



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

## Humana Health Plan, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 95885 Employer's ID Number 61-1013183  
(Current) (Prior)

Organized under the Laws of Kentucky, State of Domicile or Port of Entry KY

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 08/23/1982 Commenced Business 09/23/1983

Statutory Home Office 500 West Main Street, Louisville, KY, US 40202  
(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 Amanda Nethery, 502-580-3026  
(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 Brian Andrew Kane  
Associate VP, Asst Gen Counsel & Corporate Secretary Joseph Matthew Ruschell SVP, Chief Actuary Vanessa Marie Olson

### OTHER

Alan James Bailey, VP & Treasurer John Edward Barger III, SVP, Medicaid President Andrew Joseph Besendorf III, Appointed Actuary  
Charles Wilbur Dow Jr., Regional President Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor Douglas Allen Edwards, Senior Vice President, Workplace Experience  
Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT Christopher Howal Hunter, Segment President, Group & Military Business Steven Edward McCulley, SVP, Medicare  
Matthew George Moore #, Regional President Sean Joseph O'Reilly, SVP, Enterprise Compliance & Chief Compliance Officer Bruno Roger Piquin, Regional President  
William Mark Preston, VP, Investments Richard Donald Remmers, SVP, Employer Group Sales George Renaudin II, SVP, Medicare East & Provider  
Donald Hank Robinson, SVP, Tax Susan Draney Schick #, SVP, Employer Group Gilbert Alan Stewart, SVP, Medicare Divisional Leader  
Daniel Andrew Tufto, SVP, Medicare Divisional Leader Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader Timothy Alan Wheatley, Segment President, Retail  
Ralph Martin Wilson, Vice President Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller

### DIRECTORS OR TRUSTEES

Bruce Dale Broussard Brian Andrew Kane Timothy Alan Wheatley

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  
Assoc. VP, Asst. General Counsel & Corporate Secretary

Alan James Bailey  
VP & Treasurer

Subscribed and sworn to before me this 22nd day of February, 2021

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 2020 OF THE Humana Health Plan Inc.

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	370,298,186	0	370,298,186	353,116,015
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	27,600,000	0	27,600,000	27,600,000
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....44,621,435 , Schedule E - Part 1), cash equivalents (\$ .....108,730,196 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	153,351,631	0	153,351,631	110,238,061
6. Contract loans, (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	551,249,817	0	551,249,817	490,954,076
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	2,431,682	0	2,431,682	2,632,264
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	26,850,145	444,196	26,405,949	40,078,475
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....3,079,547 ) and contracts subject to redetermination (\$ .....5,826,983 ) .....	8,906,530	0	8,906,530	51,740,103
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	29,761,009	30,054	29,730,956	21,821,192
18.1 Current federal and foreign income tax recoverable and interest thereon .....	15,552,722	0	15,552,722	3,478,401
18.2 Net deferred tax asset .....	13,118,930	3,235,446	9,883,484	12,980,957
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	963,160	963,160	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ .....20,704,768 ) and other amounts receivable .....	31,576,236	9,315,506	22,260,730	16,999,292
25. Aggregate write-ins for other than invested assets .....	3,092,699	2,536,653	556,046	338,333
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	683,502,932	16,525,015	666,977,916	641,023,093
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	683,502,932	16,525,015	666,977,916	641,023,093
<b>DETAILS OF WRITE-INS</b>				
1101. ....	0	0	0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Deposits .....	1,248,832	1,248,832	0	0
2502. Prepaid Expenses .....	945,375	945,375	0	0
2503. Prepaid Commissions .....	342,446	342,446	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	556,046	0	556,046	338,333
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	3,092,699	2,536,653	556,046	338,333

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... 205,213 reinsurance ceded) .....	220,358,867	10,111,718	230,470,585	134,982,452
2. Accrued medical incentive pool and bonus amounts .....	56,374	0	56,374	1,165,951
3. Unpaid claims adjustment expenses .....	2,532,825	0	2,532,825	740,381
4. Aggregate health policy reserves, including the liability of \$ ..... 748,768 for medical loss ratio rebate per the Public Health Service Act .....	63,160,068	0	63,160,068	55,179,159
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserves .....	0	0	0	0
7. Aggregate health claim reserves .....	875,056	0	875,056	443,000
8. Premiums received in advance .....	13,721,475	0	13,721,475	11,654,623
9. General expenses due or accrued .....	28,182,337	0	28,182,337	15,608,852
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... 0 on realized capital gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others .....	64	0	64	0
13. Remittances and items not allocated .....	2,653,547	0	2,653,547	3,662,115
14. Borrowed money (including \$ ..... 0 current) and interest thereon \$ ..... 0 (including \$ ..... 0 current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	7,372,835	0	7,372,835	1,861,174
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	2,395,904	0	2,395,904	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ ..... 0 authorized reinsurers, \$ ..... 9,595,680 unauthorized reinsurers and \$ ..... 0 certified reinsurers) .....	9,595,680	0	9,595,680	120,261,141
20. Reinsurance in unauthorized and certified (\$ ..... 0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	41,337,091	0	41,337,091	43,381,496
23. Aggregate write-ins for other liabilities (including \$ ..... 316,412 current) .....	9,048,779	0	9,048,779	1,276,886
24. Total liabilities (Lines 1 to 23) .....	401,290,900	10,111,718	411,402,618	390,217,229
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	40,773,666
26. Common capital stock .....	XXX	XXX	2,248,000	2,248,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	232,187,779	157,187,779
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	21,139,519	50,596,419
32. Less treasury stock, at cost:				
32.1 ..... 0 shares common (value included in Line 26 \$ ..... 0 ) .....	XXX	XXX	0	0
32.2 ..... 0 shares preferred (value included in Line 27 \$ ..... 0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	255,575,298	250,805,864
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	666,977,916	641,023,093
<b>DETAILS OF WRITE-INS</b>				
2301. Reinsurance Payable .....	8,428,015	0	8,428,015	102,385
2302. Unclaimed Property .....	605,268	0	605,268	1,158,739
2303. OPM Contract Reserves .....	15,496	0	15,496	15,762
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) .....	9,048,779	0	9,048,779	1,276,885
2501. Special Surplus - Projected HCRL Assessment for the Upcoming Year .....	XXX	XXX	0	40,773,666
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	40,773,666
3001. ....	XXX	XXX	0	0
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	4,068,347	4,120,152
2. Net premium income ( including \$ .....0 non-health premium income) .....	XXX	2,113,370,262	1,118,173,423
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	708,989	5,818,480
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	2,114,079,252	1,123,991,903
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	44,658,965	1,334,144,099	1,350,678,523
10. Other professional services .....	1,317,602	38,907,700	3,411,633
11. Outside referrals .....	0	0	0
12. Emergency room and out-of-area .....	3,051,717	91,226,796	76,191,381
13. Prescription drugs .....	14,251,190	380,140,325	368,642,139
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	(856,424)	(1,087,324)
16. Subtotal (Lines 9 to 15) .....	63,279,474	1,843,562,496	1,797,836,353
<b>Less:</b>			
17. Net reinsurance recoveries .....	0	5,391,662	869,937,792
18. Total hospital and medical (Lines 16 minus 17) .....	63,279,474	1,838,170,834	927,898,561
19. Non-health claims (net) .....	0	0	0
20. Claims adjustment expenses, including \$ .....96,806,140 cost containment expenses .....	0	119,240,262	80,561,028
21. General administrative expenses .....	0	236,040,040	73,981,017
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	10,951,056	(1,937,000)
23. Total underwriting deductions (Lines 18 through 22) .....	63,279,474	2,204,402,192	1,080,503,606
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(90,322,940)	43,488,297
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	0	10,334,644	23,353,104
26. Net realized capital gains (losses) less capital gains tax of \$ .....1,820,053 .....	0	(1,383,041)	(10,014,784)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	8,951,603	13,338,320
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )] .....	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	(71,365)	(306,990)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(81,442,703)	56,519,627
31. Federal and foreign income taxes incurred .....	XXX	(9,989,492)	12,198,450
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(71,453,210)	44,321,177
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX	0	0
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX	0	0
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....	0	0	0
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Miscellaneous Income .....	0	310	2,201
2902. Gain/(Loss) on Disposal .....	0	(71,675)	0
2903. Loss on Disposal .....	0	0	(309,191)
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	(71,365)	(306,990)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	250,805,864	757,922,419
34. Net income or (loss) from Line 32.....	(71,453,210)	44,321,177
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 0	11,568	39,533,604
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	(29,619)	(10,319,375)
39. Change in nonadmitted assets.....	1,240,695	29,813,767
40. Change in unauthorized and certified reinsurance.....	0	6,407,487
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	75,000,000	(616,873,215)
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	4,769,434	(507,116,555)
49. Capital and surplus end of reporting period (Line 33 plus 48)	255,575,298	250,805,864
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	2,178,545,120	1,157,657,214
2. Net investment income .....	12,342,205	33,212,882
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	2,190,887,325	1,190,870,097
5. Benefit and loss related payments .....	1,747,383,679	1,130,929,302
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	350,497,479	176,236,628
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....563,077 tax on capital gains (losses) .....	3,904,882	14,589,286
10. Total (Lines 5 through 9) .....	2,101,786,040	1,321,755,216
11. Net cash from operations (Line 4 minus Line 10) .....	89,101,285	(130,885,119)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	148,658,243	729,068,904
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	10	0
12.7 Miscellaneous proceeds .....	2,395,904	325,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	151,054,156	729,393,904
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	167,198,822	39,550,376
13.2 Stocks .....	0	150,000,000
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	167,198,822	189,550,376
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(16,144,666)	539,843,528
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	75,000,000	(430,000,000)
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(104,843,050)	49,145,078
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(29,843,050)	(380,854,923)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	43,113,570	28,103,485
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	110,238,061	82,134,576
19.2 End of year (Line 18 plus Line 19.1) .....	153,351,631	110,238,061
<b>Note: Supplemental disclosures of cash flow information for non-cash transactions:</b>		
20.0001. Non-Cash Return of Capital of Investment in Subsidiary - Proceeds for Stocks .....	0	(188,596,607)
20.0002. Non-Cash Return of Capital of Investment in subsidiary - Capital and Paid in surplus .....	0	188,596,607

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	2,113,370,262	813,040,867	3,444,879	0	0	77,283,773	152,997,355	1,066,603,388	0	0
2. Change in unearned premium reserves and reserve for rate credit	708,989	708,989	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	2,114,079,252	813,749,856	3,444,879	0	0	77,283,773	152,997,355	1,066,603,388	0	0
8. Hospital/medical benefits	1,334,144,099	501,632,314	2,882,042	0	0	49,488,322	102,335,023	677,806,398	0	XXX
9. Other professional services	38,907,700	34,316,380	0	0	0	631,926	3,852,199	107,196	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	91,226,796	32,971,089	19,314	0	0	0	1,616,986	56,619,407	0	XXX
12. Prescription drugs	380,140,325	146,106,565	0	0	0	14,127,891	4,990,583	214,915,286	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	(856,424)	0	0	0	0	0	(856,424)	0	0	XXX
15. Subtotal (Lines 8 to 14)	1,843,562,496	715,026,348	2,901,356	0	0	64,248,139	111,938,367	949,448,286	0	XXX
16. Net reinsurance recoveries	5,391,662	0	0	0	0	0	0	5,391,662	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	1,838,170,834	715,026,348	2,901,356	0	0	64,248,139	111,938,367	944,056,624	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	119,240,262	29,917,004	49,107	20	0	1,498,190	5,958,748	37,604,501	44,212,692	0
20. General administrative expenses	236,040,040	122,052,024	613,371	151	0	6,831,119	10,503,263	95,633,819	406,292	0
21. Increase in reserves for accident and health contracts	10,951,056	10,240,056	711,000	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	2,204,402,192	877,235,432	4,274,835	171	0	72,577,449	128,400,377	1,077,294,944	44,618,984	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(90,322,940)	(63,485,576)	(829,956)	(171)	0	4,706,324	24,596,977	(10,691,555)	(44,618,984)	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	813,040,867	0	0	813,040,867
2. Medicare Supplement .....	3,444,879	0	0	3,444,879
3. Dental only .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Federal Employees Health Benefits Plan .....	77,283,773	0	0	77,283,773
6. Title XVIII - Medicare .....	152,997,355	0	0	152,997,355
7. Title XIX - Medicaid .....	1,089,137,986	0	22,534,597	1,066,603,388
8. Other health .....	0	0	0	0
9. Health subtotal (Lines 1 through 8) .....	2,135,904,860	0	22,534,597	2,113,370,262
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	2,135,904,860	0	22,534,597	2,113,370,262

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,821,569,907	702,725,803	2,787,879	0	0	67,008,474	122,347,843	926,699,908	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	73,357,569	0	0	0	0	0	0	73,357,569	0	0
1.4 Net	1,748,212,338	702,725,803	2,787,879	0	0	67,008,474	122,347,843	853,342,339	0	0
2. Paid medical incentive pools and bonuses	253,153	(75)	0	0	0	0	253,228	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	230,675,798	92,285,392	399,469	0	0	4,795,907	29,769,577	103,425,453	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	205,213	0	0	0	0	0	0	205,213	0	0
3.4 Net	230,470,585	92,285,392	399,469	0	0	4,795,907	29,769,577	103,220,239	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	875,056	875,056	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	875,056	875,056	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	56,374	75	0	0	0	0	56,299	0	0	0
6. Net healthcare receivables (a)	5,105,269	2,656,527	11	0	0	1,361,190	(1,366,799)	2,454,340	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	203,153,572	77,760,376	285,981	0	0	6,195,052	40,689,428	78,222,734	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	68,171,120	0	0	0	0	0	0	68,171,120	0	0
8.4 Net	134,982,452	77,760,376	285,981	0	0	6,195,052	40,689,428	10,051,615	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	443,000	443,000	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	443,000	443,000	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,165,951	0	0	0	0	0	1,165,951	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	1,844,418,920	715,026,348	2,901,356	0	0	64,248,139	112,794,790	949,448,286	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	5,391,662	0	0	0	0	0	0	5,391,662	0	0
12.4 Net	1,839,027,258	715,026,348	2,901,356	0	0	64,248,139	112,794,790	944,056,624	0	0
13. Incurred medical incentive pools and bonuses	(856,424)	0	0	0	0	0	(856,424)	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	51,182,432	27,843,973	37,343	0	0	1,592,681	2,266,825	19,441,610	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	51,182,432	27,843,973	37,343	0	0	1,592,681	2,266,825	19,441,610	0	0
2. Incurred but Unreported:										
2.1 Direct .....	173,019,104	64,248,813	362,127	0	0	3,101,409	22,729,377	82,577,379	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	205,213	0	0	0	0	0	0	205,213	0	0
2.4 Net .....	172,813,891	64,248,813	362,127	0	0	3,101,409	22,729,377	82,372,165	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	6,474,262	192,606	0	0	0	101,817	4,773,374	1,406,464	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	6,474,262	192,606	0	0	0	101,817	4,773,374	1,406,464	0	0
4. TOTALS:										
4.1 Direct .....	230,675,798	92,285,392	399,469	0	0	4,795,907	29,769,577	103,425,453	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	205,213	0	0	0	0	0	0	205,213	0	0
4.4 Net .....	230,470,585	92,285,392	399,469	0	0	4,795,907	29,769,577	103,220,239	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	63,039,810	639,685,993	1,930,209	91,230,239	64,970,019	78,203,376
2. Medicare Supplement .....	253,914	2,533,965	872	398,597	254,787	285,981
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	4,364,370	62,644,104	190,259	4,605,648	4,554,629	6,195,052
6. Title XVIII - Medicare .....	13,978,442	108,369,401	4,376,446	25,393,131	18,354,888	40,689,428
7. Title XIX - Medicaid .....	10,026,851	843,315,488	232,795	102,987,444	10,259,647	10,051,615
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	91,663,387	1,656,548,951	6,730,583	224,615,058	98,393,970	135,425,452
10. Healthcare receivables (a) .....	312,319	29,707,955	0	0	312,319	24,915,005
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	253,153	0	56,374	0	309,527	1,165,951
13. Totals (Lines 9 - 10 + 11 + 12)	91,604,220	1,626,840,996	6,786,957	224,615,058	98,391,177	111,676,398

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

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	66,073	67,339	66,692	66,365	66,066
2.	2016 .....	685,227	731,508	732,574	732,451	732,251
3.	2017 .....	XXX	589,736	635,858	637,853	638,205
4.	2018 .....	XXX	XXX	621,624	674,156	675,338
5.	2019 .....	XXX	XXX	XXX	623,421	685,425
6.	2020 .....	XXX	XXX	XXX	XXX	639,686

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	67,228	67,447	66,692	66,365	66,066
2.	2016 .....	759,941	733,080	732,653	732,451	732,251
3.	2017 .....	XXX	655,879	636,920	638,072	638,205
4.	2018 .....	XXX	XXX	688,189	675,676	675,482
5.	2019 .....	XXX	XXX	XXX	699,886	687,211
6.	2020 .....	XXX	XXX	XXX	XXX	730,916

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	886,427	732,251	6,964	1.0	739,215	83.4	0	0	739,215	83.4
2. 2017 .....	770,206	638,205	6,069	1.0	644,274	83.6	0	0	644,274	83.6
3. 2018 .....	809,059	675,338	6,422	1.0	681,761	84.3	144	1	681,906	84.3
4. 2019 .....	809,483	685,425	6,518	1.0	691,944	85.5	1,786	14	693,744	85.7
5. 2020 .....	813,041	639,686	6,083	1.0	645,769	79.4	91,230	700	737,700	90.7

## UNDERWRITING AND INVESTMENT EXHIBIT

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

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	0	0	0	0	0
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	383	461	461
5.	2019 .....	XXX	XXX	XXX	1,743	1,997
6.	2020 .....	XXX	XXX	XXX	XXX	2,534

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	0	0	0	0	0
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	425	461	461
5.	2019 .....	XXX	XXX	XXX	2,029	1,998
6.	2020 .....	XXX	XXX	XXX	XXX	2,933

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2017 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2018 .....	512	461	4	1.0	465	90.9	0	0	465	90.9
4. 2019 .....	2,071	1,997	19	1.0	2,016	97.3	1	0	2,017	97.4
5. 2020 .....	3,445	2,534	24	1.0	2,558	74.3	399	5	2,961	86.0

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	<b>NONE</b>				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	<b>NONE</b>				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	<b>NONE</b>									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

12.D0

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	<b>NONE</b>				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	<b>NONE</b>				
2. 2016					
3. 2017					
4. 2018					
5. 2019					
6. 2020					

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	<b>NONE</b>									
2. 2017										
3. 2018										
4. 2019										
5. 2020										

12.VO

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	9,837	9,837	9,837	9,837	9,837
2.	2016 .....	97,786	107,308	107,308	107,308	107,308
3.	2017 .....	XXX	69,511	76,529	76,529	76,529
4.	2018 .....	XXX	XXX	71,525	79,624	79,624
5.	2019 .....	XXX	XXX	XXX	70,457	74,822
6.	2020 .....	XXX	XXX	XXX	XXX	62,644

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	9,939	9,852	9,837	9,837	9,837
2.	2016 .....	103,923	107,529	107,316	107,308	107,308
3.	2017 .....	XXX	78,794	76,641	76,529	76,529
4.	2018 .....	XXX	XXX	78,534	79,783	79,624
5.	2019 .....	XXX	XXX	XXX	76,493	75,012
6.	2020 .....	XXX	XXX	XXX	XXX	67,250

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	123,443	107,308	1,021	1.0	108,329	87.8	0	0	108,329	87.8
2. 2017 .....	95,541	76,529	728	1.0	77,257	80.9	0	0	77,257	80.9
3. 2018 .....	91,757	79,624	757	1.0	80,381	87.6	0	0	80,381	87.6
4. 2019 .....	85,527	74,822	712	1.0	75,533	88.3	190	0	75,723	88.5
5. 2020 .....	77,284	62,644	596	1.0	63,240	81.8	4,606	0	67,846	87.8

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

#### Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	298,892	296,613	294,091	293,311	292,974
2.	2016 .....	4,715,535	5,141,889	5,138,749	5,138,427	5,138,347
3.	2017 .....	XXX	4,709,239	5,149,006	5,148,318	5,148,300
4.	2018 .....	XXX	XXX	2,283,316	2,505,535	2,507,654
5.	2019 .....	XXX	XXX	XXX	88,899	101,447
6.	2020 .....	XXX	XXX	XXX	XXX	108,369

#### Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	301,531	296,955	294,091	293,311	292,974
2.	2016 .....	5,198,214	5,147,150	5,139,286	5,138,427	5,138,347
3.	2017 .....	XXX	5,287,715	5,160,052	5,148,904	5,148,300
4.	2018 .....	XXX	XXX	2,580,297	2,511,940	2,507,978
5.	2019 .....	XXX	XXX	XXX	123,764	105,556
6.	2020 .....	XXX	XXX	XXX	XXX	133,763

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	5,990,421	5,138,347	48,866	1.0	5,187,213	86.6	0	0	5,187,213	86.6
2. 2017 .....	6,131,051	5,148,300	48,960	1.0	5,197,260	84.8	0	0	5,197,260	84.8
3. 2018 .....	2,964,283	2,507,654	23,848	1.0	2,531,502	85.4	324	13	2,531,838	85.4
4. 2019 .....	157,132	101,447	965	1.0	102,412	65.2	4,109	160	106,681	67.9
5. 2020 .....	152,997	108,369	1,031	1.0	109,400	71.5	25,393	989	135,782	88.7

## UNDERWRITING AND INVESTMENT EXHIBIT

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

**Section A - Paid Health Claims - Title XIX**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	23,558	24,555	24,693	24,674	24,668
2.	2016 .....	252,487	279,141	279,387	279,409	279,407
3.	2017 .....	XXX	215,585	241,525	242,046	242,028
4.	2018 .....	XXX	XXX	50,417	59,879	60,410
5.	2019 .....	XXX	XXX	XXX	54,765	64,286
6.	2020 .....	XXX	XXX	XXX	XXX	843,315

**Section B - Incurred Health Claims - Title XIX**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	24,208	24,563	24,693	24,674	24,668
2.	2016 .....	277,145	279,357	279,434	279,409	279,407
3.	2017 .....	XXX	248,361	241,737	242,083	242,028
4.	2018 .....	XXX	XXX	56,913	60,586	60,410
5.	2019 .....	XXX	XXX	XXX	64,073	64,519
6.	2020 .....	XXX	XXX	XXX	XXX	946,303

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	285,184	279,407	2,657	1.0	282,064	98.9	0	0	282,064	98.9
2. 2017 .....	264,297	242,028	2,302	1.0	244,329	92.4	0	0	244,329	92.4
3. 2018 .....	67,138	60,410	575	1.0	60,985	90.8	0	0	60,985	90.8
4. 2019 .....	63,961	64,286	611	1.0	64,898	101.5	233	1	65,132	101.8
5. 2020 .....	1,066,603	843,315	8,020	1.0	851,335	79.8	102,987	650	954,973	89.5

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

#### Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	398,360	398,344	395,313	394,187	393,546
2.	2016 .....	5,751,035	6,259,846	6,258,018	6,257,594	6,257,313
3.	2017 .....	XXX	5,584,071	6,102,918	6,104,746	6,105,061
4.	2018 .....	XXX	XXX	3,027,265	3,319,656	3,323,487
5.	2019 .....	XXX	XXX	XXX	839,285	927,977
6.	2020 .....	XXX	XXX	XXX	XXX	1,656,549

#### Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	402,906	398,817	395,313	394,187	393,546
2.	2016 .....	6,339,223	6,267,116	6,258,689	6,257,594	6,257,313
3.	2017 .....	XXX	6,270,749	6,115,350	6,105,588	6,105,061
4.	2018 .....	XXX	XXX	3,404,358	3,328,447	3,323,955
5.	2019 .....	XXX	XXX	XXX	966,244	934,296
6.	2020 .....	XXX	XXX	XXX	XXX	1,881,164

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016 .....	7,285,475	6,257,313	59,507	1.0	6,316,820	86.7	0	0	6,316,820	86.7
2. 2017 .....	7,261,095	6,105,061	58,059	1.0	6,163,120	84.9	0	0	6,163,120	84.9
3. 2018 .....	3,932,749	3,323,487	31,606	1.0	3,355,093	85.3	468	14	3,355,575	85.3
4. 2019 .....	1,118,173	927,977	8,825	1.0	936,802	83.8	6,319	175	943,297	84.4
5. 2020 .....	2,113,370	1,656,549	15,754	1.0	1,672,303	79.1	224,615	2,344	1,899,262	89.9

12.GT

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a) .....	10,732,000	9,808,000	924,000	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 ) for investment income .....	8,332,879	748,768	0	0	0	0	7,584,111	0	0
5. Aggregate write-ins for other policy reserves .....	44,095,189	4,091,179	0	0	0	0	40,004,010	0	0
6. Totals (gross) .....	63,160,068	14,647,947	924,000	0	0	0	47,588,121	0	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	63,160,068	14,647,947	924,000	0	0	0	47,588,121	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	875,056	875,056	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	875,056	875,056	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7) .....	875,056	875,056	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. Risk Adjustment Premium Payable .....	44,095,189	4,091,179	0	0	0	0	40,004,010	0	0
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	44,095,189	4,091,179	0	0	0	0	40,004,010	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....10,732,000 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....0 for occupancy of own building) .....	814,426	187,177	2,836,194	2,894	3,840,691
2. Salary, wages and other benefits .....	44,174,575	10,319,629	131,266,357	131,910	185,892,470
3. Commissions (less \$ .....0 ceded plus \$ .....0 assumed) .....	0	0	77,513,935	2,628	77,516,563
4. Legal fees and expenses .....	476,848	138,090	3,192,967	1,070	3,808,975
5. Certifications and accreditation fees .....	8,220	6,992	105,968	105	121,285
6. Auditing, actuarial and other consulting services .....	2,068,259	497,046	6,887,304	6,894	9,459,504
7. Traveling expenses .....	241,190	57,104	796,640	798	1,095,733
8. Marketing and advertising .....	6,602,360	1,520,411	23,011,366	23,412	31,157,549
9. Postage, express and telephone .....	3,951,798	900,681	13,063,387	13,089	17,928,956
10. Printing and office supplies .....	1,628,981	374,187	5,374,071	5,424	7,382,663
11. Occupancy, depreciation and amortization .....	551,428	126,797	1,926,740	(5)	2,604,959
12. Equipment .....	462,361	106,324	1,611,169	1,642	2,181,496
13. Cost or depreciation of EDP equipment and software .....	2,005,882	461,589	6,997,433	(6,599)	9,458,305
14. Outsourced services including EDP, claims, and other services .....	30,241,331	6,673,222	81,415,835	77,754	118,408,142
15. Boards, bureaus and association fees .....	305,410	93,239	691,873	551	1,091,072
16. Insurance, except on real estate .....	244,015	56,388	841,403	851	1,142,658
17. Collection and bank service charges .....	539,430	124,039	1,879,535	1,921	2,544,924
18. Group service and administration fees .....	1,322,015	522,721	1,587,790	263	3,432,788
19. Reimbursements by uninsured plans .....	0	0	(188,592,475)	0	(188,592,475)
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	889,515	204,528	3,099,205	3,159	4,196,407
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	(674,716)	2	(674,714)
23.2 State premium taxes .....	0	0	1,049,897	0	1,049,897
23.3 Regulatory authority licenses and fees .....	0	0	18,314,078	1,171	18,315,249
23.4 Payroll taxes .....	0	0	7,872,291	7,913	7,880,204
23.5 Other (excluding federal income and real estate taxes) .....	0	0	35,574,979	243	35,575,223
24. Investment expenses not included elsewhere .....	97,305	22,377	268,085	(310)	387,457
25. Aggregate write-ins for expenses .....	180,790	41,579	(1,871,271)	171	(1,648,730)
26. Total expenses incurred (Lines 1 to 25) .....	96,806,140	22,434,121	236,040,040	276,950	(a) 355,557,252
27. Less expenses unpaid December 31, current year .....	0	2,532,825	28,182,337	0	30,715,161
28. Add expenses unpaid December 31, prior year .....	0	740,381	15,608,852	0	16,349,233
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	21,821,192	0	21,821,192
30. Amounts receivable relating to uninsured plans, current year .....	0	0	29,730,956	0	29,730,956
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	96,806,140	20,641,678	231,376,319	276,950	349,101,087
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Administrative Expenses .....	180,790	41,579	1,273,133	171	1,495,673
2502. Expense Allowance on Reinsurance Ceded .....	0	0	(3,144,403)	0	(3,144,403)
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	180,790	41,579	(1,871,271)	171	(1,648,730)

(a) Includes management fees of \$ .....346,755,865 to affiliates and \$ .....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 243,636	238,017
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 9,201,538	9,223,964
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 467,820	467,820
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 726,130	675,952
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	5,841	5,841
10. Total gross investment income	10,644,965	10,611,594
11. Investment expenses		(g) 267,621
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 9,329
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		276,950
17. Net investment income (Line 10 minus Line 16)		10,334,644
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment Income	5,841	5,841
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	5,841	5,841
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 11,621 accrual of discount less \$ 1,818,600 amortization of premium and less \$ 336,781 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 400,647 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	1,152	0	1,152	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	435,851	0	435,851	11,568	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	10	0	10	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	437,012	0	437,012	11,568	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	444,196	549,574	105,378
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	30,054	381,364	351,310
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	3,235,446	167,592	(3,067,854)
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	963,160	1,162,041	198,880
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivable from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	9,315,506	12,209,290	2,893,783
25. Aggregate write-ins for other than invested assets .....	2,536,653	3,295,850	759,197
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	16,525,015	17,765,710	1,240,695
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27)	16,525,015	17,765,710	1,240,695
<b>DETAILS OF WRITE-INS</b>			
1101. ....	0	0	0
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Deposits .....	1,248,832	1,838,085	589,253
2502. Prepaid Expenses .....	945,375	505,536	(439,839)
2503. Prepaid Commissions .....	342,446	952,229	609,783
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,536,653	3,295,850	759,197

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	181,286	179,803	187,099	194,989	203,985	2,288,084
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	36,315	31,675	29,987	28,862	28,434	361,607
4. Point of Service .....	118,827	121,904	114,452	111,726	111,297	1,395,376
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business .....	1,534	1,836	1,986	2,060	2,010	23,280
7. Total	337,962	335,218	333,524	337,637	345,726	4,068,347
<b>DETAILS OF WRITE-INS</b>						
0601. Dental .....	0	0	0	0	0	(13)
0602. Medicare Supplemental .....	1,534	1,836	1,986	2,060	2,010	23,293
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	1,534	1,836	1,986	2,060	2,010	23,280

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Commonwealth of Kentucky Department of Insurance (the Department) recognizes only statutory accounting practices prescribed or permitted by the State of Kentucky for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Kentucky Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SSAP) has been adopted as a component of prescribed or permitted practices by the State of Kentucky. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

Effective June 30, 2019, the Department approved the merger of CHA Service Company into CHA HMO Inc., its direct subsidiary and a non-cash return of capital of CHA HMO Inc. from the Company to Humana Inc. Under SSAP No. 25, *Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties*, this transaction would be recorded at fair value since it would be deemed "economic" in nature. The Department approved a permitted practice to allow the Company to report this transaction at book value. The Company's risk-based capital would not have triggered a regulatory event had it not used a prescribed or permitted practice.

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

	SSAP #	F/S Page	F/S Line #	2020	2019
Net (Loss)/Income					
1. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ (71,453,210)	\$ 44,321,177
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
a. Unrecorded net realized gains impact due to valuation difference	24	4	26	-	995,308,000
4. NAIC SSAP	xxx	xxx	xxx	<u>\$ (71,453,210)</u>	<u>\$ 1,039,629,177</u>
Surplus					
5. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ 255,575,298	\$ 250,805,864
6. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
a. Unrecorded net realized gains impact due to valuation difference	24	5	34	-	995,308,000
b. Return of Capital impact due to valuation difference	24	5	45	-	(995,308,000)
8. NAIC SSAP	xxx	xxx	xxx	<u>\$ 255,575,298</u>	<u>\$ 250,805,864</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

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

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

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

- (5) The Company estimates the fair value of its investments in mortgage loans on real estate using a discounted cash flow method based on rating, maturity and future income when compared to the expected yield for mortgages having similar characteristics. The rating for mortgages in good standing is based on property type, location, market conditions, occupancy, debt service coverage, loan to value, caliber of tenancy, borrower and payment record. Problem mortgages are priced to reflect their monetary value to the Company, considering such things as the degree of default, whether or not the payments are still being made, interest rate, maturity and operating performance of the underlying collateral.

- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.

- (7) Not Applicable.

- (8) Not Applicable.

- (9) Not Applicable.

- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

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

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

- (12) The Company has not modified its capitalization policy from the prior period.

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

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax basis of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

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

- (14) Not Applicable.

- (15) Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

D. Going Concern

Management of the Company has evaluated the Company's ability to continue as a going concern under SSAP No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* (SSAP No. 1). Based on this evaluation, Management has determined that there is no substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

(1) The maximum and minimum lending rates for the mortgage loan in 2020 were 0.88% and 1.93%.

(2) The maximum percentage of the loan to the value of the security at any time of the loan, exclusive of insured or guaranteed or purchase-money mortgages was 100 percent.

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total	<u>Current Year</u> \$ -	<u>Prior Year</u> \$ -
---	-----------------------------	---------------------------

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (4) Age analysis of mortgage loans and identification of mortgage loans in which the insurer is a participant or co-lender in a mortgage loan agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded							
Investment (All)							
(a) Current	\$ -	\$ -	\$ -	\$ -	\$ 27,600,000	\$ -	\$ 27,600,000
(b) 30-59 Days Past Due	-	-	-	-	-	-	-
(c) 60-89 Days Past Due	-	-	-	-	-	-	-
(d) 90-179 Days Past Due	-	-	-	-	-	-	-
(e) 180+ Days Past Due	-	-	-	-	-	-	-
2. Accruing Interest							
90-179 Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
3. Accruing Interest							
180+ Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
4. Interest Reduced							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Number of Loans	-	-	-	-	-	-	-
(c) Percent Reduced	- %	- %	- %	- %	- %	- %	- %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Prior Year							
1. Recorded							
Investment (All)							
(a) Current	\$ -	\$ -	\$ -	\$ -	\$ 27,600,000	\$ -	\$ 27,600,000
(b) 30-59 Days Past Due	-	-	-	-	-	-	-
(c) 60-89 Days Past Due	-	-	-	-	-	-	-
(d) 90-179 Days Past Due	-	-	-	-	-	-	-
(e) 180+ Days Past Due	-	-	-	-	-	-	-
2. Accruing Interest							
90-179 Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
3. Accruing Interest							
180+ Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
4. Interest Reduced							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Number of Loans	-	-	-	-	-	-	-
(c) Percent Reduced	- %	- %	- %	- %	- %	- %	- %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- (5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan

Not Applicable.

- (6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting

Not Applicable.

- (7) Allowance for Credit Losses

Not Applicable.

- (8) Mortgage Loans Derecognized as a Result of Foreclosure:

Not Applicable.

- (9) Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from industry market sources.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 2020.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at December 31, 2020:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(116,717)
2. Twelve Months or Longer	\$	(9,278)

(b) The aggregate related fair value of securities with unrealized losses:

1. Less than Twelve Months	\$	25,672,883
2. Twelve Months or Longer	\$	1,890,722

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) The Company has no repurchase agreements or securities lending transactions.

(2) The Company has not pledged any of its assets as collateral.

(3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	16,743,939	15,540,918	1,203,021	-	16,743,939	2.45%	2.51%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 16,743,939	\$ 15,540,918	\$ 1,203,021	-	\$ 16,743,939	2.45%	2.51%

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

Not Applicable.

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

Not Applicable.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI\* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

(1) Number of CUSIPS		5
(2) Aggregate Amount of Investment Income	\$	56,571

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

- B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

- A. Deferred Tax Assets/(Liabilities)

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

	December 31, 2020		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 13,956,801	\$ 429	\$ 13,957,230
b. Statutory valuation allowance adjustments	-	(429)	(429)
c. Adjusted gross deferred tax assets	13,956,801	-	13,956,801
d. Deferred tax assets nonadmitted	(3,235,446)	-	(3,235,446)
e. Net admitted deferred tax assets	10,721,355	-	10,721,355
f. Deferred tax liabilities	(837,871)	-	(837,871)
g. Net admitted deferred tax asset/(liability)	<u>\$ 9,883,484</u>	<u>\$ -</u>	<u>\$ 9,883,484</u>

	December 31, 2019		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 14,066,339	\$ 2,859	\$ 14,069,198
b. Statutory valuation allowance adjustments	-	(2,859)	(2,859)
c. Adjusted gross deferred tax assets	14,066,339	-	14,066,339
d. Deferred tax assets nonadmitted	(167,592)	-	(167,592)
e. Net admitted deferred tax assets	13,898,747	-	13,898,747
f. Deferred tax liabilities	(917,790)	-	(917,790)
g. Net admitted deferred tax asset/(liability)	<u>\$ 12,980,957</u>	<u>\$ -</u>	<u>\$ 12,980,957</u>

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ (109,538)	\$ (2,430)	\$ (111,968)
b. Statutory valuation allowance adjustments	-	2,430	2,430
c. Adjusted gross deferred tax assets	(109,538)	-	(109,538)
d. Deferred tax assets nonadmitted	(3,067,854)	-	(3,067,854)
e. Net admitted deferred tax assets	(3,177,392)	-	(3,177,392)
f. Deferred tax liabilities	79,919	-	79,919
g. Net admitted deferred tax asset/(liability)	<u>\$ (3,097,473)</u>	<u>\$ -</u>	<u>\$ (3,097,473)</u>

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

	December 31, 2020		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 9,883,484	\$ -	\$ 9,883,484
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	36,853,772
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	837,871	-	837,871
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 10,721,355</u>	<u>\$ -</u>	<u>\$ 10,721,355</u>

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	December 31, 2019		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 10,337,452	\$ -	\$ 10,337,452
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	2,643,505	-	2,643,505
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	2,643,505
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	35,673,736
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	917,790	-	917,790
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 13,898,747	\$ -	\$ 13,898,747

	Change		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ (453,968)	\$ -	\$ (453,968)
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	(2,643,505)	-	(2,643,505)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(2,643,505)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	1,180,036
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(79,919)	-	(79,919)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ (3,177,392)	\$ -	\$ (3,177,392)

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

	December 31, 2020	December 31, 2019
a. Ratio percentage used to determine recovery period and threshold limitation amount	337%	670%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	245,691,814	237,824,907

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

	December 31, 2020	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 13,956,801	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 10,721,355	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
	December 31, 2019	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 14,066,339	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 13,898,747	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

	Change	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ (109,538)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ (3,177,392)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

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

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

C. Current and deferred income taxes

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

	December 31, 2020	December 31, 2019	Change
a. Federal	\$ (9,998,342)	\$ 13,814,639	\$ (23,812,981)
b. Foreign	-	-	-
c. Subtotal	(9,998,342)	13,814,639	(23,812,981)
d. Federal income tax on net capital gains	1,820,053	(2,662,158)	4,482,211
e. Utilization of capital loss carryforwards	-	-	-
f. Other	8,850	(1,616,189)	1,625,039
g. Federal and foreign income taxes incurred	\$ (8,169,439)	\$ 9,536,292	\$ (17,705,731)

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

DTAs resulting from Book/Tax Differences in:

	December 31, 2020	December 31, 2019	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 4,732,526	\$ 1,857,491	\$ 2,875,035
2. Unearned premium reserve	574,278	488,102	86,176
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	108,572	47,541	61,031
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	186,059	233,703	(47,644)
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	-	-
14. Bad debts	1,698,780	2,287,523	(588,743)
15. Accrued litigation	10,500	-	10,500
16. CMS Rx reserve	-	-	-
17. CMS risk corridor -ACA	-	-	-
18. Medicare risk adjustment data	-	-	-
19. Miscellaneous reserves	524,682	457,646	67,036
20. Accrued lease	71,713	51,589	20,124
21. Section 197 intangible	6,049,691	8,642,744	(2,593,053)
22. Reinsurance fee	-	-	-
23. Provider contracts	-	-	-
24. Premium acquisition expense	-	-	-
99. Subtotal	13,956,801	14,066,339	(109,538)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	(3,235,446)	(167,592)	(3,067,854)
d. Admitted Ordinary DTAs	10,721,355	13,898,747	(3,177,392)
e. Capital			
1. Investments	429	2,859	(2,430)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	429	2,859	(2,430)
f. Statutory valuation allowance adjustment	(429)	(2,859)	2,430
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	\$ 10,721,355	\$ 13,898,747	\$ (3,177,392)

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

DTLs resulting from Book/Tax Differences in:

	December 31, 2020	December 31, 2019	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(36,191)	(19,184)	(17,007)
7. CMS Rx reserve	(175,552)	(147,253)	(28,299)
8. Reserve transition adjustment	(626,128)	(751,353)	125,225
99. Subtotal	<u>(837,871)</u>	<u>(917,790)</u>	<u>79,919</u>
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	<u>-</u>	<u>-</u>	<u>-</u>
c. DTLs	<u>\$ (837,871)</u>	<u>\$ (917,790)</u>	<u>\$ 79,919</u>
(4) Net deferred tax asset/(liability)	<u>\$ 9,883,484</u>	<u>\$ 12,980,957</u>	<u>\$ (3,097,473)</u>

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2020 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ (79,622,650)	\$ (16,720,757)	21.00%
Tax-exempt interest	(609,989)	(128,098)	0.16%
Dividends received deduction	-	-	0.00%
Proration	152,497	32,024	(0.04%)
Meals & entertainment, lobbying expenses, etc.	2,334,191	490,180	(0.62%)
Statutory valuation allowance adjustment	-	-	0.00%
ACA Fee	34,298,312	7,202,646	(9.05%)
Change to nonadmitted assets & deferred tax true-up	4,445,019	933,454	(1.17%)
Other, including prior year true-up	241,576	50,731	(0.06%)
Total	<u>\$ (38,761,044)</u>	<u>\$ (8,139,820)</u>	<u>10.22%</u>
Federal income taxes incurred [expense/(benefit)]		\$ (9,989,492)	12.55%
Tax on capital gains/(losses)		1,820,053	(2.29%)
Change in net deferred income tax [charge/(benefit)]		29,619	(0.04%)
Total statutory income taxes		<u>\$ (8,139,820)</u>	<u>10.22%</u>

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

(1) At December 31, 2020, the Company had no net operating loss carry-forwards.

At December 31, 2020, the Company had no capital loss carry-forwards.

At December 31, 2020, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2019 and 2020 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2019	12,243,475	(2,662,158)	9,581,317
2020	-	-	-
Total	<u>\$ 12,243,475</u>	<u>\$ (2,662,158)</u>	<u>\$ 9,581,317</u>

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

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

**HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2020 CONSOLIDATED FEDERAL INCOME TAX RETURN**

**CALENDAR YEAR ENDED DECEMBER 31, 2020**

**AFFILIATIONS SCHEDULE**

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

<b>CORP. NO.</b>	<b>CORPORATION NAME</b>	<b>EMPLOYER IDENTIFICATION NUMBER</b>
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	ARCADIAN HEALTH PLAN, INC.	20-1001348
6	CAC MEDICAL CENTER HOLDINGS, INC.	30-0117876
7	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
8	CARENETWORK, INC.	39-1514846
9	CAREPLUS HEALTH PLANS, INC.	59-2598550
10	CARITEN HEALTH PLAN INC.	62-1579044
11	CHA HMO, INC.	61-1279717
12	COMPBENEFITS COMPANY	59-2531815
13	COMPBENEFITS CORPORATION	04-3185995
14	COMPBENEFITS DENTAL, INC.	36-3686002
15	COMPBENEFITS DIRECT, INC.	58-2228851
16	COMPBENEFITS INSURANCE COMPANY	74-2552026
17	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
18	CONTINUCARE CORPORATION	59-2716023
19	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
20	CONVIVA HEALTH MANAGEMENT, LLC (f/k/a TRANSCEND POPULATION HEALTH MANAGEMENT, LLC)	46-5329373
21	CONVIVA HEALTH MSO OF TEXAS, INC. (f/k/a PRIMARY CARE HOLDINGS, INC.)	46-1225873
22	CONVIVA MEDICAL CENTER MANAGEMENT OF TEXAS, P.A. (f/k/a PARTNERS IN PRIMARY CARE, P.A.)	47-1161014
23	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
24	DENTICARE, INC.	76-0039628
25	EAGLE RX HOLDCO, INC.	47-1407967
26	EAGLE RX, INC.	47-1416614
27	EDGE HEALTH MSO, INC.	84-2214810
28	EDGE HEALTH, P.C.	84-2752906
29	EMPHESSYS INSURANCE COMPANY	31-0935772
30	EMPHESSYS, INC.	61-1237697
31	ENCLARA PHARMACIA, INC.	23-3068914
32	FAMILY PHYSICIANS OF WINTER PARK, INC.	59-3164234
33	FPG ACQUISITION CORP.	81-3802918
34	FPG ACQUISITION HOLDINGS CORP.	81-3819187
35	FPG HOLDING COMPANY, LLC	32-0505460
36	GUIDANTRX, INC.	39-1789830
37	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
38	HEALTH VALUE MANAGEMENT, INC.	61-1223418
39	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
40	HUMANA AT HOME (DALLAS), INC.	75-2739333
41	HUMANA AT HOME (HOUSTON), INC.	76-0537878
42	HUMANA AT HOME (SAN ANTONIO), INC.	01-0766084
43	HUMANA AT HOME (TLC), INC.	75-2600512

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

44	HUMANA AT HOME 1, INC.	65-0274594
45	HUMANA AT HOME, INC.	13-4036798
46	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
47	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
48	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865
49	HUMANA DENTAL COMPANY	59-1843760
50	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.	80-0072760
51	HUMANA DIRECT CONTRACTING ENTITY, INC.	85-3099097
52	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC.	46-4912173
53	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
54	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
55	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
56	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
57	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
58	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
59	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
60	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
61	HUMANA HEALTH PLAN, INC.	61-1013183
62	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
63	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
64	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
65	HUMANA INSURANCE COMPANY	39-1263473
66	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
67	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
68	HUMANA MARKETPOINT, INC.	61-1343508
69	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
70	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
71	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
72	HUMANA MEDICAL PLAN, INC.	61-1103898
73	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
74	HUMANA PHARMACY, INC.	61-1316926
75	HUMANA REAL ESTATE COMPANY	20-1724127
76	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
77	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
78	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
79	HUMANADENTAL INSURANCE COMPANY	39-0714280
80	HUMANADENTAL, INC.	61-1364005
81	HUMCO, INC.	61-1239538
82	HUM-e-FL, INC.	61-1383567
83	MANAGED CARE INDEMNITY, INC.	61-1232669
84	MEDICAL CARE CONSORTIUM INCORPORATED OF TEXAS	27-4379634
85	METCARE OF FLORIDA, INC.	65-0879131
86	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
87	PARTNERS IN INTEGRATED CARE, INC.	47-2905609
88	PARTNERS IN PRIMARY CARE (GA), P.C.	83-2624178
89	PARTNERS IN PRIMARY CARE (KS), P.A.	30-1236218
90	PARTNERS IN PRIMARY CARE (KS), P.C.	85-0733589
91	PARTNERS IN PRIMARY CARE (MO), P.C.	85-3676937
92	PARTNERS IN PRIMARY CARE (NC), P.C.	82-1926920
93	PARTNERS IN PRIMARY CARE (SC), P.C.	85-3577914
94	PBM HOLDING COMPANY	61-1340806
95	PBM PLUS MAIL SERVICE PHARMACY, LLC	20-2373204
96	PHP COMPANIES, INC.	62-1552091
97	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
98	PRIMARY CARE MANAGEMENT, INC.	85-0858631
99	ROHC, LLC	75-2844854
100	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
101	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
102	TEXAS DENTAL PLANS, INC.	74-2352809
103	THE DENTAL CONCERN, INC.	52-1157181
104	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
105	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
106	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-B. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2020 and 2019 were \$336,088,676 and \$235,211,793, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

In the ordinary course of business, the Company also directly contracts with related parties to provide services that are routine in nature to its members. The administrative services, access fees, and cost of care services provided are determined within each individual agreement. The following table identifies the amount for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2020 and 2019, which meet the disclosure requirements pursuant to SSAP No. 25, *Affiliate and Other Related Parties* (SSAP No. 25):

	<u>2020</u>	<u>2019</u>
Go365, LLC	\$ 15,518,096	\$ 13,485,065
Conviva Care Solutions, LLC	84,016,029	71,632,007
Total	<u>\$ 99,534,125</u>	<u>\$ 85,117,071</u>

In addition to the related parties above, the Company also has a contracted relationship with Humana Pharmacy Solutions, Inc. (HPS). HPS is responsible for designing pharmacy benefits, including defining member co-share responsibilities, determining formulary listings, contracting with retail pharmacies, confirming member eligibility, reviewing drug utilization, and processing claims for Humana entities. HPS has various contracts with pharmacy manufacturers to provide the Company with purchase discounts and volume rebates on certain prescription drugs utilized by its members. The Company has an agreement with HPS to collect pharmacy rebates on its behalf and remit them to the Company on a monthly basis. The Company had \$889,566,943 and \$584,526,251 of administrative service and prescription costs in 2020 and 2019, respectively, with HPS. The prescription costs included in fees paid to HPS are gross of the pharmacy rebates that the Company receives, see Footnote 28, and also includes payments for Medicare Part D claims that CMS reimburses the Company for through the Coverage Gap, Low Income and Reinsurance subsidies.

Included in the payments to HPS are also costs incurred from Humana Pharmacy, Inc. Humana Pharmacy, Inc. provides covered members with prescription services through use of the mail order as well as brick and mortar locations. These services are limited to maintenance medication prescription drug and allied services and supplies normally provided to the general public in the ordinary course of pharmacy business. The Company had \$221,157,591 and \$171,190,478 of prescription costs in 2020 and 2019, respectively, with Humana Pharmacy, Inc.

A non-cash return of capital of \$188,596,607 was recorded at book value by the Company at June 30, 2019, as permitted by the Department. The Company reversed the prior year accumulated unrealized gain in the statements of changes in surplus of \$37,832,172 related to its investment in CHA Service Company and recorded a net realized loss on the transaction to Humana Inc. in the amount of \$15,855,114 in the accompanying statements of revenue and expenses.

No dividends or returns of capital were paid by the Company as of December 31, 2020.

The Company received a \$75,000,000 capital contribution from Humana Inc. on December 29, 2020.

C. (1) Detail of Material Related Party Transactions

Reference #	Date of Transaction	Name of Related Party	Name of Relationship	Type of Transaction	Written Agreement (Yes/No)	Due Date	Reporting Period Date From (To)
1	1/1/2020 – 12/31/2020	Oak Street Health LLC	Provider	Other Transactions Involving Services	Yes	Net 30	\$(3,492,360)

(2) Detail of Material Related Party Transactions Involving Services

Reference #	Name of Related Party	Overview Description	Amount Charged	Amount Based on Allocation of Costs or Market Rates	Amount Charged Modified or Waived (Yes/No)
1	Oak Street Health LLC	Provider Services to Members	\$14,061,282	\$14,061,282	No

(3) Detail of Material Related Party Transactions Exchange of Assets and Liabilities

Not Applicable.

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

(4) Detail of Amounts Owed To/From a Related Party

Referen ce #	Name of Related Party	Aggregate Reporting Period Amount Due From	Aggregate Reporting Period Amount (Due To)	Amount Offset in Financial Statement (if Qualifying)	Net Amount Recoverable / (Payable) by Related Party	Admitted Recoverable
1	Oak Street Health LLC	\$-	\$(3,492,360)	\$-	\$(3,492,360)	\$-

D. At December 31, 2020, the Company reported \$7,372,835 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. The Company has a parental guarantee with Humana Inc. in accordance with certain regulatory requirements.

G. All outstanding shares of the Company are owned by the Parent Company.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

O. SCA Loss Tracking

Not Applicable.

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

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

Humana Inc.’s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$233,856,665 and \$219,268,247 for the years ended December 31, 2020 and 2019, respectively. As of December 31, 2020 and 2019, the fair market value of the Humana Retirement Savings Plan’s assets was \$6,280,051,531 and \$5,344,599,370, respectively.

NOTES TO THE FINANCIAL STATEMENTS

- H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

- A. The Company has \$1.00 par value common stock with 5,000,000 shares authorized and 2,248,000 shares issued and 2,248,000 outstanding. All shares are common stock shares.

- B. The Company has no preferred stock outstanding.

- C.-E. Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the lesser of 10% of total surplus or net income from the prior year. All ordinary dividends are limited to available and accumulated surplus funds. Based on these restrictions, the Company could have paid a maximum dividend or return of capital to shareholders of approximately \$25,080,000 in 2020 without prior regulatory approval.

Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

No dividends or returns of capital were paid by the Company as of December 31, 2020.

- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

- G. Not Applicable.

- H. Not Applicable.

- I. Changes in balances of special surplus funds from the prior year is due to the health insurance industry fee having been permanently repealed beginning calendar year 2021.

- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$11,568.

- K. Not Applicable.

- L. Not Applicable.

- M. Not Applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments

Not Applicable.

- B. Assessments

Not Applicable.

- C. Gain Contingencies

Not Applicable.

- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

- E. Joint and Several Liabilities

Not Applicable.

- F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of December 31, 2020.

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

15. Leases

A. Lessee Operating Lease

(1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to five years. Operating lease rental payments charged to expenses for the years ended December 31, 2020 and 2019 was \$2,718,200 and \$3,663,108, respectively.

(2) Noncancelable Lease Terms:

a) At January 1, 2021, the minimum aggregate rental commitments are as follows:

Year ending December 31,		
2021	\$	2,746,734
2022		2,342,204
2023		1,902,214
2024		1,703,684
2025		49,838
Thereafter		-
Total Minimum Lease Payments	\$	8,744,674

b) Certain rental commitments have renewal options extending through the year 2025. Some of these renewals are subject to adjustments in future periods.

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

B. Lessor Leases

Not Applicable.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows for the year ended December 31, 2020:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ (44,618,984)	\$ -	\$ (44,618,984)
b. Total claim payment volume	1,601,989,964	-	1,601,989,964

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

(1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

- (2) As of December 31, 2020, the Company has recorded a receivable from CMS of \$13,165,459 related to the cost share and reinsurance components of administered Medicare products and a receivable from ASO customers of \$16,565,496. The Company has recorded receivables from the following payors whose account balance are greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000:

Humana Inc.	\$ 2,309,102
-------------	--------------

- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Fair Value Measurements

- A. (1) The fair value of financial assets at December 31, 2020 were as follows:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
U.S. governments	\$ -	\$ -	\$ -	\$ -	-
Tax-exempt municipal	-	-	-	-	-
Residential mortgage-backed	-	-	-	-	-
Corporate debt securities	-	847,980	-	-	847,980
Total bonds	-	847,980	-	-	847,980
Total assets at fair value/NAV	\$ -	\$ 847,980	\$ -	\$ -	\$ 847,980
b. Liabilities at fair value	\$ -	\$ -	\$ -	\$ -	-
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	-

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2019 and December 31, 2020.

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

Not Applicable.

- (3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2019 and December 31, 2020.

- (4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2020.

- (5) Derivative Fair Values

Not Applicable.

- B. Other Fair Value Disclosures

Not Applicable.

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Pract (Carrying
Bonds and cash equivalents	\$ 499,834,385	\$ 479,028,382	\$ 106,534,602	\$ 393,299,783	\$ -	\$ -	\$ -
Mortgage Loans	27,600,000	27,600,000	-	-	27,600,000	-	-
<b>Total</b>	<b>\$ 527,434,385</b>	<b>\$ 506,628,382</b>	<b>\$ 106,534,602</b>	<b>\$ 393,299,783</b>	<b>\$ 27,600,000</b>	<b>\$ -</b>	<b>\$ -</b>

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

Not Applicable.

21. Other Items

A. Extraordinary Items

The emergence and spread of the novel coronavirus, or COVID-19, has impacted the Company's business. Beginning in the second half of March 2020, the implementation of stay-at-home and physical distancing orders and other restrictions on movement and economic activity resulted in the temporary deferral of non-essential care and significant reduction in hospital admissions and overall healthcare system utilization during April 2020. Non-COVID utilization then began to increase during May and June 2020 and continued to rebound throughout the third quarter and early in the fourth quarter of 2020. Then, in the latter half of November and accelerating throughout the month of December, the Company experienced a significant increase in COVID-19 admissions in nearly all of the markets in which it operates across the Company's lines of business resulting in higher COVID-19 treatment and testing costs.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

(3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investment in SCAs – No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

(4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

The Company does not have sub-prime mortgage risk.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

G. Retained Assets

Not Applicable.

**STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

On January 1, 2020 the Company was subject to the annual fee under Section 9010 of the Federal Affordable Care Act (ACA). The Consolidated Appropriations Act enacted on December 18, 2015, included a one-time one year suspension in 2017 of the health insurer fee. The Continuing Resolution bill, H.R. 195, enacted on January 22, 2018, included a one year suspension in 2019 of the health insurer fee, but the fee has resumed for calendar year 2020. A segregation was recorded within special surplus for the annual health insurance industry fee related to the 2019 data year for the 2020 fee. This annual fee was allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that was written during the preceding calendar year. The 2020 fee was paid September 30, 2020. The impact of the annual health insurance industry fee on the Company's operations as of December 31, 2020 and 2019 were as follows:

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	No	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 40,773,666
C. ACA fee assessment paid	\$ 34,298,312	\$ -
D. Premiums written subject to ACA 9010 assessment	\$ -	\$ 2,051,193,989
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 255,575,298	\$ 250,805,864
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 255,575,298	\$ 250,805,864
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 72,817,099	\$ 35,488,820
H. Would reporting the ACA assessment as of December 31, 2020, have triggered an RBC action level (YES/NO)	No	

The further consolidated Appropriations Act 2020, enacted on December 20, 2019, permanently repealed the health insurance industry fee for calendar years 2021 and thereafter.

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 24, 2021 for the Statutory Statement issued on February 24, 2021.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes ( ) No ( X )

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

Yes ( ) No ( X )

Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No ( X )

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

Yes ( ) No ( X )

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

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

- C. The amount of net premiums written by the Company at December 31, 2020 that are subject to retrospective rating features was \$1,043,321,995, or 49.37% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ -	\$ 2,110,343	\$ (219,578)	\$ (205,791)	\$ 1,684,974
Medical loss ratio rebates paid	-	1,159,077	508,772	5,835,604	7,503,453
Medical loss rebates unpaid	-	1,364,306	93,452	-	1,457,758
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 1,457,758
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ 659,477	\$ 202,372	\$ -	\$ 861,849
Medical loss ratio rebates paid	-	1,275,015	295,824	-	1,570,839
Medical loss rebates unpaid	-	748,768	-	-	748,768
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 748,768

- E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO) Yes (X) No ( )

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) \$ 2,784,567

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 47,150
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 4,091,180

Operations (Revenue & Expenses)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (1,695,362)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 59,729

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

b. Transitional ACA Reinsurance Program			
Assets			
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$	-
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	-
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	-
Liabilities			
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$	-
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-
Operations (Revenues & Expenses)			
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$	-
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	-
9.	ACA Reinsurance contributions – not reported as ceded premiums	\$	-
c. Temporary ACA Risk Corridors Program			
Assets			
1.	Accrued retrospective premium due to ACA Risk Corridors	\$	-
Liabilities			
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-
Operations (Revenue & Expenses)			
3.	Effect of ACA Risk Corridors on net premium income	\$	21,175,723
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(3) Roll-forward of Prior Year ACA Risk-sharing Provisions for the Following Asset (Gross of Any Nonadmission) and Liability Balances, Along with the Reasons for Adjustments to Prior Year Balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					5	6	7	8	Ref	9	10
	1	2	3	4	5	6	7	8	Ref	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	143,751		875,764		(732,013)		3,207,896		A.	2,475,884	
2. Premium adjustments (payables) (including high risk pool premium)		(6,296,979)		(7,417,740)		1,120,761	(3,064,423)		B.		(1,943,662)
3. Subtotal ACA Permanent Risk Adjustment Program	143,751	(6,296,979)	875,764	(7,417,740)	(732,013)	1,120,761	3,207,896	(3,064,423)		2,475,884	(1,943,662)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	-		-		-		-			-	
2. Amounts recoverable for claims unpaid (contra liability)	-		-		-		-			-	
3. Amounts receivable relating to uninsured plans	-		-		-		-			-	
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium		-		-		-		-			-
5. Ceded reinsurance premiums payable		-		-		-		-			-
6. Liability for amounts held under uninsured plans		-		-		-		-			-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-		-	-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-		21,175,723		(21,175,723)		21,175,723		C.	-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
3. Subtotal ACA Risk Corridors Program	-	-	21,175,723	-	(21,175,723)	-	21,175,723	-		-	-
d. Total for ACA Risk Sharing Provisions	143,751	(6,296,979)	22,051,487	(7,417,740)	(21,907,736)	1,120,761	24,383,619	(3,064,423)		2,475,884	(1,943,662)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2019 benefit year and the latest data from Wakely Consulting.

B. Small Group estimate changes for unfinalized years, based on latest data from Wakely Consulting.

C. Adjustment recorded for additional risk corridor payments received in 2020 that had been previously written off.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	-		9,875,928		(9,875,928)		9,875,928		A.	-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
b. 2015											
1. Accrued retrospective premium	-		5,541,529		(5,541,529)		5,541,529		A.	-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
c. 2016											
1. Accrued retrospective premium	-		5,758,266		(5,758,266)		5,758,266		A.	-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
d. Total for Risk Corridors	-	-	21,175,723	-	(21,175,723)	-	21,175,723	-		-	-

Explanations of adjustments

A. Adjustment recorded for additional risk corridor payments received in 2020 that had been previously written off.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1	2	3	4	5	6
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Assets Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ 11,862,832	\$ -	\$ 11,862,832	\$ -	\$ -	\$ -
b. 2015	5,541,529	-	5,541,529	-	-	-
c. 2016	5,758,266	-	5,758,266	-	-	-
d. Total (a+b+c)	\$ 23,162,627	\$ -	\$ 23,162,627	\$ -	\$ -	\$ -

On April 27, 2020, the U.S. Supreme Court ruled that the government is obligated to pay the losses under this risk corridor program, and that Congress did not impliedly repeal the obligation under its appropriations riders. In September 2020, the Company received \$21,175,723 from the U.S Government pursuant to the judgement issued by the Court of Federal Claims on July 7, 2020. The \$21,175,723 payment received from the U.S Government and \$1,058,466 in related fees and expenses are reflected in net premium income and general administrative expenses, respectively.

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, net of health care receivables, as of December 31, 2019 were \$112,416,779. As of December 31, 2020, \$92,270,914 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$6,860,645 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$13,285,220 favorable prior-year development since December 31, 2019. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$13,285,220 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2020	\$ 29,496,709	\$ 29,496,709	\$ -	\$ -	\$ -
9/30/2020	34,627,343	34,627,343	34,194,057	-	-
6/30/2020	43,272,336	43,272,336	43,128,313	-	-
3/31/2020	20,252,023	20,252,023	19,996,926	44,406	153,210
12/31/2019	15,848,212	15,848,212	15,670,267	-	9,365,070
9/30/2019	18,037,589	18,037,589	17,865,203	46,615	125,771
6/30/2019	44,603,286	44,603,286	44,291,107	78,729	93,790
3/31/2019	53,303,634	53,303,634	52,951,099	-	352,535
12/31/2018	51,135,579	51,135,579	50,550,193	443,535	115,070
9/30/2018	67,866,728	67,866,728	67,578,313	288,415	-
6/30/2018	90,673,370	90,673,370	90,238,029	435,341	-
3/31/2018	69,388,291	69,388,291	69,388,291	-	-

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 10,732,000
2. Date of the most recent evaluation of this liability December 31, 2020
3. Was anticipated investment income utilized in the calculation? Yes ( ) No ( X )

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.12%.

31. Anticipated Salvage and Subrogation

Not Applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Kentucky
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000049071
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2018
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2018
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 06/02/2020
- 3.4 By what department or departments?  
Commonwealth of Kentucky Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... 0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
Not Applicable. ....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Drew Besendorf, Appointed Actuary, 500 West Main Street, Louisville, KY 40202 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company ....
- 12.12 Number of parcels involved .....0
- 12.13 Total book/adjusted carrying value .....\$ .....0
- 12.2 If, yes provide explanation:  
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
Not Applicable. ....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ X ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
Ethics Every Day was amended in June 2020 to update content based on operational and regulatory changes, clarify content where necessary and perform general document maintenance. ....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes  No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
122238200	Pacific Western Bank	Contractor provider fails to pay	20,000
122234149	Citizens Business Bank	Contracted provider fails to pay.	100,000
122000496	Union Bank	Contracted provider fails to pay.	50,000

**BOARD OF DIRECTORS**

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

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes  No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers ..... \$ 0
  - 20.12 To stockholders not officers ..... \$ 0
  - 20.13 Trustees, supreme or grand (Fraternal Only) ..... \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers ..... \$ 0
  - 20.22 To stockholders not officers ..... \$ 0
  - 20.23 Trustees, supreme or grand (Fraternal Only) ..... \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes  No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others ..... \$ 0
  - 21.22 Borrowed from others ..... \$ 0
  - 21.23 Leased from others ..... \$ 0
  - 21.24 Other ..... \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes  No
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
  - 22.22 Amount paid as expenses ..... \$ 5,622,784
  - 22.23 Other amounts paid ..... \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes  No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 0

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) ..... Yes  No
- 24.02 If no, give full and complete information relating thereto  
.....
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
N/A
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ 0
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ 0
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes  No  N/A
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes  No  N/A
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes  No  N/A

**GENERAL INTERROGATORIES**

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

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

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

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

25.21	Subject to repurchase agreements .....	\$	0
25.22	Subject to reverse repurchase agreements .....	\$	0
25.23	Subject to dollar repurchase agreements .....	\$	0
25.24	Subject to reverse dollar repurchase agreements .....	\$	0
25.25	Placed under option agreements .....	\$	0
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$	0
25.27	FHLB Capital Stock .....	\$	0
25.28	On deposit with states .....	\$	16,743,939
25.29	On deposit with other regulatory bodies .....	\$	0
25.30	Pledged as collateral - excluding collateral pledged to an FHLB .....	\$	0
25.31	Pledged as collateral to FHLB - including assets backing funding agreements .....	\$	0
25.32	Other .....	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [ ] No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41	Special accounting provision of SSAP No. 108 .....	Yes [ ]	No [ ]
26.42	Permitted accounting practice .....	Yes [ ]	No [ ]
26.43	Other accounting guidance .....	Yes [ ]	No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:..... Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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

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

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase .....	4 Metro Tech Center, 6th Floor, Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Charline Ottley .....

## GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [ ] No [ X ]

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

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC .....	U.....
W. Mark Preston .....	I.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107105 .....	BLACKROCK FINANCIAL MANAGEMENT, INC .....	549300LVXY1VJKE13M84 .....	The SEC .....	DS.....

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

29.2 If yes, complete the following schedule:

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

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

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

**GENERAL INTERROGATORIES**

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	453,795,366	474,601,369	20,806,004
30.2 Preferred stocks .....	0	0	0
30.3 Totals	453,795,366	474,601,369	20,806,004

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

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

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

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

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

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

32.2 If no, list exceptions:  
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
 a. The shares were purchased prior to January 1, 2019.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
 d. The fund only or predominantly holds bonds in its portfolio.  
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.  
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

**GENERAL INTERROGATORIES**

**OTHER**

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

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

1 Name	2 Amount Paid

38.1 Amount of payments for legal expenses, if any? .....\$ .....1,965,436

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

1 Name	2 Amount Paid
CROWELL & MORING LLP .....	1,254,842
SQUIRE SANDERS (US)LLP .....	330,206

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....50,000

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

1 Name	2 Amount Paid
CHILDREN'S HOSPITAL FOUNDATION, INC. ....	50,000

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ X ]	No [ ]
1.2	If yes, indicate premium earned on U.S. business only. ....	\$	3,444,879
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$	0
1.31	Reason for excluding		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$	2,901,356
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned .....	\$	3,444,879
	1.62 Total incurred claims .....	\$	2,901,356
	1.63 Number of covered lives .....		2,010
	All years prior to most current three years:		
	1.64 Total premium earned .....	\$	0
	1.65 Total incurred claims .....	\$	0
	1.66 Number of covered lives .....		0
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned .....	\$	0
	1.72 Total incurred claims .....	\$	0
	1.73 Number of covered lives .....		0
	All years prior to most current three years:		
	1.74 Total premium earned .....	\$	0
	1.75 Total incurred claims .....	\$	0
	1.76 Number of covered lives .....		0
2.	Health Test:		
		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	2,113,370,262	1,118,173,423
2.2	Premium Denominator .....	2,113,370,262	1,118,173,423
2.3	Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4	Reserve Numerator .....	294,562,083	191,770,562
2.5	Reserve Denominator .....	294,562,083	191,770,562
2.6	Reserve Ratio (2.4/2.5) .....	1.000	1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....	Yes [ ]	No [ X ]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....	Yes [ X ]	No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ ]	No [ X ]
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ X ]	No [ ]
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
	5.31 Comprehensive Medical .....	\$	1,000,000
	5.32 Medical Only .....	\$	0
	5.33 Medicare Supplement .....	\$	0
	5.34 Dental & Vision .....	\$	0
	5.35 Other Limited Benefit Plan .....	\$	0
	5.36 Other .....	\$	0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Provider contracts include hold harmless and continuation of benefits provisions. Insurer has an indemnity agreement with the parent company. ....		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis? .....	Yes [ X ]	No [ ]
7.2	If no, give details		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year .....		557,834
	8.2 Number of providers at end of reporting year .....		501,834
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ X ]	No [ ]
9.2	If yes, direct premium earned:		
	9.21 Business with rate guarantees between 15-36 months. ....	\$	31,041,386
	9.22 Business with rate guarantees over 36 months .....	\$	0

## GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ X ] No [ ]
- 10.2 If yes:
- |  |    |         |
|--|----|---------|
| 10.21 Maximum amount payable bonuses.....          | \$ | 56,374  |
| 10.22 Amount actually paid for year bonuses.....   | \$ | 253,153 |
| 10.23 Maximum amount payable withholds.....        | \$ | 0       |
| 10.24 Amount actually paid for year withholds..... | \$ | 0       |
- 11.1 Is the reporting entity organized as:
- |   |         |          |
|---|---------|----------|
| 11.12 A Medical Group/Staff Model, .....                  | Yes [ ] | No [ X ] |
| 11.13 An Individual Practice Association (IPA), or, ..... | Yes [ ] | No [ X ] |
| 11.14 A Mixed Model (combination of above)? .....         | Yes [ ] | No [ X ] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Ohio 3929.011 & 3929.01; 3903.83
- 11.4 If yes, show the amount required. .... \$ 218,451,297
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation  
See RBC calculation or state regulation.
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
AL – Baldwin, Bibb, Clarke, Escambia, Fayette, Jefferson, Lauderdale, Lawrence, Limestone, Madison, Mobile, Shelby, Tuscaloosa, Walker .....
AZ – Statewide .....
AR – Baxter, Benton, Boone, Carroll, Cleburne, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Hempstead, Howard, Independence, IZard, Jefferson, Johnson, Little River, Logan, Lonoke, Madison, Marion, Miller, Perry, Pope, Pulaski, Randolph, Saline, Searcy, Sebastian, Sevier, Sharp, Van Buren, Washington .....
CO – Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Fremont, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld .....
ID – Ada, Bonner, Canyon, Kootenai, Payette; IL – Boone, Brown, Bureau, Cass, Cook, DeKalb, Dewitt, DuPage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Madison, Marshall, McDonough, McHenry, McLean, Mercer, Ogle, Peoria, Putman, Sangamon, Shuyler, St. Clair, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago, Woodford .....
IL – Statewide .....
IN – Adams, Allen, Boone, Clark, DeKalb, Floyd, Gibson, Hamilton, Hancock, Hendricks, Huntington, Johnson, Kosciusko, Lake, Madison, Marion, Marshall, Morgan, Posey, St. Joseph, Vanderburgh, Wells, Whitley, Delaware, Elkhart, Howard, LaPorte, Monroe, Montgomery, Noble, Porter, Tippecanoe, Warrick .....
KS – Butler, Douglas, Harvey, Jefferson, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, Sumner, Wyandotte .....
KY – Statewide .....
MO – Audrain, Barry, Barton, Benton, Boone, Callaway, Cass, Cedar, Christian, Clay, Cole, Cooper, Crawford, Dade, Dallas, Douglas, Franklin, Gasconade, Greene, Henry, Hickory, Howard, Howell, Jackson, Jasper, Jefferson, Johnson, LaClede, Lafayette, Lawrence, Lincoln, McDonald, Moniteau, Monroe, Montgomery, Newton, Ozark, Pettis, Platte, Polk, Pulaski, Ray, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Stone, Taney, Warren, Washington, Webster, Wright .....
NE – Cass, Dakota, Dodge, Douglas, Lancaster, Sarpy, Saunders, Washington .....
NV – Carson City, Clark, Douglas (partial), Lyon (partial), Nye, Storey, Washoe .....
NM – Bernalillo, San Miguel, Sandoval, Santa Fe, Tarrant, Valencia .....
OH – Allen, Butler, Carroll, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Erie, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Mahoning, Medina, Montgomery, Muskingum, Ottawa, Portage, Preble, Sandusky, Seneca, Stark, Summit, Trumbull, Union, Warren, Wayne, Wood .....
SC – Anderson, Berkeley, Calhoun, Charleston, Cherokee, Colleton, Dorchester, Greenville, Laurens, Lexington, Pickens, Richland, Spartanburg, York .....
TN – Statewide .....
TX – Statewide .....
VA – Albemarle, Alexandria City, Arlington, Bedford, Bedford City, Bland, Botetourt, Bristol City, Buchanan, Buckingham, Charlottesville City, Chesapeake City, Chesterfield, Colonial Heights City, Craig, Dickenson, Dinwiddie, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Goochland, Grayson, Greene, Hampton City, Hanover, Henrico, Hopewell City, Isle of Wight, James City, Lee, Loudoun, Louisa, Manassas City, Manassas Park City, Montgomery, Nelson, Newport News City, Norfolk City, Norton City, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince William, Pulaski, Radford City, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Suffolk City, Tazewell, Virginia Beach City, Washington, Williamsburg City, Wise, Wythe, York .....
WA – Statewide .....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.**

- 13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....0
- 13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ X ] N/A [ ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written ..... \$ .....0
- 15.2 Total Incurred Claims ..... \$ .....0
- 15.3 Number of Covered Lives .....0

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**FIVE-YEAR HISTORICAL DATA**

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	666,977,916	641,023,093	1,430,696,632	2,029,137,243	1,678,617,912
2. Total liabilities (Page 3, Line 24)	411,402,618	390,217,229	672,774,213	1,030,251,848	811,886,637
3. Statutory minimum capital and surplus requirement	218,451,297	106,465,485	343,686,450	565,411,866	573,608,004
4. Total capital and surplus (Page 3, Line 33)	255,575,298	250,805,864	757,922,419	998,885,395	866,731,275
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	2,114,079,252	1,123,991,903	3,931,859,439	7,259,627,246	7,278,938,667
6. Total medical and hospital expenses (Line 18)	1,838,170,834	927,898,561	3,254,569,740	6,185,671,424	6,237,283,430
7. Claims adjustment expenses (Line 20)	119,240,262	80,561,028	155,274,477	294,827,938	298,427,592
8. Total administrative expenses (Line 21)	236,040,040	73,981,017	392,529,209	625,730,975	696,522,991
9. Net underwriting gain (loss) (Line 24)	(90,322,940)	43,488,297	128,772,013	153,679,840	86,271,502
10. Net investment gain (loss) (Line 27)	8,951,603	13,338,320	32,607,587	29,294,149	22,751,878
11. Total other income (Lines 28 plus 29)	(71,365)	(306,990)	(15,674)	(1,370,191)	(30,766)
12. Net income or (loss) (Line 32)	(71,453,210)	44,321,177	125,697,980	117,159,688	36,960,509
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	89,101,285	(130,885,119)	(160,653,986)	409,058,576	92,975,439
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	255,575,298	250,805,864	757,922,419	998,885,395	866,731,275
15. Authorized control level risk-based capital	72,817,099	35,488,820	114,562,150	188,470,622	191,202,668
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	345,726	337,962	621,971	947,893	968,163
17. Total members months (Column 6, Line 7)	4,068,347	4,120,152	7,421,748	11,206,720	11,376,388
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.9	82.6	82.8	85.2	85.7
20. Cost containment expenses	4.6	5.9	3.2	3.3	3.4
21. Other claims adjustment expenses	1.1	1.3	0.7	0.8	0.7
22. Total underwriting deductions (Line 23)	104.3	96.1	96.7	97.9	98.8
23. Total underwriting gain (loss) (Line 24)	(4.3)	3.9	3.3	2.1	1.2
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	98,391,177	302,301,943	527,091,136	502,585,203	396,875,587
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	111,676,398	315,731,965	602,415,141	509,609,909	422,286,678
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	16,619,557	19,410,905	23,250,237
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	16,619,557	19,410,905	23,250,237
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

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

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

1	Direct Business Only								
	2	3	4	5	6	7	8	9	
States, etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	0	(297,916)	0	0	0	(297,916)	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	L	70,730,366	3,316,755	0	7,171,984	0	81,219,105	0
4. Arkansas	AR	L	0	(736,981)	0	0	0	(736,981)	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	L	44,925,622	1,486,414	0	4,863,989	0	51,276,024	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	L	0	(32,913)	0	0	0	(32,913)	0
14. Illinois	IL	L	72,492,619	146,898,506	68,784,391	40,571,275	0	328,746,791	0
15. Indiana	IN	L	59,060,141	(348,403)	0	0	0	58,711,738	0
16. Iowa	IA	N	0	0	0	0	0	0	0
17. Kansas	KS	L	1,200,621	916,771	0	17,402,557	0	19,519,950	0
18. Kentucky	KY	L	539,845,769	(152,562)	1,020,353,595	6,518,053	0	1,566,564,855	0
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	L	151,796	79,786	0	0	0	231,582	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	L	0	(12,662)	0	0	0	(12,662)	0
29. Nevada	NV	L	1,781,324	(980,232)	0	0	0	801,092	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0
32. New Mexico	NM	L	0	24,406	0	0	0	24,406	0
33. New York	NY	N	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	L	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. South Carolina	SC	L	0	656,630	0	0	0	656,630	0
42. South Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	L	6,817,126	(4)	0	755,916	0	7,573,038	0
44. Texas	TX	L	0	2,719,566	0	0	0	2,719,566	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	L	0	(83,080)	0	0	0	(83,080)	0
48. Washington	WA	L	0	(456,725)	0	0	0	(456,725)	0
49. West Virginia	WV	N	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	19,480,362	0	0	0	0	19,480,362	0
59. Subtotal	XXX	816,485,746	152,997,355	1,089,137,986	77,283,773	0	0	2,135,904,860	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	XXX	816,485,746	152,997,355	1,089,137,986	77,283,773	0	0	2,135,904,860	0
DETAILS OF WRITE-INS									
58001. ACA Support Programs	XXX	19,480,362	0	0	0	0	0	19,480,362	0
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	19,480,362	0	0	0	0	0	19,480,362	0

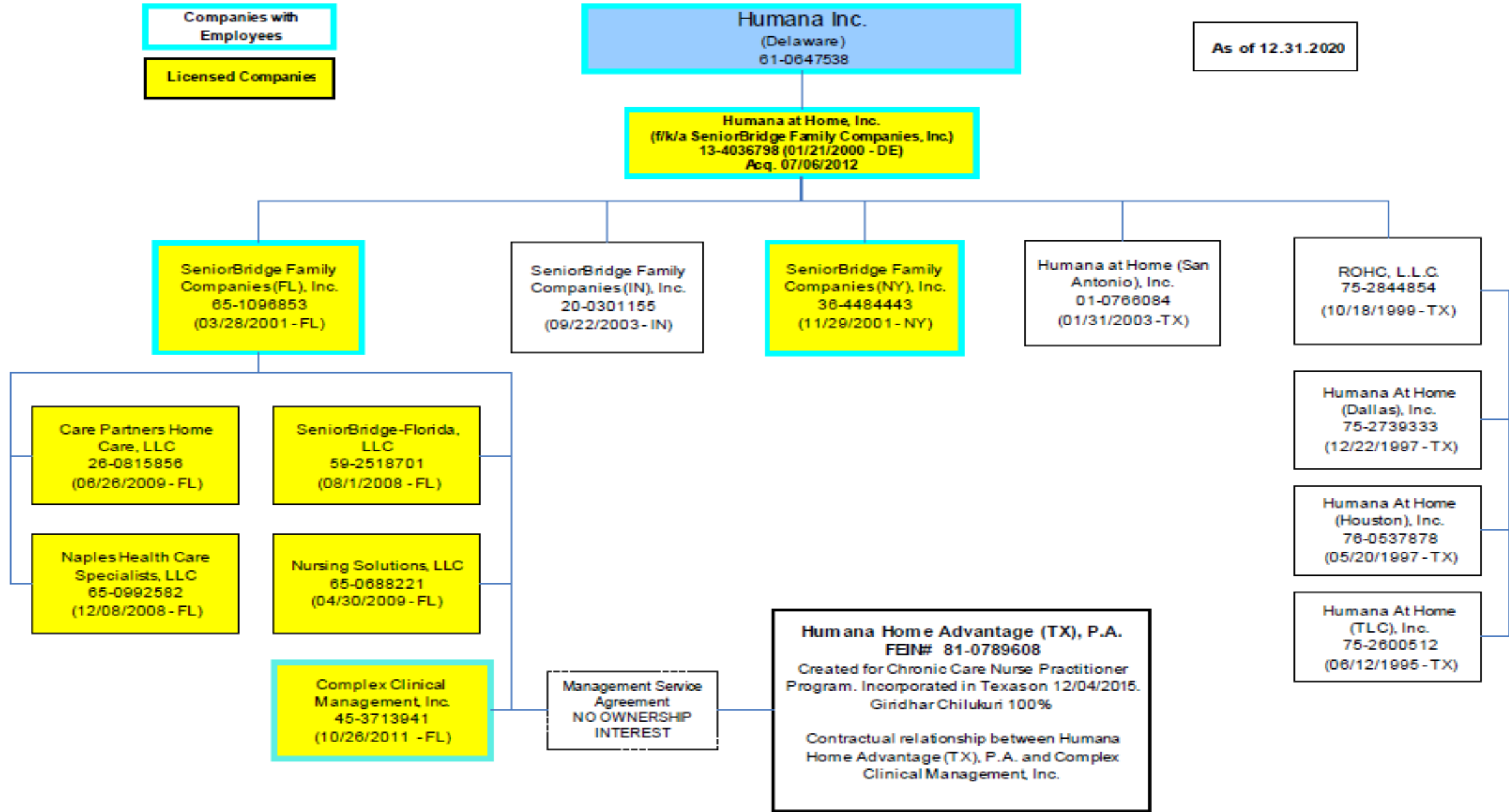
(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....19 R - Registered - Non-domiciled RRGs.....0  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0  
 N - None of the above - Not allowed to write business in the state.....38

(b) Explanation of basis of allocation by states, premiums by state, etc.  
 The Company reports premium based on the situs of the contract



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.

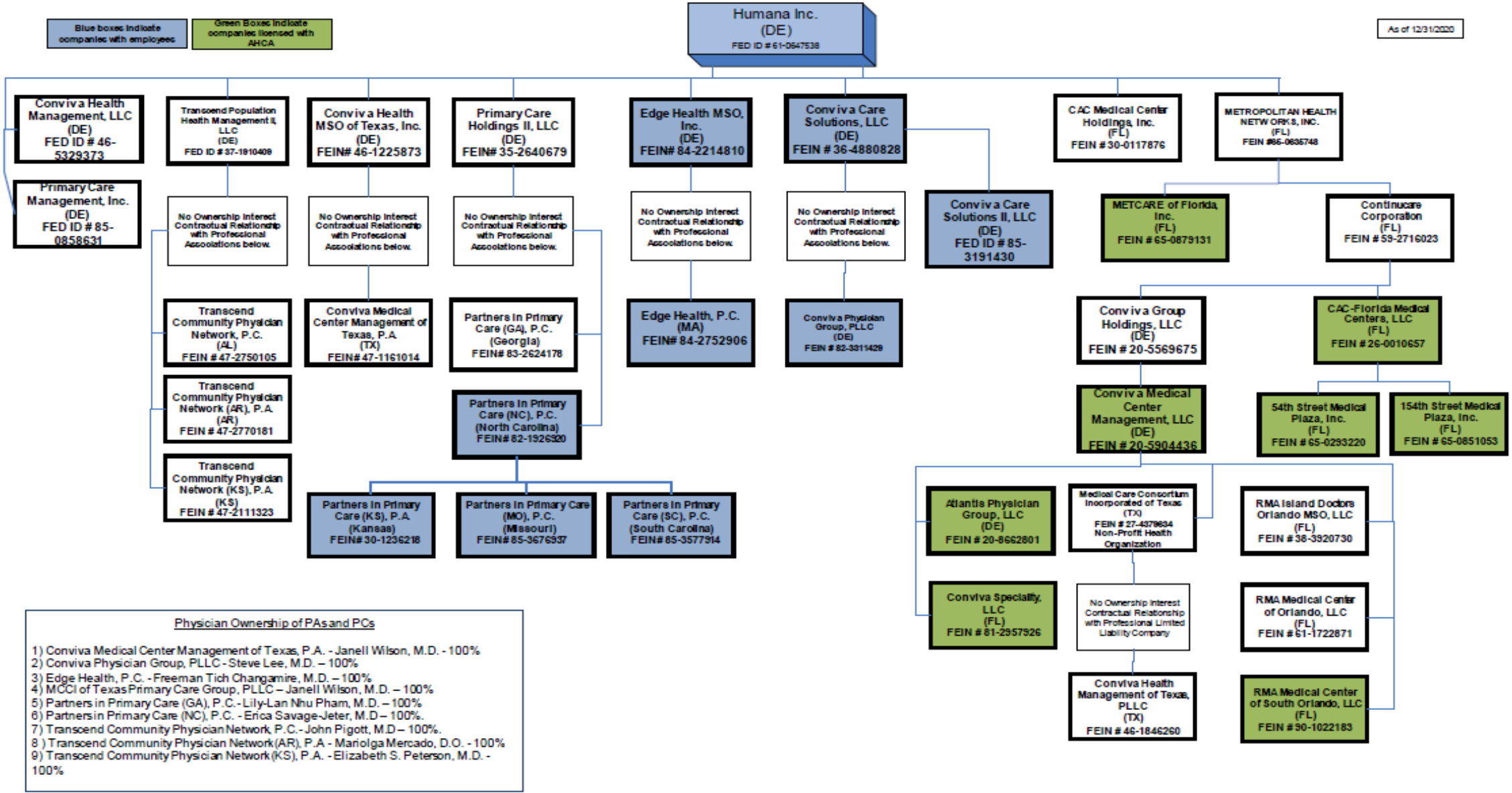


Companies with Employees

Licensed Companies

As of 12.31.2020

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.



40.2

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols: 1 - 2)	4 Net Admitted Assets
2504. Federal Contingency Reserves .....	556,046	0	556,046	338,333
2597. Summary of remaining write-ins for Line 25 from overflow page	556,046	0	556,046	338,333