



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

## Humana Benefit Plan of Illinois, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

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

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

Statutory Home Office 111 N. Canal St. Chicago, IL, US 60606  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.humana.com

Statutory Statement Contact Bryan Oberholtzer 502-580-1077  
(Name) (Area Code) (Telephone Number)  
DOIINQUIRIES@humana.com 502-580-2099  
(E-mail Address) (FAX Number)

### OFFICERS

President & CEO Bruce Dale Broussard Chief Financial Officer Susan Marie Diamond  
VP, Associate General Counsel & Corporate Secretary Joseph Matthew Ruschell VP & Treasurer Robert Martin Marcoux Jr.

### OTHER

<u>Courtney Danielle Durall, Assistant Corporate Secretary &amp; Director, ESG Strategy</u>	<u>Douglas Allen Edwards, SVP, Enterprise Associate &amp; Business Solutions</u>	<u>Daniel Kevin Feld #, Associate VP, Tax</u>
<u>John-Paul William Felter, SVP, Chief Accounting Officer &amp; Controller</u>	<u>Catherine Elva Field, SVP, Medicare Divisional Leader</u>	<u>Jeremy Leon Gaskill, VP, Medicare Regional President</u>
<u>John Stephen Littig #, SVP, EG Medical</u>	<u>Matthew George Moore, Regional President</u>	<u>Sean Joseph O'Reilly, SVP, Chief Compliance Officer</u>
<u>William Mark Preston, VP, Investments</u>	<u>George Renaudin II, President, Medicare &amp; Medicaid</u>	<u>Frederick William Roth #, VP, Medicare Supplement</u>
<u>Leah Sonnenschein Schraudenbach #, SVP, Chief Risk Officer</u>	<u>Gilbert Alan Stewart, SVP, Medicare Divisional Leader</u>	<u>Michael Poul Tilton, SVP, Specialty &amp; Retiree Solutions</u>
<u>Ralph Martin Wilson, Vice President</u>		

### DIRECTORS OR TRUSTEES

<u>Bruce Dale Broussard</u>	<u>Daniel William Corboy, M.D. #</u>	<u>Justin Tyler Howard #</u>
<u>George Renaudin II</u>	<u>Joseph Matthew Ruschell</u>	<u>Ross Alan Westreich</u>

State of Kentucky SS  
County of Jefferson

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

Bruce Dale Broussard  
President & CEO

Joseph Matthew Ruschell  
VP, Associate General Counsel & Corporate Secretary

Robert Martin Marcoux, Jr.  
VP & Treasurer

Subscribed and sworn to before me this 19th day of February, 2024

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

Julia Wentworth  
Notary Public  
January 10, 2025



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	93,854,538	0	0	1,774,835	1,774,835	93,854,538
0199999. Total Pharmaceutical Rebate Receivables	93,854,538	0	0	1,774,835	1,774,835	93,854,538
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	14,236	0	0	0	0	14,236
0299999. Total Claim Overpayment Receivables	14,236	0	0	0	0	14,236
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	3,937,500	3,937,500	0
0399999. Total Loans and Advances to Providers	0	0	0	3,937,500	3,937,500	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	42,192,379	42,192,379	0
0599999. Total Risk Sharing Receivables	0	0	0	42,192,379	42,192,379	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	2,016,924	0	0	0	0	2,016,924
0699999. Total Other Health Care Receivables	2,016,924	0	0	0	0	2,016,924
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**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	70,199,142	367,720,285	1,774,835	93,854,538	71,973,977	75,855,666
2. Claim overpayment receivables .....	13,171	0	0	14,236	13,171	13,171
3. Loans and advances to providers .....	0	0	0	3,937,500	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	25,277,173	0	0	42,192,379	25,277,173	25,277,173
6. Other health care receivables.....	0	0	0	2,016,924	0	0
7. Totals (Lines 1 through 6)	95,489,486	367,720,285	1,774,835	142,015,577	97,264,321	101,146,010

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	3,594,464	522,570	52,188	1,694	2,318	4,173,233
0399999. Aggregate accounts not individually listed-covered	44,167,534	6,421,156	641,263	20,816	28,482	51,279,251
0499999. Subtotals	47,761,998	6,943,726	693,450	22,510	30,800	55,452,484
0599999. Unreported claims and other claim reserves						433,091,875
0699999. Total amounts withheld						0
0799999. Total claims unpaid						488,544,359
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0899999 Accrued medical incentive pool and bonus amounts						44,118,288



**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>NONE</b>				
0399999 Total gross payables				

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	1,432,397,915	36.5	356,822	100.0	0	1,432,397,915
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	1,432,397,915	36.5	356,822	100.0	0	1,432,397,915
<b>Other Payments:</b>						
5. Fee-for-service .....	74,554,795	1.9	XXX	XXX	0	74,554,795
6. Contractual fee payments .....	2,367,768,956	60.3	XXX	XXX	0	2,367,768,956
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	51,189,929	1.3	XXX	XXX	0	51,189,929
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	2,493,513,681	63.5	XXX	XXX	0	2,493,513,681
13. TOTAL (Line 4 plus Line 12)	3,925,911,596	100%	XXX	XXX	0	3,925,911,596

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	81,627	0	78,101	3,525	3,525	0
2. Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	0	0	0	0	0	0
6. Total	81,627	0	78,101	3,525	3,525	0



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Alabama		DURING THE YEAR							2023		(LOCATION)		NAIC Company Code		60052	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
<b>Total Members at end of:</b>																					
1. Prior Year .....	3,362	0	0	1,783	0	0	0	1,579	0	0	0	0	0	0							
2. First Quarter .....	3,010	0	0	1,598	0	0	0	1,412	0	0	0	0	0	0							
3. Second Quarter .....	2,973	0	0	1,585	0	0	0	1,388	0	0	0	0	0	0							
4. Third Quarter .....	2,947	0	0	1,566	0	0	0	1,381	0	0	0	0	0	0							
5. Current Year	2,886	0	0	1,530	0	0	0	1,356	0	0	0	0	0	0							
6. Current Year Member Months	35,453	0	0	18,801	0	0	0	16,652	0	0	0	0	0	0							
<b>Total Member Ambulatory Encounters for Year:</b>																					
7. Physician .....	69,543	0	0	34,469	0	0	0	35,074	0	0	0	0	0	0							
8. Non-Physician .....	24,511	0	0	9,850	0	0	0	14,661	0	0	0	0	0	0							
9. Total	94,054	0	0	44,319	0	0	0	49,735	0	0	0	0	0	0							
10. Hospital Patient Days Incurred	4,312	0	0	1,372	0	0	0	2,940	0	0	0	0	0	0							
11. Number of Inpatient Admissions	538	0	0	229	0	0	0	309	0	0	0	0	0	0							
12. Health Premiums Written (b) .....	24,826,010	0	0	3,270,895	0	0	0	21,555,115	0	0	0	0	0	0							
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
15. Health Premiums Earned .....	24,826,010	0	0	3,270,895	0	0	0	21,555,115	0	0	0	0	0	0							
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
17. Amount Paid for Provision of Health Care Services .....	22,966,509	0	0	3,160,102	0	0	0	19,806,406	0	0	0	0	0	0							
18. Amount Incurred for Provision of Health Care Services	22,307,637	0	0	3,102,935	0	0	0	19,204,702	0	0	0	0	0	0							

(a) For health business: number of persons insured under PPO managed care products ..... 1,356 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 21,555,115

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Alaska			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)
	Arizona			2023										NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>														
1. Prior Year .....														
2. First Quarter .....														
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year														
6. Current Year Member Months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-Physician .....														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	Arkansas			2023										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		California		2023										NAIC Company Code	
		4		60052											
Comprehensive (Hospital & Medical)		4		5	6	7	8	9	10	11	12	13	14		
2		3		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total	Individual	Group													
<b>Total Members at end of:</b>															
1. Prior Year	298	0	0	298	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	1,746	0	0	449	0	0	0	1,297	0	0	0	0	0	0	
3. Second Quarter	2,011	0	0	560	0	0	0	1,451	0	0	0	0	0	0	
4. Third Quarter	2,486	0	0	903	0	0	0	1,583	0	0	0	0	0	0	
5. Current Year	3,340	0	0	1,690	0	0	0	1,650	0	0	0	0	0	0	
6. Current Year Member Months	26,529	0	0	9,084	0	0	0	17,445	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	32,307	0	0	12,196	0	0	0	20,111	0	0	0	0	0	0	
8. Non-Physician	14,644	0	0	4,031	0	0	0	10,613	0	0	0	0	0	0	
9. Total	46,951	0	0	16,227	0	0	0	30,724	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	3,359	0	0	570	0	0	0	2,789	0	0	0	0	0	0	
11. Number of Inpatient Admissions	405	0	0	84	0	0	0	321	0	0	0	0	0	0	
12. Health Premiums Written (b)	17,380,838	0	0	1,612,199	0	0	0	15,768,639	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	17,380,838	0	0	1,612,199	0	0	0	15,768,639	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	15,065,236	0	0	1,182,308	0	0	0	13,882,929	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	17,604,542	0	0	1,452,108	0	0	0	16,152,434	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products ..... 1,650 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 15,768,639

30 CA



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Colorado		2023										NAIC Company Code	
		60052													
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	7	0	0	7	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter .....	118	0	0	118	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter .....	322	0	0	322	0	0	0	0	0	0	0	0	0	0	
5. Current Year	614	0	0	614	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	2,463	0	0	2,463	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	2,442	0	0	2,442	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	646	0	0	646	0	0	0	0	0	0	0	0	0	0	
9. Total	3,088	0	0	3,088	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	20	0	0	20	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	8	0	0	8	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	327,893	0	0	327,893	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	327,893	0	0	327,893	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	226,179	0	0	226,179	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	339,703	0	0	339,703	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

30.CO



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2023										(LOCATION) NAIC Company Code 60052			
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health				
		2 Individual	3 Group															
<b>Total Members at end of:</b>																		
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
3. Second Quarter .....	11	0	0	11	0	0	0	0	0	0	0	0	0	0				
4. Third Quarter .....	295	0	0	295	0	0	0	0	0	0	0	0	0	0				
5. Current Year	867	0	0	867	0	0	0	0	0	0	0	0	0	0				
6. Current Year Member Months	2,451	0	0	2,451	0	0	0	0	0	0	0	0	0	0				
<b>Total Member Ambulatory Encounters for Year:</b>																		
7. Physician .....	3,099	0	0	3,099	0	0	0	0	0	0	0	0	0	0				
8. Non-Physician .....	959	0	0	959	0	0	0	0	0	0	0	0	0	0				
9. Total	4,058	0	0	4,058	0	0	0	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	124	0	0	124	0	0	0	0	0	0	0	0	0	0				
11. Number of Inpatient Admissions	11	0	0	11	0	0	0	0	0	0	0	0	0	0				
12. Health Premiums Written (b) .....	440,003	0	0	440,003	0	0	0	0	0	0	0	0	0	0				
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned .....	440,003	0	0	440,003	0	0	0	0	0	0	0	0	0	0				
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services .....	563,476	0	0	563,476	0	0	0	0	0	0	0	0	0	0				
18. Amount Incurred for Provision of Health Care Services	1,013,535	0	0	1,013,535	0	0	0	0	0	0	0	0	0	0				

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Delaware			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30.D/E



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)
	District of Columbia			2023										NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>														
1. Prior Year .....														
2. First Quarter .....														
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year														
6. Current Year Member Months														
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....														
8. Non-Physician .....														
9. Total														
10. Hospital Patient Days Incurred														
11. Number of Inpatient Admissions														
12. Health Premiums Written (b) .....														
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned.....														
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services														

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30.DC



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Florida			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30.FL



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Georgia		2023										NAIC Company Code 60052			
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
2	3	Federal Employees Health Benefits Plan	Title XVIII Medicare												Title XIX Medicaid	Credit A&H	Disability Income
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only												
<b>Total Members at end of:</b>																	
1. Prior Year	2,620	0	0	1,857	0	0	0	763	0	0	0	0	0	0			
2. First Quarter	2,316	0	0	1,707	0	0	0	609	0	0	0	0	0	0			
3. Second Quarter	2,261	0	0	1,677	0	0	0	584	0	0	0	0	0	0			
4. Third Quarter	2,196	0	0	1,638	0	0	0	558	0	0	0	0	0	0			
5. Current Year	2,157	0	0	1,613	0	0	0	544	0	0	0	0	0	0			
6. Current Year Member Months	26,916	0	0	19,948	0	0	0	6,968	0	0	0	0	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	46,800	0	0	37,711	0	0	0	9,089	0	0	0	0	0	0			
8. Non-Physician	16,467	0	0	10,825	0	0	0	5,642	0	0	0	0	0	0			
9. Total	63,267	0	0	48,536	0	0	0	14,731	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	2,272	0	0	1,605	0	0	0	667	0	0	0	0	0	0			
11. Number of Inpatient Admissions	354	0	0	259	0	0	0	95	0	0	0	0	0	0			
12. Health Premiums Written (b)	10,282,612	0	0	4,041,406	0	0	0	6,241,207	0	0	0	0	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	10,282,612	0	0	4,041,406	0	0	0	6,241,207	0	0	0	0	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	7,650,931	0	0	3,113,395	0	0	0	4,537,536	0	0	0	0	0	0			
18. Amount Incurred for Provision of Health Care Services	7,367,119	0	0	3,037,157	0	0	0	4,329,962	0	0	0	0	0	0			

(a) For health business: number of persons insured under PPO managed care products ..... 544 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 6,241,207

30.GA



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Hawaii			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30.HI



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	5	6	7	DURING THE YEAR						13	14			
		Idaho						2023								NAIC Company Code		60052
		1	Comprehensive (Hospital & Medical)					Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid			Credit A&H	Disability Income	Long-Term Care
Total	2	3	Individual	Group														
<b>Total Members at end of:</b>																		
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
2. First Quarter	331	0	0	0	0	0	0	331	0	0	0	0	0	0				
3. Second Quarter	348	0	0	0	0	0	0	348	0	0	0	0	0	0				
4. Third Quarter	345	0	0	0	0	0	0	345	0	0	0	0	0	0				
5. Current Year	350	0	0	0	0	0	0	350	0	0	0	0	0	0				
6. Current Year Member Months	4,071	0	0	0	0	0	0	4,071	0	0	0	0	0	0				
<b>Total Member Ambulatory Encounters for Year:</b>																		
7. Physician	4,614	0	0	0	0	0	0	4,614	0	0	0	0	0	0				
8. Non-Physician	3,895	0	0	0	0	0	0	3,895	0	0	0	0	0	0				
9. Total	8,509	0	0	0	0	0	0	8,509	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	511	0	0	0	0	0	0	511	0	0	0	0	0	0				
11. Number of Inpatient Admissions	62	0	0	0	0	0	0	62	0	0	0	0	0	0				
12. Health Premiums Written (b)	3,943,025	0	0	0	0	0	0	3,943,025	0	0	0	0	0	0				
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned	3,943,025	0	0	0	0	0	0	3,943,025	0	0	0	0	0	0				
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services	2,862,792	0	0	0	0	0	0	2,862,792	0	0	0	0	0	0				
18. Amount Incurred for Provision of Health Care Services	3,378,875	0	0	0	0	0	0	3,378,875	0	0	0	0	0	0				

(a) For health business: number of persons insured under PPO managed care products ..... 350 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 3,943,025

30.ID



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Illinois		2023										NAIC Company Code	
		4		60052											
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	134,665	0	0	1,496	0	0	0	133,169	0	0	0	0	0	0	
2. First Quarter .....	135,915	0	0	1,340	0	0	0	134,575	0	0	0	0	0	0	
3. Second Quarter .....	136,960	0	0	1,311	0	0	0	135,649	0	0	0	0	0	0	
4. Third Quarter .....	137,632	0	0	1,296	0	0	0	136,336	0	0	0	0	0	0	
5. Current Year .....	137,675	0	0	1,270	0	0	0	136,405	0	0	0	0	0	0	
6. Current Year Member Months	1,639,820	0	0	15,716	0	0	0	1,624,104	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	3,058,020	0	0	25,442	0	0	0	3,032,578	0	0	0	0	0	0	
8. Non-Physician .....	1,559,563	0	0	9,993	0	0	0	1,549,570	0	0	0	0	0	0	
9. Total .....	4,617,583	0	0	35,435	0	0	0	4,582,148	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	284,523	0	0	1,704	0	0	0	282,819	0	0	0	0	0	0	
11. Number of Inpatient Admissions	29,338	0	0	216	0	0	0	29,122	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	2,031,734,401	0	0	3,130,748	0	0	0	2,028,603,653	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	2,031,734,401	0	0	3,130,748	0	0	0	2,028,603,653	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	1,763,093,352	0	0	2,610,783	0	0	(1,955)	1,760,484,524	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	1,737,353,587	0	0	2,622,277	0	0	(1,955)	1,734,733,265	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....9,432 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,028,603,653

30.1L



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR							2023		(LOCATION)		NAIC Company Code		60052	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
<b>Total Members at end of:</b>																					
1. Prior Year .....	6,281	0	0	1,704	0	0	0	4,577	0	0	0	0	0	0							
2. First Quarter .....	6,391	0	0	1,614	0	0	0	4,777	0	0	0	0	0	0							
3. Second Quarter .....	6,454	0	0	1,611	0	0	0	4,843	0	0	0	0	0	0							
4. Third Quarter .....	6,502	0	0	1,611	0	0	0	4,891	0	0	0	0	0	0							
5. Current Year	6,307	0	0	1,604	0	0	0	4,703	0	0	0	0	0	0							
6. Current Year Member Months	76,724	0	0	19,248	0	0	0	57,476	0	0	0	0	0	0							
<b>Total Member Ambulatory Encounters for Year:</b>																					
7. Physician .....	202,205	0	0	32,036	0	0	0	170,169	0	0	0	0	0	0							
8. Non-Physician .....	135,459	0	0	11,586	0	0	0	123,873	0	0	0	0	0	0							
9. Total	337,664	0	0	43,622	0	0	0	294,042	0	0	0	0	0	0							
10. Hospital Patient Days Incurred	22,961	0	0	1,968	0	0	0	20,993	0	0	0	0	0	0							
11. Number of Inpatient Admissions	2,581	0	0	282	0	0	0	2,299	0	0	0	0	0	0							
12. Health Premiums Written (b) .....	109,084,941	0	0	3,479,624	0	0	0	105,605,317	0	0	0	0	0	0							
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
15. Health Premiums Earned .....	109,084,941	0	0	3,479,624	0	0	0	105,605,317	0	0	0	0	0	0							
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
17. Amount Paid for Provision of Health Care Services .....	89,166,873	0	0	3,185,780	0	0	0	85,981,092	0	0	0	0	0	0							
18. Amount Incurred for Provision of Health Care Services	89,418,246	0	0	3,132,467	0	0	0	86,285,779	0	0	0	0	0	0							

(a) For health business: number of persons insured under PPO managed care products ..... 4,703 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 105,605,317

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Kansas		DURING THE YEAR							2023		(LOCATION)		NAIC Company Code		60052			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14									
		2	3																				
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health										
<b>Total Members at end of:</b>																							
1. Prior Year .....	288	0	0	288	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	342	0	0	342	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter .....	368	0	0	368	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter .....	437	0	0	437	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	465	0	0	465	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	4,685	0	0	4,685	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>																							
7. Physician .....	6,232	0	0	6,232	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	2,883	0	0	2,883	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	9,115	0	0	9,115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	254	0	0	254	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	54	0	0	54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	706,576	0	0	706,576	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	706,576	0	0	706,576	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	640,122	0	0	640,122	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	676,478	0	0	676,478	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Kentucky		2023										NAIC Company Code	
		60052													
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	32,498	0	0	0	0	0	0	32,498	0	0	0	0	0	0	
2. First Quarter .....	26,790	0	0	0	0	0	0	26,790	0	0	0	0	0	0	
3. Second Quarter .....	26,800	0	0	0	0	0	0	26,800	0	0	0	0	0	0	
4. Third Quarter .....	26,656	0	0	0	0	0	0	26,656	0	0	0	0	0	0	
5. Current Year	26,248	0	0	0	0	0	0	26,248	0	0	0	0	0	0	
6. Current Year Member Months	319,710	0	0	0	0	0	0	319,710	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	703,681	0	0	0	0	0	0	703,681	0	0	0	0	0	0	
8. Non-Physician .....	470,840	0	0	0	0	0	0	470,840	0	0	0	0	0	0	
9. Total	1,174,521	0	0	0	0	0	0	1,174,521	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	72,172	0	0	0	0	0	0	72,172	0	0	0	0	0	0	
11. Number of Inpatient Admissions	7,249	0	0	0	0	0	0	7,249	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	404,901,770	0	0	0	0	0	0	404,901,770	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	404,901,770	0	0	0	0	0	0	404,901,770	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	349,854,564	0	0	0	0	0	0	349,854,564	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	341,924,837	0	0	0	0	0	0	341,924,837	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....26,248 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....404,901,770

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2023										(LOCATION) NAIC Company Code 60052	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
		2	3													
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																
1. Prior Year .....	1,225	0	0	0	0	0	0	1,225	0	0	0	0	0	0		
2. First Quarter .....	930	0	0	0	0	0	0	930	0	0	0	0	0	0		
3. Second Quarter .....	859	0	0	0	0	0	0	859	0	0	0	0	0	0		
4. Third Quarter .....	810	0	0	0	0	0	0	810	0	0	0	0	0	0		
5. Current Year	771	0	0	0	0	0	0	771	0	0	0	0	0	0		
6. Current Year Member Months	10,305	0	0	0	0	0	0	10,305	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	17,858	0	0	0	0	0	0	17,858	0	0	0	0	0	0		
8. Non-Physician .....	13,584	0	0	0	0	0	0	13,584	0	0	0	0	0	0		
9. Total	31,442	0	0	0	0	0	0	31,442	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	2,820	0	0	0	0	0	0	2,820	0	0	0	0	0	0		
11. Number of Inpatient Admissions	220	0	0	0	0	0	0	220	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	12,751,458	0	0	0	0	0	0	12,751,458	0	0	0	0	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	12,751,458	0	0	0	0	0	0	12,751,458	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	9,857,712	0	0	0	0	0	0	9,857,712	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	9,724,687	0	0	0	0	0	0	9,724,687	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products ..... 771 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 12,751,458

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										
	Maine			2023										
				NAIC Company Code 60052										
	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	2	3												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	(1)	0	0	0	0	0	0	(1)	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	(1)	0	0	0	0	0	0	(1)	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	(34)	0	0	0	0	0	0	(34)	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	(53)	0	0	0	0	0	0	(53)	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(1)

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2023									NAIC Company Code 60052	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	128	0	0	128	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	150	0	0	150	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	55	0	0	55	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	14	0	0	14	0	0	0	0	0	0	0	0	0	0	
9. Total	69	0	0	69	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	25,154	0	0	25,154	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	25,154	0	0	25,154	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	2,767	0	0	2,767	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	6,436	0	0	6,436	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Massachusetts		2023										NAIC Company Code	
		60052													
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter .....	15	0	0	15	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter .....	285	0	0	285	0	0	0	0	0	0	0	0	0	0	
5. Current Year	739	0	0	739	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	2,214	0	0	2,214	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	2,290	0	0	2,290	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	967	0	0	967	0	0	0	0	0	0	0	0	0	0	
9. Total	3,257	0	0	3,257	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	36	0	0	36	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	4	0	0	4	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	362,928	0	0	362,928	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	362,928	0	0	362,928	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	382,820	0	0	382,820	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	675,421	0	0	675,421	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Michigan			2023									
		(LOCATION)			NAIC Company Code 60052									
		Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1	2	3	5											
		Total	Individual	Group										
<b>Total Members at end of:</b>														
1.	Prior Year	2,684	0	0	2,684	0	0	0	0	0	0	0	0	0
2.	First Quarter	2,362	0	0	2,362	0	0	0	0	0	0	0	0	0
3.	Second Quarter	2,322	0	0	2,322	0	0	0	0	0	0	0	0	0
4.	Third Quarter	2,288	0	0	2,288	0	0	0	0	0	0	0	0	0
5.	Current Year	2,242	0	0	2,242	0	0	0	0	0	0	0	0	0
6.	Current Year Member Months	27,694	0	0	27,694	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7.	Physician	43,331	0	0	43,331	0	0	0	0	0	0	0	0	0
8.	Non-Physician	21,303	0	0	21,303	0	0	0	0	0	0	0	0	0
9.	Total	64,634	0	0	64,634	0	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	1,852	0	0	1,852	0	0	0	0	0	0	0	0	0
11.	Number of Inpatient Admissions	339	0	0	339	0	0	0	0	0	0	0	0	0
12.	Health Premiums Written (b)	5,106,077	0	0	5,106,077	0	0	0	0	0	0	0	0	0
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15.	Health Premiums Earned	5,106,077	0	0	5,106,077	0	0	0	0	0	0	0	0	0
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	4,591,980	0	0	4,591,980	0	0	0	0	0	0	0	0	0
18.	Amount Incurred for Provision of Health Care Services	4,454,411	0	0	4,454,411	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Minnesota			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Mississippi			2023									
		NAIC Company Code			60052									
		Comprehensive (Hospital & Medical)		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1	2	3	5											
Total		Individual	Group											
<b>Total Members at end of:</b>														
1. Prior Year	860	0	0	860	0	0	0	0	0	0	0	0	0	0
2. First Quarter	805	0	0	805	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	788	0	0	788	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	769	0	0	769	0	0	0	0	0	0	0	0	0	0
5. Current Year	746	0	0	746	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	9,399	0	0	9,399	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician	17,768	0	0	17,768	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	6,378	0	0	6,378	0	0	0	0	0	0	0	0	0	0
9. Total	24,146	0	0	24,146	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,190	0	0	1,190	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	130	0	0	130	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	1,745,573	0	0	1,745,573	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,745,573	0	0	1,745,573	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,658,773	0	0	1,658,773	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,626,629	0	0	1,626,629	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Missouri			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Montana		2023										NAIC Company Code	
		60052													
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	3,612	0	0	0	0	0	0	3,612	0	0	0	0	0	0	
2. First Quarter .....	3,208	0	0	0	0	0	0	3,208	0	0	0	0	0	0	
3. Second Quarter .....	3,152	0	0	0	0	0	0	3,152	0	0	0	0	0	0	
4. Third Quarter .....	3,140	0	0	0	0	0	0	3,140	0	0	0	0	0	0	
5. Current Year	3,104	0	0	0	0	0	0	3,104	0	0	0	0	0	0	
6. Current Year Member Months	37,948	0	0	0	0	0	0	37,948	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	29,365	0	0	0	0	0	0	29,365	0	0	0	0	0	0	
8. Non-Physician .....	26,459	0	0	0	0	0	0	26,459	0	0	0	0	0	0	
9. Total	55,824	0	0	0	0	0	0	55,824	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	3,121	0	0	0	0	0	0	3,121	0	0	0	0	0	0	
11. Number of Inpatient Admissions	347	0	0	0	0	0	0	347	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	28,990,673	0	0	0	0	0	0	28,990,673	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	28,990,673	0	0	0	0	0	0	28,990,673	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	20,275,232	0	0	0	0	0	0	20,275,232	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	19,855,001	0	0	0	0	0	0	19,855,001	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....3,104 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....28,990,673

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Nebraska			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	0119		BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2023										NAIC Company Code 60052	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
		2	3													
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Current Year	20	0	0	20	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	23	0	0	23	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	2	0	0	2	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	2	0	0	2	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	2,492	0	0	2,492	0	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	2,492	0	0	2,492	0	0	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	24	0	0	24	0	0	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	35	0	0	35	0	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	New Hampshire			2023										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF		New Jersey		DURING THE YEAR							(LOCATION)												
							2023							NAIC Company Code												
														60052												
	1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10		11		12		13		14	
	2		3								Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only																				
<b>Total Members at end of:</b>																										
1. Prior Year .....	3,200	0	0	3,200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	3,358	0	0	3,358	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	3,439	0	0	3,439	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	3,540	0	0	3,540	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	3,613	0	0	3,613	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	41,429	0	0	41,429	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>																										
7. Physician .....	80,438	0	0	80,436	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	17,339	0	0	17,339	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	97,777	0	0	97,775	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,718	0	0	2,718	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	385	0	0	385	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	6,912,301	0	0	6,921,129	0	0	0	0	0	0	(8,828)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	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
14. Property/Casualty Premiums Written .....	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
15. Health Premiums Earned .....	6,912,301	0	0	6,921,129	0	0	0	0	0	0	(8,828)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	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
17. Amount Paid for Provision of Health Care Services .....	6,019,105	0	0	6,023,528	0	0	0	0	0	0	(4,423)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,234,474	0	0	6,241,506	0	0	0	0	0	0	(7,032)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... (8,828)

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR										(LOCATION)	
	New Mexico			2023										NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		North Carolina		2023										NAIC Company Code			
		Comprehensive (Hospital & Medical)												60052			
	1	2		4	5	6	7	8	9	10	11	12	13	14			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																	
1. Prior Year .....	53,175	0	0	0	0	0	0	53,175	0	0	0	0	0	0			
2. First Quarter .....	58,828	0	0	33	0	0	0	58,795	0	0	0	0	0	0			
3. Second Quarter .....	62,541	0	0	158	0	0	0	62,383	0	0	0	0	0	0			
4. Third Quarter .....	65,442	0	0	279	0	0	0	65,163	0	0	0	0	0	0			
5. Current Year	66,623	0	0	412	0	0	0	66,211	0	0	0	0	0	0			
6. Current Year Member Months	748,637	0	0	2,184	0	0	0	746,453	0	0	0	0	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician .....	1,429,781	0	0	2,487	0	0	0	1,427,294	0	0	0	0	0	0			
8. Non-Physician .....	845,900	0	0	706	0	0	0	845,194	0	0	0	0	0	0			
9. Total	2,275,681	0	0	3,193	0	0	0	2,272,488	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	149,179	0	0	91	0	0	0	149,088	0	0	0	0	0	0			
11. Number of Inpatient Admissions	15,902	0	0	21	0	0	0	15,881	0	0	0	0	0	0			
12. Health Premiums Written (b) .....	886,286,209	0	0	292,116	0	0	0	885,994,093	0	0	0	0	0	0			
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned .....	886,286,209	0	0	292,116	0	0	0	885,994,093	0	0	0	0	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services .....	732,598,021	0	0	238,265	0	0	0	732,359,757	0	0	0	0	0	0			
18. Amount Incurred for Provision of Health Care Services	745,335,192	0	0	319,269	0	0	0	745,015,922	0	0	0	0	0	0			

(a) For health business: number of persons insured under PPO managed care products .....66,211 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....885,994,093

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		North Dakota			2023									
					NAIC Company Code 60052									
	1	Comprehensive (Hospital & Medical)												
	Total	2	3		5	6	7	8	9	10	11	12	13	14
		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	1,011	0	0	1,011	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	1,746	0	0	910	0	0	0	836	0	0	0	0	0	0
3. Second Quarter .....	1,899	0	0	908	0	0	0	991	0	0	0	0	0	0
4. Third Quarter .....	1,994	0	0	913	0	0	0	1,081	0	0	0	0	0	0
5. Current Year	2,013	0	0	913	0	0	0	1,100	0	0	0	0	0	0
6. Current Year Member Months	22,526	0	0	10,864	0	0	0	11,662	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	26,451	0	0	12,789	0	0	0	13,662	0	0	0	0	0	0
8. Non-Physician .....	20,373	0	0	8,811	0	0	0	11,562	0	0	0	0	0	0
9. Total	46,824	0	0	21,600	0	0	0	25,224	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,639	0	0	419	0	0	0	1,220	0	0	0	0	0	0
11. Number of Inpatient Admissions	239	0	0	79	0	0	0	160	0	0	0	0	0	0
12. Health Premiums Written (b) .....	11,837,477	0	0	1,659,892	0	0	0	10,177,585	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	11,837,477	0	0	1,659,892	0	0	0	10,177,585	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	10,801,629	0	0	1,542,142	0	0	0	9,259,487	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	11,978,077	0	0	1,523,112	0	0	0	10,454,965	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 1,100 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 10,177,585

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2023										(LOCATION)	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code	60052
		2	3												Total	Individual
<b>Total Members at end of:</b>																
1. Prior Year .....	20,205	0	0	4,728	0	0	0	15,477	0	0	0	0	0	0	0	0
2. First Quarter .....	19,020	0	0	4,486	0	0	0	14,534	0	0	0	0	0	0	0	0
3. Second Quarter .....	18,842	0	0	4,499	0	0	0	14,343	0	0	0	0	0	0	0	0
4. Third Quarter .....	18,763	0	0	4,533	0	0	0	14,230	0	0	0	0	0	0	0	0
5. Current Year	18,504	0	0	4,541	0	0	0	13,963	0	0	0	0	0	0	0	0
6. Current Year Member Months	225,674	0	0	53,835	0	0	0	171,839	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	469,774	0	0	80,466	0	0	0	389,308	0	0	0	0	0	0	0	0
8. Non-Physician .....	343,151	0	0	34,112	0	0	0	309,039	0	0	0	0	0	0	0	0
9. Total	812,925	0	0	114,578	0	0	0	698,347	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	55,928	0	0	4,184	0	0	0	51,744	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	6,016	0	0	625	0	0	0	5,391	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	272,297,933	0	0	8,890,958	0	0	0	263,406,974	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	272,297,933	0	0	8,890,958	0	0	0	263,406,974	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	221,047,557	0	0	7,036,945	0	0	0	214,010,611	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	222,866,042	0	0	6,937,225	0	0	0	215,928,817	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 13,963 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 263,406,974

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Oklahoma			2023									
		(LOCATION)			NAIC Company Code 60052									
	1	Comprehensive (Hospital & Medical)			5	6	7	8	9	10	11	12	13	14
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	388	0	0	388	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	511	0	0	511	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	569	0	0	569	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	609	0	0	609	0	0	0	0	0	0	0	0	0	0
5. Current Year	651	0	0	651	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	6,882	0	0	6,882	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	9,652	0	0	9,652	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	3,616	0	0	3,616	0	0	0	0	0	0	0	0	0	0
9. Total	13,268	0	0	13,268	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	445	0	0	445	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	75	0	0	75	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	986,247	0	0	986,247	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	986,247	0	0	986,247	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	940,006	0	0	940,006	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,016,056	0	0	1,016,056	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Oregon		2023										NAIC Company Code	
		60052		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	197	0	0	0	0	0	0	197	0	0	0	0	0	0	0
3. Second Quarter .....	215	0	0	0	0	0	0	215	0	0	0	0	0	0	0
4. Third Quarter .....	240	0	0	0	0	0	0	240	0	0	0	0	0	0	0
5. Current Year .....	247	0	0	0	0	0	0	247	0	0	0	0	0	0	0
6. Current Year Member Months	2,613	0	0	0	0	0	0	2,613	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	3,385	0	0	0	0	0	0	3,385	0	0	0	0	0	0	0
8. Non-Physician .....	2,449	0	0	0	0	0	0	2,449	0	0	0	0	0	0	0
9. Total .....	5,834	0	0	0	0	0	0	5,834	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	247	0	0	0	0	0	0	247	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	41	0	0	0	0	0	0	41	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	2,543,821	0	0	0	0	0	0	2,543,821	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	2,543,821	0	0	0	0	0	0	2,543,821	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	2,161,802	0	0	0	0	0	0	2,161,802	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,455,375	0	0	0	0	0	0	2,455,375	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 247 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 2,543,821

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Pennsylvania		2023										NAIC Company Code	
		5		60052											
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
<b>Total Members at end of:</b>															
1. Prior Year .....	34,249	0	0	2,135	0	0	0	32,114	0	0	0	0	0	0	
2. First Quarter .....	47,765	0	0	1,960	0	0	0	45,805	0	0	0	0	0	0	
3. Second Quarter .....	51,629	0	0	1,923	0	0	0	49,706	0	0	0	0	0	0	
4. Third Quarter .....	55,101	0	0	1,888	0	0	0	53,213	0	0	0	0	0	0	
5. Current Year	56,260	0	0	1,848	0	0	0	54,412	0	0	0	0	0	0	
6. Current Year Member Months	619,936	0	0	22,928	0	0	0	597,008	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	1,122,672	0	0	45,770	0	0	0	1,076,902	0	0	0	0	0	0	
8. Non-Physician .....	648,473	0	0	13,814	0	0	0	634,659	0	0	0	0	0	0	
9. Total	1,771,145	0	0	59,584	0	0	0	1,711,561	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	135,371	0	0	2,091	0	0	0	133,280	0	0	0	0	0	0	
11. Number of Inpatient Admissions	14,631	0	0	311	0	0	0	14,320	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	656,526,494	0	0	4,248,924	0	0	0	652,277,571	0	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	656,526,494	0	0	4,248,924	0	0	0	652,277,571	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	553,246,193	0	0	3,557,015	0	0	0	549,689,178	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	581,064,725	0	0	3,455,634	0	0	0	577,609,091	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....54,412 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....652,277,571



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Rhode Island		DURING THE YEAR							2023		(LOCATION)		NAIC Company Code		60052	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
<b>Total Members at end of:</b>																					
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
2. First Quarter .....	162	0	0	0	0	0	0	162	0	0	0	0	0	0							
3. Second Quarter .....	192	0	0	0	0	0	0	192	0	0	0	0	0	0							
4. Third Quarter .....	206	0	0	0	0	0	0	206	0	0	0	0	0	0							
5. Current Year	224	0	0	0	0	0	0	224	0	0	0	0	0	0							
6. Current Year Member Months	2,288	0	0	0	0	0	0	2,288	0	0	0	0	0	0							
<b>Total Member Ambulatory Encounters for Year:</b>																					
7. Physician .....	3,090	0	0	0	0	0	0	3,090	0	0	0	0	0	0							
8. Non-Physician .....	1,218	0	0	0	0	0	0	1,218	0	0	0	0	0	0							
9. Total	4,308	0	0	0	0	0	0	4,308	0	0	0	0	0	0							
10. Hospital Patient Days Incurred	489	0	0	0	0	0	0	489	0	0	0	0	0	0							
11. Number of Inpatient Admissions	50	0	0	0	0	0	0	50	0	0	0	0	0	0							
12. Health Premiums Written (b) .....	2,093,304	0	0	0	0	0	0	2,093,304	0	0	0	0	0	0							
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
15. Health Premiums Earned .....	2,093,304	0	0	0	0	0	0	2,093,304	0	0	0	0	0	0							
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
17. Amount Paid for Provision of Health Care Services .....	1,484,113	0	0	0	0	0	0	1,484,113	0	0	0	0	0	0							
18. Amount Incurred for Provision of Health Care Services	1,700,844	0	0	0	0	0	0	1,700,844	0	0	0	0	0	0							

(a) For health business: number of persons insured under PPO managed care products ..... 224 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 2,093,304

30.RI



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF		South Carolina		DURING THE YEAR							2023		(LOCATION)		NAIC Company Code		60052	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
<b>Total Members at end of:</b>																					
1. Prior Year .....	167	0	0	0	0	0	0	167	0	0	0	0	0	0							
2. First Quarter .....	142	0	0	0	0	0	0	142	0	0	0	0	0	0							
3. Second Quarter .....	130	0	0	0	0	0	0	130	0	0	0	0	0	0							
4. Third Quarter .....	243	0	0	117	0	0	0	126	0	0	0	0	0	0							
5. Current Year .....	607	0	0	488	0	0	0	119	0	0	0	0	0	0							
6. Current Year Member Months	2,737	0	0	1,174	0	0	0	1,563	0	0	0	0	0	0							
<b>Total Member Ambulatory Encounters for Year:</b>																					
7. Physician .....	2,985	0	0	769	0	0	0	2,216	0	0	0	0	0	0							
8. Non-Physician .....	1,815	0	0	173	0	0	0	1,642	0	0	0	0	0	0							
9. Total .....	4,800	0	0	942	0	0	0	3,858	0	0	0	0	0	0							
10. Hospital Patient Days Incurred	344	0	0	99	0	0	0	245	0	0	0	0	0	0							
11. Number of Inpatient Admissions	26	0	0	2	0	0	0	24	0	0	0	0	0	0							
12. Health Premiums Written (b) .....	1,787,863	0	0	129,994	0	0	0	1,657,869	0	0	0	0	0	0							
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
15. Health Premiums Earned .....	1,787,863	0	0	129,994	0	0	0	1,657,869	0	0	0	0	0	0							
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
17. Amount Paid for Provision of Health Care Services .....	1,260,834	0	0	170,779	0	0	0	1,090,055	0	0	0	0	0	0							
18. Amount Incurred for Provision of Health Care Services	1,353,446	0	0	297,092	0	0	0	1,056,354	0	0	0	0	0	0							

(a) For health business: number of persons insured under PPO managed care products ..... 119 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 1,657,869

30.SC



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		(LOCATION)										
		South Dakota		2023										
		NAIC Company Code		60052										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	451	0	0	0	0	0	0	451	0	0	0	0	0	0
3. Second Quarter .....	527	0	0	0	0	0	0	527	0	0	0	0	0	0
4. Third Quarter .....	587	0	0	0	0	0	0	587	0	0	0	0	0	0
5. Current Year	592	0	0	0	0	0	0	592	0	0	0	0	0	0
6. Current Year Member Months	6,269	0	0	0	0	0	0	6,269	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	7,726	0	0	0	0	0	0	7,726	0	0	0	0	0	0
8. Non-Physician .....	7,908	0	0	0	0	0	0	7,908	0	0	0	0	0	0
9. Total	15,634	0	0	0	0	0	0	15,634	0	0	0	0	0	0
10. Hospital Patient Days Incurred	832	0	0	0	0	0	0	832	0	0	0	0	0	0
11. Number of Inpatient Admissions	114	0	0	0	0	0	0	114	0	0	0	0	0	0
12. Health Premiums Written (b) .....	6,179,840	0	0	0	0	0	0	6,179,840	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	6,179,840	0	0	0	0	0	0	6,179,840	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	5,294,445	0	0	0	0	0	0	5,294,445	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,090,246	0	0	0	0	0	0	6,090,246	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....592 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....6,179,840

30.SD



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)		
		Tennessee		2023										NAIC Company Code		
		60052		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																
1. Prior Year .....	64	0	0	64	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	188	0	0	188	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	265	0	0	265	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	374	0	0	374	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	515	0	0	515	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	3,610	0	0	3,610	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	4,314	0	0	4,314	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	1,207	0	0	1,207	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	5,521	0	0	5,521	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	138	0	0	138	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	26	0	0	26	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	452,034	0	0	452,034	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	452,034	0	0	452,034	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	344,392	0	0	344,392	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	410,924	0	0	410,924	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	5	6	7	DURING THE YEAR						(LOCATION)			
		Texas						2023						NAIC Company Code		13	14
		1	Comprehensive (Hospital & Medical)					8	9	10	11	12					
Total	2	3	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income						Long-Term Care	Other Health	Other Non-Health		
<b>Total Members at end of:</b>																	
1. Prior Year	12,650	0	0	12,650	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	11,495	0	0	11,495	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	11,259	0	0	11,259	0	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	11,073	0	0	11,073	0	0	0	0	0	0	0	0	0	0	0		
5. Current Year	10,782	0	0	10,782	0	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	134,257	0	0	134,257	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																	
7. Physician	258,085	0	0	258,085	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	71,478	0	0	71,478	0	0	0	0	0	0	0	0	0	0	0		
9. Total	329,563	0	0	329,563	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	9,583	0	0	9,583	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	1,552	0	0	1,552	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	25,276,388	0	0	25,276,388	0	0	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	25,276,388	0	0	25,276,388	0	0	0	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	23,909,908	0	0	23,909,908	0	0	0	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	23,610,115	0	0	23,610,115	0	0	0	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

30.TX



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Utah			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30 UT



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Vermont			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Virginia		2023										NAIC Company Code	
		4		60052										60052	
Comprehensive (Hospital & Medical)		4		5	6	7	8	9	10	11	12	13	14		
2		3		Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total		Individual	Group												
<b>Total Members at end of:</b>															
1. Prior Year	1,621	0	0	1,621	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	1,427	0	0	1,427	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	1,398	0	0	1,398	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	1,363	0	0	1,363	0	0	0	0	0	0	0	0	0	0	
5. Current Year	1,329	0	0	1,329	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	16,610	0	0	16,610	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician	28,927	0	0	28,927	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	9,444	0	0	9,444	0	0	0	0	0	0	0	0	0	0	
9. Total	38,371	0	0	38,371	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,390	0	0	1,390	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	222	0	0	222	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	3,033,006	0	0	3,033,006	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	3,033,006	0	0	3,033,006	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,530,382	0	0	2,530,382	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	2,430,169	0	0	2,430,169	0	0	0	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

30 VA



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Washington			DURING THE YEAR 2023										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....															
2. First Quarter .....															
3. Second Quarter .....															
4. Third Quarter .....															
5. Current Year															
6. Current Year Member Months															
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....															
8. Non-Physician .....															
9. Total															
10. Hospital Patient Days Incurred															
11. Number of Inpatient Admissions															
12. Health Premiums Written (b) .....															
13. Life Premiums Direct .....															
14. Property/Casualty Premiums Written .....															
15. Health Premiums Earned.....															
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services.....															
18. Amount Incurred for Provision of Health Care Services															

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30.WA



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		(LOCATION)										
		West Virginia		2023										
		Comprehensive (Hospital & Medical)		NAIC Company Code 60052										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	5,228	0	0	0	0	0	0	5,228	0	0	0	0	0	0
2. First Quarter .....	5,155	0	0	0	0	0	0	5,155	0	0	0	0	0	0
3. Second Quarter .....	5,102	0	0	0	0	0	0	5,102	0	0	0	0	0	0
4. Third Quarter .....	5,056	0	0	0	0	0	0	5,056	0	0	0	0	0	0
5. Current Year	5,009	0	0	0	0	0	0	5,009	0	0	0	0	0	0
6. Current Year Member Months	61,191	0	0	0	0	0	0	61,191	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	118,695	0	0	0	0	0	0	118,695	0	0	0	0	0	0
8. Non-Physician .....	91,681	0	0	0	0	0	0	91,681	0	0	0	0	0	0
9. Total	210,376	0	0	0	0	0	0	210,376	0	0	0	0	0	0
10. Hospital Patient Days Incurred	11,339	0	0	0	0	0	0	11,339	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,218	0	0	0	0	0	0	1,218	0	0	0	0	0	0
12. Health Premiums Written (b) .....	69,383,215	0	0	0	0	0	0	69,383,215	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	69,383,215	0	0	0	0	0	0	69,383,215	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	68,946,977	0	0	0	0	0	0	68,946,977	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	69,192,165	0	0	0	0	0	0	69,192,165	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....5,009 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....69,383,215

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		4	DURING THE YEAR									
		Wisconsin			2023									
		(LOCATION)			NAIC Company Code 60052									
	1	Comprehensive (Hospital & Medical)			5	6	7	8	9	10	11	12	13	14
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	696	0	0	696	0	0	0	0	0	0	0	0	0	0
2. First Quarter .....	647	0	0	647	0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....	643	0	0	643	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	636	0	0	636	0	0	0	0	0	0	0	0	0	0
5. Current Year	627	0	0	627	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	7,651	0	0	7,651	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	12,708	0	0	12,708	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	6,013	0	0	6,013	0	0	0	0	0	0	0	0	0	0
9. Total	18,721	0	0	18,721	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	879	0	0	879	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	116	0	0	116	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....	2,073,518	0	0	2,073,518	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	2,073,518	0	0	2,073,518	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	1,493,993	0	0	1,493,993	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,462,352	0	0	1,462,352	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119		BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2023										(LOCATION) NAIC Company Code 60052	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
		2	3													
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	449	0	0	0	0	0	0	449	0	0	0	0	0	0		
3. Second Quarter .....	491	0	0	0	0	0	0	491	0	0	0	0	0	0		
4. Third Quarter .....	529	0	0	0	0	0	0	529	0	0	0	0	0	0		
5. Current Year	567	0	0	0	0	0	0	567	0	0	0	0	0	0		
6. Current Year Member Months	5,904	0	0	0	0	0	0	5,904	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	8,641	0	0	0	0	0	0	8,641	0	0	0	0	0	0		
8. Non-Physician .....	5,282	0	0	0	0	0	0	5,282	0	0	0	0	0	0		
9. Total	13,923	0	0	0	0	0	0	13,923	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	1,003	0	0	0	0	0	0	1,003	0	0	0	0	0	0		
11. Number of Inpatient Admissions	118	0	0	0	0	0	0	118	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	5,726,444	0	0	0	0	0	0	5,726,444	0	0	0	0	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	5,726,444	0	0	0	0	0	0	5,726,444	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	4,972,932	0	0	0	0	0	0	4,972,932	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	5,702,520	0	0	0	0	0	0	5,702,520	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products ..... 567 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,726,444

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Chicago, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR									
		2023			(LOCATION)									
		NAIC Company Code			60052									
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
<b>Total Members at end of:</b>														
1. Prior Year .....	321,047	0	0	37,463	0	0	0	283,584	0	0	0	0	0	0
2. First Quarter .....	335,694	0	0	35,239	0	0	0	300,455	0	0	0	0	0	0
3. Second Quarter .....	344,581	0	0	35,427	0	0	0	309,154	0	0	0	0	0	0
4. Third Quarter .....	352,866	0	0	36,735	0	0	0	316,131	0	0	0	0	0	0
5. Current Year	356,822	0	0	39,247	0	0	0	317,575	0	0	0	0	0	0
6. Current Year Member Months	4,134,769	0	0	433,300	0	0	0	3,701,469	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	7,826,936	0	0	753,476	0	0	0	7,073,460	0	0	0	0	0	0
8. Non-Physician .....	4,375,919	0	0	246,148	0	0	0	4,129,771	0	0	0	0	0	0
9. Total	12,202,855	0	0	999,624	0	0	0	11,203,231	0	0	0	0	0	0
10. Hospital Patient Days Incurred	771,051	0	0	32,732	0	0	0	738,319	0	0	0	0	0	0
11. Number of Inpatient Admissions	82,371	0	0	5,030	0	0	0	77,341	0	0	0	0	0	0
12. Health Premiums Written (b) .....	4,606,008,519	0	0	78,215,774	0	0	0	4,527,792,745	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	4,606,008,519	0	0	78,215,774	0	0	0	4,527,792,745	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	3,925,911,596	0	0	69,105,865	0	0	(1,955)	3,856,807,686	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,940,629,849	0	0	69,843,047	0	0	(1,955)	3,870,788,756	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 190,602 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 4,527,792,745

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

Schedule S - Part 6

**NONE**

**SCHEDULE S - PART 7**

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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,110,616,531	0	1,110,616,531
2. Accident and health premiums due and unpaid (Line 15) .....	68,546,458	0	68,546,458
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	138,598,703	0	138,598,703
6. Total assets (Line 28)	1,317,761,693	0	1,317,761,693
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	488,544,359	0	488,544,359
8. Accrued medical incentive pool and bonus payments (Line 2) .....	44,118,288	0	44,118,288
9. Premiums received in advance (Line 8) .....	1,983,365	0	1,983,365
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	103,263,724	0	103,263,724
15. Total liabilities (Line 24) .....	637,909,736	0	637,909,736
16. Total capital and surplus (Line 33) .....	679,851,957	XXX	679,851,957
17. Total liabilities, capital and surplus (Line 34)	1,317,761,693	0	1,317,761,693
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	20-5309363				516-526 West Main Street Condominium Council of Co-Owners, Inc.	.. KY.....	.. NIA.....	Humana Real Estate Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	12151	20-1001348				Arcadian Health Plan, Inc.	.. WA.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	39-1514846				CareNetwork, Inc.	.. WI.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95092	59-2598550				CarePlus Health Plans, Inc.	.. FL.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	.. TN.....	.. IA.....	PHP Companies, Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	35-2608414				CCO 1, LLC	.. DE.....	.. NIA.....	HUM Provider Holdings, LLC	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	32-0545504				CCO 2, LLC	.. DE.....	.. NIA.....	HUM Provider Holdings, LLC	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	.. KY.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	52015	59-2531815				CompBenefits Company	.. FL.....	.. IA.....	Humana Dental Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	.. IL.....	.. IA.....	Dental Care Plus Management, Corp.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	.. DE.....	.. NIA.....	Humana Dental Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	.. TX.....	.. IA.....	Humana Dental Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	45-3713941				Complex Clinical Management, Inc.	.. FL.....	.. NIA.....	SeniorBridge Family Companies (FL), Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	42-1575099				Humana Healthcare Research, Inc.	.. IL.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	36-4880828				Conviva Care Solutions, LLC	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	15886	75-2043865				Humana Benefit Plan of Texas, Inc.	.. TX.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management, Corp.	.. IL.....	.. NIA.....	Humana Dental Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	.. TX.....	.. IA.....	Humana Dental Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	88595	31-0935772				Empheys Insurance Company	.. TX.....	.. IA.....	Empheys, Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	61-1237697				Empheys, Inc.	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	59-3164234				CenterWell Senior Primary Care (FL), Inc.	.. FL.....	.. NIA.....	FPG Acquisition Corp.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	81-3802918				FPG Acquisition Corp.	.. DE.....	.. NIA.....	FPG Acquisition Holdings Corp.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	81-3819187				FPG Acquisition Holdings Corp.	.. DE.....	.. NIA.....	FPG Holding Company, LLC	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	32-0505460				FPG Holding Company, LLC	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	45-4685400				FPG Senior Services, LLC	.. FL.....	.. NIA.....	FPG Acquisition Corp.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	.. NY.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	26-3592783				HUM Provider Holdings, LLC	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	.. KY.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	75-2739333				Humana At Home (Dallas), Inc.	.. TX.....	.. NIA.....	ROHC, L.L.C.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	76-0537878				Humana At Home (Houston), Inc.	.. TX.....	.. NIA.....	ROHC, L.L.C.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	65-0274594				Humana At Home 1, Inc.	.. FL.....	.. NIA.....	Humana Dental Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	.. IL.....	.. RE.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	59-1843760				Humana Dental Company	.. FL.....	.. NIA.....	CompBenefits Corporation	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	.. GA.....	.. IA.....	Humana Insurance Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	.. DE.....	.. NIA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	.. LA.....	.. IA.....	Humana Insurance Company	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	.. NY.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	.. FL.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	.. CA.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	.. OH.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	.. TX.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	.. KY.....	.. IA.....	Humana Inc.	Ownership.....	100.000	Humana Inc.	.. NO.....	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 1	Other	0.000	See Footnote 1	NO	2
.0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1316926				CenterWell Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	11695	39-1769093				Independent Care Health Plan	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5569675				Conviva Group Holdings, LLC	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5904436				Conviva Medical Center Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2957926				Conviva Speciality, LLC	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-1225873				Conviva Health MSO of Texas, Inc.	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3391115				Alexander Infusion, LLC	NY	NIA	Eagle NY Rx, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4898224				Eagle NY Rx, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1340806				PBM Holding Co.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-0858631				CenterWell Care Solutions, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-1493628				Echo Primary Care Holdings, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2594868				Accredited Home Health of Broward, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0751512				Amazing Home Health Care, Inc.	FL	NIA	Amazing Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3668783				Amazing Home Health Holdings, LLC	DE	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4681334				Care Hope Holdings, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0732207				Care Hope Home Health Agency, Inc.	FL	NIA	Care Hope Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2769755				Corpus Christi Home Care, Inc.	TX	NIA	One Home Health Holdings CCTX, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3443369				On the Way Home Care, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3485437				One Home Health Holdings, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-2018741				One Home Health Holdings CCTX, LLC	TX	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2894851				One Home Medical Equipment, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3472028				One Home Medical Equipment TX, LLC	TX	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3116955				One Nursing Care, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3313080				One Homecare Solutions, LLC	FL	NIA	Humana Inc. - 1%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4176818				One Homecare Systems, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2882412				One Infusion Pharmacy, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-4271850				One TPA Systems, Inc.	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-2136817				Pharaoh JV, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	30-0711730				California Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-2102603				Capital Care Resources of South Carolina, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2411159				Capital Care Resources, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2313705				Capital Health Management Group, LLC	GA	NIA	CHMG Acquisition LLC	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	03-0387821				Chattahoochee Valley Home Care Services, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	34-1994007				Chattahoochee Valley Home Health, LLC	GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	04-3813487				CHMG Acquisition LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089073				CHMG of Atlanta, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089075				CHMG of Griffin, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1590744				Eastern Carolina Home Health Agency, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0750157				First Home Health, Inc.	WV	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2784006				Focus Care Health Resources, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2855493				GBA Holding, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2944774				GBA West, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2645333				CenterWell Certified Healthcare Corp.	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454105				CenterWell Health Services (Certified), Inc.	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3414024				CenterWell Health Services (USA) LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454104				CenterWell Health Services Holding Corp.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4335801				CenterWell Health Services, Inc.	DE	NIA	Kentucky Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2802024				CenterWell Services of New York, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4251135				Georgia Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	64-0730826				Gilbert's Home Health Agency, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1519643				Harden Clinical Services, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-1487182				Harden HC Texas Holdco, LLC	TX	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1743802				Harden Healthcare Holdings, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-3024009				Harden Healthcare, LLC	TX	NIA	Harden Healthcare Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1299601				Harden Home Health, LLC	DE	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	43-2083818				Harden Hospice, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1285486				Hawkeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1947694				Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0131980				Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593590				Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0831798				Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4425473				Healthfield Operating Group, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1819650				Healthfield, LLC	DE	NIA	Healthfield Operating Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	90-0527683				HHS Healthcare Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1807084				Home Health Care Affiliates of Central Mississippi, L.L.C.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1775256				Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2737989				Home Health Care Affiliates, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1556547				Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2374091				Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494759				Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0837269				Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	76-0456316				Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781607				Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2865632				Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781715				Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2915050				Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-2139332				Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	81-0638801				Integracare of Olney Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8768235				Integracare of Texas, LLC	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686207				Integracare of West Texas-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686266				Integracare of Wichita Falls, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3992741				KAH Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4002959				KAH Development 12, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4025157				KAH Development 14, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3902994				KAH Development 4, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3695166				Kentucky Homecare Holdings, Inc.	DE	NIA	Kentucky Homecare Parent Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3986306				Kentucky Homecare Parent Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717945				CenterWell Home Health Services, LLC	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717534				KND Development 50, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3228001				Lighthouse Hospice - Metroplex, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1787617				Lighthouse Hospice Management, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0798501				Lighthouse Hospice-San Antonio, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0277280				Med. Tech. Services of South Florida, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1033439				Med-Tech Services of Dade, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0644307				Med-Tech Services of Palm Beach, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-0559199				Mid-South Home Health Agency, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	14-1909499				Mid-South Home Health of Gadsden, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	63-0772385				Mid-South Home Health, LLC	DE	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1285069				Missouri Home Care of Rolla, Inc.	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	22-2695367				New York Healthcare Services, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0633030				Nursing Care-Home Health Agency, Inc.	WV	NIA	First Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
							Outreach Health Services of North Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2284154				PF Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106949				PF Development 15, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3107011				PF Development 16, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0818835				PF Development 21, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0860128				PF Development 5, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0718044				PF Development 7, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106911				PF Development 9, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106934				PHH Acquisition Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2378887				PHC Acquisition Corp.	DE	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-1178066							99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5143963				Professional Healthcare at Home, LLC	CA	NIA	PF Development 10, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5043143				Professional Healthcare, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2750425				QC-Medi New York, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2256479				Quality Care - USA, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	59-3080333				Senior Home Care, Inc.	FL	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1699530				SHC Holding, Inc.	DE	NIA	PF Development 21, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494757				Southern Nevada Home Health Care, Inc.	NV	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1487473				Synergy Home Care-Acadiana Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1376846				Synergy Home Care-Capitol Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4516940				Synergy Home Care-Central Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1178497				Synergy Home Care-Northeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1223659				Synergy Home Care-Northshore Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1431394				Synergy Home Care-Northwestern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	72-1429305				Synergy Home Care-Southeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3419676				Synergy, Inc.	LA	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1456991				TAR Heal Health Care Services, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593592				Total Care Home Health of Louisburg, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091435				Total Care Home Health of North Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091422				Total Care Home Health of South Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1669388				Van Winkle Home Health Care, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1995143				Vernon Home Health Care Agency, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1953497				Voyager Acquisition, L.P.	TX	NIA	1% by Voyager Home Health, Inc. and 99% by Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-1501792				Voyager Home Health, Inc.	DE	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1173787				Voyager Hospicecare, Inc.	DE	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2300938				Wake Forest Baptist Health Care at Home, LLC	NC	NIA	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-3700467				Elite Health Medical Centers, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3715136				Elite Health Primary Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0270114				South Florida Cardiology Associates, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-2446186				Trueshore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Trueshore S.R. I.	DOM	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5171456				CenterWell Accountable Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3584872				One Home Medical Equipment NC, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3611188				One Home Medical Equipment VA, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3832743				One Infusion Pharmacy NC, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3881471				One Infusion Pharmacy VA, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-4020797				Amicus Medical Center LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-3974953				Amicus Medical Group, Inc.	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1085323				Amicus Medical Services Organization, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1078045				Hospice Pharmacy Solutions, LLC	DE	NIA	HP Solutions Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-5418599				HP Solutions Holdings, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	32-0351697				Outcome Resources, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	88-3465849				Innovative Financial Group Holdings, LLC	NC	NIA	Humana MarketPOINT, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-2232570				Innovative Financial Partners, LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5189010				Medicare Planning of America LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4085710				Rees Financial LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2258899				The Lead Store LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-4202700				Versa Management LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-2731153				Prime West JV Holdings, LLC	DE	NIA	Humana Innovation Enterprises, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-4307723				CenterWell IPA Solutions, LLC	MI	NIA	Prime West JV Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-1676284				Prime Accountable Care West, LLC	MI	NIA	CenterWell IPA Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2439365				Nevada Independent Physicians, LLC	NV	NIA	CenterWell IPA Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0523544				A and A Homecare, Inc	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2401497				All About Home Care Management, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3836040				Altercare of Palm Beach County, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0110337				Altercare, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-7287186				Balanced Home Healthcare, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1903568				Bridges Home Health, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	46-3433197				Medstar Home Health, LLC	FL	NIA	Trident Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5123865				M-SAC, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2823888				Quality Living Home Health Care, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2486995				Trident Home Health, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-4466479				Trilogy Home Health Care of SW FL, Inc	DE	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3442232				Trilogy Home Healthcare of NE FL, Inc	DE	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2022629				Vitality HHS Holdings, Inc	DE	NIA	CenterWell Health Services (USA), LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2019673				Vitality Home Care, Inc	DE	NIA	Vitality HHS Holdings, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					One Infusion Pharmacy (TX), LLC	DE	NIA	One HomeCare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3311429				Conviva Physician Group, LLC	FL	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0

Asterisk	Explanation
0000001	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois 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	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)
.....00000	20-5309363	516-526 West Main Street Condominium Council of Co-Owners, Inc.	.....0	.....0	.....0	.....0	.....1,611	.....0	.....0	.....0	.....1,611	.....0
.....00000	03-0523544	A and A Homecare, Inc.	.....0	.....0	.....0	.....0	.....(7,039)	.....0	.....0	.....0	.....(7,039)	.....0
.....00000	72-2695805	Aberdeen Holdings, Inc.	.....0	.....0	.....0	.....0	.....37,179	.....0	.....0	.....0	.....37,179	.....0
.....00000	77-0601595	Able Home Healthcare, Inc.	.....0	.....0	.....0	.....0	.....(126,150)	.....0	.....0	.....0	.....(126,150)	.....0
.....00000	06-1451363	Access Home Health of Florida, LLC	.....0	.....0	.....0	.....0	.....(2,159,891)	.....0	.....0	.....0	.....(2,159,891)	.....0
.....00000	45-2594868	Accredited Home Care of Broward, Inc.	.....0	.....0	.....0	.....0	.....17,460,594	.....0	.....0	.....0	.....17,460,594	.....0
.....00000	65-0180784	Advanced Oncology Services, Inc.	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
.....00000	11-3391115	Alexander Infusion, LLC	.....0	.....0	.....0	.....0	.....(7,116,262)	.....0	.....0	.....0	.....(7,116,262)	.....0
.....00000	45-2401497	All About Home Care Management, LLC	.....0	.....0	.....0	.....0	.....(422,117)	.....0	.....0	.....0	.....(422,117)	.....0
.....00000	36-4473376	Alpine Home Health Care, LLC	.....0	.....0	.....0	.....0	.....(320,627)	.....0	.....0	.....0	.....(320,627)	.....0
.....00000	11-3836040	Altercare of Palm Beach County, LLC	.....0	.....0	.....0	.....0	.....(1,275,860)	.....0	.....0	.....0	.....(1,275,860)	.....0
.....00000	20-0110337	Altercare, LLC	.....0	.....0	.....0	.....0	.....(2,311,861)	.....0	.....0	.....0	.....(2,311,861)	.....0
.....00000	26-0751512	Amazing Home Health Care, Inc.	.....0	.....0	.....0	.....0	.....(3)	.....0	.....0	.....0	.....(3)	.....0
.....00000	85-3668783	Amazing Home Health Holdings, LLC	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
.....00000	11-3306095	American Homecare Management Corp.	.....0	.....0	.....0	.....0	.....(1,388,112)	.....0	.....0	.....0	.....(1,388,112)	.....0
.....00000	45-4020797	Amicus Medical Center LLC	.....0	.....0	.....0	.....0	.....3,489,365	.....0	.....0	.....0	.....3,489,365	.....0
.....00000	27-3974953	Amicus Medical Group, Inc.	.....0	.....0	.....0	.....0	.....(17,926)	.....0	.....0	.....0	.....(17,926)	.....0
.....00000	27-1085323	Amicus Medical Services Organization, LLC	.....0	.....0	.....0	.....0	.....80,750,002	.....0	.....0	.....0	.....80,750,002	.....0
.....12151	20-1001348	Arcadian Health Plan, Inc.	.....0	.....0	.....0	.....0	.....(3,306,441,887)	.....0	.....0	.....0	.....(3,306,441,887)	.....0
.....00000	94-3247811	Asian American Home Care, Inc.	.....0	.....0	.....0	.....0	.....(5,492,127)	.....0	.....0	.....0	.....(5,492,127)	.....0
.....00000	20-7287186	Balanced Home Healthcare, Inc.	.....0	.....0	.....0	.....0	.....(650,889)	.....0	.....0	.....0	.....(650,889)	.....0
.....00000	20-1903568	Bridges Home Health, Inc.	.....0	.....0	.....0	.....0	.....(1,009,626)	.....0	.....0	.....0	.....(1,009,626)	.....0
.....00000	75-1901342	BWB Sunbelt Home Health Services, LLC	.....0	.....0	.....0	.....0	.....(391,614)	.....0	.....0	.....0	.....(391,614)	.....0
.....00000	30-0711730	California Hospice, LLC	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
.....00000	56-2102603	Capital Care Resources of South Carolina, LLC	.....0	.....0	.....0	.....0	.....(19,250,286)	.....0	.....0	.....0	.....(19,250,286)	.....0
.....00000	58-2411159	Capital Care Resources, LLC	.....0	.....0	.....0	.....0	.....(10,005,973)	.....0	.....0	.....0	.....(10,005,973)	.....0
.....00000	58-2313705	Capital Health Management Group, LLC	.....0	.....0	.....0	.....0	.....50	.....0	.....0	.....0	.....50	.....0
.....00000	47-4681334	Care Hope Holdings, Inc.	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
.....00000	80-0732207	Care Hope Home Health Agency, Inc.	.....0	.....0	.....0	.....0	.....15,391,538	.....0	.....0	.....0	.....15,391,538	.....0
.....00000	39-1514846	CareNetwork, Inc.	.....0	.....0	.....0	.....0	.....(1,405)	.....0	.....0	.....0	.....(1,405)	.....0
.....95092	59-2598550	CarePlus Health Plans, Inc.	.....190,000,000	.....0	.....0	.....0	.....(1,438,747,135)	.....0	.....0	.....0	.....(1,248,747,135)	.....0
.....95754	62-1579044	Cariten Health Plan Inc.	.....105,000,000	.....0	.....0	.....0	.....(995,402,890)	.....0	.....0	.....0	.....(890,402,890)	.....0
.....00000	35-2608414	CDO 1, LLC	.....0	.....0	.....0	.....0	.....99,128,048	.....0	.....0	.....0	.....99,128,048	.....0
.....00000	32-0545504	CDO 2, LLC	.....0	.....0	.....0	.....0	.....118,403,550	.....0	.....0	.....0	.....118,403,550	.....0
.....00000	84-5171456	CenterWell Accountable Care, LLC	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
.....00000	85-0858631	CenterWell Care Solutions, Inc.	.....0	.....0	.....0	.....0	.....(2,326,632)	.....0	.....0	.....0	.....(2,326,632)	.....0
.....00000	11-2645333	CenterWell Certified Healthcare Corp.	.....0	.....0	.....0	.....0	.....(107,050,259)	.....0	.....0	.....0	.....(107,050,259)	.....0
.....00000	11-3454105	CenterWell Health Services (Certified), Inc.	.....0	.....0	.....0	.....0	.....(37,868,034)	.....0	.....0	.....0	.....(37,868,034)	.....0
.....00000	11-3414024	CenterWell Health Services (USA) LLC	.....0	.....0	.....0	.....0	.....459,102,169	.....0	.....0	.....0	.....459,102,169	.....0
.....00000	11-3454104	CenterWell Health Services Holding Corp.	.....0	.....0	.....0	.....0	.....10,937,263	.....0	.....0	.....0	.....10,937,263	.....0
.....00000	36-4335801	CenterWell Health Services, Inc.	.....0	.....0	.....0	.....0	.....2,311,440	.....0	.....0	.....0	.....2,311,440	.....0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois 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	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)
00000	26-0717945	CenterWell Home Health Services, LLC	0	0	0	0	1,709	0		0	1,709	0
00000	84-4307723	CenterWell IPA Solutions, LLC	0	0	0	0	0	0		0	0	0
00000	61-1316926	CenterWell Pharmacy, Inc.	0	0	0	0	8,659,458,782	0		0	8,659,458,782	0
00000	59-3164234	CenterWell Senior Primary Care (FL), Inc.	0	0	0	0	154,675,150	0		0	154,675,150	0
00000	11-2802024	CenterWell Services of New York, Inc.	0	0	0	0	0	0		0	0	0
95158	61-1279717	CHA HMO, Inc.	75,000,000	0	0	0	(2,576,812,399)	0		0	(2,501,812,399)	0
00000	03-0387821	Chattahoochee Valley Home Care Services, LLC	0	0	0	0	50	0		0	50	0
00000	34-1994007	Chattahoochee Valley Home Health, LLC	0	0	0	0	(1,577,414)	0		0	(1,577,414)	0
00000	04-3813487	CHMG Acquisition LLC	0	0	0	0	300	0		0	300	0
00000	54-2089073	CHMG of Atlanta, LLC	0	0	0	0	(1,469,072)	0		0	(1,469,072)	0
00000	54-2089075	CHMG of Griffin, LLC	0	0	0	0	(4,304,778)	0		0	(4,304,778)	0
52015	59-2531815	CompBenefits Company	0	0	0	0	(7,916,599)	0		0	(7,916,599)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	460,368	0		0	460,368	0
11228	36-3686002	CompBenefits Dental, Inc.	2,000,000	0	0	0	(1,010,193)	0		0	989,807	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(8,942)	0		0	(8,942)	0
60984	74-2552026	CompBenefits Insurance Company	15,000,000	0	0	0	(116,886,869)	0		0	(101,886,869)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	1,096,405	0		0	1,096,405	0
00000	85-3191430	Conviva Care Solutions II, LLC	0	0	0	0	49,637,838	0		0	49,637,838	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	373,144,349	0		0	373,144,349	0
00000	20-5569675	Conviva Group Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	46-5329373	Conviva Health Management, LLC	0	0	0	0	401,452,791	0		0	401,452,791	0
00000	46-1225873	Conviva Health MSO of Texas, Inc.	0	0	0	0	(5,712,120)	0		0	(5,712,120)	0
00000	20-5904436	Conviva Medical Center Management, LLC	0	0	0	0	1,739,983,260	0		0	1,739,983,260	0
00000	82-3311429	Conviva Physician Group, LLC	0	0	0	0	0	0		0	0	0
00000	81-2957926	Conviva Speciality, LLC	0	0	0	0	(55)	0		0	(55)	0
00000	74-2769755	Corpus Christi Home Care, Inc.	0	0	0	0	5,348,269	0		0	5,348,269	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	36,801	0		0	36,801	0
95161	76-0039628	DentiCare, Inc.	2,000,000	0	0	0	(2,324,471)	0		0	(324,471)	0
00000	36-4898224	Eagle NY Rx, LLC	0	0	0	0	300	0		0	300	0
00000	47-1407967	Eagle Rx Holdco, Inc.	0	0	0	0	(5,681,645)	0		0	(5,681,645)	0
00000	47-1416614	Eagle Rx, Inc.	0	0	0	0	(21,827,012)	0		0	(21,827,012)	0
00000	56-1590744	Eastern Carolina Home Health Agency, LLC	0	0	0	0	(6,759,549)	0		0	(6,759,549)	0
00000	87-1493628	Echo Primary Care Holdings, LLC	0	0	0	0	2,247,131	0		0	2,247,131	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	(5,869)	0		0	(5,869)	0
00000	84-3700467	Elite Health Medical Centers, LLC	0	0	0	0	19,558,241	0		0	19,558,241	0
00000	26-3715136	Elite Health Primary Care, LLC	0	0	0	0	0	0		0	0	0
88595	31-0935772	Empesys Insurance Company	15,000,000	0	0	0	(57,626,116)	0		0	(42,626,116)	0
00000	61-1237697	Empesys, Inc.	0	0	0	0	15	0		0	15	0
00000	23-3068914	Enclara Pharmacia, Inc.	0	0	0	0	(13,771,075)	0		0	(13,771,075)	0
00000	55-0750157	First Home Health, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2784006	Focus Care Health Resources, Inc.	0	0	0	0	0	0		0	0	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**

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

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00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	439	0		0	439	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	1,842	0		0	1,842	0
00000	75-2855493	GBA Holding, Inc.	0	0	0	0	(145,222)	0		0	(145,222)	0
00000	26-2944774	GBA West, LLC	0	0	0	0	(335,038)	0		0	(335,038)	0
00000	27-4251135	Georgia Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	64-0730826	Gilbert's Home Health Agency, Inc.	0	0	0	0	(5,207,748)	0		0	(5,207,748)	0
00000	27-4535747	Go365, LLC	0	0	0	0	80,096,431	0		0	80,096,431	0
00000	39-1789830	GuidantRx, Inc.	0	0	0	0	11,301	0		0	11,301	0
00000	27-1519643	Harden Clinical Services, LLC	0	0	0	0	0	0		0	0	0
00000	26-1487182	Harden HC Texas Holdco, LLC	0	0	0	0	0	0		0	0	0
00000	37-1743802	Harden Healthcare Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	74-3024009	Harden Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	65-1299601	Harden Home Health, LLC	0	0	0	0	300	0		0	300	0
00000	43-2083818	Harden Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(10,326,062)	0		0	(10,326,062)	0
00000	42-1285486	Hawkeye Health Services, Inc.	0	0	0	0	(783,554)	0		0	(783,554)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	(38,630)	0		0	(38,630)	0
00000	58-1947694	Healthfield Home Health, LLC	0	0	0	0	(7,942,537)	0		0	(7,942,537)	0
00000	27-0131980	Healthfield of Southwest Georgia, LLC	0	0	0	0	(2,328,072)	0		0	(2,328,072)	0
00000	68-0593590	Healthfield of Statesboro, LLC	0	0	0	0	(3,042,786)	0		0	(3,042,786)	0
00000	01-0831798	Healthfield of Tennessee, LLC	0	0	0	0	(748,135)	0		0	(748,135)	0
00000	36-4425473	Healthfield Operating Group, LLC	0	0	0	0	300	0		0	300	0
00000	58-1819650	Healthfield, LLC	0	0	0	0	300	0		0	300	0
00000	90-0527683	HHS Healthcare Corp.	0	0	0	0	0	0		0	0	0
00000	62-1807084	Home Health Care Affiliates of Central Mississippi, L.L.C.	0	0	0	0	(4,090,239)	0		0	(4,090,239)	0
00000	62-1775256	Home Health Care Affiliates of Mississippi, Inc.	0	0	0	0	(3,534,686)	0		0	(3,534,686)	0
00000	74-2737989	Home Health Care Affiliates, Inc.	0	0	0	0	300	0		0	300	0
00000	56-1556547	Home Health Care of Carteret County, LLC	0	0	0	0	(1,013,748)	0		0	(1,013,748)	0
00000	75-2374091	Home Health of Rural Texas, Inc.	0	0	0	0	(76,035)	0		0	(76,035)	0
00000	87-0494759	Home Health Services, Inc.	0	0	0	0	18	0		0	18	0
00000	65-0837269	Homecare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	76-0456316	Horizon Health Care Services, Inc.	0	0	0	0	(598,968)	0		0	(598,968)	0
00000	20-1078045	Hospice Pharmacy Solutions, LLC	0	0	0	0	(4,435,963)	0		0	(4,435,963)	0
00000	47-5418599	HP Solutions Holdings, LLC	0	0	0	0	300	0		0	300	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	106,521,818	0		0	106,521,818	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	344	0		0	344	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	406	0		0	406	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	767	0		0	767	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	81,059	0		0	81,059	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	0	0		0	0	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	334,383,135	0		0	334,383,135	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	5,211,613	0		0	5,211,613	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**

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

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60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	30,000,000	0	0	0	(1,870,322,306)	0		0	(1,840,322,306)	0
16717	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	10,000,000	0	0	(34,825,801)	0		0	(24,825,801)	0
15886	75-2043865	Humana Benefit Plan of Texas, Inc.	0	10,000,000	0	0	(5,451,869)	0		0	4,548,131	0
00000	59-1843760	Humana Dental Company	0	0	0	0	316,858	0		0	316,858	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	2,129,144	0		0	2,129,144	0
00000	85-3099097	Humana Direct Contracting Entity, Inc.	0	0	0	0	(7,709,018)	0		0	(7,709,018)	0
95519	58-2209549	Humana Employers Health Plan of Georgia, Inc.	35,000,000	0	0	0	(803,382,791)	0		0	(768,382,791)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(79,229,805)	0		0	(79,229,805)	0
95642	72-1279235	Humana Health Benefit Plan of Louisiana, Inc.	0	0	0	0	(1,450,745,938)	0		0	(1,450,745,938)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	0	0	0	(283,580,615)	0		0	(283,580,615)	0
69671	61-1041514	Humana Health Insurance Company of Florida, Inc.	0	25,000,000	0	0	(124,956,848)	0		0	(99,956,848)	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	0	0	0	(37,824,657)	0		0	(37,824,657)	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	120,000,000	0	0	(164,474,430)	0		0	(44,474,430)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	50,000,000	0	0	0	(98,823,759)	0		0	(48,823,759)	0
95885	61-1013183	Humana Health Plan, Inc.	75,000,000	0	0	0	(984,531,569)	0		0	(909,531,569)	0
95721	66-0406896	Humana Health Plans of Puerto Rico, Inc.	22,315,590	0	0	0	(130,223,116)	0		0	(107,907,526)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	818,735	0		0	818,735	0
00000	61-0647538	Humana Inc.	(1,784,182,366)	(791,000,000)	0	0	3,284,038,992	0		0	708,856,626	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	34,252,112	0		0	34,252,112	0
73288	39-1263473	Humana Insurance Company	150,000,000	300,000,000	0	0	(18,960,567,427)	(12,107,946)		0	(18,522,675,373)	0
60219	61-1311685	Humana Insurance Company of Kentucky	0	35,000,000	0	0	(288,302,595)	12,107,946		0	(241,194,649)	0
12634	20-2888723	Humana Insurance Company of New York	0	100,000,000	0	0	(1,083,366,228)	0		0	(983,366,228)	0
84603	66-0291866	Humana Insurance of Puerto Rico, Inc.	12,699,189	0	0	0	(72,829,918)	0		0	(60,130,729)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	42,999,690	0		0	42,999,690	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	900	0		0	900	0
00000	61-1343508	Humana MarketPOINT, Inc.	0	0	0	0	961,183,610	0		0	961,183,610	0
14224	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	0	0	(283,144,303)	0		0	(283,144,303)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	11,000,000	0	0	(20,949,673)	0		0	(9,949,673)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	0	0	0	(69,469,133)	0		0	(69,469,133)	0
95270	61-1103898	Humana Medical Plan, Inc.	925,000,000	0	0	0	(7,705,542,205)	0		0	(6,780,542,205)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	28,003,853,753	0		0	28,003,853,753	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	46,627,553	0		0	46,627,553	0
12282	20-2036444	Humana Regional Health Plan, Inc.	5,000,000	0	0	0	(83,761,866)	0		0	(78,761,866)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	108,457	0		0	108,457	0
95342	39-1525003	Humana Wisconsin Health Organization Insurance Corporation	45,000,000	0	0	0	(2,451,577,191)	0		0	(2,406,577,191)	0
70580	39-0714280	HumanaDental Insurance Company	28,667,587	0	0	0	(491,844,106)	0		0	(463,176,519)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	29,911	0		0	29,911	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois 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	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)
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(3,400,103)	0		0	(3,400,103)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	118,080	0		0	118,080	0
11695	39-1769093	Independent Care Health Plan	0	180,000,000	0	0	(46,689,954)	0		0	133,310,046	0
00000	88-3465849	Innovative Financial Group Holdings, LLC	0	0	0	0	897,388	0		0	897,388	0
00000	83-2232570	Innovative Financial Partners, LLC	0	0	0	0	4,924,739	0		0	4,924,739	0
00000	20-8781607	Integracare Holdings, Inc.	0	0	0	0	3,656	0		0	3,656	0
00000	75-2865632	Integracare Home Health Services, Inc.	0	0	0	0	(6,019,815)	0		0	(6,019,815)	0
00000	20-8781715	Integracare Intermediate Holdings, Inc.	0	0	0	0	246,850	0		0	246,850	0
00000	26-2915050	Integracare of Albany, LLC	0	0	0	0	(208,223)	0		0	(208,223)	0
00000	27-2139332	Integracare of Athens-Home Health, LLC	0	0	0	0	(236,904)	0		0	(236,904)	0
00000	81-0638801	Integracare of Olney Home Health, LLC	0	0	0	0	(431,718)	0		0	(431,718)	0
00000	20-8768235	Integracare of Texas, LLC	0	0	0	0	(317,007)	0		0	(317,007)	0
00000	27-0686207	Integracare of West Texas-Home Health, LLC	0	0	0	0	(638,502)	0		0	(638,502)	0
00000	27-0686266	Integracare of Wichita Falls, LLC	0	0	0	0	(150,200)	0		0	(150,200)	0
00000	46-3992741	KAH Development 10, L.L.C.	0	0	0	0	(784,580)	0		0	(784,580)	0
00000	46-4002959	KAH Development 12, L.L.C.	0	0	0	0	(809,612)	0		0	(809,612)	0
00000	46-4025157	KAH Development 14, L.L.C.	0	0	0	0	(891,882)	0		0	(891,882)	0
00000	46-3902994	KAH Development 4, L.L.C.	0	0	0	0	(3,518,215)	0		0	(3,518,215)	0
00000	82-3695166	Kentucky Homecare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	82-3986306	Kentucky Homecare Parent Inc.	0	0	0	0	460	0		0	460	0
00000	26-0717534	KND Development 50, L.L.C.	0	0	0	0	(337,748)	0		0	(337,748)	0
00000	26-3228001	Lighthouse Hospice - Metroplex, LLC	0	0	0	0	0	0		0	0	0
00000	06-1787617	Lighthouse Hospice Management, LLC	0	0	0	0	0	0		0	0	0
00000	87-0798501	Lighthouse Hospice-San Antonio, LLC	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	0	0	0	0	(1,588,910)	0		0	(1,588,910)	0
00000	65-0277280	Med. Tech. Services of South Florida, Inc.	0	0	0	0	(230,346)	0		0	(230,346)	0
00000	84-5189010?	Medicare Planning of America LLC	0	0	0	0	1,663	0		0	1,663	0
00000	46-3433197	Medstar Home Health, LLC	0	0	0	0	(831,073)	0		0	(831,073)	0
00000	65-1033439	Med-Tech Services of Dade, Inc.	0	0	0	0	(408,936)	0		0	(408,936)	0
00000	65-0644307	Med-Tech Services of Palm Beach, Inc.	0	0	0	0	(453,455)	0		0	(453,455)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	200	0		0	200	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	139,933	0		0	139,933	0
00000	82-0559199	Mid-South Home Health Agency, LLC	0	0	0	0	(1,100,351)	0		0	(1,100,351)	0
00000	14-1909499	Mid-South Home Health of Gadsden, LLC	0	0	0	0	(1,799,751)	0		0	(1,799,751)	0
00000	63-0772385	Mid-South Home Health, LLC	0	0	0	0	(13,772,430)	0		0	(13,772,430)	0
00000	65-1285069	Missouri Home Care of Rolla, Inc.	0	0	0	0	(2,127,616)	0		0	(2,127,616)	0
00000	20-5123865	M-SAC, Inc.	0	0	0	0	(1,308,399)	0		0	(1,308,399)	0
00000	84-2439365	Nevada Independent Physicians, LLC	0	0	0	0	(1,131)	0		0	(1,131)	0
00000	22-2695367	New York Healthcare Services, Inc.	0	0	0	0	9	0		0	9	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	300	0		0	300	0
00000	55-0633030	Nursing Care-Home Health Agency, Inc.	0	0	0	0	(417,671)	0		0	(417,671)	0
00000	20-3443369	On the Way Home Care, Inc.	0	0	0	0	18,473,218	0		0	18,473,218	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois 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	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)
00000	82-2018741	One Home Health Holdings CCTX, LLC	0	0	0	0	0	0		0	0	0
00000	81-3485437	One Home Health Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	87-3584872	One Home Medical Equipment NC, LLC	0	0	0	0	35,890,886	0		0	35,890,886	0
00000	82-3472028	One Home Medical Equipment TX, LLC	0	0	0	0	2,689,272	0		0	2,689,272	0
00000	87-3611188	One Home Medical Equipment VA, LLC	0	0	0	0	12,509,116	0		0	12,509,116	0
00000	46-2894851	One Home Medical Equipment, LLC	0	0	0	0	276,777,682	0		0	276,777,682	0
00000	46-3313080	One Homecare Solutions, LLC	0	0	0	0	882	0		0	882	0
00000	46-4176818	One Homecare Systems, LLC	0	0	0	0	0	0		0	0	0
00000		One Infusion Pharmacy (TX), LLC	0	0	0	0	0	0		0	0	0
00000	87-3832743	One Infusion Pharmacy NC, LLC	0	0	0	0	7,609,336	0		0	7,609,336	0
00000	87-3881471	One Infusion Pharmacy VA, LLC	0	0	0	0	2,646,009	0		0	2,646,009	0
00000	46-2882412	One Infusion Pharmacy, LLC	0	0	0	0	21,598,513	0		0	21,598,513	0
00000	46-3116955	One Nursing Care, LLC	0	0	0	0	776,406,930	0		0	776,406,930	0
00000	20-4271850	One TPA Systems, Inc.	0	0	0	0	0	0		0	0	0
00000	32-0351697	Outcome Resources, LLC	0	0	0	0	(152)	0		0	(152)	0
00000	75-2284154	Outreach Health Services of North Texas, LLC	0	0	0	0	(427,828)	0		0	(427,828)	0
00000	61-1340806	PBM Holding Co.	0	0	0	0	0	0		0	0	0
00000	20-2373204	PBM Plus Mail Service Pharmacy, LLC	0	0	0	0	0	0		0	0	0
00000	26-3106949	PF Development 10, L.L.C.	0	0	0	0	(7,158)	0		0	(7,158)	0
00000	26-3107011	PF Development 15, L.L.C.	0	0	0	0	(1,762,180)	0		0	(1,762,180)	0
00000	46-0818835	PF Development 16, L.L.C.	0	0	0	0	(1,043,407)	0		0	(1,043,407)	0
00000	46-0860128	PF Development 21, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-0718044	PF Development 5, L.L.C.	0	0	0	0	(1,953,020)	0		0	(1,953,020)	0
00000	26-3106911	PF Development 7, L.L.C.	0	0	0	0	(365,659)	0		0	(365,659)	0
00000	26-3106934	PF Development 9, L.L.C.	0	0	0	0	300	0		0	300	0
00000	83-2136817	Pharaoh JV, LLC	0	0	0	0	(11,081)	0		0	(11,081)	0
00000	75-2378887	PHH Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	33-1178066	PHHC Acquisition Corp.	0	0	0	0	(531,839)	0		0	(531,839)	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	270	0		0	270	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	120	0		0	120	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	246,371,827	0		0	246,371,827	0
00000	82-1676284	Prime Accountable Care West, LLC	0	0	0	0	1,807	0		0	1,807	0
00000	86-2731153	Prime West JV Holdings, LLC	0	0	0	0	6,564	0		0	6,564	0
00000	20-5143963	Professional Healthcare at Home, LLC	0	0	0	0	(884,971)	0		0	(884,971)	0
00000	20-5043143	Professional Healthcare, LLC	0	0	0	0	300	0		0	300	0
00000	11-2750425	QC-Medi New York, Inc.	0	0	0	0	(12,265,816)	0		0	(12,265,816)	0
00000	11-2256479	Quality Care - USA, Inc.	0	0	0	0	0	0		0	0	0
00000	45-2823888	Quality Living Home Health Care, LLC	0	0	0	0	(344,266)	0		0	(344,266)	0
00000	47-4085710?	Rees Financial LLC	0	0	0	0	27,767	0		0	27,767	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	0	0		0	0	0
00000	59-3080333	Senior Home Care, Inc.	0	0	0	0	(10,175,390)	0		0	(10,175,390)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	5,989,920	0		0	5,989,920	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	1,138,139	0		0	1,138,139	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois 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	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)
00000	42-1699530	SHC Holding, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0270114	South Florida Cardiology Associates, LLC	0	0	0	0	0	0		0	0	0
00000	87-0494757	Southern Nevada Home Health Care, Inc.	0	0	0	0	(980,637)	0		0	(980,637)	0
00000	72-1487473	Synergy Home Care-Acadiana Region, Inc.	0	0	0	0	(459,507)	0		0	(459,507)	0
00000	20-1376846	Synergy Home Care-Capitol Region, Inc.	0	0	0	0	(193,092)	0		0	(193,092)	0
00000	36-4516940	Synergy Home Care-Central Region, Inc.	0	0	0	0	(710,880)	0		0	(710,880)	0
00000	72-1178497	Synergy Home Care-Northeastern Region, Inc.	0	0	0	0	(267,258)	0		0	(267,258)	0
00000	72-1223659	Synergy Home Care-Northshore Region, Inc.	0	0	0	0	(141,529)	0		0	(141,529)	0
00000	72-1431394	Synergy Home Care-Northwestern Region, Inc.	0	0	0	0	(897,944)	0		0	(897,944)	0
00000	72-1429305	Synergy Home Care-Southeastern Region, Inc.	0	0	0	0	(252,499)	0		0	(252,499)	0
00000	94-3419676	Synergy, Inc.	0	0	0	0	25	0		0	25	0
00000	56-1456991	TAR Heel Health Care Services, LLC	0	0	0	0	(5,225,579)	0		0	(5,225,579)	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(25,614)	0		0	(25,614)	0
54739	52-1157181	The Dental Concern, Inc.	1,500,000	0	0	0	(6,779,710)	0		0	(5,279,710)	0
00000	84-2258899?	The Lead Store LLC	0	0	0	0	80,363	0		0	80,363	0
00000	68-0593592	Total Care Home Health of Louisburg, LLC	0	0	0	0	(606,798)	0		0	(606,798)	0
00000	20-0091435	Total Care Home Health of North Carolina, LLC	0	0	0	0	(14,138,678)	0		0	(14,138,678)	0
00000	20-0091422	Total Care Home Health of South Carolina, LLC	0	0	0	0	(3,771,271)	0		0	(3,771,271)	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	12,430	0		0	12,430	0
00000	35-2486995	Trident Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	81-4466479	Trilogy Home Health Care of SW FL, Inc	0	0	0	0	(958,310)	0		0	(958,310)	0
00000	81-3442232	Trilogy Home Healthcare of NE FL, Inc	0	0	0	0	0	0		0	0	0
00000	47-2446186	Trueshore BPO, LLC	0	0	0	0	0	0		0	0	0
00000		Trueshore S.R. I.	0	0	0	0	10,629,365	0		0	10,629,365	0
00000	62-1669388	Van Winkle Home Health Care, Inc.	0	0	0	0	(400,826)	0		0	(400,826)	0
00000	75-1995143	Vernon Home Health Care Agency, LLC	0	0	0	0	(349,622)	0		0	(349,622)	0
00000	82-4202700	Versa Management LLC	0	0	0	0	40,051	0		0	40,051	0
00000	81-2022629	Vitality HHS Holdings, Inc	0	0	0	0	0	0		0	0	0
00000	81-2019673	Vitality Home Care, Inc	0	0	0	0	8,942,897	0		0	8,942,897	0
00000	20-1953497	Voyager Acquisition, L.P.	0	0	0	0	0	0		0	0	0
00000	26-1501792	Voyager Home Health, Inc.	0	0	0	0	0	0		0	0	0
00000	20-1173787	Voyager Hospicecare, Inc.	0	0	0	0	11,091	0		0	11,091	0
00000	46-2300938	Wake Forest Baptist Health Care at Home, LLC	0	0	0	0	(1,002,903)	0		0	(1,002,903)	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
ARCADIAN HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CAREPLUS HEALTH PLANS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CARITEN HEALTH PLAN INC.	PHP COMPANIES, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CHA HMO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS DENTAL, INC.	DENTAL CARE PLUS MANAGEMENT, CORP.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS INSURANCE COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
DENTICARE, INC.	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
EMPHESYS INSURANCE COMPANY	EMPHESYS, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF ILLINOIS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN SOUTH CAROLINA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF OHIO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLANS OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF KENTUCKY	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF MICHIGAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF UTAH, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA REGIONAL HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANADENTAL INSURANCE COMPANY	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
INDEPENDENT CARE HEALTH PLAN	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
THE DENTAL CONCERN, INC.	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## REQUIRED FILINGS

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.







	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will an actuarial opinion be filed by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

## SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	YES
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
<b>APRIL FILING</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	YES
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? .....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	YES
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:	
12. This type of business is not written.	
15. This type of business is not written.	
16. No relief will be requested.	
17. No relief will be requested.	
18. No relief will be requested.	
20. This type of business is not written.	

### Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ALMESNM10A	A	NO	0234000	04/20/2018			08/31/2020		3,142	1,211	38.5	2	0	0	0.0	0
	ALMESNM10F	F	NO	0234000	04/20/2018			08/31/2020		516,015	379,858	73.6	176	0	0	0.0	0
	ALMESNM10F(HD)	F	NO	0234000	04/20/2018			08/31/2020		31,900	1,083	3.4	34	0	0	0.0	0
	ALMESNM10G	G	NO	0234000	04/20/2018			08/31/2020		2,442,794	2,428,410	99.4	1,154	0	0	0.0	0
	ALMESNM10G(HD)	G	NO	0234000	07/11/2019			08/31/2020		5,979	0	0.0	6	0	0	0.0	0
	ALMESNM10N	N	NO	0234000	04/20/2018			08/31/2020		271,066	292,373	107.9	158	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,270,895	3,102,935	94.9	1,530	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF California.....  
 NAIC Group Code 0119..... NAIC Company Code 60052.....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606.....  
 Person Completing This Exhibit Julie Ford.....  
 Title Lead, Financial Reporting..... Telephone Number 502-580-8375.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	CAAIMESA	A	NO	0034060	02/21/2020					0	0	0.0	0	0	0.0	0	
	CAAIMESF	F	NO	0034060	02/21/2020					6,365	4,063	63.8	1	586,171	519,739	88.7	659
	CAAIMESG	G	NO	0034060	02/21/2020					19,233	16,700	86.8	5	564,789	657,841	116.5	606
	CAAIMESG(HD)	G	NO	0034060	02/21/2020					18,661	12,255	65.7	17	187,406	86,039	45.9	208
	CAAIMESN	N	NO	0034060	02/21/2020					1,785	1,726	96.7	1	227,789	153,745	67.5	193
0199999. Total Experience on Individual Policies										46,045	34,744	75.5	24	1,566,155	1,417,364	90.5	1,666

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Colorado.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	COMES3M10A	A	NO	0234060	11/16/2022					0	0	0.0	0	0	0.0	0	
	COMES3M10F	F	NO	0234060	11/16/2022					0	0	0.0	0	41,065	41,926	102.1	40
	COMES3M10G	G	NO	0234060	11/16/2022					0	0	0.0	0	237,157	278,686	117.5	442
	COMES3M10G(HD)	G	NO	0234060	11/16/2022					0	0	0.0	0	11,492	84	0.7	48
	COMES3M10N	N	NO	0234060	11/16/2022					0	0	0.0	0	38,180	19,007	49.8	84
0199999. Total Experience on Individual Policies										0	0	0.0	0	327,893	339,703	103.6	614

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Connecticut.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	CTMES3M10A	A	NO	0230560	04/18/2023					0	0	0.0	0	4,084	5,018	122.8	3
	CTMES3M10F	F	NO	0230500	04/18/2023					0	0	0.0	0	17,593	9,588	54.5	18
	CTMES3M10G	G	NO	0230500	04/18/2023					0	0	0.0	0	255,943	638,868	249.6	434
	CTMES3M10G(HD)	G	NO	0230500	04/18/2023					0	0	0.0	0	8,694	27,079	311.5	37
	CTMES3M10N	N	NO	0230500	04/18/2023					0	0	0.0	0	153,689	332,982	216.7	375
0199999. Total Experience on Individual Policies										0	0	0.0	0	440,003	1,013,535	230.3	867

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Georgia.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	GAMESNM10A	A	NO	0234060	11/13/2017			08/31/2020		11,657	5,938	50.9	6	0	0	0.0	0
	GAMESNM10F	F	NO	0234060	11/13/2017			08/31/2020		1,064,282	711,892	66.9	325	0	0	0.0	0
	GAMESNM10F(HD)	F	NO	0234060	11/13/2017			08/31/2020		325,397	293,690	90.3	208	0	0	0.0	0
	GAMESNM10G	G	NO	0234060	11/13/2017			08/31/2020		1,998,933	1,579,599	79.0	776	0	0	0.0	0
	GAMESNM10G(HD)	G	NO	0234060	07/15/2019			08/31/2020		49,374	5,477	11.1	34	0	0	0.0	0
	GAMESNM10N	N	NO	0234060	11/13/2017			08/31/2020		591,763	440,560	74.4	264	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,041,406	3,037,157	75.2	1,613	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ILMESNM10A	A	NO	0234060	11/15/2017			08/31/2020		18,351	9,769	53.2	8	0	0	0.0	0
	ILMESNM10F	F	NO	0234060	11/15/2017			08/31/2020		693,597	559,989	80.7	204	0	0	0.0	0
	ILMESNM10F(HD)	F	NO	0234060	11/15/2017			08/31/2020		151,410	136,738	90.3	172	0	0	0.0	0
	ILMESNM10G	G	NO	0234060	11/15/2017			08/31/2020		1,780,058	1,499,447	84.2	663	0	0	0.0	0
	ILMESNM10G(HD)	G	NO	0234060	08/15/2019			08/31/2020		34,386	17,401	50.6	36	0	0	0.0	0
	ILMESNM10N	N	NO	0234060	11/15/2017			08/31/2020		452,946	398,933	88.1	187	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,130,748	2,622,277	83.8	1,270	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	INMESNM10A	A	NO	0234060	03/19/2018					25,300	24,276	96.0	6	51,241	83,833	163.6	14
	INMESNM10F	F	NO	0234000	03/19/2018					452,254	306,112	67.7	141	175,025	190,640	108.9	53
	INMESNM10F(HD)	F	NO	0234000	03/19/2018					49,552	35,144	70.9	64	23,856	1,650	6.9	33
	INMESNM10G	G	NO	0234000	03/19/2018					1,399,239	1,263,589	90.3	575	643,640	616,687	95.8	291
	INMESNM10G(HD)	G	NO	0234000	12/20/2019					6,453	1,510	23.4	11	50,957	65,429	128.4	91
	INMESNM10N	N	NO	0234000	03/19/2018					254,157	306,356	120.5	133	347,950	237,242	68.2	192
0199999. Total Experience on Individual Policies										2,186,955	1,936,987	88.6	930	1,292,669	1,195,480	92.5	674

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....

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SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Kansas.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	KSMES3M10A	A	NO	0234060	10/15/2021					0	0	0.0	0	0	0.0	0	
	KSMES3M10F	F	NO	0234060	10/15/2021					0	160,692	0.0	0	169,081	105.2	69	
	KSMES3M10G	G	NO	0234060	10/15/2021					0	357,421	0.0	0	353,729	99.0	217	
	KSMES3M10G(HD)	G	NO	0234060	10/15/2021					0	26,023	0.0	0	32,698	125.6	51	
	KSMES3M10N	N	NO	0234060	10/15/2021					0	162,440	0.0	0	120,970	74.5	128	
0199999. Total Experience on Individual Policies										0	0	0.0	0	706,576	676,478	95.7	465

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Maryland.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MDMES3M10A	A	NO	0234000	09/11/2023					0	0	0.0	0	324	0	0.0	1
	MDMES3M10A_D	A	NO	0234060	09/11/2023					0	0	0.0	0	0	0	0.0	0
	MDMES3M10F	F	NO	0234000	09/11/2023					0	0	0.0	0	6,071	439	7.2	24
	MDMES3M10G	G	NO	0234000	09/11/2023					0	0	0.0	0	15,375	5,765	37.5	78
	MDMES3M10G(HD)	G	NO	0234000	09/11/2023					0	0	0.0	0	92	0	0.0	1
	MDMES3M10N	N	NO	0234000	09/11/2023					0	0	0.0	0	3,292	233	7.1	24
0199999. Total Experience on Individual Policies										0	0	0.0	0	25,154	6,436	25.6	128

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MAMES3M10CORE	M.....	NO.....	0230560	04/03/2023					0	0	0.0	0	18,906	58,869	311.4	51
	MAMES3M10SUPP1	M.....	NO.....	0230560	04/03/2023					0	0	0.0	0	46,325	60,508	130.6	74
	MAMES3M10SUPP1A	M.....	NO.....	0230560	04/03/2023					0	0	0.0	0	297,697	556,044	186.8	614
0199999. Total Experience on Individual Policies										0	0	0.0	0	362,928	675,421	186.1	739

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MIMESNM10A	A	NO	0234560	04/10/2018			09/30/2020		27,996	35,277	126.0	10	0	0	0.0	0
	MIMESNM10C	C	NO	0234560	04/10/2018			12/31/2019		543,999	523,248	96.2	134	0	0	0.0	0
	MIMESNM10F	F	NO	0234000	04/10/2018			09/30/2020		595,653	470,801	79.0	179	0	0	0.0	0
	MIMESNM10F (HD)	F	NO	0234000	04/10/2018			09/30/2020		59,861	21,381	35.7	67	0	0	0.0	0
	MIMESNM10G	G	NO	0234000	04/10/2018			09/30/2020		3,429,854	2,998,347	87.4	1,599	0	0	0.0	0
	MIMESNM10G (HD)	G	NO	0234000	08/01/2019			09/30/2020		4,599	0	0.0	7	0	0	0.0	0
	MIMESNM10N	N	NO	0234000	04/10/2018			09/30/2020		444,114	405,356	91.3	246	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,106,077	4,454,411	87.2	2,242	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
  - 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
  - 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Mississippi.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MSMESNM10A	A	NO	0234060	11/08/2017			08/31/2020		0	0	0.0	0	0	0.0	0	
	MSMESNM10F	F	NO	0234060	11/08/2017			08/31/2020		496,319	446,315	89.9	182	0	0.0	0	
	MSMESNM10F(HD)	F	NO	0234060	11/08/2017			08/31/2020		34,581	34,978	101.1	35	0	0.0	0	
	MSMESNM10G	G	NO	0234060	11/08/2017			08/31/2020		1,009,441	961,174	95.2	425	0	0.0	0	
	MSMESNM10G(HD)	G	NO	0234060	09/03/2019			08/31/2020		13,285	1,357	10.2	11	0	0.0	0	
	MSMESNM10N	N	NO	0234060	11/08/2017			08/31/2020		191,947	182,805	95.2	93	0	0.0	0	
0199999. Total Experience on Individual Policies										1,745,573	1,626,629	93.2	746	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....  
 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....  
 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Nevada.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NVMES3M10A	A	NO	0234000	09/20/2023					0	0	0.0	0	0	0.0	0	
	NVMES3M10F	F	NO	0234000	09/20/2023					0	0	0.0	0	267	0.0	1	
	NVMES3M10G	G	NO	0234000	09/20/2023					0	0	0.0	0	1,020	0.0	6	
	NVMES3M10G(HD)	G	NO	0234000	09/20/2023					0	0	0.0	0	662	0.0	10	
	NVMES3M10N	N	NO	0234000	09/20/2023					0	0	0.0	0	543	35	6.5	
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,492	35	1.4	20

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF New Jersey.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NJA1MESA	A	NO	0034000	05/07/2020					0	0	0.0	0	0	0.0	0	
	NJA1MESC	C	NO	0034060	05/07/2020					2,772	23,116	833.9	1	5,499	6,627	120.5	2
	NJA1MESD	D	NO	0034060	05/07/2020					5,841	6,442	110.3	3	82,416	197,360	239.5	50
	NJA1MESF	F	NO	0034000	05/07/2020					103,447	50,537	48.9	38	815,868	688,202	84.4	332
	NJA1MESG	G	NO	0034000	05/07/2020					813,279	740,831	91.1	395	4,427,238	3,974,730	89.8	2,347
	NJA1MESG(HD)	G	NO	0034000	05/07/2020					409	0	0.0	0	38,839	17,921	46.1	54
	NJA1MESN	N	NO	0034000	05/07/2020					86,935	104,699	120.4	49	538,586	431,041	80.0	342
0199999. Total Experience on Individual Policies										1,012,682	925,625	91.4	486	5,908,446	5,315,881	90.0	3,127

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF New Mexico.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NMMES3M10A	A	NO	0234000	11/22/2023					0	0	0.0	0	0	0	0.0	0
	NMMES3M10F	F	NO	0234000	11/22/2023					0	0	0.0	0	0	0	0.0	0
	NMMES3M10G	G	NO	0234000	11/22/2023					0	0	0.0	0	0	0	0.0	0
	NMMES3M10G(HD)	G	NO	0234000	11/22/2023					0	0	0.0	0	0	0	0.0	0
	NMMES3M10N	N	NO	0234000	11/22/2023					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF North Carolina.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NCMES3M10A	A	NO	0234060	09/30/2022					0	0	0.0	0	1,319	51	3.8	1
	NCMES3M10F	F	NO	0234060	09/30/2022					0	0	0.0	0	90,010	82,415	91.6	89
	NCMES3M10G	G	NO	0234060	09/30/2022					0	0	0.0	0	142,814	193,355	135.4	214
	NCMES3M10G(HD)	G	NO	0234000	09/30/2022					0	0	0.0	0	5,728	0	0.0	25
	NCMES3M10N	N	NO	0234000	09/30/2022					0	0	0.0	0	52,245	43,449	83.2	83
0199999. Total Experience on Individual Policies										0	0	0.0	0	292,116	319,269	109.3	412

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF North Dakota.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NDMESVA	A	NO	0034000	12/13/2013					0	0	0.0	0	0	0.0	0	
	NDMESVF	F	NO	0034000	12/13/2013					171,243	155,590	90.9	63	28,228	21,288	75.4	11
	NDMESVF(HD)	F	NO	0034000	12/13/2013					4,975	30	0.6	7	1,865	0	0.0	2
	NDMESVG	G	NO	0034000	12/13/2013					751,700	701,258	93.3	404	650,694	604,817	92.9	386
	NDMESVG(HD)	G	NO	0034000	09/11/2019					0	0	0.0	0	3,234	0	0.0	6
	NDMESVK	K	NO	0034000	12/13/2013					998	175	17.5	1	0	0	0.0	0
	NDMESVN	N	NO	0034000	12/13/2013					34,566	31,406	90.9	23	12,389	8,549	69.0	10
0199999. Total Experience on Individual Policies										963,481	888,458	92.2	498	696,411	634,654	91.1	415

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 500 West Main Street Louisville , KY 40202 .....
  - Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 101 E. Main Street Louisville , KY 40202 .....
  - Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	OHMESNM10A	A	NO	0234000	12/12/2017					17,426	11,600	66.6	10	13,393	3,138	23.4	8
	OHMESNM10F	F	NO	0234000	12/12/2017					1,343,798	989,536	73.6	430	457,114	334,515	73.2	146
	OHMESNM10F(HD)	F	NO	0234000	12/12/2017					160,631	39,577	24.6	202	133,434	127,265	95.4	178
	OHMESNM10G	G	NO	0234000	12/12/2017					2,929,458	2,484,583	84.8	1,195	913,256	678,035	74.2	431
	OHMESNM10G(HD)	G	NO	0234000	10/28/2019					13,439	7,031	52.3	20	87,682	8,476	9.7	183
	OHMESNM10N	N	NO	0234000	12/12/2017					1,228,951	1,045,641	85.1	727	1,592,376	1,207,829	75.9	1,011
0199999. Total Experience on Individual Policies										5,693,703	4,577,968	80.4	2,584	3,197,255	2,359,258	73.8	1,957

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	OKMES3M10A	A	NO	0234060	09/15/2021					0	0	0.0	0	8,739	26,312	301.1	3
	OKMES3M10F	F	NO	0234000	09/15/2021					0	0	0.0	0	80,078	59,884	74.8	29
	OKMES3M10G	G	NO	0234000	09/15/2021					0	0	0.0	0	178,353	276,973	155.3	116
	OKMES3M10G(HD)	G	NO	0234000	09/15/2021					0	0	0.0	0	16,082	7,012	43.6	32
	OKMES3M10N	N	NO	0234000	09/15/2021					0	0	0.0	0	58,612	84,602	144.3	38
	OKMES2HCA	A	NO	0230560	07/29/2021					0	0	0.0	0	1,935	60	3.1	1
	OKMES2HCF	F	NO	0230500	07/29/2021					0	0	0.0	0	238,794	204,434	85.6	104
	OKMES2HCG	G	NO	0230500	07/29/2021					0	0	0.0	0	263,693	244,424	92.7	215
	OKMES2HCG(HD)	G	NO	0230500	07/29/2021					0	0	0.0	0	2,039	0	0.0	4
	OKMES2HCN	N	NO	0230500	07/29/2021					0	0	0.0	0	137,923	112,356	81.5	109
0199999. Total Experience on Individual Policies										0	0	0.0	0	986,247	1,016,056	103.0	651

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
  - 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
  - 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	PAMESNM10A	A	NO	0234060	06/04/2018			08/31/2020		5,307	3,756	70.8	3	0	0	0.0	0
	PAMESNM10B	B	NO	0234060	06/04/2018			08/31/2020		2,196	2,947	134.3	1	0	0	0.0	0
	PAMESNM10F	F	NO	0234060	06/04/2018			08/31/2020		641,106	610,436	95.2	167	0	0	0.0	0
	PAMESNM10F(HD)	F	NO	0234060	06/04/2018			08/31/2020		388,424	227,298	58.5	414	0	0	0.0	0
	PAMESNM10G	G	NO	0234060	06/04/2018			08/31/2020		2,405,273	2,104,227	87.5	854	0	0	0.0	0
	PAMESNM10G(HD)	G	NO	0234060	10/10/2019			08/31/2020		8,269	0	0.0	11	0	0	0.0	0
	PAMESNM10N	N	NO	0234060	06/04/2018			08/31/2020		798,349	506,970	63.5	398	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,248,924	3,455,634	81.3	1,848	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 500 West Main Street Louisville, KY 40202 .....
  - Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 101 E. Main Street Louisville, KY 40202 .....
  - Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF South Carolina.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	SCA12MESA	A	NO	0034000	05/24/2023					0	0	0.0	0	0	0.0	0	
	SCA12MESF	F	NO	0034000	05/24/2023					0	0	0.0	0	22,336	36,180	162.0	65
	SCA12MESG	G	NO	0034000	05/24/2023					0	0	0.0	0	93,704	249,558	266.3	354
	SCA12MESG(HD)	G	NO	0034000	05/24/2023					0	0	0.0	0	0	0	0.0	0
	SCA12MESN	N	NO	0034000	05/24/2023					0	0	0.0	0	13,955	11,354	81.4	69
0199999. Total Experience on Individual Policies										0	0	0.0	0	129,994	297,092	228.5	488

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Tennessee.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	TNME3M10A	A	NO	0234060	06/10/2022					0	0	0.0	0	4,819	3,663	76.0	2
	TNME3M10F	F	NO	0234060	06/10/2022					0	66,460	0.0	0	66,460	43,016	64.7	33
	TNME3M10G	G	NO	0234060	06/10/2022					0	0	0.0	0	262,060	289,498	110.5	311
	TNME3M10G(HD)	G	NO	0234060	06/10/2022					0	0	0.0	0	10,326	9,196	89.0	36
	TNME3M10N	N	NO	0234060	06/10/2022					0	0	0.0	0	108,369	65,551	60.5	133
0199999. Total Experience on Individual Policies										0	0	0.0	0	452,034	410,924	90.9	515

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	TXMESNM10A	A	NO	0234060	06/18/2018			08/31/2020		1,201,104	1,511,263	125.8	148	0	0	0.0	0
	TXMESNM10F	F	NO	0234000	06/18/2018			08/31/2020		4,316,467	4,366,744	101.2	1,398	0	0	0.0	0
	TXMESNM10F(HD)	F	NO	0234000	06/18/2018			08/31/2020		188,949	174,078	92.1	240	0	0	0.0	0
	TXMESNM10G	G	NO	0234000	06/18/2018			08/31/2020		18,488,945	16,454,732	89.0	8,376	0	0	0.0	0
	TXMESNM10G(HD)	G	NO	0234000	10/31/2019			08/31/2020		6,977	2,699	38.7	10	0	0	0.0	0
	TXMESNM10N	N	NO	0234000	06/18/2018			08/31/2020		1,073,946	1,100,599	102.5	610	0	0	0.0	0
0199999. Total Experience on Individual Policies										25,276,388	23,610,115	93.4	10,782	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Virginia.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago, IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	VAMESNM10A	A	NO	0234000	10/15/2018			08/31/2020		0	0	0.0	0	0	0.0	0	
	VAMESNM10F	F	NO	0234000	10/15/2018			08/31/2020		877,092	749,882	85.5	294	0	0.0	0	
	VAMESNM10F(HD)	F	NO	0234000	10/15/2018			08/31/2020		44,386	3,187	7.2	61	0	0.0	0	
	VAMESNM10G	G	NO	0234000	10/15/2018			08/31/2020		1,828,814	1,488,360	81.4	810	0	0.0	0	
	VAMESNM10G(HD)	G	NO	0234000	02/20/2020			08/31/2020		589	0	0.0	1	0	0.0	0	
	VAMESNM10N	N	NO	0234000	10/15/2018			08/31/2020		282,124	188,740	66.9	163	0	0.0	0	
0199999. Total Experience on Individual Policies										3,033,006	2,430,169	80.1	1,329	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville, KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023  
 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....  
 Person Completing This Exhibit Julie Ford .....  
 Title Lead, Financial Reporting ..... Telephone Number 502-580-8375 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021; 2022; 2023				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	WIMESHCBASIC	B	NO	0230560	09/28/2016					1,484,603	1,085,192	73.1	442	588,915	377,160	64.0	185
0199999. Total Experience on Individual Policies										1,484,603	1,085,192	73.1	442	588,915	377,160	64.0	185

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 500 West Main Street Louisville , KY 40202 .....
- 2.2 Contact Person and Phone Number: Corey Keisler Ms. 502-580-4965 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
- 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944 .....
4. Explain any policies identified above as policy type "O". .....



# LIFE SUPPLEMENTS

For The Year Ended December 31, 2023

(To Be Filed By March 1)

Of The Humana Benefit Plan of Illinois Inc.....

ADDRESS (City, State and Zip Code) Chicago , IL 60606 .....

NAIC Group Code 0119 ..... NAIC Company Code 60052 ..... Employer's ID Number 37-1326199 .....

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1 Valuation Standard	2 Total <sup>(a)</sup>	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
<b>NONE</b>					
9999999. Totals (Net)					

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$ ..... ; Annuities \$ ..... ; Supplementary Contracts with Life Contingencies \$ ..... ; Accidental Death Benefits \$ ..... ; Disability - Active Lives \$ ..... ; Disability - Disabled Lives \$ ..... ; Miscellaneous Reserves \$ .....

**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? .....\$ ..... 0
- 4.2 Amount of reserve? .....\$ ..... 0
- 4.3 Basis of reserve  
.....
- 4.4 Basis of regular assessments  
.....
- 4.5 Basis of special assessments  
.....
- 4.6 Assessments collected during the year: .....\$ ..... 0
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:.....\$ ..... 0
- 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: .....\$ ..... 0
- 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 .....\$ ..... 0
- 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: .....\$ ..... 0
- 7.4 Identify where the reserves are reported in the blank  
.....
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? ..... Yes [ ] No [ ]
- 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: .....\$ ..... 0
- 8.2 State the amount of reserves established for this business: .....\$ ..... 0
- 8.3 Identify where the reserves are reported in the blank:  
.....
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? ..... Yes [ ] No [ ]
- 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: .....\$ ..... 0
- 9.2 State the amount of reserves established for this business: .....\$ ..... 0
- 9.3 Identify where the reserves are reported in the blank:  
.....

Life Supplement - Exhibit 7 - Deposit-Type Contracts

**N O N E**

Life Supplement - Schedule S - Part 1 - Section 1

**N O N E**

Life Supplement - Schedule S - Part 3 - Section 1

**N O N E**



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	3,270,895	0	0	0	0	0	0	XXX	XXX	XXX	3,160,102	3,160,102
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	21,555,115 (e)	0	0	0	0	0	0	XXX	XXX	XXX	19,806,406	19,806,406
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	24,826,010	0	0	0	0	0	0	XXX	XXX	XXX	22,966,508	22,966,508
47. Total	24,826,010 (c)	0	0	0	0	0	0	0	0	0	22,966,508	22,966,508

LS206.AL

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Alabama

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/Certs	15 Amount	16 Number of Pcls/Certs	17 Amount	18 Number of Pcls/Certs	19 Amount	20 Number of Pcls/Certs	21 Amount		23 Number of Pcls/Certs	24 Amount	25 Number of Pcls/Certs	26 Amount	27 Number of Pcls/Certs	28 Amount		
		Total Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(253)	(134,979)	1,530	3,270,895	0	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(223)	(1,868,045)	1,356	21,555,115	0	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(476)	(2,003,024)	2,886	24,826,010	0	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	(476)	(2,003,024)	2,886	24,826,010	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,356 and number of persons insured under indemnity only products .....0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....21,555,115

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.AL



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.AK

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Alaska

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.AK



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H (d)								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.AZ

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

**NONE**

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.AZ



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

**NONE**

LS206.AR

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Arkansas

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.AR



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF California

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	1,612,199	0	0	0	0	0	0	XXX	XXX	XXX	1,182,308	1,182,308
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	15,768,639 (e)	0	0	0	0	0	0	XXX	XXX	XXX	13,882,929	13,882,929
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	17,380,838	0	0	0	0	0	0	XXX	XXX	XXX	15,065,237	15,065,237
47. Total	17,380,838 (c)	0	0	0	0	0	0	0	0	0	15,065,237	15,065,237

LS206.CA

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

California

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1,392	1,194,144	1,690	1,612,199
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1,650	15,768,639	1,650	15,768,639
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	3,042	16,962,783	3,340	17,380,838
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	3,042	16,962,783	3,340	17,380,838

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,650 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 15,768,639

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.CA



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	327,893	0	0	0	0	0	0	XXX	XXX	XXX	226,179	226,179
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	327,893	0	0	0	0	0	0	XXX	XXX	XXX	226,179	226,179
47. Total	327,893 (c)	0	0	0	0	0	0	0	0	0	226,179	226,179

LS206.CO

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Colorado

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	
<b>Individual Life</b>																	
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Life</b>																	
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Individual Annuities</b>																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Group Annuities</b>																	
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Accident and Health</b>																	
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	614	327,893	614	327,893

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.CO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	440,003	0	0	0	0	0	0	XXX	XXX	XXX	563,476	563,476
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	440,003	0	0	0	0	0	0	XXX	XXX	XXX	563,476	563,476
47. Total	440,003 (c)	0	0	0	0	0	0	0	0	0	563,476	563,476

LS206.CT

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Connecticut

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	867	440,003	867	440,003
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	867	440,003	867	440,003
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	867	440,003	867	440,003

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.CT



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.DE

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Delaware

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.DE



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.DC

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

District of Columbia

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

**NONE**

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.DC



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.FL

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Florida

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
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20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.FL



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	4,041,406	0	0	0	0	0	0	XXX	XXX	XXX	3,113,395	3,113,395
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	6,241,207 (e)	0	0	0	0	0	0	XXX	XXX	XXX	4,537,536	4,537,536
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	10,282,613	0	0	0	0	0	0	XXX	XXX	XXX	7,650,931	7,650,931
47. Total	10,282,613 (c)	0	0	0	0	0	0	0	0	0	7,650,931	7,650,931

LS206.GA

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Georgia

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		23 Number of Pcls/ Certs	24 Amount	25 Number of Pcls/ Certs	26 Amount	27 Number of Pcls/ Certs	28 Amount		
		Individual Life		Group Life		Individual Annuities		Group Annuities			Accident and Health		TOTAL		TOTAL		TOTAL	
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 544 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,241,207

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.GA



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	Dividends to Policyholders/Refunds to Members						Claims and Benefits Paid					
	1 Premiums and Annuities Considerations	2 Other Considerations	3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

NONE

LS206.HI

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Hawaii

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

**NONE**

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.HI



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	3,943,025 (e)	0	0	0	0	0	0	XXX	XXX	XXX	2,862,792	2,862,792
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	3,943,025 (c)	0	0	0	0	0	0	XXX	XXX	XXX	2,862,792	2,862,792
47. Total	3,943,025 (c)	0	0	0	0	0	0	0	0	0	2,862,792	2,862,792

LS206.1ID

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		23 Number of Pils/ Certs	24 Amount	25 Number of Pils/ Certs	26 Amount	27 Number of Pils/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 350 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,943,025

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	3,130,748	0	0	0	0	0	0	XXX	XXX	XXX	2,610,783	2,610,783
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	(1,955)	(1,955)
40. Title XVIII Medicare (d)	2,028,603,653 (e)	0	0	0	0	0	0	XXX	XXX	XXX	1,760,484,524	1,760,484,524
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,031,734,401	0	0	0	0	0	0	XXX	XXX	XXX	1,763,093,352	1,763,093,352
47. Total	2,031,734,401 (c)	0	0	0	0	0	0	0	0	0	1,763,093,352	1,763,093,352

LS206.1L

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Illinois

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/Certs	15 Amount	16 Number of Pcls/Certs	17 Amount	18 Number of Pcls/Certs	19 Amount	20 Number of Pcls/Certs	21 Amount		23 Number of Pcls/Certs	24 Amount	25 Number of Pcls/Certs	26 Amount	27 Number of Pcls/Certs	28 Amount		
		Individual Life		Group Life		Individual Annuities		Group Annuities			Accident and Health		TOTAL		TOTAL			
Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....9,432 and number of persons insured under indemnity only products .....

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,028,603,653

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.IL



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	3,479,624	0	0	0	0	0	0	XXX	XXX	XXX	3,185,780	3,185,780
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	105,605,317 (e)	0	0	0	0	0	0	XXX	XXX	XXX	85,981,092	85,981,092
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	109,084,941	0	0	0	0	0	0	XXX	XXX	XXX	89,166,872	89,166,872
47. Total	109,084,941 (c)	0	0	0	0	0	0	0	0	0	89,166,872	89,166,872

LS206.IN

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		23 Number of Pcls/ Certs	24 Amount	25 Number of Pcls/ Certs	26 Amount	27 Number of Pcls/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....4,703 and number of persons insured under indemnity only products .....

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....105,605,317

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.IN



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

**NONE**

LS206.1A

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.1A



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	706,576	0	0	0	0	0	0	XXX	XXX	XXX	640,122	640,122
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	706,576	0	0	0	0	0	0	XXX	XXX	XXX	640,122	640,122
47. Total	706,576 (c)	0	0	0	0	0	0	0	0	0	640,122	640,122

LS206.KS

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/Certs	15 Amount	16 Number of Pcls/Certs	17 Amount	18 Number of Pcls/Certs	19 Amount	20 Number of Pcls/Certs	21 Amount		23 Number of Pcls/Certs	24 Amount	25 Number of Pcls/Certs	26 Amount	27 Number of Pcls/Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	177	419,632	465	706,576	0	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	177	419,632	465	706,576	0	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	177	419,632	465	706,576	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.KS



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	404,901,770 (e)	0	0	0	0	0	0	XXX	XXX	XXX	349,854,564	349,854,564
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	404,901,770	0	0	0	0	0	0	XXX	XXX	XXX	349,854,564	349,854,564
47. Total	404,901,770 (c)	0	0	0	0	0	0	0	0	0	349,854,564	349,854,564

LS206.KY

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Kentucky

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(6,250)	(67,728,060)	26,248	404,901,770
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(6,250)	(67,728,060)	26,248	404,901,770
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	(6,250)	(67,728,060)	26,248	404,901,770

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 26,248 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 404,901,770

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.KY



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	12,751,458 (e)	0	0	0	0	0	0	XXX	XXX	XXX	9,857,712	9,857,712
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	12,751,458	0	0	0	0	0	0	XXX	XXX	XXX	9,857,712	9,857,712
47. Total	12,751,458 (c)	0	0	0	0	0	0	0	0	0	9,857,712	9,857,712

LS206.LA

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Louisiana

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 771 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 12,751,458

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.LA



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (1)(e)	0	0	0	0	0	0	0	XXX	XXX	XXX	(34)	(34)
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health (1)	0	0	0	0	0	0	0	XXX	XXX	XXX	(34)	(34)
47. Total (1)(c)	0	0	0	0	0	0	0	0	0	0	(34)	(34)

LS206.ME

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Maine

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		23 Number of Pils/ Certs	24 Amount	25 Number of Pils/ Certs	26 Amount	27 Number of Pils/ Certs	28 Amount		
		Individual Life		Group Life		Individual Annuities		Group Annuities			Accident and Health		TOTAL		TOTAL			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... (1)

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.ME



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	25,154	0	0	0	0	0	0	XXX	XXX	XXX	2,767	2,767
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	25,154	0	0	0	0	0	0	XXX	XXX	XXX	2,767	2,767
47. Total	25,154 (c)	0	0	0	0	0	0	0	0	0	2,767	2,767

LS206.MD

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	128	25,154	128	25,154
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	128	25,154	128	25,154
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	128	25,154	128	25,154

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.MD



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	362,928	0	0	0	0	0	0	XXX	XXX	XXX	382,820	382,820
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	362,928	0	0	0	0	0	0	XXX	XXX	XXX	382,820	382,820
47. Total	362,928 (c)	0	0	0	0	0	0	0	0	0	382,820	382,820

LS206.MA

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Massachusetts

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28	
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	
Individual Life																	
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																	
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																	
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																	
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																	
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	739	362,928	739	362,928

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.MA



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	5,106,077	0	0	0	0	0	0	XXX	XXX	XXX	4,591,980	4,591,980
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	5,106,077	0	0	0	0	0	0	XXX	XXX	XXX	4,591,980	4,591,980
47. Total	5,106,077 (c)	0	0	0	0	0	0	0	0	0	4,591,980	4,591,980

LS206.MI

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		23 Number of Pcls/ Certs	24 Amount	25 Number of Pcls/ Certs	26 Amount	27 Number of Pcls/ Certs	28 Amount		
		Total Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(442)	(331,014)	2,242	5,106,077	0	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(442)	(331,014)	2,242	5,106,077	0	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	(442)	(331,014)	2,242	5,106,077	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.MI



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.MN

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Minnesota

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
		14	15	16	17	18	19	20	21		23	24	25	26	27	28
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

**NONE**

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.MN



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	1,745,573	0	0	0	0	0	0	XXX	XXX	XXX	1,658,773	1,658,773
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	1,745,573	0	0	0	0	0	0	XXX	XXX	XXX	1,658,773	1,658,773
47. Total	1,745,573 (c)	0	0	0	0	0	0	0	0	0	1,658,773	1,658,773

LS206.MS

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Mississippi

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount
		14	15	16	17	18	19	20	21							
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.MS



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

**NONE**

LS206.MO

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Missouri

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.MO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	28,990,673 (e)	0	0	0	0	0	0	XXX	XXX	XXX	20,275,232	20,275,232
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	28,990,673	0	0	0	0	0	0	XXX	XXX	XXX	20,275,232	20,275,232
47. Total	28,990,673 (c)	0	0	0	0	0	0	0	0	0	20,275,232	20,275,232

LS206.MT

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Montana

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,104 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 28,990,673

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.MT



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.NE

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Nebraska

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.NE



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	2,492	0	0	0	0	0	0	XXX	XXX	XXX	24	24
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,492	0	0	0	0	0	0	XXX	XXX	XXX	24	24
47. Total	2,492 (c)	0	0	0	0	0	0	0	0	0	24	24

LS206.NV

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Nevada

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/Certs	15 Amount	16 Number of Pcls/Certs	17 Amount	18 Number of Pcls/Certs	19 Amount	20 Number of Pcls/Certs	21 Amount		23 Number of Pcls/Certs	24 Amount	25 Number of Pcls/Certs	26 Amount	27 Number of Pcls/Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	20	2,492	20	2,492	0	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	20	2,492	20	2,492	0	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	20	2,492	20	2,492	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.NV



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.NH

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

New Hampshire

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

**NONE**

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.NH



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	6,921,129	0	0	0	0	0	0	XXX	XXX	XXX	6,023,528	6,023,528
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (8,828) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	(4,423)	(4,423)
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	6,912,301	0	0	0	0	0	0	XXX	XXX	XXX	6,019,105	6,019,105
47. Total	6,912,301 (c)	0	0	0	0	0	0	0	0	0	6,019,105	6,019,105

LS206.NJ

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

New Jersey

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		23 Number of Pils/ Certs	24 Amount	25 Number of Pils/ Certs	26 Amount	27 Number of Pils/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	413	1,375,012	3,613	6,912,301		

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0 (8,828)

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.NJ



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.NM

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

New Mexico

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/Certs	15 Amount	16 Number of Pals/Certs	17 Amount	18 Number of Pals/Certs	19 Amount	20 Number of Pals/Certs	21 Amount		Number of Pals/Certs	Amount	Number of Pals/Certs	Amount	Number of Pals/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.NM



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	292,116	0	0	0	0	0	0	XXX	XXX	XXX	238,265	238,265
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	885,994,093 (e)	0	0	0	0	0	0	XXX	XXX	XXX	732,359,757	732,359,757
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	886,286,209	0	0	0	0	0	0	XXX	XXX	XXX	732,598,022	732,598,022
47. Total	886,286,209 (c)	0	0	0	0	0	0	0	0	0	732,598,022	732,598,022

LS206.NC

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

North Carolina

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	412	292,116	412	292,116
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	13,036	233,651,612	66,211	886,994,093
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	13,448	233,943,728	66,623	886,286,209
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	13,448	233,943,728	66,623	886,286,209

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 66,211 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 885,994,093

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.NC



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	1,659,892	0	0	0	0	0	0	XXX	XXX	XXX	1,542,142	1,542,142
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	10,177,585 (e)	0	0	0	0	0	0	XXX	XXX	XXX	9,259,487	9,259,487
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	11,837,477	0	0	0	0	0	0	XXX	XXX	XXX	10,801,629	10,801,629
47. Total	11,837,477 (c)	0	0	0	0	0	0	0	0	0	10,801,629	10,801,629

LS206.ND

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

North Dakota

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(98)	7,090	913	1,659,892
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1,100	10,177,585	1,100	10,177,585
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1,002	10,184,675	2,013	11,837,477
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	1,002	10,184,675	2,013	11,837,477

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,100 and number of persons insured under indemnity only products .....

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....10,177,585

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.ND



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	8,890,958	0	0	0	0	0	0	XXX	XXX	XXX	7,036,945	7,036,945
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	263,406,974 (e)	0	0	0	0	0	0	XXX	XXX	XXX	214,010,611	214,010,611
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	272,297,932	0	0	0	0	0	0	XXX	XXX	XXX	221,047,556	221,047,556
47. Total	272,297,932 (c)	0	0	0	0	0	0	0	0	0	221,047,556	221,047,556

LS206.OH

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		23 Number of Pils/ Certs	24 Amount	25 Number of Pils/ Certs	26 Amount	27 Number of Pils/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)		
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 13,963 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 263,406,974

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.OH



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	986,247	0	0	0	0	0	0	XXX	XXX	XXX	940,006	940,006
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	986,247	0	0	0	0	0	0	XXX	XXX	XXX	940,006	940,006
47. Total	986,247 (c)	0	0	0	0	0	0	0	0	0	940,006	940,006

LS206.OK

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Oklahoma

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		23 Number of Pcls/ Certs	24 Amount	25 Number of Pcls/ Certs	26 Amount	27 Number of Pcls/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	263	597,642	651	986,247	0	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	263	597,642	651	986,247	0	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	263	597,642	651	986,247	0	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.OK



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) 2,543,821 (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	2,161,802	2,161,802
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health 2,543,821	0	0	0	0	0	0	0	XXX	XXX	XXX	2,161,802	2,161,802
47. Total 2,543,821 (c)	0	0	0	0	0	0	0	0	0	0	2,161,802	2,161,802

LS206.0R

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		23 Number of Pcls/ Certs	24 Amount	25 Number of Pcls/ Certs	26 Amount	27 Number of Pcls/ Certs	28 Amount		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	247	2,543,821	247	2,543,821	0	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	247	2,543,821	247	2,543,821	0	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	247	2,543,821	247	2,543,821	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products .....247 and number of persons insured under indemnity only products .....0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,543,821

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

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SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	4,248,924	0	0	0	0	0	0	XXX	XXX	XXX	3,557,015	3,557,015
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	652,277,571 (e)	0	0	0	0	0	0	XXX	XXX	XXX	549,689,178	549,689,178
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	656,526,495	0	0	0	0	0	0	XXX	XXX	XXX	553,246,193	553,246,193
47. Total	656,526,495 (c)	0	0	0	0	0	0	0	0	0	553,246,193	553,246,193

LS206.PA

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Pennsylvania

DURING THE YEAR

2023

NAIC Company Code

60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(287)	(233,755)	1,848
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	22,298	255,062,748	54,412
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	22,011	254,828,993	56,260
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	22,011	254,828,993	56,260

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 54,412 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 652,277,571

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.PA



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	2,093,304 (e)	0	0	0	0	0	0	XXX	XXX	XXX	1,484,113	1,484,113
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,093,304	0	0	0	0	0	0	XXX	XXX	XXX	1,484,113	1,484,113
47. Total	2,093,304 (c)	0	0	0	0	0	0	0	0	0	1,484,113	1,484,113

LS206;RI

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Rhode Island

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/Certs	15 Amount	16 Number of Pils/Certs	17 Amount	18 Number of Pils/Certs	19 Amount	20 Number of Pils/Certs	21 Amount		Number of Pils/Certs	Amount	Number of Pils/Certs	Amount	Number of Pils/Certs	Amount
		23	24	25	26	27	28	23	24		25	26	27	28		
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	224	2,093,304	224	2,093,304	
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	224	2,093,304	224	2,093,304	
47. TOTAL		0	0	0	0	0	0	0	0	0	0	224	2,093,304	224	2,093,304	

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 224 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,093,304

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1 RI



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	129,994	0	0	0	0	0	0	XXX	XXX	XXX	170,779	170,779
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	1,657,869 (e)	0	0	0	0	0	0	XXX	XXX	XXX	1,090,055	1,090,055
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	1,787,863	0	0	0	0	0	0	XXX	XXX	XXX	1,260,834	1,260,834
47. Total	1,787,863 (c)	0	0	0	0	0	0	0	0	0	1,260,834	1,260,834

LS206.SC

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

South Carolina

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pcls/ Certs	15 Amount	16 Number of Pcls/ Certs	17 Amount	18 Number of Pcls/ Certs	19 Amount	20 Number of Pcls/ Certs	21 Amount		Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount	Number of Pcls/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	488	129,994	488	129,994
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(48)	(462,339)	119	1,657,869
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	440	(332,345)	607	1,787,863
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	440	(332,345)	607	1,787,863

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 119 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,657,869

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.SC



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	Claims and Benefits Paid			
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other			9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	6,179,840 (e)	0	0	0	0	0	0	XXX	XXX	XXX	5,294,445	5,294,445
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	6,179,840	0	0	0	0	0	0	XXX	XXX	XXX	5,294,445	5,294,445
47. Total	6,179,840 (c)	0	0	0	0	0	0	0	0	0	5,294,445	5,294,445

LS206.SD

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

South Dakota

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount
		23		24		25		26			27		28			
Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits																
Policy Exhibit																
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	592	6,179,840	592	6,179,840
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
46. Total Accident and Health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	592	6,179,840	592	6,179,840
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	592	6,179,840	592	6,179,840

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 592 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,179,840

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.SD



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	452,034	0	0	0	0	0	0	XXX	XXX	XXX	344,392	344,392
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	452,034	0	0	0	0	0	0	XXX	XXX	XXX	344,392	344,392
47. Total	452,034 (c)	0	0	0	0	0	0	0	0	0	344,392	344,392

LS206.TN

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Tennessee

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pcls/Certs	15 Amount	16 Number of Pcls/Certs	17 Amount	18 Number of Pcls/Certs	19 Amount	20 Number of Pcls/Certs	21 Amount		23 Number of Pcls/Certs	24 Amount	25 Number of Pcls/Certs	26 Amount	27 Number of Pcls/Certs	28 Amount		
		Total Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)	
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.TN



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	25,276,388	0	0	0	0	0	0	XXX	XXX	XXX	23,909,908	23,909,908
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	25,276,388	0	0	0	0	0	0	XXX	XXX	XXX	23,909,908	23,909,908
47. Total	25,276,388 (c)	0	0	0	0	0	0	0	0	0	23,909,908	23,909,908

LS206.TX

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Texas

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Policy Exhibit							
		Totals Paid				Reduction by Compromise		Amount Rejected			Total Settled During Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		23 Number of Pols/ Certs	24 Amount	25 Number of Pols/ Certs	26 Amount	27 Number of Pols/ Certs	28 Amount		
		Total		Total		Total		Total			Total		Total		Total			
Individual Life																		
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Life																		
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Individual Annuities																		
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Group Annuities																		
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Accident and Health																		
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.TX



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

**NONE**

LS206.UT

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22 Unpaid December 31, Current Year	22 Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. TOTAL																

**NONE**

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.UT



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)		(e)						XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total (c)												

**NONE**

LS206.VT

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount		Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
		23	24	25	26	27	28									
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. TOTAL																

NONE

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.VT



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	3,033,006	0	0	0	0	0	0	XXX	XXX	XXX	2,530,382	2,530,382
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	3,033,006	0	0	0	0	0	0	XXX	XXX	XXX	2,530,382	2,530,382
47. Total	3,033,006 (c)	0	0	0	0	0	0	0	0	0	2,530,382	2,530,382

LS206.VA

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Virginia

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(292)	(196,806)	1,329	3,033,006
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(292)	(196,806)	1,329	3,033,006
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	(292)	(196,806)	1,329	3,033,006

(a) 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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....0 2) covering number of lives: .....0 3) face amount \$ .....0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ .....0 Group: \$ .....0 Total: \$ .....0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ .....0 Column 7) \$ .....0 Column 12) \$ .....0

LS206.1.VA



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....												
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....	(f)											
11. Total Individual Life												
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....	(f)											
19. Total Group Life												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....	(f)											
26. Total Individual Annuities												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....	(f)											
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual .....	(d)							XXX	XXX	XXX		
35. Comprehensive group .....	(d)							XXX	XXX	XXX		
36. Medicare Supplement .....	(d)							XXX	XXX	XXX		
37. Vision only .....	(d)							XXX	XXX	XXX		
38. Dental only .....	(d)							XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan .....	(d)							XXX	XXX	XXX		
40. Title XVIII Medicare .....	(d)	(e)						XXX	XXX	XXX		
41. Title XIX Medicaid .....	(d)							XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income .....	(d)							XXX	XXX	XXX		
44. Long-term care .....	(d)							XXX	XXX	XXX		
45. Other health .....	(d)							XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

**NONE**

LS206.WA

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Washington

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL																

**NONE**

(a) 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 \$ \_\_\_\_\_.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: \_\_\_\_\_ 2) covering number of lives: \_\_\_\_\_ 3) face amount \$ \_\_\_\_\_.

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ \_\_\_\_\_ Group: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_.

(d) 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 \_\_\_\_\_.

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_.

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ \_\_\_\_\_ Column 7) \$ \_\_\_\_\_ Column 12) \$ \_\_\_\_\_

LS206.1.WA



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	69,383,215 (e)	0	0	0	0	0	0	XXX	XXX	XXX	68,946,977	68,946,977
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	69,383,215	0	0	0	0	0	0	XXX	XXX	XXX	68,946,977	68,946,977
47. Total	69,383,215 (c)	0	0	0	0	0	0	0	0	0	68,946,977	68,946,977

LS206.WV

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

West Virginia

DURING THE YEAR 2023

NAIC Company Code 60052

Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits

Policy Exhibit

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,009 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 69,383,215

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.WV



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	Claims and Benefits Paid			
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other			9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	2,073,518	0	0	0	0	0	0	XXX	XXX	XXX	1,493,993	1,493,993
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d) (e)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,073,518	0	0	0	0	0	0	XXX	XXX	XXX	1,493,993	1,493,993
47. Total	2,073,518 (c)	0	0	0	0	0	0	0	0	0	1,493,993	1,493,993

LS206.WI

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Wisconsin

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(69)	(48,821)	627	2,073,518
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(69)	(48,821)	627	2,073,518
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	(69)	(48,821)	627	2,073,518

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) 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

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

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.W1



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.  
**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	5,726,444 (e)	0	0	0	0	0	0	XXX	XXX	XXX	4,972,932	4,972,932
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	5,726,444	0	0	0	0	0	0	XXX	XXX	XXX	4,972,932	4,972,932
47. Total	5,726,444 (c)	0	0	0	0	0	0	0	0	0	4,972,932	4,972,932

LS206.WY

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Wyoming

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pils/ Certs	15 Amount	16 Number of Pils/ Certs	17 Amount	18 Number of Pils/ Certs	19 Amount	20 Number of Pils/ Certs	21 Amount		Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount	Number of Pils/ Certs	Amount
<b>Individual Life</b>																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	567	5,726,444	567	5,726,444
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	567	5,726,444	567	5,726,444
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	567	5,726,444	567	5,726,444

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 567 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,726,444

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

LS206.1.WY



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Group Code 0119

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				7 Total (Col. 3+4+5+6)	Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other		8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Life</b>												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
<b>Individual Annuities</b>												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Group Annuities</b>												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
<b>Accident and Health</b>												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	78,215,774	0	0	0	0	0	0	XXX	XXX	XXX	69,105,864	69,105,864
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	(1,955)	(1,955)
40. Title XVIII Medicare (d)	4,527,792,744 (e)	0	0	0	0	0	0	XXX	XXX	XXX	3,856,807,687	3,856,807,687
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	4,606,008,518	0	0	0	0	0	0	XXX	XXX	XXX	3,925,911,596	3,925,911,596
47. Total	4,606,008,518 (c)	0	0	0	0	0	0	0	0	0	3,925,911,596	3,925,911,596

LS206.GT

SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

LIFE INSURANCE (STATE PAGE) (Continued)<sup>(b)</sup>

NAIC Group Code 0119

BUSINESS IN THE STATE OF

Grand Total

DURING THE YEAR 2023

NAIC Company Code 60052

Line of Business	13 Incurred During Current Year	13 Claims Settled During Current Year								22 Unpaid December 31, Current Year	22 Issued During Year		22 Other Changes to In Force (Net)		22 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
		14 Number of Pals/ Certs	15 Amount	16 Number of Pals/ Certs	17 Amount	18 Number of Pals/ Certs	19 Amount	20 Number of Pals/ Certs	21 Amount		Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount	Number of Pals/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) 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.

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount \$ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ 0 Group: \$ 0 Total: \$ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 190,602 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,527,792,744

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

- 1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0
- 4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ 0 Column 7) \$ 0 Column 12) \$ 0

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SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Alabama**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Alaska**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Arizona**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Arkansas**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: California**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Colorado**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Connecticut**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Delaware**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: District of Columbia**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Florida**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Georgia**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Hawaii**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Idaho**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Illinois**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Indiana**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Iowa**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Kansas**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Kentucky**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Louisiana**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Maine**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Maryland**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Massachusetts**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Michigan**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Minnesota**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Mississippi**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Missouri**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Montana**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Nebraska**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Nevada**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: New Hampshire**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: New Jersey**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: New Mexico**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: North Carolina**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: North Dakota**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Ohio**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Oklahoma**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Oregon**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Pennsylvania**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Rhode Island**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: South Carolina**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: South Dakota**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Tennessee**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Texas**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Utah**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Vermont**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel .....	NO.....



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Virginia**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Washington**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: West Virginia**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Wisconsin**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2023 OF THE Humana Benefit Plan of Illinois Inc.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023  
(To Be Filed by March 1)

**FOR THE STATE OF: Wyoming**

NAIC Group Code 0119

NAIC Company Code 60052

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO
2. Health .....	NO
3. Homeowners .....	NO
4. Individual Annuity .....	NO
5. Individual Life .....	NO
6. Lender-Placed Home and Auto .....	NO
7. Long-Term Care .....	NO
8. Other Health .....	NO
9. Private Flood .....	NO
10. Private Passenger Auto .....	NO
11. Short-Term Limited Duration Health Plans .....	NO
12. Travel	NO