									0		0
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)			0	0	0	0	0	0	0	XXX	0
	5.1 Net assumed less ceded reinsurance claims incurred									0	XXX	0
	5.2 Other adjustments due to MLR calculations - Claims									0	XXX	0
	5.3 Rebates paid									0	XXX	0
	5.4 Estimated rebates unpaid prior year									0	XXX	0
	5.5 Estimated rebates unpaid current year									0	XXX	0
	5.6 Fee for service and co-pay revenue									0	XXX	0
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)			0	0	0	0	0	0	0	XXX	0
6.	Improving Health Care Quality Expenses Incurred:											
	6.1 Type A Expenses for health improvements other than Health Information Technology									0		0
	6.2 Type B Health Information Technology expenses related to health improvement									0		0
	6.3 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)			0	0	0	0	0	0	0	0	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8			0.000	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:											
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.3									0		0
	8.2 All other claims adjustment expenses									0		0
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)			0	0	0	0	0	0	0	0	0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)			0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:											
	10.1 Direct sales salaries and benefits									0		0
	10.2 Agents and brokers fees and commissions									0		0
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)									0		0
	10.4 Other general and administrative expenses									0		0
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)			0	0	0	0	0	0	0	0	0
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)			0	0	0	0	0	0	0	XXX	0
12.	Income from fees of uninsured plans			XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13.	Net investment and other gain/(loss)			XXX	XXX	XXX	XXX	XXX	XXX		XXX	0
14.	Federal income taxes (excluding taxes on Line 1.5 above)									0		0
15.	Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)			XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)									0		0
OTHER INDICATORS:												
1.	Number of Certificates / Policies									0		0
2.	Number of Covered Lives									0		0
3.	Number of Groups			XXX						0		0
4.	Member Months									0		0

216-1.PR



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION HUMANA INSURANCE OF PUERTO RICO, INC.

2. LOCATION San Juan, PR 00918-2131

NAIC Group Code 0119

BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2010

NAIC Company Code 84603

		Comprehensive Health Coverage			4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Total
		1 Individual	2 Small Group Employer	3 Large Group Employer				
1.	Health Premiums Earned:							
	1.1 Direct premiums written.....							.0
	1.2 Unearned premium prior year.....							.0
	1.3 Unearned premium current year.....							.0
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....	0	0	0	0	0	0	.0
	1.5 Reserve for rate credits prior year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.6 Reserve for rate credits current year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.7 Change in reserve for rate credits (Lines 1.5 – 1.6).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.8 Total direct premiums earned (Lines 1.1 + 1.4 less \$.....) (write offs).....							.0
	1.9 Assumed premiums earned from non-affiliates.....							.0
	1.10 Net assumed less ceded premiums earned from affiliates.....							.0
	1.11 Ceded premiums earned to non-affiliates.....							.0
	1.12 Other adjustments due to MLR calculation – Premiums.....							.0
	1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	0	0	0	0	0	0	.0
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year.....							.0
	2.2 Direct claim liability current year.....							.0
	2.3 Direct claim liability prior year.....							.0
	2.4 Direct claim reserves current year.....							.0
	2.5 Direct claim reserves prior year.....							.0
	2.6 Direct contract reserves current year.....							.0
	2.7 Direct contract reserves prior year.....							.0
	2.8 Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c).....	0	0	0	0	0	0	.0
	2.8a Paid medical incentive pools and bonuses current year.....							.0
	2.8b Accrued medical incentive pools and bonuses current year.....							.0
	2.8c Accrued medical incentive pools and bonuses prior year.....							.0
	2.9 Net healthcare receivables (Lines 2.9a – 2.9b).....	0	0	0	0	0	0	.0
	2.9a Healthcare receivables current year.....							.0
	2.9b Healthcare receivables prior year.....							.0
	2.10 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....	0	0	0	0	0	0	.0
	2.11 Assumed incurred claims from non-affiliates.....							.0
	2.12 Net assumed less ceded incurred claims from affiliates.....							.0
	2.13 Ceded incurred claims to non-affiliates.....							.0
	2.14 Other adjustments due to MLR calculation – Claims.....							.0
	2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	0	0	0	0	0	0	.0
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							0

216-2.PR



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION HUMANA INSURANCE OF PUERTO RICO, INC.

2. LOCATION San Juan, PR 00918-2131

NAIC Group Code 0119		BUSINESS IN THE STATE OF Puerto Rico		DURING THE YEAR 2010			NAIC Company Code 84603				
3A	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7	8		
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including \$ for affiliated services).....						.0				0
	1.2 Outsourced services.....						.0				0
	1.3 EDP equipment and software (incl \$ for affiliated services).....						.0				0
	1.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0				0
	1.5 Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	.0				0
	1.6 Other expenses (incl \$ for affiliated services).....						.0				0
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0				0
	1.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
	1.10 Total (1.7 to 1.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
	1.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including \$ for affiliated services).....						.0				0
	2.2 Outsourced Services.....						.0				0
	2.3 EDP equipment and software (incl \$ for affiliated services).....						.0				0
	2.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0				0
	2.5 Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	.0				0
	2.6 Other expenses (incl \$ for affiliated services).....						.0				0
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0				0
	2.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
	2.10 Total (2.7 to 2.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including \$ for affiliated services).....						.0				0
	3.2 Outsourced services.....						.0				0
	3.3 EDP equipment and software (incl \$ for affiliated services).....						.0				0
	3.4 Other equipment (excl. EDP) (incl \$ for affiliated services).....						.0				0
	3.5 Accreditation and certification (incl \$ for affiliated services).....		XXX	XXX	XXX	XXX	.0				0
	3.6 Other expenses (incl \$ for affiliated services).....						.0				0
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries.....						.0				0
	3.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
	3.10 Total (3.7 to 3.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses									
		1	2	3	4	5					
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	Total (1 to 4)					
1.	Individual Comprehensive Coverage Expenses:										
	1.1 HIT expenses						.0				0
	1.2 Other than HIT expenses						.0				0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 HIT expenses						.0				0
	2.2 Other than HIT expenses						.0				0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 HIT Expenses						.0				0
	3.2 Other than HIT expenses						.0				0
4.	Subtotals/Totals:										
	4.1 Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	.0	.0	.0	.0	.0	.0				0
	4.2 Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	.0	.0	.0	.0	.0	.0				0
	4.3 Total (Lines 4.1 + 4.2)	0	0	0	0	0	0				0

216-3.PR



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION HUMANA INSURANCE OF PUERTO RICO, INC.

2. LOCATION San Juan, PR 00918-2131

NAIC Group Code 0119

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2010

NAIC Company Code 84603

		Comprehensive Health Coverage			4 Government Business (excluded by statute)	5 Other Business (excluded by statute)	6 Other Health	7 Total
		1 Individual	2 Small Group Employer	3 Large Group Employer				
1.	Health Premiums Earned:							
	1.1 Direct premiums written.....	.0	.0	.0	.0	.0	.0	.0
	1.2 Unearned premium prior year.....	.0	.0	.0	.0	.0	.0	.0
	1.3 Unearned premium current year.....	.0	.0	.0	.0	.0	.0	.0
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....	.0	.0	.0	.0	.0	.0	.0
	1.5 Reserve for rate credits prior year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.6 Reserve for rate credits current year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.7 Change in reserve for rate credits (Lines 1.5 – 1.6).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	1.8 Total direct premiums earned (Lines 1.1 + 1.4 less \$.....) write offs).....	.0	.0	.0	.0	.0	.0	.0
	1.9 Assumed premiums earned from non-affiliates.....	.0	.0	.0	.0	.0	.0	.0
	1.10 Net assumed less ceded premiums earned from affiliates.....	.0	.0	.0	.0	.0	.0	.0
	1.11 Ceded premiums earned to non-affiliates.....	.0	.0	.0	.0	.0	.0	.0
	1.12 Other adjustments due to MLR calculation – Premiums.....	.0	.0	.0	.0	.0	.0	.0
	1.13 Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12).....	0	0	0	0	0	0	0
2.	Direct Claims Incurred:							
	2.1 Paid claims during the year.....	.0	.0	.0	.0	.0	.0	.0
	2.2 Direct claim liability current year.....	.0	.0	.0	.0	.0	.0	.0
	2.3 Direct claim liability prior year.....	.0	.0	.0	.0	.0	.0	.0
	2.4 Direct claim reserves current year.....	.0	.0	.0	.0	.0	.0	.0
	2.5 Direct claim reserves prior year.....	.0	.0	.0	.0	.0	.0	.0
	2.6 Direct contract reserves current year.....	.0	.0	.0	.0	.0	.0	.0
	2.7 Direct contract reserves prior year.....	.0	.0	.0	.0	.0	.0	.0
	2.8 Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c).....	.0	.0	.0	.0	.0	.0	.0
	2.8a Paid medical incentive pools and bonuses current year.....	.0	.0	.0	.0	.0	.0	.0
	2.8b Accrued medical incentive pools and bonuses current year.....	.0	.0	.0	.0	.0	.0	.0
	2.8c Accrued medical incentive pools and bonuses prior year.....	.0	.0	.0	.0	.0	.0	.0
	2.9 Net healthcare receivables (Lines 2.9a – 2.9b).....	.0	.0	.0	.0	.0	.0	.0
	2.9a Healthcare receivables current year.....	.0	.0	.0	.0	.0	.0	.0
	2.9b Healthcare receivables prior year.....	.0	.0	.0	.0	.0	.0	.0
	2.10 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....	.0	.0	.0	.0	.0	.0	.0
	2.11 Assumed incurred claims from non-affiliates.....	.0	.0	.0	.0	.0	.0	.0
	2.12 Net assumed less ceded incurred claims from affiliates.....	.0	.0	.0	.0	.0	.0	.0
	2.13 Ceded incurred claims to non-affiliates.....	.0	.0	.0	.0	.0	.0	.0
	2.14 Other adjustments due to MLR calculation – Claims.....	.0	.0	.0	.0	.0	.0	.0
	2.15 Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14).....	0	0	0	0	0	0	0
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0

216-2.GT



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION HUMANA INSURANCE OF PUERTO RICO, INC.

2. LOCATION San Juan, PR 00918-2131

NAIC Group Code 0119		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2010			NAIC Company Code 84603			
3A	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8	Total Expenses (6 to 9)
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses
1.	Individual Comprehensive Coverage Expenses:									
1.1	Salaries (including \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.2	Outsourced services.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3	EDP equipment and software (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4	Other equipment (excl. EDP) (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.5	Accreditation and certification (incl \$0 for affiliated services).....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0
1.6	Other expenses (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.8	Reimbursements by uninsured plans and fiscal intermediaries.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.10	Total (1.7 to 1.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:									
2.1	Salaries (including \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2	Outsourced Services.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3	EDP equipment and software (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4	Other equipment (excl. EDP) (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5	Accreditation and certification (incl \$0 for affiliated services).....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0
2.6	Other expenses (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.8	Reimbursements by uninsured plans and fiscal intermediaries.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.10	Total (2.7 to 2.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:									
3.1	Salaries (including \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.2	Outsourced services.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3	EDP equipment and software (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4	Other equipment (excl. EDP) (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.5	Accreditation and certification (incl \$0 for affiliated services).....	.0	XXX	XXX	XXX	XXX	.0	.0	.0	.0
3.6	Other expenses (incl \$0 for affiliated services).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.8	Reimbursements by uninsured plans and fiscal intermediaries.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.9	Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.10	Total (3.7 to 3.9).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0

3B	Quality Improvement Expenses Only	Improving Health Care Quality Expenses				
		1	2	3	4	5
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	Total (1 to 4)
1.	Individual Comprehensive Coverage Expenses:					
1.1	HIT expenses.....	.0	.0	.0	.0	.0
1.2	Other than HIT expenses.....	.0	.0	.0	.0	.0
2.	Small Group Comprehensive Coverage Expenses:					
2.1	HIT expenses.....	.0	.0	.0	.0	.0
2.2	Other than HIT expenses.....	.0	.0	.0	.0	.0
3.	Large Group Comprehensive Coverage Expenses:					
3.1	HIT Expenses.....	.0	.0	.0	.0	.0
3.2	Other than HIT expenses.....	.0	.0	.0	.0	.0
4.	Subtotals/Totals:					
4.1	Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1).....	.0	.0	.0	.0	.0
4.2	Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2).....	.0	.0	.0	.0	.0
4.3	Total (Lines 4.1 + 4.2).....	0	0	0	0	0

216-3-GT



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Audited Financial Report



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Accountants Letter of Qualifications

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

	1 Creditor Placed Home	2 Creditor Placed Auto	3 Personal Property	4 Other (a)
1. Premiums:				
1.1 Direct written premiums.....				
1.2 Direct earned premiums				
2. Underwriting expenses incurred:				
2.1 Commissions and brokerage expenses incurred				
2.2 Taxes, licenses and fees incurred				
2.3 Other acquisitions, field supervision and collection expenses incurred				
2.4 General expenses incurred				

(a) Provide a description of "other" coverages (including their percent of Line 1.2, Column 4):

SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	Ordinary Life Insurance			Group Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total (Columns 1&2)	4 Interest Sensitive	5 Non-Interest Sensitive	6 Total (Columns 4&5)
1. Premiums and annuity consideration for life and accident and health contracts.....		0	0		0	0
2. Considerations for supplementary contracts with life contingencies		0	0		0	0
3. Net investment income		0	0		0	0
4. Amortization of Interest Maintenance Reserve (IMR)		0	0		0	0
5. Separate Accounts net gain from operations excluding unrealized gains or losses		0	0		0	0
6. Commissions and expense allowances on reinsurance ceded		0	0		0	0
7. Reserve adjustments on reinsurance ceded		0	0		0	0
8. Miscellaneous income:						
8.1. Fees associated with income from investment management, administration, and contract guarantees from Separate Accounts		0	0		0	0
8.2. Charges and fees for deposit-type contracts		0	0		0	0
8.3. Aggregate write-ins for miscellaneous income	0	0	0	0	0	0
9. Totals (Lines 1 through 8.3)	0	0	0	0	0	0
10. Death benefits		0	0		0	0
11. Matured endowments (excluding guaranteed annual pure endowments)		0	0		0	0
12. Annuity benefits		0	0		0	0
13. Disability benefits and benefits under accident and health contracts		0	0		0	0
14. Coupons, guaranteed annual pure endowments and similar benefits		0	0		0	0
15. Surrender benefits and withdrawals for life contracts		0	0		0	0
16. Group conversions		0	0		0	0
17. Interest and adjustments on policy or deposit-type contract funds		0	0		0	0
18. Payments on supplementary contracts with life contingencies		0	0		0	0
19. Increase in aggregate reserves for life and accident and health contracts		0	0		0	0
20. Totals (Lines 10 through 19)	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)		0	0		0	0
22. Commissions and expense allowances on reinsurance assumed		0	0		0	0
23. General insurance expenses		0	0		0	0
24. Insurance taxes, licenses and fees, excluding federal income taxes		0	0		0	0
25. Increase in loading on deferred and uncollected premiums		0	0		0	0
26. Net transfers to or (from) Separate Accounts net of reinsurance		0	0		0	0
27. Aggregate write-ins for deductions	0	0	0	0	0	0
28. Totals (Lines 20 through 27)	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	0	0	0	0	0	0
30. Dividends to policyholders		0	0		0	0
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains)		0	0		0	0
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	0	0	0	0	0	0
DETAILS OF WRITE-INS						
08.301.						
08.302.						
08.303.						
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	0	0	0	0	0	0
2701.						
2702.						
2703.						
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0	0	0	0	0

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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	Ordinary Life Insurance			Group Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total (Columns 1&2)	4 Interest Sensitive	5 Non-Interest Sensitive	6 Total (Columns 4&5)
INVOLVING LIFE OR DISABILITY CONTINGENCIES (RESERVES)						
(Net of Reinsurance Ceded)						
1. Reserve December 31, prior year		0	0		0	0
2. Tabular net premiums or considerations		0	0		0	0
3. Present value of disability claims incurred		0	0		0	0
4. Tabular interest		0	0		0	0
5. Tabular less actual reserve released		0	0		0	0
6. Increase in reserve on account of change in valuation basis		0	0		0	0
7. Other increases (Net)		0	0		0	0
8. Totals (Lines 1 through 7)	0	0	0	0	0	0
9. Tabular cost		0	0		0	0
10. Reserves released by death		0	0		0	0
11. Reserves released by other terminations (net)		0	0		0	0
12. Annuity, supplementary contract, and disability payments involving life contingencies		0	0		0	0
13. Net transfers to or (from) Separate Accounts		0	0		0	0
14. Total deductions (Lines 9 through 13)	0	0	0	0	0	0
15. Reserve December 31, current year	0	0	0	0	0	0

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OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2010

(To Be Filed by April 1)

OF The HUMANA INSURANCE OF PUERTO RICO, INC.
 City, State, Zip Code San Juan, PR 00918-2131.....
 NAIC Group Code 0119.....NAIC Company Code 84603.....Employer's ID Number 66-0291866.....

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement.\$57,631,914
2. Ten largest exposures to a single issuer/borrower/investment.

	1	2	3	4
	Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
2.01	CITIPOWER I PTY LTD.....	BONDS.....	\$10,129,861	.....17.6 %
2.02	PUERTO RICO ELECT PWR AUTH PWR.....	BONDS.....	\$1,535,343	.....2.7 %
2.03	AMERICAN TOWER CORP.....	BONDS.....	\$299,632	.....0.5 %
2.04	CARLISLE COMPANIES INC.....	BONDS.....	\$298,646	.....0.5 %
2.05	CANTOR FITZGERALD LP.....	BONDS.....	\$27,415	.....0.0 %
2.06	LIFE TECHNOLOGIES CORP.....	BONDS.....	\$261,180	.....0.5 %
2.07	STEELRIVER TRANSMISSION.....	BONDS.....	\$250,000	.....0.4 %
2.08	CISCO SYSTEMS.....	BONDS.....	\$224,955	.....0.4 %
2.09	INCITEC PIVOT LTD.....	BONDS.....	\$198,412	.....0.3 %
2.10	FRONTIER COMMUNICATIONS.....	BONDS.....	\$150,000	.....0.3 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.

	Bonds		1	2	Preferred Stocks		3	4
3.01	NAIC-1	\$42,322,148	.....73.4 %	3.07	P/RP-1	\$0.0	.....0.0 %
3.02	NAIC-2	\$2,207,559	.....3.8 %	3.08	P/RP-2	\$0.0	.....0.0 %
3.03	NAIC-3	\$291,107	.....0.5 %	3.09	P/RP-3	\$0.0	.....0.0 %
3.04	NAIC-4	\$34,915	.....0.1 %	3.10	P/RP-4	\$0.0	.....0.0 %
3.05	NAIC-5	\$5,000	.....0.0 %	3.11	P/RP-5	\$0.0	.....0.0 %
3.06	NAIC-6	\$0	.....0.0 %	3.12	P/RP-6	\$0.0	.....0.0 %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02 Total admitted assets held in foreign investments..... \$0.0 %
 4.03 Foreign-currency-denominated investments \$0.0 %
 4.04 Insurance liabilities denominated in that same foreign currency..... \$0.0 %

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:

		1	2	
5.01	Countries rated NAIC-1.....	\$	.....0.0	%
5.02	Countries rated NAIC-2.....	\$	.....0.0	%
5.03	Countries rated NAIC-3 or below.....	\$	.....0.0	%

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign rating:

		1	2	
Countries rated NAIC-1:				
6.01	Country 1: .....	\$	.....0.0	%
6.02	Country 2: .....	\$	.....0.0	%
Countries rated NAIC-2:				
6.03	Country 1: .....	\$	.....0.0	%
6.04	Country 2: .....	\$	.....0.0	%
Countries rated NAIC-3 or below:				
6.05	Country 1: .....	\$	.....0.0	%
6.06	Country 2: .....	\$	.....0.0	%

		1	2	
7.	Aggregate unhedged foreign currency exposure.....	\$	.....0.0	%

8. Aggregate unhedged foreign currency exposure categorized by the country's NAIC sovereign rating:

		1	2	
8.01	Countries rated NAIC-1.....	\$	.....0.0	%
8.02	Countries rated NAIC-2.....	\$	.....0.0	%
8.03	Countries rated NAIC-3 or below.....	\$	.....0.0	%

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign rating:

		1	2	
Countries rated NAIC-1:				
9.01	Country 1: .....	\$	.....0.0	%
9.02	Country 2: .....	\$	.....0.0	%
Countries rated NAIC-2:				
9.03	Country 1: .....	\$	.....0.0	%
9.04	Country 2: .....	\$	.....0.0	%
Countries rated NAIC-3 or below:				
9.05	Country 1: .....	\$	.....0.0	%
9.06	Country 2: .....	\$	.....0.0	%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1	2	3	4	
	Issuer	NAIC Rating			
10.01	\$0.0	%
10.02	\$0.0	%
10.03	\$0.0	%
10.04	\$0.0	%
10.05	\$0.0	%
10.06	\$0.0	%
10.07	\$0.0	%
10.08	\$0.0	%
10.09	\$0.0	%
10.10	\$0.0	%

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes No

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?..... Yes No

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets Yes No

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets?..... Yes [X] No []
If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [X] No []
If response to 15.01 is yes, responses are not required for the remainder of Interrogatory 15.

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [X] No []
If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes No
If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes No
If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES (cont.)

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

	At Year-end			At End of Each Quarter		
	1	2		1st Quarter 3	2nd Quarter 4	3rd Quarter 5
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	\$.....	0.0	%	\$.....	\$.....	\$.....
20.02 Repurchase agreements.....	\$.....	0.0	%	\$.....	\$.....	\$.....
20.03 Reverse repurchase agreements.....	\$.....	0.0	%	\$.....	\$.....	\$.....
20.04 Dollar repurchase agreements.....	\$.....	0.0	%	\$.....	\$.....	\$.....
20.05 Dollar reverse repurchase agreements.....	\$.....	0.0	%	\$.....	\$.....	\$.....

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

	Owned			Written		
	1	2		3	4	
21.01 Hedging	\$.....	0.0	%	\$.....	0.0	%
21.02 Income generation	\$.....	0.0	%	\$.....	0.0	%
21.03 Other.....	\$.....	0.0	%	\$.....	0.0	%

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	At Year-end			At End of Each Quarter		
	1	2		1st Quarter 3	2nd Quarter 4	3rd Quarter 5
22.01 Hedging	\$.....	0.0	%	\$.....	\$.....	\$.....
22.02 Income generation	\$.....	0.0	%	\$.....	\$.....	\$.....
22.03 Replications	\$.....	0.0	%	\$.....	\$.....	\$.....
22.04 Other	\$.....	0.0	%	\$.....	\$.....	\$.....

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	At Year-end			At End of Each Quarter		
	1	2		1st Qtr 3	2nd Qtr 4	3rd Qtr 5
23.01 Hedging	\$.....	0.0	%	\$.....	\$.....	\$.....
23.02 Income generation	\$.....	0.0	%	\$.....	\$.....	\$.....
23.03 Replications	\$.....	0.0	%	\$.....	\$.....	\$.....
23.04 Other	\$.....	0.0	%	\$.....	\$.....	\$.....



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT
ASSESSMENT BASE RECONCILIATION EXHIBIT**

For The Year Ended December 31, 2010

Direct Business in the State of Puerto Rico

(To Be Filed by April 1)

NAIC COMPANY CODE 84603

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit - Type Contract Funds and Other Considerations
PREMIUMS, CONSIDERATIONS AND DEPOSITS				
1. Premiums, considerations and deposits from Schedule T	459,375	0	88,770,469	0
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to a liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				0
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				0
4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				0
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	459,375	0	88,770,469	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefits plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefits plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, not only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for Other Deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	459,375	0	88,770,469	0
DETAILS OF WRITE-INS				
3.501.				
3.502.				
3.503.				
3.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599. Totals (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For The Year Ended December 31, 2010 (To Be Filed by April 1)

Direct Business in the State of Consolidated

NAIC COMPANY CODE 84603

Table with 5 columns: PREMIUMS, CONSIDERATIONS AND DEPOSITS; Life Insurance Premiums; Annuity Considerations; A & H Premiums; Deposit - Type Funds. Rows include 1. Premiums, considerations and deposits from Schedule T, 2. Premiums, considerations and deposits NOT reported in Schedule T, 3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2, 4. Transfers, and 5. Total (Lines 1 + 2 + 3.99 + 4.99).

DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE

Table with 5 columns: Same as previous table. Rows include 6. Aggregate write-ins for amounts where the insurer is not subject to risk, 7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits, 8. Dividends/Experience rating credits paid or credited, not only if NOT guaranteed in advance, 9. Aggregate write-ins for Other Deductions, and 10. Total (Lines 6 + 7.4 + 8 + 9).

MODEL ACT BASE (Line 5 minus Line 10)

Table with 5 columns: Same as previous table. Row 11. Current Year with values 459,375, 0, 88,770,469, 0.

DETAILS OF WRITE-INS

Table with 5 columns: Same as previous table. Rows include 3.501, 3.502, 3.503, 3.598. Summary of remaining write-ins for Line 3.5 from overflow page, 3.599. Totals (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above), 0601, 0602, 0603, 0698. Summary of remaining write-ins for Line 6 from overflow page, 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above), 0901, 0902, 0903, 0998. Summary of remaining write-ins for Line 9 from overflow page, 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

For The Year Ended December 31, 2010

Direct Business in the State of Puerto Rico

(To Be Filed by April 1)

NAIC COMPANY CODE 84603

Table with 5 columns: Description, 1 Life Insurance Premium, 2 Allocated Annuity and Other Allocated Fund Deposits, 3 Accident & Health Premium, 4 Unallocated Annuity & Other Unallocated Fund Deposits. Rows include MODEL ACT BASE, AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE, and DETAILS OF WRITE - INS.



SUPPLEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY

Reporting Year 2010
(To Be Filed By April 1)

NAIC Group Code 0119

NAIC Company Code 84603

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives Inforce End of Year	8 Expected Lives Inforce End of Year	9 Actual to Expected Lives Inforce
A. Individual									
Comprehensive:									
1. Current				.00					.00
2. Prior				.00					.00
3. 2nd Prior				.00					.00
4. 3rd Prior				.00					.00
5. 4th Prior				.00					.00
6. 5th Prior				.00					.00
7. Form Inception-to-Date				.00					.00
8. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current				.00					.00
10. Prior				.00					.00
11. 2nd Prior				.00					.00
12. 3rd Prior				.00					.00
13. 4th Prior				.00					.00
14. 5th Prior				.00					.00
15. Form Inception-to-Date				.00					.00
16. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current				.00					.00
18. Prior				.00					.00
19. 2nd Prior				.00					.00
20. 3rd Prior				.00					.00
21. 4th Prior				.00					.00
22. 5th Prior				.00					.00
23. Form Inception-to-Date				.00					.00
24. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Group									
Comprehensive:									
1. Current				.00					.00
2. Prior				.00					.00
3. 2nd Prior				.00					.00
4. 3rd Prior				.00					.00
5. 4th Prior				.00					.00
6. 5th Prior				.00					.00
7. Form Inception-to-Date				.00					.00
8. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current				.00					.00
10. Prior				.00					.00
11. 2nd Prior				.00					.00
12. 3rd Prior				.00					.00
13. 4th Prior				.00					.00
14. 5th Prior				.00					.00
15. Form Inception-to-Date				.00					.00
16. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current				.00					.00
18. Prior				.00					.00
19. 2nd Prior				.00					.00
20. 3rd Prior				.00					.00
21. 4th Prior				.00					.00
22. 5th Prior				.00					.00
23. Form Inception-to-Date				.00					.00
24. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Summary									
1. Form Inception-to-Date	.0	.0	.0	.00	.0	.0	.0	.0	.00
2. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR**

NAIC Group Code		Reporting Year (TO BE FILED BY APRIL 1)											NAIC Company Code		
Reporting Year	1 Policy Form	2 First Year Issue	3 Last Year Issue	4 Earned Premiums	5 Incurred Claims	6 Loss Ratio	7 Annual Net/ Annual Gross Premiums	8 Current Year Net Premiums	9 Inforce Count Beginning of Year	10 New Issues Current Year	11 Inforce Count End of Year	12 Persistency Rate	13 Experience Policy Reserves	14 Reported Policy Reserves	15 Experience/ Reported Ratio
A. Individual															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
B. Group															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
C. SUMMARY															
1. Total Current-Individual				.0	.0	.XXX	.XXX	.0	.0	.0	.0	.XXX	.0	.0	.XXX
2. Total Prior-Individual				.0	.0	.XXX	.XXX	.0	.0	.0	.0	.XXX	.0	.0	.XXX
3. Total 2nd Prior-Individual				.0	.0	.XXX	.XXX	.0	.0	.0	.0	.XXX	.0	.0	.XXX
4. Total Current-Group				.0	.0	.XXX	.XXX	.0	.0	.0	.0	.XXX	.0	.0	.XXX
5. Total Prior-Group				.0	.0	.XXX	.XXX	.0	.0	.0	.0	.XXX	.0	.0	.XXX
6. Total 2nd Prior-Group				.0	.0	.XXX	.XXX	.0	.0	.0	.0	.XXX	.0	.0	.XXX
7. Current Year Total				.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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SUPPLEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

Reporting Year 2010
(To Be Filed By April 1)

NAIC Group Code 0119

NAIC Company Code 84603

Table with 9 columns: Incurred Year (2003-2010) and 8 sub-columns for years 1-8.

A. Individual

PART 1 - Total (Direct and Transferred) Amount Paid Policyholders

Table with 9 rows (Prior to 2010) and 9 columns (Incurred Year 2003-2010) showing amounts paid to policyholders.

Table with 9 columns: Incurred Year (2003-2010) and 8 sub-columns for years 1-8.

PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

Table with 9 rows (Prior to 2010) and 9 columns (Incurred Year 2003-2010) showing sum of amounts paid and reserves.

Table with 9 columns: Incurred Year (2003-2010) and 8 sub-columns for years 1-8.

PART 3 - Transferred Reserves

Table with 9 rows (Prior to 2010) and 9 columns (Incurred Year 2003-2010) showing transferred reserves.

Table with 9 columns: Incurred Year (2003-2010) and 8 sub-columns for years 1-8.

PART 4 - Present Value of Incurred Claims

Table with 9 rows (Prior to 2010) and 9 columns (Incurred Year 2003-2010) showing present value of incurred claims.

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SUPPLEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior.....								
2. 2003.....								
3. 2004.....	.XXX							
4. 2005.....	.XXX	.XXX						
5. 2006.....	.XXX	.XXX	.XXX					
6. 2007.....	.XXX	.XXX	.XXX	.XXX				
7. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX			
8. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
9. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior.....								
2. 2003.....								
3. 2004.....	.XXX							
4. 2005.....	.XXX	.XXX						
5. 2006.....	.XXX	.XXX	.XXX					
6. 2007.....	.XXX	.XXX	.XXX	.XXX				
7. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX			
8. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
9. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
PART 3 – Transferred Reserves								
1. Prior.....								
2. 2003.....								
3. 2004.....	.XXX							
4. 2005.....	.XXX	.XXX						
5. 2006.....	.XXX	.XXX	.XXX					
6. 2007.....	.XXX	.XXX	.XXX	.XXX				
7. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX			
8. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
9. 2010.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
PART 4 – Present Value of Incurred Claims								
1. Prior.....								
2. 2003.....								
3. 2004.....	.XXX							
4. 2005.....	.XXX	.XXX						
5. 2006.....	.XXX	.XXX	.XXX					
6. 2007.....	.XXX	.XXX	.XXX	.XXX				
7. 2008.....	.XXX	.XXX	.XXX	.XXX	.XXX			
8. 2009.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
9. 2010.....	.XXX							

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SUPPLEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2005.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2006.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2007.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2005.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2006.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2007.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
PART 3 – Transferred Reserves								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2005.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2006.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2007.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

Incurring Year	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010
PART 4 – Present Value of Incurred Claims								
1. Prior.....	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003.....	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004.....	XXX	.0	.0	.0	.0	.0	.0	.0
4. 2005.....	XXX	XXX	.0	.0	.0	.0	.0	.0
5. 2006.....	XXX	XXX	XXX	.0	.0	.0	.0	.0
6. 2007.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0
7. 2008.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
8. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
9. 2010.....	XXX	.0						

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SUPPLEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS**

Reporting Year 2010
(To Be Filed By April 1)

NAIC Group Code 0119

NAIC Company Code 84603

Incurring Year	1 Number of Policies in Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
A. Individual					
1. Current.....					
2. Prior.....					
3. 2nd Prior					
B. Group					
1. Current.....					
2. Prior.....					
3. 2nd Prior					
C. Summary					
1. Total Inception-to-Date					

Total Reserves are reserves for these particular life products with LTC accelerated benefits.
Incurred claims are only the policies that claims have been triggered due to acceleration.



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Management's Discussion and Analysis



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**MEDICARE PART D COVERAGE SUPPLEMENT
NET OF REINSURANCE**

For The Year Ended December 31, 2010
(To Be Filed by March 1)

NAIC Group Code0119

NAIC Company Code84603

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	282,380	XXX		XXX	282,380
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	(7,067)	XXX		XXX	(7,067)
1.2 Supplemental Benefits.....	(44,880)	XXX		XXX	(44,880)
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....	57,271	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....	(548)	XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....		XXX		XXX	XXX
4.2 Payable.....	(5,253)	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	282,380	XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(12,320)	XXX		XXX	XXX
5.2 Supplemental Benefits.....	12,939	XXX		XXX	XXX
6. Total Premiums.....	282,999	XXX	0	XXX	230,433
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	154,342	XXX		XXX	154,342
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....	2,751	XXX		XXX	2,751
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....	(14,703)	XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	5,920	XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	148,422	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	(11,952)	XXX	0	XXX	XXX
11. Total Claims.....	136,470	XXX	0	XXX	157,093
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change.....	XXX	8,805	XXX		8,805
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	41,527	XXX		XXX	41,527
15. Expenses Incurred.....	33,960	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	112,569	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	40,618



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Actuarial Opinion (Statement) on Non-guaranteed Elements



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Actuarial Opinion on Participating and Non-Participating Policies

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

Answer Yes [] No []

If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

.....

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?

Answer Yes [] No []

If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

.....

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?

Answer Yes [] No []

If the answer is "No" explain in detail below. Attach separate sheet if necessary.

NONE

.....

(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A		Column B	
	Yes	No	Yes	No
To be answered by Life and A&H Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Summary of Operations				
c. Surplus Account				
To be answered by Property and Casualty Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income – Underwriting and Investment Exhibit				
c. Capital and Surplus Account				
To be answered by Title Insurance Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income-Operations and Investment Exhibit				
c. Capital and Surplus Account				
To be answered by Health Insurance Companies:				
a. Statement of Assets, Liabilities, Capital and Surplus				
b. Statement of Revenue and Expenses				
c. Capital and Surplus Account				

INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

1 Name and Title	2 Principal Occupation or Employment	3 Served as Director From	4 Aggregate Direct Remuneration	Benefits Accrued or Set Aside During Year		Est. Annual Benefits Upon Retirement	
				5 Retirement Plan	6 Other Emp. Benefits	7 Retirement Plan	8 Other Emp. Benefits
NONE							

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
 - B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.
2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet.

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

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

...XXX... XXX... XXX...

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?
 Answer Yes [] No []
 If answer is "no" explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?
 Answer Yes [] No []

If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders. If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**ACTUARIAL CERTIFICATION RELATED TO HEDGING REQUIRED BY
ACTUARIAL GUIDELINE XLIII**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**FINANCIAL OFFICER CERTIFICATION RELATED TO CLEARLY
DEFINED HEDGING STRATEGY REQUIRED BY ACTUARIAL
GUIDELINE XLIII**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**MANAGEMENT CERTIFICATION THAT THE VALUATION REFLECTS
MANAGEMENT'S INTENT REQUIRED BY ACTUARIAL GUIDELINE
XLIII**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**ACTUARIAL CERTIFICATION RELATED TO THE RESERVES
REQUIRED BY ACTUARIAL GUIDELINE XLIII**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Statement of Actuarial Opinion

HUMANA INSURANCE OF PUERTO RICO, INC.

STATEMENT OF ACTUARIAL OPINION

December 31, 2010

I, P. Anthony Hammond, am Vice President and Chief Actuary of Humana Insurance of Puerto Rico, Inc. and a member of the American Academy of Actuaries. I was appointed by the Board of Directors of Humana Insurance of Puerto Rico, Inc. on February 15, 2002, to render this opinion. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

I have examined the actuarial assumptions and actuarial methods used in determining the reserves and related actuarial items listed below, as shown in the annual statement of the company, as prepared for filing with commonwealth regulatory officials, as of December 31, 2010.

A. Aggregate Reserve for Life Contracts (Exhibit 5).	\$ 53,892
B. Aggregate Reserve for Accident and Health Contracts (Exhibit 6).	\$ 21,579
C. Aggregate Reserve for Deposit Type Contracts (Exhibit 7).	\$ 0
D. Net deferred and uncollected premiums (Exhibit 1).	\$ 2,425,720
E. Contracts Claims – Liability End of Current Year (Exhibit 8, Part 1).	\$11,588,246
F. Experience Rated Refund – Medicare Part D (Page 3, line 9.2)	\$ 24,392

In forming my opinion on the items listed above, I have relied upon listings and summaries of policies and contracts and other liabilities in force prepared by or under the direction of Mayra Torres, Chief of Finance of Humana Insurance of Puerto Rico, Inc., as certified in the attached statement. (See accompanying affidavit.) I reconciled that data to exhibits of the Company's current annual statement. In other respects, my examination included review of the actuarial assumptions and methods and such tests of the actuarial calculations, as I considered necessary.

In my opinion, the amounts carried in the balance sheet on account of the actuarial items identified above:

- A. Are computed in accordance with generally accepted actuarial standards consistently applied (except as noted below) and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions which are in accordance with or stronger than those called for in contract provisions,
- C. Meet the requirements of the insurance laws of Puerto Rico,
- D. Make a good and sufficient provision for all unmatured obligations of the Company guaranteed under the terms of its contracts,
- E. Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end, and
- F. Include provision for all actuarial reserves and related statement items which ought to be established.

Actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion with one exception. This Statement of Actuarial Opinion does not conform to the requirements of Actuarial Standard of Practice No. 22, Statements of Opinion Based on Asset Adequacy Analysis by Actuaries for Life or Health Insurers. However, asset adequacy testing is not required under Puerto Rico Insurance Code Title 26, Section 510, Annual Valuation of Policies, or Rule 48, Part A, of the Insurance Regulations.



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Statement of Actuarial Opinion

HUMANA INSURANCE OF PUERTO RICO, INC.

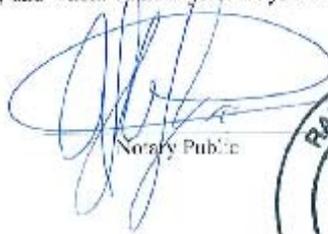
STATEMENT OF ACTUARIAL OPINION
December 31, 2010
(Cont.)

This opinion was prepared for, and is to be relied upon only by, Humana Insurance of Puerto Rico, Inc.; Humana, Inc.; and the Insurance Department where it is filed.


P. Anthony Hammond, ASA, MAAA
Vice President and Chief Actuary
Humana Insurance of Puerto Rico, Inc.
383 Ave FD Roosevelt
San Juan, PR 00918-2131
(787) 282-7900

Date: April 8, 2011

Affidavit: 9151
Sworn and subscribed before me by P. Anthony Hammond, of legal age, married and resident of Louisville, Kentucky, passing through Puerto Rico, and whom I know personally, this 8th day of April 2011, in San Juan, Puerto Rico.


Notary Public





ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

Statement of Actuarial Opinion



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

X-FACTORS ACTUARIAL OPINION



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**SEPARATE ACCOUNTS FUNDING GUARANTEED MIMIMUM BENEFIT
ACTUARIAL OPINION**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**SYNTHETIC GUARANTEED INVESTMENT CONTRACTS
ACTUARIAL OPINION**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**REASONABLENESS OF ASSUMPTIONS CERTIFICATION REQUIRED
BY ACTUARIAL GUIDELINE XXXV**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**REASONABLENESS AND CONSISTENCY OF ASSUMPTIONS
CERTIFICATION REQUIRED BY ACTUARIAL GUIDELINE XXXV**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**REASONABLENESS OF ASSUMPTIONS CERTIFICATION FOR
IMPLIED GUARANTEED RATE METHOD REQUIRED BY ACTUARIAL
GUIDELINE XXXVI**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**REASONABLENESS AND CONSISTENCY OF ASSUMPTIONS
CERTIFICATION REQUIRED BY ACTUARIAL GUIDELINE XXXVI
(UPDATED AVERAGE MARKET VALUE)**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**REASONABLENESS AND CONSISTENCY OF ASSUMPTIONS
CERTIFICATION REQUIRED BY ACTUARIAL GUIDELINE XXXVI
(UPDATED MARKET VALUE)**



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

C-3 RBC CERTIFICATIONS REQUIRED UNDER C-3 PHASE I



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

C-3 RBC CERTIFICATIONS REQUIRED UNDER C-3 PHASE II



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

**ACTUARIAL OPINION REQUIRED BY THE MODIFIED GUARANTEED
ANNUITY MODEL REGULATION**



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SUPPLEMENTAL COMPENSATION EXHIBIT

For The Year Ended December 31, 2010
(To be filed by March 1)

PART 1 - INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system: Yes [] No [] If yes, do the amounts below represent
 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group:
 Yes []; or 2) allocation to each insurer: Yes [].
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?..... Yes [] No []
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commission whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?..... Yes [] No []

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	Annual Compensation			
		3 Salary	4 Bonus	5 All Other Compensation	6 Totals
Chief Executive Officer -	2010				0
	2009				0
	2008				0
1.	2010				0
	2009				0
	2008				0
2.	2010				0
	2009				0
	2008				0
3.	2010				0
	2009				0
	2008				0
4.	2010				0
	2009				0
	2008				0
5.	2010				0
	2009				0
	2008				0
6.	2010				0
	2009				0
	2008				0
7.	2010				0
	2009				0
	2008				0
8.	2010				0
	2009				0
	2008				0
9.	2010				0
	2009				0
	2008				0

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation	2 Compensation Paid or Deferred for Services as Director	3 All Other Compensation Paid or Deferred	4 Totals
.....			
.....			
.....			



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

SCHEDULE O SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2010

(To Be Filed By March 1)

Of The HUMANA INSURANCE OF PUERTO RICO, INC.

Address (City, State and Zip Code) San Juan, PR 00918-2131

NAIC Group Code 0119 NAIC Company Code 84603 Employer's ID Number 66-0291866

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

Table with 6 rows (1. Prior to 6. 2010) and 5 columns (Net Amounts Paid Policyholders: 1 2006, 2 2007, 3 2008, 4 2009, 5 2010(a)).

Section B - Other Accident and Health

Table with 6 rows (1. Prior to 6. 2010) and 5 columns (Net Amounts Paid Policyholders: 1 2006, 2 2007, 3 2008, 4 2009, 5 2010(a)).

Section C - Credit Accident and Health

Table with 6 rows (1. Prior to 6. 2010) and 5 columns (Net Amounts Paid Policyholders: 1 2006, 2 2007, 3 2008, 4 2009, 5 2010(a)).

Section D -

Table with 6 rows (1. Prior to 6. 2010) and 5 columns (Net Amounts Paid Policyholders: 1 2006, 2 2007, 3 2008, 4 2009, 5 2010(a)).

Section E -

Table with 6 rows (1. Prior to 6. 2010) and 5 columns (Net Amounts Paid Policyholders: 1 2006, 2 2007, 3 2008, 4 2009, 5 2010(a)).

Section F -

Table with 6 rows (1. Prior to 6. 2010) and 5 columns (Net Amounts Paid Policyholders: 1 2006, 2 2007, 3 2008, 4 2009, 5 2010(a)).

Section G -

Table with 6 rows (1. Prior to 6. 2010) and 5 columns (Net Amounts Paid Policyholders: 1 2006, 2 2007, 3 2008, 4 2009, 5 2010(a)).

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. Prior	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0
3. 2007	XXX	XXX	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0

Section B - Other Accident and Health

1. Prior	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0
3. 2007	XXX	XXX	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0

Section C - Credit Accident and Health

1. Prior	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0
3. 2007	XXX	XXX	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0

Section D-

1. Prior	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0
3. 2007	XXX	XXX	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0

Section E-

1. Prior	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0
3. 2007	XXX	XXX	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0

Section F-

1. Prior	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0
3. 2007	XXX	XXX	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0

Section G-

1. Prior	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0
3. 2007	XXX	XXX	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. 2006	83,491,364	79,153,692	18,468,103	XXX	XXX
2. 2007	XXX	53,425,617	51,912,546	52,257,228	XXX
3. 2008	XXX	XXX	62,159,519	61,311,817	61,409,831
4. 2009	XXX	XXX	XXX	68,870,347	65,960,861
5. 2010	XXX	XXX	XXX	XXX	72,729,770

Section B - Other Accident and Health

1. 2006	0	0	0	XXX	XXX
2. 2007	XXX	0	0	0	XXX
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

NONE

Section C - Credit Accident and Health

1. 2006	0	0	0	XXX	XXX
2. 2007	XXX	0	0	0	XXX
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

NONE

Section D-

1. 2006	0	0	0	XXX	XXX
2. 2007	XXX	0	0	0	XXX
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

NONE

Section E-

1. 2006	0	0	0	XXX	XXX
2. 2007	XXX	0	0	0	XXX
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

NONE

Section F-

1. 2006	0	0	0	XXX	XXX
2. 2007	XXX	0	0	0	XXX
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

NONE

Section G-

1. 2006	0	0	0	XXX	XXX
2. 2007	XXX	0	0	0	XXX
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

NONE

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year				
	1 2006	2 2007	3 2008	4 2009	5 2010
1. 2006	0	0	0	0	0
2. 2007	XXX	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

Section B – Other Accident and Health

1. 2006	0	0	0	0	0
2. 2007	XXX	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

Section C - Credit Accident and Health

1. 2006	0	0	0	0	0
2. 2007	XXX	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

Section D-

1. 2006	0	0	0	0	0
2. 2007	XXX	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

Section E-

1. 2006	0	0	0	0	0
2. 2007	XXX	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

Section F-

1. 2006	0	0	0	0	0
2. 2007	XXX	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

Section G-

1. 2006	0	0	0	0	0
2. 2007	XXX	0	0	0	0
3. 2008	XXX	XXX	0	0	0
4. 2009	XXX	XXX	XXX	0	0
5. 2010	XXX	XXX	XXX	XXX	0

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		37
2. Ordinary Life		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		17
7. Group Annuities		
8. Group Accident and Health		11,134
9. Credit Accident and Health		0
10. Other Accident and Health		22
11. Total		11,210



Trusted Surplus Statement

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

_____ being duly sworn, says that he/she is the _____
of the _____

a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
that this trusted surplus statement together with its related schedules appended hereto is a true statement of the trusted surplus of said corporation, that the several items of
assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and
all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as
hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 2011

AFFIDAVIT OF TRUSTEE - SCHEDULE B

_____ being sworn, say that it is the Trustee of the _____,
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the
assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2011

AFFIDAVIT OF TRUSTEE - SCHEDULE C

_____ being sworn, say that it is the Trustee of the _____,
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the
assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2011

AFFIDAVIT OF TRUSTEE - SCHEDULE D

_____ being sworn, say that it is the Trustee of the _____,
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the
assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2011

TRUSTEED SURPLUS STATEMENT

LIABILITIES AND TRUSTEED SURPLUS

	1
1. Total Liabilities	16,551,464
ADDITIONS TO LIABILITIES:	
2. Aggregate write-ins for additions to liabilities	0
3. Total (Lines 1 + 2)	16,551,464
DEDUCTIONS FROM LIABILITIES:	
4. Amounts Recoverable From Reinsurers:	
4.1 Authorized Companies	
4.2 Unauthorized Companies	
5. Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule)	
5.2 Accrued interest on special state deposits	
6. Life insurance premiums and annuity considerations deferred and uncollected	
7. Accident and health premiums due and unpaid	
8. Policy loans and premium notes:	
8.1 Policy loans not exceeding reserves carried on such policies	
8.2 Premium notes	
8.3 Interest due and accrued on policy loans and premium notes	
9. Aggregate write-ins for other deductions from liabilities	0
10. Total Deductions (Lines 4.1 thru 9)	0
11. Total Adjusted Liabilities (Line 3 minus Line 10)	16,551,464
12. Trusteed Surplus	
13. Total	16,551,464
DETAILS OF WRITE-INS	
0201.	
0202.	
0203.	
0298. Summary of remaining write-ins for Line 2 from overflow page	0
0299. Totals (Lines 0201 thru 0203 plus 0298)(Line 2 above)	0
0901.	
0902.	
0903.	
0998. Summary of remaining write-ins for Line 9 from overflow page	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

None

Address (City, State and Zip Code) ,
NAIC Group Code NAIC Company Code Employer' ID Number

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Table with 4 columns: Lines of Business, Net Premiums Written per Column 5, Part 2, Unearned Premiums Dec. 31 Current Year, Premiums Earned During Year (Cols. 1 + 2 - 3). Row 1: Workers' Compensation Carve-Out, 0, 0, 0.

PART 2 - PREMIUMS WRITTEN

Table with 5 columns: Line of Business, Reinsurance Assumed From Affiliates, Reinsurance Assumed From Non-Affiliates, Reinsurance Ceded To Affiliates, Reinsurance Ceded To Non-Affiliates, Net Premiums Written (Cols. 1 + 2 - 3 - 4). Row 1: Workers' Compensation Carve-Out, 0, 0, 0, 0.

PART 3 - LOSSES PAID AND INCURRED

Table with 7 columns: Line of Business, Reinsurance Assumed, Reinsurance Recovered, Net Payments (Cols. 1 - 2), Net Losses Unpaid Current Year (Part 4, Col. 6), Net Losses Unpaid Prior Year, Losses Incurred Current Year (Cols. 3 + 4 - 5), Percentage of Losses Incurred (Col. 6, Part 3) to Premiums Earned (Col. 4, Part 1). Row 1: Workers' Compensation Carve-Out, 0, 0, 0, 0, 0, 0.0.

PART 4 - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Table with 7 columns: Line of Business, Reinsurance Assumed, Reported Losses (Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies), Net Losses Excl. Incurred But Not Reported (Cols. 1 - 2), Reinsurance Assumed, Reinsurance Ceded, Net Losses Unpaid (Cols. 3 + 4 - 5), Unpaid Loss Adjustment Expenses. Row 1: Workers' Compensation Carve-Out, 0, 0, 0, 0, 0.

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Total (Cols. 6 + 7)							
NONE														
9999999 Totals														

SCHEDULE F - PART 2

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
NONE																			
9999999 Totals																			

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WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT
SCHEDULE P – PART 1
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number Of Claims Reported - Assumed
	1	2	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4	5	6	7	8	9			
	Assumed	Ceded		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2001	0	0	0	0	0	0	0	0	0	0	0	0
3. 2002	0	0	0	0	0	0	0	0	0	0	0	0
4. 2003	0	0	0	0	0	0	0	0	0	0	0	0
5. 2004	0	0	0	0	0	0	0	0	0	0	0	0
6. 2005	0	0	0	0	0	0	0	0	0	0	0	0
7. 2006	0	0	0	0	0	0	0	0	0	0	0	0
8. 2007	0	0	0	0	0	0	0	0	0	0	0	0
9. 2008	0	0	0	0	0	0	0	0	0	0	0	0
10. 2009	0	0	0	0	0	0	0	0	0	0	0	0
11. 2010	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding - Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

NONE

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P - PART 2

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010	11 One Year	12 Two Year
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2001	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2002	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2003	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2004	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2005	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2006	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
8. 2007	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
9. 2008	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
10. 2009	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.XXX
11. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.XXX	.XXX
12. Totals											0	0

SCHEDULE P - PART 3

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2001	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2002	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2003	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2004	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2005	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2006	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
8. 2007	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
9. 2008	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
10. 2009	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0
11. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	0	0

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2001	0	0	0	0	0	0	0	0	0	0
3. 2002	XXX	0	0	0	0	0	0	0	0	0
4. 2003	XXX	XXX	0	0	0	0	0	0	0	0
5. 2004	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2005	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2006	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 5 - WORKERS COMPENSATION CARVE-OUT SUPPLEMENT

SECTION 1

Years in Which Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT ASSUMED AT YEAR END									
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2001	0	0	0	0	0	0	0	0	0	0
3. 2002	XXX	0	0	0	0	0	0	0	0	0
4. 2003	XXX	XXX	0	0	0	0	0	0	0	0
5. 2004	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2005	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2006	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING ASSUMED AT YEAR END									
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2001	0	0	0	0	0	0	0	0	0	0
3. 2002	XXX	0	0	0	0	0	0	0	0	0
4. 2003	XXX	XXX	0	0	0	0	0	0	0	0
5. 2004	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2005	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2006	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END									
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2001	0	0	0	0	0	0	0	0	0	0
3. 2002	XXX	0	0	0	0	0	0	0	0	0
4. 2003	XXX	XXX	0	0	0	0	0	0	0	0
5. 2004	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2005	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2006	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P - PART 6 - WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE ASSUMED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned	
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2001	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2002	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2003	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2004	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2005	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2006	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P, Part 1)	0	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE CEDED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned	
	1 2001	2 2002	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2001	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2002	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2003	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2004	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2005	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2006	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2007	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P, Part 1)	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2010
(To Be Filed by April 1)

	1 Total Annuities	Industrial					Group				
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
1. Premiums and annuity considerations for life and accident and health contracts (a)	.0										
2. Considerations for supplementary contracts with life contingencies	.0										
3. Net investment income	.0										
4. Amortization of Interest Maintenance Reserve (IMR)	.0										
5. Separate Accounts net gain from operations excluding unrealized gains or losses	.0										
6. Commissions and expense allowances on reinsurance ceded	.0										
7. Reserve adjustments on reinsurance ceded	.0										
8. Miscellaneous Income:											
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts	.0										
8.2 Charges and fees for deposit-type contracts	.0										
8.3 Aggregate write-ins for miscellaneous income	.0	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3)	.0	0	0	0	0	0	0	0	0	0	0
10. Death benefits	.0										
11. Matured endowments (excluding guaranteed annual pure endowments)	.0										
12. Annuity benefits	.0										
13. Disability benefits and benefits under accident and health contracts	.0										
14. Coupons, guaranteed annual pure endowments and similar benefits	.0										
15. Surrender benefits and withdrawals for life contracts	.0										
16. Group conversions	.0										
17. Interest and adjustments on contract or deposit-type contract funds	.0										
18. Payments on supplementary contracts with life contingencies	.0										
19. Increase in aggregate reserves for life and accident and health contracts	.0										
20. Totals (Lines 10 to 19)	.0	0	0	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	.0										
22. Commissions and expense allowances on reinsurance assumed	.0										
23. General insurance expenses	.0										
24. Insurance taxes, licenses and fees, excluding federal income taxes	.0										
25. Increase in loading on deferred and uncollected premiums	.0										
26. Net transfers to or (from) Separate Accounts net of reinsurance	.0										
27. Aggregate write-ins for deductions	.0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27)	.0	0	0	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	.0	0	0	0	0	0	0	0	0	0	0
30. Dividends to policyholders	.0										
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	.0	0	0	0	0	0	0	0	0	0	0
32. Federal income taxes incurred (excluding tax on capital gains)	.0										
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b)	.0	0	0	0	0	0	0	0	0	0	0
34. Inforce End of Year	.0										
DETAILS OF WRITE-INS											
08.301.											
08.302.											
08.303.											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	.0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	.0	0	0	0	0	0	0	0	0	0	0
2701.											
2702.											
2703.											
2798. Summary of remaining write-ins for Line 27 from overflow page	.0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)	.0	0	0	0	0	0	0	0	0	0	0

(a) Premiums and annuity considerations for life and accident and health contracts Includes: \$..... for include variable annuities not associated with guarantees \$..... for individual variable annuities associated with guarantees \$..... for group variable annuities not associated with guarantees and \$..... for group variable annuities not associated with guarantees

(b) Net gain from operations after dividends to policyholders and federal income taxes and before realized gains or (losses) includes \$..... for individual variable annuities not associated with guarantees \$..... for individual variable annuities associated with guarantees \$..... for group variable annuities not associated with guarantees and \$..... for group variable annuities associated with guarantees

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE HUMANA INSURANCE OF PUERTO RICO, INC.

ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

For the Year Ended December 31, 2010
(To Be Filed by April 1)

	1 Total Annuities	Individual					Group				
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)											
1. Reserve December 31, prior year.....	.0										
2. Tabular net premiums or considerations .....	.0										
3. Present value of disability claims incurred.....	.0										
4. Tabular interest .....	.0										
5. Tabular less actual reserve released .....	.0										
6. Increase in reserve on account of change in valuation basis.....											
7. Other increases (net).....	0										
8. Totals (Lines 1 to 7)	0	0	0	0	0	0	0	0			
9. Tabular cost.....	.0										
10. Reserves released by death.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net) .....	.0										
12. Annuity, supplementary contract, and disability payments involving life contingencies.....	.0										
13. Net transfers to or (from) Separate Accounts.....	.0										
14. Total deductions (Lines 9 to 13) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Reserve December 31, current year (a)	0	0	0	0	0	0	0	0	0	0	0

(a) Reserve December 31, current year includes \$..... for individual variable annuities not associated with guarantees \$..... for individual variable annuities associated with guarantees \$..... for group variable annuities not associated with guarantees and \$..... for group variable annuities associated with guarantees