



# 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.

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
019999 Total individuals.....	0	0	0	2,037	2,037	0
Group Subscribers:						
001 TREYTON OAK TOWERS .....	52,022	0	0	0	0	52,022
3 CROWN CAPITAL LLC .....	54,924	0	0	1,182	1,182	54,924
AAEC .....	56,319	0	0	0	0	56,319
ALLIANCE FUNDING SOLUTION LL .....	0	0	3,547	16,199	16,199	3,547
ALLVETS SECURITY TECHNOLO .....	3,766	0	3,766	7,405	7,405	7,531
AMERICAN ROOFING .....	0	37,284	0	0	0	37,284
A-ONE PALLET DISTRIBUTING .....	7,751	4,734	0	0	0	12,484
AREA I INC .....	19,770	0	0	0	0	19,770
AVILES ROBBINS TRUCK .....	0	0	0	11,575	11,575	0
BADGER PACKAGING CORP .....	10,058	0	0	0	0	10,058
BELLA TERRA INTERIOR SOLU .....	17,275	0	0	0	0	17,275
BENNETT'S GAS .....	16,542	0	0	0	0	16,542
BERT R. HUNCILMAN & SON INC. ....	14,332	0	0	0	0	14,332
BETTER BODIES .....	10,048	0	0	0	0	10,048
BK HOLDINGS LLC .....	2,951	2,951	2,951	8,853	8,853	8,853
BRANSCUM CONSTRUCTION .....	19,294	0	0	0	0	19,294
BRATCHER HEATING & AIR CO .....	29,975	0	0	0	0	29,975
CANTON WOOD PRODUCTS .....	47,148	0	0	0	0	47,148
CAROL STREAM STRATFORD IN .....	11,781	0	0	0	0	11,781
CATALYST RESOURCES LLC .....	11,921	0	0	0	0	11,921
CITY OF PARIS .....	52,893	0	0	0	0	52,893
CITY OF SOUTH TUCSON .....	19,085	0	0	0	0	19,085
CYBER DIVE CORP .....	0	0	0	24,659	24,659	0
DAN THE TIRE MAN .....	0	0	0	13,120	13,120	0
DESIGN DEFINITIONS LLC .....	0	0	0	11,260	11,260	0
DUNN HOSPITALITY GROUP .....	37,127	0	0	0	0	37,127
EARTHS HEALING .....	25,744	0	0	0	0	25,744
EMERY EMPLOYEE WELFARE PLAN .....	12,492	0	0	0	0	12,492
FIRERANGER EXTINGUISHER .....	11,606	11,211	11,609	4,277	4,277	34,426
FOSTER DESIGN BUILD LLC .....	5,753	5,213	5,213	8,050	8,050	16,178
FRED AGENCY INC .....	0	4,279	4,279	8,558	8,558	8,558
FREEDOM ENERGY RESOURCES .....	5,828	6,224	3,821	0	0	15,872
FREESE JOHNSON LLC .....	16,104	0	0	0	0	16,104
GLEN A HALVORSON MD PLLC .....	0	0	5,999	6,735	6,735	5,999
GLOBAL SERVICES GROUP INC .....	0	0	0	10,945	10,945	0
GOOD WOOD BREWING COMPANY .....	5,084	5,585	0	0	0	10,669
GREENWAY GLOBAL CORP .....	6,419	0	4,503	0	0	10,922
GWCC .....	0	16,289	20,767	1,099	1,099	37,056
HL INDUSTRIES INC. LF .....	11,924	0	0	0	0	11,924
HOLDSWORTH INC .....	48,878	0	0	0	0	48,878
HONEYWELL .....	12,917	0	0	0	0	12,917
HYDROMAX .....	8,429	85	7,650	0	0	16,164
ILEX SUMMIT LLC .....	26,603	428	0	0	0	27,030
INTELLECTIVE .....	56,366	0	0	0	0	56,366
ISAIAH HOUSE INC .....	19,129	0	0	0	0	19,129
K C INDUSTRIES LLC .....	18,902	0	0	0	0	18,902
KASPER ELECTRICAL INC .....	13,201	10,188	12,884	0	0	36,274
KRS GLOBAL BIOTECHNOLOGY .....	6,816	36,737	0	0	0	43,553
LAW OFFICE OF ADAM L WEIT .....	2,009	8,060	0	0	0	10,069
LEOPARDI HOLDINGS .....	5,082	8,223	3,882	0	0	17,186
LOCKNET LLC .....	71,404	0	0	0	0	71,404

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

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	0	0	0	2,037	2,037	0
Group Subscribers:						
LOEWEN CONSTRUCTION INC.....	5,705	5,705	6,036	0	0	17,446
LOUIS T ROTH AND CO PLLC.....	0	11,713	0	0	0	11,713
M & E TRUCKING LLC.....	6,826	6,826	0	0	0	13,652
MAKEN CORPORATION.....	10,257	0	0	0	0	10,257
MAWICKE & GOISMAN SC.....	12,925	0	0	0	0	12,925
MECHANICAL TRADE CONTRACT.....	0	0	0	11,388	11,388	0
MESA FOODS LLC.....	61,925	0	0	0	0	61,925
MIDDLE GEORGIA HEART.....	13,400	0	0	0	0	13,400
MIDWEST FOODS MANUFACTURI.....	3,063	7,618	0	0	0	10,681
MIGHTY PLUMBING.....	6,330	6,514	0	0	0	12,844
NAZTEC INTERNATIONA LF.....	11,268	0	0	0	0	11,268
NEXGEN MOLD & TOOL INC.....	3,286	14,286	14,286	15,002	15,002	31,859
OL FRONTAL SOLUTIONS.....	4,801	32,604	0	0	0	37,404
OLD GUARD GLAZING.....	0	0	8,585	2,532	2,532	8,585
OPTIMAL HOME CARE INC.....	118,813	0	0	0	0	118,813
PET DOCTORX.....	12,863	0	0	0	0	12,863
PREMIER PACKAGING.....	219	15,640	0	0	0	15,859
PROGRESSIVE MATERIALS.....	24,528	0	0	0	0	24,528
Q1 PRODUCTIONS.....	12,781	0	0	0	0	12,781
QUALIFIED PARTNERS LLC.....	0	4,341	5,752	3,038	3,038	10,093
RANDOLPH WILLIAMSON LLC.....	635	0	13,008	1,816	1,816	13,644
RPG SERVICES INC.....	14,408	0	0	0	0	14,408
SANTA RITA PARTNERS.....	4,175	2,989	3,709	3,300	3,300	10,873
SCI MATERIALS LLC.....	5,067	3,885	4,228	0	0	13,179
SHANER INSURANCE GROUP IN.....	2,232	2,232	2,232	8,591	8,591	6,696
SIGNATURE DENTAL PARTNERS.....	49,764	0	0	0	0	49,764
SOUTHEAST BANKING SYSTEMS.....	31,319	0	0	0	0	31,319
SOUTHEASTERN CARDIOLOGY A.....	15,137	0	0	0	0	15,137
SOUTHERN EXPOSURE.....	14,188	11,387	0	0	0	25,575
SOUTHWEST EARTHWORK LLC.....	0	0	10,988	21,977	21,977	10,988
SPRINGHAUS CO.....	0	6,156	0	22,810	22,810	6,156
STAINLESS IMPORTS INC.....	9,725	0	0	11,266	11,266	9,725
STEEL HUGGERS INC.....	7,088	6,717	5,975	18	18	19,780
STRATEGIC ENVIRONMENTAL A.....	12,992	0	0	0	0	12,992
SUN VALLEY SOLAR SOLUTIONS LLC.....	33,911	0	0	0	0	33,911
TAYLOR COUNTY BANK.....	12,577	0	0	0	0	12,577
THE FRANKFORT CHRISTIAN A.....	12,425	0	0	0	0	12,425
THE MCGRALEY COMPANY.....	14,585	0	0	0	0	14,585
THE PAIN INSTITUTE.....	10,283	0	0	0	0	10,283
THE SALYERS GROUP.....	596	24,500	0	0	0	25,096
THOROUGHbred SOLUTIONS LL.....	11,777	0	0	0	0	11,777
TIGER TOW & TRANSPORT INC.....	4,430	4,430	4,430	22,148	22,148	13,289
TSD INC.....	0	1,234	13,644	17,407	17,407	14,878
TT REPAIRS LLC.....	26,582	0	0	0	0	26,582
TURN II BINGO INC.....	5,809	0	5,809	9,873	9,873	11,618
VALLEJO MANAGEMENT LLC.....	9,207	7,329	7,329	38,021	38,021	23,866
VARA RESTAURANT CONCEPTS.....	0	0	0	20,222	20,222	0
VERRA LAB JA LLC.....	37,297	0	0	0	0	37,297
XYTEX CRYO INTERNATIONAL.....	10,376	0	0	0	0	10,376
YELLOW DUCK SHARED SERVICES.....	16,500	0	0	0	0	16,500
0299997. Group subscriber subtotal	1,567,743	333,595	196,882	343,325	343,325	2,098,220

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	0	0	0	2,037	2,037	0
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	6,897,013	1,530,181	1,091,737	98,834	98,834	9,518,930
0299999. Total group	8,464,756	1,863,776	1,288,618	442,158	442,158	11,617,150
0399999. Premiums due and unpaid from Medicare entities	6,999,050	0	0	0	0	6,999,050
0499999. Premiums due and unpaid from Medicaid entities	7,789,749	0	0	0	0	7,789,749
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	23,253,555	1,863,776	1,288,618	444,196	444,196	26,405,949



**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	13,597,337	95,205,791	312,319	21,275,915	13,909,656	13,811,776
2. Claim overpayment receivables .....	5,310	0	0	630	5,310	5,310
3. Loans and advances to providers .....	300,000	0	0	0	300,000	300,000
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	11,080,660	0	0	8,431,410	11,080,660	11,080,660
6. Other health care receivables.....	17,259	0	0	0	17,259	17,259
7. Totals (Lines 1 through 6)	25,000,566	95,205,791	312,319	29,707,955	25,312,885	25,215,005

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



**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>NONE</b>							
0399999 Total gross amounts receivable							

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana Inc.	Reimbursements from expenditures made directly by The Humana Inc. for the benefit of Humana Health Plan Inc. or for the services provided by Humana Inc. for the Company. The direct expenditures include payments for trade payables and payroll related items. The services provided include and are not limited to billing enrollments, claim administration, customer services, utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, budgeting, data processing, and marketing.	7,372,835	7,372,835	0
0199999. Individually listed payables		7,372,835	7,372,835	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		7,372,835	7,372,835	0

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	97,141,776	5.3	345,726	100.0	0	97,141,776
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	97,141,776	5.3	345,726	100.0	0	97,141,776
<b>Other Payments:</b>						
5. Fee-for-service .....	361,950,091	19.9	XXX	XXX	0	361,950,091
6. Contractual fee payments .....	1,362,731,193	74.8	XXX	XXX	0	1,362,731,193
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	1,724,681,284	94.7	XXX	XXX	0	1,724,681,284
13. TOTAL (Line 4 plus Line 12)	1,821,823,060	100%	XXX	XXX	0	1,821,823,060

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

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

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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	5,698,469	0	4,798,765	899,703	899,703	0
2. Medical furniture, equipment and fixtures .....	6,750	0	5,351	1,399	1,399	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	1,045,249	0	983,191	62,058	62,058	0
6. Total	6,750,468	0	5,787,307	963,160	963,160	0



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alabama		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	(1)	0	0	0	0	(1)	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	267	0	0	0	0	0	0	267	0	0		
8. Non-Physician	326	0	0	0	0	0	0	326	0	0		
9. Total	593	0	0	0	0	0	0	593	0	0		
10. Hospital Patient Days Incurred	121	0	0	0	0	0	0	121	0	0		
11. Number of Inpatient Admissions	1	0	0	0	0	0	0	1	0	0		
12. Health Premiums Written (b)	(297,916)	0	0	0	0	0	0	(297,916)	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	(297,916)	0	0	0	0	0	0	(297,916)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	4,504,743	0	0	0	0	0	0	4,504,743	0	0		
18. Amount Incurred for Provision of Health Care Services	9,289,872	0	0	0	0	0	0	9,289,872	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(297,916)

30.A1



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arizona		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	19,717	0	18,527	0	0	0	1,190	0	0	0		
2. First Quarter .....	19,639	0	18,724	0	0	0	915	0	0	0		
3. Second Quarter .....	18,832	0	17,941	0	0	0	891	0	0	0		
4. Third Quarter .....	18,497	0	17,605	0	0	0	892	0	0	0		
5. Current Year	17,461	0	16,586	0	0	0	875	0	0	0		
6. Current Year Member Months	225,370	0	214,737	0	0	0	10,666	(33)	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	109,537	0	95,778	0	0	0	8,489	5,270	0	0		
8. Non-Physician .....	19,837	2	14,435	0	0	0	2,701	2,699	0	0		
9. Total	129,374	2	110,213	0	0	0	11,190	7,969	0	0		
10. Hospital Patient Days Incurred	6,540	0	4,114	0	0	0	160	2,266	0	0		
11. Number of Inpatient Admissions	703	0	664	0	0	0	24	15	0	0		
12. Health Premiums Written (b) .....	81,219,105	0	70,730,366	0	0	0	7,171,984	3,316,755	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	81,219,105	0	70,730,366	0	0	0	7,171,984	3,316,755	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	70,252,715	(12,970)	59,699,128	0	0	0	7,284,831	3,281,726	0	0		
18. Amount Incurred for Provision of Health Care Services	73,736,345	(13,959)	62,344,609	0	0	0	6,727,816	4,677,878	0	0		

(a) For health business: number of persons insured under PPO managed care products .....16,187 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....3,316,755

30.AZ



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arkansas		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	(12)	0	0	0	0	(12)	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	239	0	0	0	0	0	0	239	0	0		
8. Non-Physician .....	382	0	0	0	0	0	0	382	0	0		
9. Total	621	0	0	0	0	0	0	621	0	0		
10. Hospital Patient Days Incurred	109	0	0	0	0	0	0	109	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	(736,981)	0	0	0	0	0	0	(736,981)	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	(736,981)	0	0	0	0	0	0	(736,981)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services.....	10,807,775	0	0	0	0	0	0	10,807,775	0	0		
18. Amount Incurred for Provision of Health Care Services	5,894,677	0	0	0	0	0	0	5,894,677	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(736,981)

30 AR



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Colorado		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	11,402	0	10,291	0	0	0	1,111	0	0	0		
2. First Quarter	10,586	0	9,654	0	0	0	932	0	0	0		
3. Second Quarter	10,226	0	9,312	0	0	0	914	0	0	0		
4. Third Quarter	10,101	0	9,173	0	0	0	928	0	0	0		
5. Current Year	9,658	0	8,748	0	0	0	910	0	0	0		
6. Current Year Member Months	122,688	0	111,793	0	0	0	10,887	8	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	57,468	17	51,763	0	0	0	4,618	1,070	0	0		
8. Non-Physician	16,615	10	12,642	0	0	0	1,722	2,241	0	0		
9. Total	74,083	27	64,405	0	0	0	6,340	3,311	0	0		
10. Hospital Patient Days Incurred	3,266	3	1,878	0	0	0	213	1,172	0	0		
11. Number of Inpatient Admissions	328	0	295	0	0	0	30	3	0	0		
12. Health Premiums Written (b)	51,276,024	(6,770)	44,932,392	0	0	0	4,863,989	1,486,414	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	51,276,024	(6,770)	44,932,392	0	0	0	4,863,989	1,486,414	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	41,241,217	(36,618)	36,796,511	0	0	0	4,262,070	219,254	0	0		
18. Amount Incurred for Provision of Health Care Services	40,082,443	(39,706)	37,317,492	0	0	0	4,193,433	(1,388,776)	0	0		

(a) For health business: number of persons insured under PPO managed care products .....7,429 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,486,414



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Idaho		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	16	0	0	0	0	0	0	0	16	0		
8. Non-Physician	13	0	0	0	0	0	0	0	13	0		
9. Total	29	0	0	0	0	0	0	0	29	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(32,913)	0	0	0	0	0	0	0	(32,913)	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	(32,913)	0	0	0	0	0	0	0	(32,913)	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	310,053	0	0	0	0	0	0	0	310,053	0		
18. Amount Incurred for Provision of Health Care Services	310,493	0	0	0	0	0	0	0	310,493	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(32,913)

30.ID



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Illinois		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year	37,412	0	14,373	0	0	0	4,704	8,093	10,242	0		
2. First Quarter	36,265	0	15,116	0	0	0	4,041	7,534	9,574	0		
3. Second Quarter	34,917	0	13,841	0	0	0	3,979	7,540	9,557	0		
4. Third Quarter	36,774	0	13,385	0	0	0	3,892	8,630	10,867	0		
5. Current Year	38,173	0	13,197	0	0	0	3,831	9,355	11,790	0		
6. Current Year Member Months	436,058	0	168,905	0	0	0	46,729	97,148	123,276	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	524,324	52	93,746	0	0	0	43,138	192,719	194,669	0		
8. Non-Physician	328,466	8	30,579	0	0	0	16,376	98,490	183,013	0		
9. Total	852,790	60	124,325	0	0	0	59,514	291,209	377,682	0		
10. Hospital Patient Days Incurred	166,639	12	3,481	0	0	0	2,124	14,061	146,961	0		
11. Number of Inpatient Admissions	4,173	0	583	0	0	0	225	1,795	1,570	0		
12. Health Premiums Written (b)	328,746,791	(15,621)	72,508,240	0	0	0	40,571,275	146,898,506	68,784,391	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	328,746,791	(15,621)	72,508,240	0	0	0	40,571,275	146,898,506	68,784,391	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	274,420,995	(39,176)	61,738,419	0	0	0	32,919,264	110,512,913	69,289,576	0		
18. Amount Incurred for Provision of Health Care Services	273,365,198	44,492	61,333,428	0	0	0	32,100,240	112,394,996	67,492,042	0		

(a) For health business: number of persons insured under PPO managed care products .....8,520 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....146,898,506

30.1L



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	10,816	0	10,816	0	0	0	0	0	0	0		
2. First Quarter	10,997	0	10,997	0	0	0	0	0	0	0		
3. Second Quarter	10,545	0	10,545	0	0	0	0	0	0	0		
4. Third Quarter	10,457	0	10,457	0	0	0	0	0	0	0		
5. Current Year	10,713	0	10,713	0	0	0	0	0	0	0		
6. Current Year Member Months	131,184	0	131,184	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	84,315	0	84,064	0	0	0	0	251	0	0		
8. Non-Physician	32,349	0	32,048	0	0	0	0	301	0	0		
9. Total	116,664	0	116,112	0	0	0	0	552	0	0		
10. Hospital Patient Days Incurred	2,877	0	2,764	0	0	0	0	113	0	0		
11. Number of Inpatient Admissions	472	0	472	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	58,711,738	0	59,060,141	0	0	0	0	(348,403)	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	58,711,738	0	59,060,141	0	0	0	0	(348,403)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	51,607,524	(351)	48,597,853	0	0	0	0	3,010,022	0	0		
18. Amount Incurred for Provision of Health Care Services	53,162,789	0	49,610,626	0	0	0	0	3,552,163	0	0		

(a) For health business: number of persons insured under PPO managed care products .....10,713 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(348,403)



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kansas		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	2,883	0	292	0	0	0	2,591	0	0	0		
2. First Quarter .....	2,419	0	233	0	0	0	2,186	0	0	0		
3. Second Quarter .....	2,365	0	236	0	0	0	2,129	0	0	0		
4. Third Quarter .....	2,286	0	186	0	0	0	2,100	0	0	0		
5. Current Year .....	2,231	0	163	0	0	0	2,068	0	0	0		
6. Current Year Member Months	28,037	0	2,653	0	0	0	25,393	(9)	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	25,215	0	5,507	0	0	0	18,849	859	0	0		
8. Non-Physician .....	10,945	0	2,079	0	0	0	7,564	1,302	0	0		
9. Total .....	36,160	0	7,586	0	0	0	26,413	2,161	0	0		
10. Hospital Patient Days Incurred	2,139	0	288	0	0	0	936	915	0	0		
11. Number of Inpatient Admissions	140	0	28	0	0	0	107	5	0	0		
12. Health Premiums Written (b) .....	19,519,950	0	1,200,621	0	0	0	17,402,557	916,771	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	19,519,950	0	1,200,621	0	0	0	17,402,557	916,771	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	18,657,327	(2,741)	1,242,722	0	0	0	15,308,078	2,109,268	0	0		
18. Amount Incurred for Provision of Health Care Services	17,287,843	0	1,469,132	0	0	0	14,466,558	1,352,153	0	0		

(a) For health business: number of persons insured under PPO managed care products .....1,346 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....916,771

30 KS



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
<b>Total Members at end of:</b>												
1.	Prior Year	252,963	9	105,468	1,534	0	0	1,132	0	144,820	0	
2.	First Quarter	252,679	6	103,357	1,836	0	0	833	0	146,647	0	
3.	Second Quarter	254,061	6	96,724	1,986	0	0	833	0	154,512	0	
4.	Third Quarter	257,140	4	93,493	2,060	0	0	808	0	160,775	0	
5.	Current Year	265,176	0	93,784	2,010	0	0	792	0	168,590	0	
6.	Current Year Member Months	3,094,942	56	1,175,965	23,293	0	0	9,713	0	1,885,915	0	
<b>Total Member Ambulatory Encounters for Year:</b>												
7.	Physician	3,403,072	10	839,476	30,702	0	0	7,447	88	2,525,349	0	
8.	Non-Physician	1,103,862	17	305,800	13,209	0	0	2,995	293	781,548	0	
9.	Total	4,506,934	27	1,145,276	43,911	0	0	10,442	381	3,306,897	0	
10.	Hospital Patient Days Incurred	135,127	1	26,519	1,445	0	0	326	111	106,725	0	
11.	Number of Inpatient Admissions	22,707	0	4,413	245	0	0	41	0	18,008	0	
12.	Health Premiums Written (b)	1,566,564,855	11,730	536,389,161	3,444,879	0	0	6,518,053	(152,562)	1,020,353,595	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,566,564,855	11,730	536,389,161	3,444,879	0	0	6,518,053	(152,562)	1,020,353,595	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,358,285,402	(135,762)	486,432,564	2,787,879	0	0	6,563,700	5,224,074	857,412,947	0	
18.	Amount Incurred for Provision of Health Care Services	1,389,677,560	(149,468)	494,109,908	2,901,356	0	0	6,096,376	4,723,522	881,995,867	0	

(a) For health business: number of persons insured under PPO managed care products .....93,349 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(152,562)

30 KY



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Missouri		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	20	0	19	0	0	0	0	1	0	0		
2. First Quarter	6	0	6	0	0	0	0	0	0	0		
3. Second Quarter	6	0	6	0	0	0	0	0	0	0		
4. Third Quarter	6	0	6	0	0	0	0	0	0	0		
5. Current Year	5	0	5	0	0	0	0	0	0	0		
6. Current Year Member Months	11	0	71	0	0	0	0	(60)	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	2,091	0	72	0	0	0	0	2,019	0	0		
8. Non-Physician	3,543	0	24	0	0	0	0	3,519	0	0		
9. Total	5,634	0	96	0	0	0	0	5,538	0	0		
10. Hospital Patient Days Incurred	1,364	0	0	0	0	0	0	1,364	0	0		
11. Number of Inpatient Admissions	12	0	0	0	0	0	0	12	0	0		
12. Health Premiums Written (b)	231,582	0	151,796	0	0	0	0	79,786	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	231,582	0	151,796	0	0	0	0	79,786	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	(9,388,825)	(1,244)	43,252	0	0	0	32	(9,430,865)	0	0		
18. Amount Incurred for Provision of Health Care Services	(11,183,506)	0	43,415	0	0	0	33	(11,226,954)	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....79,786

30.MO



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nebraska		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	21	0	0	0	0	0	0	21	0	0		
8. Non-Physician	9	0	0	0	0	0	0	9	0	0		
9. Total	30	0	0	0	0	0	0	30	0	0		
10. Hospital Patient Days Incurred	3	0	0	0	0	0	0	3	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(12,662)	0	0	0	0	0	0	(12,662)	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	(12,662)	0	0	0	0	0	0	(12,662)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,496,194	0	0	0	0	0	0	1,496,194	0	0		
18. Amount Incurred for Provision of Health Care Services	1,497,682	0	0	0	0	0	0	1,497,682	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(12,662)

30.NE



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nevada		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	595	0	595	0	0	0	0	0	0	0		
2. First Quarter	619	0	619	0	0	0	0	0	0	0		
3. Second Quarter	598	0	598	0	0	0	0	0	0	0		
4. Third Quarter	408	0	408	0	0	0	0	0	0	0		
5. Current Year	471	0	471	0	0	0	0	0	0	0		
6. Current Year Member Months	6,673	0	6,673	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	2,565	0	2,060	0	0	0	0	505	0	0		
8. Non-Physician	724	0	547	0	0	0	0	177	0	0		
9. Total	3,289	0	2,607	0	0	0	0	682	0	0		
10. Hospital Patient Days Incurred	316	0	167	0	0	0	0	149	0	0		
11. Number of Inpatient Admissions	31	0	28	0	0	0	0	3	0	0		
12. Health Premiums Written (b)	801,092	0	1,781,324	0	0	0	0	(980,232)	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	894,543	0	1,874,776	0	0	0	0	(980,232)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,659,196	0	2,381,862	0	0	0	0	(722,666)	0	0		
18. Amount Incurred for Provision of Health Care Services	2,091,114	0	2,665,177	0	0	0	0	(574,063)	0	0		

(a) For health business: number of persons insured under PPO managed care products .....420 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(980,232)

30 NV



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Mexico		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	(27)	0	0	0	0	0	0	(27)	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	1,279	0	0	0	0	0	0	1,279	0	0		
8. Non-Physician	624	0	0	0	0	0	0	624	0	0		
9. Total	1,903	0	0	0	0	0	0	1,903	0	0		
10. Hospital Patient Days Incurred	188	0	0	0	0	0	0	188	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	24,406	0	0	0	0	0	0	24,406	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	24,406	0	0	0	0	0	0	24,406	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	813,048	0	0	0	0	0	0	813,048	0	0		
18. Amount Incurred for Provision of Health Care Services	560,189	0	0	0	0	0	0	560,189	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....24,406

30 NM



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

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2020						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
<b>None</b>											
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

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

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

HO 00



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Carolina		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	568	0	0	0	0	0	0	568	0	0		
8. Non-Physician .....	404	0	0	0	0	0	0	404	0	0		
9. Total	972	0	0	0	0	0	0	972	0	0		
10. Hospital Patient Days Incurred	506	0	0	0	0	0	0	506	0	0		
11. Number of Inpatient Admissions	1	0	0	0	0	0	0	1	0	0		
12. Health Premiums Written (b) .....	656,630	0	0	0	0	0	0	656,630	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	656,630	0	0	0	0	0	0	656,630	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	(35,121,527)	0	0	0	0	0	0	(35,121,527)	0	0		
18. Amount Incurred for Provision of Health Care Services	(33,610,186)	0	0	0	0	0	0	(33,610,186)	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....656,630

30.SC



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2020							(LOCATION)	
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	NAIC Company Code	95885
		1 Total	2 Individual								3 Group	
<b>Total Members at end of:</b>												
1. Prior Year	2,154	0	2,034	0	0	0	120	0	0	0		
2. First Quarter	2,008	0	1,914	0	0	0	94	0	0	0		
3. Second Quarter	1,974	0	1,880	0	0	0	94	0	0	0		
4. Third Quarter	1,968	0	1,881	0	0	0	87	0	0	0		
5. Current Year	1,836	0	1,744	0	0	0	92	0	0	0		
6. Current Year Member Months	23,392	0	22,312	0	0	0	1,080	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	15,673	0	13,870	0	0	0	1,803	0	0	0		
8. Non-Physician	2,875	0	2,603	0	0	0	272	0	0	0		
9. Total	18,548	0	16,473	0	0	0	2,075	0	0	0		
10. Hospital Patient Days Incurred	315	0	304	0	0	0	11	0	0	0		
11. Number of Inpatient Admissions	61	0	55	0	0	0	6	0	0	0		
12. Health Premiums Written (b)	7,573,038	0	6,817,126	0	0	0	755,916	(4)	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	8,188,576	0	7,432,663	0	0	0	755,916	(4)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	6,692,888	0	6,022,279	0	0	0	670,499	110	0	0		
18. Amount Incurred for Provision of Health Care Services	6,954,885	0	6,291,202	0	0	0	663,683	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....1,765 and number of persons insured under indemnity only products .....0 .

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



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Texas		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	2	0	0	0	0	0	0	2	0	0		
6. Current Year Member Months	32	0	0	0	0	0	0	32	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	5,714	0	0	0	0	0	0	5,714	0	0		
8. Non-Physician	5,220	0	0	0	0	0	0	5,220	0	0		
9. Total	10,934	0	0	0	0	0	0	10,934	0	0		
10. Hospital Patient Days Incurred	4,667	0	0	0	0	0	0	4,667	0	0		
11. Number of Inpatient Admissions	60	0	0	0	0	0	0	60	0	0		
12. Health Premiums Written (b)	2,719,566	0	0	0	0	0	0	2,719,566	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,719,566	0	0	0	0	0	0	2,719,566	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	10,834,571	0	0	0	0	0	0	10,834,571	0	0		
18. Amount Incurred for Provision of Health Care Services	545,604	0	0	0	0	0	0	545,604	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,719,566

30.TX



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Virginia		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	299	0	0	0	0	0	0	286	13	0		
8. Non-Physician	483	0	0	0	0	0	0	450	33	0		
9. Total	782	0	0	0	0	0	0	736	46	0		
10. Hospital Patient Days Incurred	219	0	0	0	0	0	0	170	49	0		
11. Number of Inpatient Admissions	3	0	0	0	0	0	0	3	0	0		
12. Health Premiums Written (b)	(83,080)	0	0	0	0	0	0	(83,080)	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	(83,080)	0	0	0	0	0	0	(83,080)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	9,067,286	0	0	0	0	0	0	9,069,900	(2,614)	0		
18. Amount Incurred for Provision of Health Care Services	10,059,674	0	0	0	0	0	0	10,099,296	(39,622)	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(83,080)



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Washington		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	327	0	0	0	0	0	0	327	0	0		
8. Non-Physician	317	0	0	0	0	0	0	317	0	0		
9. Total	644	0	0	0	0	0	0	644	0	0		
10. Hospital Patient Days Incurred	315	0	0	0	0	0	0	315	0	0		
11. Number of Inpatient Admissions	1	0	0	0	0	0	0	1	0	0		
12. Health Premiums Written (b)	(456,725)	0	0	0	0	0	0	(456,725)	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	(456,725)	0	0	0	0	0	0	(456,725)	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	5,682,477	0	0	0	0	0	0	5,682,477	0	0		
18. Amount Incurred for Provision of Health Care Services	3,839,820	0	0	0	0	0	0	3,839,820	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(456,725)

30.WA



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Other Aliens		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
Total	Individual	Group	2020		NAIC Company Code		95885				
<b>Total Members at end of:</b>											
1. Prior Year	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	19,480,362	21,658,515	(2,178,153)	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	19,480,362	21,658,515	(2,178,153)	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	

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

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

30.01



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR			2020			NAIC Company Code	95885
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
<b>Total Members at end of:</b>												
1. Prior Year	337,962	9	162,415	1,534	0	0	10,848	8,094	155,062	0		
2. First Quarter	335,218	6	160,620	1,836	0	0	9,001	7,534	156,221	0		
3. Second Quarter	333,524	6	151,083	1,986	0	0	8,840	7,540	164,069	0		
4. Third Quarter	337,637	4	146,594	2,060	0	0	8,707	8,630	171,642	0		
5. Current Year	345,726	0	145,411	2,010	0	0	8,568	9,357	180,380	0		
6. Current Year Member Months	4,068,347	56	1,834,293	23,293	0	(13)	104,468	97,059	2,009,191	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	4,232,990	79	1,186,336	30,702	0	0	84,344	211,498	2,720,031	0		
8. Non-Physician	1,526,994	37	400,757	13,209	0	0	31,630	116,767	964,594	0		
9. Total	5,759,984	116	1,587,093	43,911	0	0	115,974	328,265	3,684,625	0		
10. Hospital Patient Days Incurred	324,711	16	39,515	1,445	0	0	3,770	26,230	253,735	0		
11. Number of Inpatient Admissions	28,693	0	6,538	245	0	0	433	1,899	19,578	0		
12. Health Premiums Written (b)	2,135,904,860	21,647,853	791,393,014	3,444,879	0	0	77,283,773	152,997,355	1,089,137,986	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,136,613,849	21,647,853	792,102,003	3,444,879	0	0	77,283,773	152,997,355	1,089,137,986	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,821,823,060	(228,862)	702,954,590	2,787,879	0	0	67,008,474	122,601,071	926,699,908	0		
18. Amount Incurred for Provision of Health Care Services	1,843,562,496	(158,641)	715,184,989	2,901,356	0	0	64,248,139	111,938,367	949,448,286	0		

(a) For health business: number of persons insured under PPO managed care products .....139,731 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....152,997,355

30.GT

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>NONE</b>												
9999999 - Totals												



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

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
1099999	Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999	Total General Account Authorized						0	0	0	0	0	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	QA/I	MC	22,534,597	0	0	0	0	0	9,595,680
1999999	General Account - Unauthorized U.S. Non-Affiliates						22,534,597	0	0	0	0	0	9,595,680
2199999	Total General Account - Unauthorized Non-Affiliates						22,534,597	0	0	0	0	0	9,595,680
2299999	Total General Account Unauthorized						22,534,597	0	0	0	0	0	9,595,680
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0
3699999	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						22,534,597	0	0	0	0	0	9,595,680
4899999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						22,534,597	0	0	0	0	0	9,595,680
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999	Totals						22,534,597	0	0	0	0	0	9,595,680

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

**SCHEDULE S - PART 4**

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - Life and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - Life and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - Life and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - Life and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account Life and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999			Total General Account - Accident and Health U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1799999			Total General Account - Accident and Health Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1899999			Total General Account - Accident and Health Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	0	205,213	0	205,213	0	XXX	0	9,595,680	0	3,018	205,213
1999999			General Account - Accident and Health U.S. Non-Affiliates	0	205,213	0	205,213	0	XXX	0	9,595,680	0	3,018	205,213
2199999			Total General Account - Accident and Health Non-Affiliates	0	205,213	0	205,213	0	XXX	0	9,595,680	0	3,018	205,213
2299999			Total General Account Accident and Health	0	205,213	0	205,213	0	XXX	0	9,595,680	0	3,018	205,213
2399999			Total General Account	0	205,213	0	205,213	0	XXX	0	9,595,680	0	3,018	205,213
2699999			Total Separate Accounts - U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	205,213	0	205,213	0	XXX	0	9,595,680	0	3,018	205,213
3699999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	0	0	0	0	XXX	0	0	0	0	0
9999999			Totals	0	205,213	0	205,213	0	XXX	0	9,595,680	0	3,018	205,213

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
<b>NONE</b>				

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	0	1	2	3	1,567
2. Title XVIII - Medicare .....	0	0	24	36	23
3. Title XIX - Medicaid .....	22,535	978,809	934,188	933,383	789,117
4. Commissions and reinsurance expense allowance .....	3,144	75,326	103,699	63,545	67,608
5. Total hospital and medical expenses .....	5,392	869,938	941,283	811,633	733,418
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	3	21,153	7,207	7,526	5,720
7. Claims payable .....	205	68,171	90,572	70,019	76,381
8. Reinsurance recoverable on paid losses .....	0	0	0	1,836	10,660
9. Experience rating refunds due or unpaid .....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	9,596	120,261	76,957	114,461	68,929
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	9,596	120,261	76,957	114,461	68,929
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	551,249,817	0	551,249,817
2. Accident and health premiums due and unpaid (Line 15) .....	35,312,480	3,018	35,315,498
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	XXX	(9,393,484)	(9,393,484)
5. All other admitted assets (Balance) .....	80,415,620	0	80,415,620
6. Total assets (Line 28)	666,977,916	(9,390,466)	657,587,450
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	230,470,585	205,213	230,675,798
8. Accrued medical incentive pool and bonus payments (Line 2) .....	56,374	0	56,374
9. Premiums received in advance (Line 8) .....	13,721,475	0	13,721,475
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	9,595,680	(9,595,680)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	157,558,504	0	157,558,504
15. Total liabilities (Line 24) .....	411,402,618	(9,390,466)	402,012,152
16. Total capital and surplus (Line 33) .....	255,575,298	XXX	255,575,298
17. Total liabilities, capital and surplus (Line 34)	666,977,916	(9,390,466)	657,587,450
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	205,213		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	205,213		
24. Premiums receivable .....	3,018		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	9,595,680		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	9,598,698		
31. Total net credit for ceded reinsurance	(9,393,484)		

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

Allocated by States and Territories

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

**NONE**

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5309363				516-526 West Main Street Condomium Council of Co-Owners, Inc.	KY	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-8662801				Atlantis Physician Group, LLC	DE	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	35-2608414				CCO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0545504				CCO 2, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	42-1575099				Humana Healthcare Research, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.15886	75-2043865				Humana Benefit Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management, Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.88595	31-0935772				Empheys Insurance Company	TX	IA	Empheys, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1237697				Empheys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-3164234				Family Physicians of Winter Park, Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-3592783				HJM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 1	Other	0.000	See Footnote 1		2
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 2	Other	50.000	Humana Inc.		3
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5569675				Conviva Group Holdings, LLC	DE	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5904436				Conviva Medical Center Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-2957926				Conviva Speciality, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-4379634				Medical Care Consortium Incorporated of Texas	TX	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-1225873				Conviva Health MSO of Texas, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	38-3920730				RMA Island Doctors Orlando MSO, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	90-1022183				RMA Medical Center of South Orlando, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1722871				RMA Medical Center of Orlando, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	11-3391115				Alexander Infusion, LLC	NY	NIA	Eagle NY Rx, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	36-4898224				Eagle NY Rx, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1340806				PBM Holding Company	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	85-0858631				Primary Care Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0

Asterisk	Explanation
0000001	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.
0000002	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%.

41.2

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	8,936,248	0		0	8,936,248	0
00000	20-5309363	515-526 W MainSt Condo Council of Co-Owners	0	0	0	0	15	0	0.00	0	15	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	15,792,146	0	0.00	0	15,792,146	0
00000	11-3391115	Alexander Infusion, LLC	0	0	0	0	(187,858)	0	0.00	0	(187,858)	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	30,000,000	0	0	(2,148,022,541)	0	0.00	0	(2,118,022,541)	0
00000	20-8662801	Atlantis Physician Group, LLC	0	0	0	0	0	0	0.00	0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	306,513	0	0.00	0	306,513	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	242,662,714	0	0.00	0	242,662,714	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	344	0	0.00	0	344	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(10,828,473)	0	0.00	0	(10,828,473)	0
95092	59-2598550	CarePlus Health Plans, Inc.	65,000,000	0	0	0	(1,073,792,125)	0	0.00	0	(1,008,792,125)	0
95754	62-1579044	Cariten Health Plan Inc.	95,000,000	0	0	0	(652,617,463)	0	0.00	0	(557,617,463)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	42,342,652	0	0.00	0	42,342,652	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	20,556,220	0	0.00	0	20,556,220	0
95158	61-1279717	CHA HMO, Inc.	25,000,000	0	0	0	(1,577,581,161)	0	0.00	0	(1,552,581,161)	0
52015	59-2531815	CompBenefits Company	1,000,000	0	0	0	(15,147,412)	0	0.00	0	(14,147,412)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	480,649	0	0.00	0	480,649	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(2,470,701)	0	0.00	0	(2,470,701)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(12,077)	0	0.00	0	(12,077)	0
60984	74-2552026	CompBenefits Insurance Company	0	10,000,000	0	0	(172,729,579)	0	0.00	0	(162,729,579)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	63,364,188	0	0.00	0	63,364,188	0
00000	59-2716023	Continucare Corporation	0	0	0	0	147,397,476	0	0.00	0	147,397,476	0
00000	85-3191430	Conviva Care Solutions II, LLC	0	0	0	0	0	0	0.00	0	0	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	540,461,798	0	0.00	0	540,461,798	0
00000	20-5569675	Conviva Group Holdings, LLC	0	0	0	0	0	0	0.00	0	0	0
00000	46-5329373	Conviva Health Management, LLC	0	0	0	0	224,267,147	0	0.00	0	224,267,147	0
00000	46-1225873	Conviva Health MSO of Texas, Inc.	0	0	0	0	450,772	0	0.00	0	450,772	0
00000	20-5904436	Conviva Medical Center Management, LLC	0	0	0	0	783,805,263	0	0.00	0	783,805,263	0
00000	81-2957926	Conviva Speciality, LLC	0	0	0	0	74,079	0	0.00	0	74,079	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	37,741	0	0.00	0	37,741	0
95161	76-0039628	DentiCare, Inc.	0	0	0	0	(4,301,150)	0	0.00	0	(4,301,150)	0
00000	36-4898224	Eagle NY Rx, LLC	0	0	0	0	0	0	0.00	0	0	0
00000	47-1407967	Eagle Rx Holdco, Inc.	0	0	0	0	0	0	0.00	0	0	0
00000	47-1416614	Eagle Rx, Inc.	0	0	0	0	(59,656)	0	0.00	0	(59,656)	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	1,182,204	0	0.00	0	1,182,204	0
88595	31-0935772	Empesys Insurance Company	0	0	0	0	67,428	0	0.00	0	67,428	0
00000	61-1237697	Empesys, Inc.	0	0	0	0	210	0	0.00	0	210	0
00000	23-3068914	Enclara Pharmacia, Inc.	0	0	0	0	(6,089,122)	0	0.00	0	(6,089,122)	0
00000	59-3164234	Family Physicians of Winter Park, Inc.	0	0	0	0	87,521,668	0	0.00	0	87,521,668	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	280	0	0.00	0	280	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	280	0	0.00	0	280	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	508	0	0.00	0	508	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	194	0	0.00	0	194	0

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	27-4535747	Go365, LLC	.0	.0	.0	.0	83,444,293	.0	0.00	.0	83,444,293	.0
00000	39-1789830	GuidantRx, Inc.	.0	.0	.0	.0	(3,137,555)	.0	0.00	.0	(3,137,555)	.0
00000	27-1649291	Harris, Rothenberg International Inc.	.0	.0	.0	.0	(6,570,792)	.0	0.00	.0	(6,570,792)	.0
00000	61-1223418	Health Value Management, Inc.	.0	.0	.0	.0	78,543	.0	0.00	.0	78,543	.0
00000	26-3592783	HUM Provider Holdings, LLC	.0	.0	.0	.0	(731,981)	.0	0.00	.0	(731,981)	.0
00000	20-4835394	Humana Active Outlook, Inc.	.0	.0	.0	.0	768	.0	0.00	.0	768	.0
00000	75-2739333	Humana At Home (Dallas), Inc.	.0	.0	.0	.0	(2,489,236)	.0	0.00	.0	(2,489,236)	.0
00000	76-0537878	Humana At Home (Houston), Inc.	.0	.0	.0	.0	(2,493,892)	.0	0.00	.0	(2,493,892)	.0
00000	01-0766084	Humana At Home (San Antonio), Inc.	.0	.0	.0	.0	20,168,787	.0	0.00	.0	20,168,787	.0
00000	75-2600512	Humana at Home (TLC), Inc.	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	65-0274594	Humana at Home 1, Inc.	.0	.0	.0	.0	194,459,762	.0	0.00	.0	194,459,762	.0
00000	13-4036798	Humana at Home, Inc.	.0	.0	.0	.0	43,502,399	.0	0.00	.0	43,502,399	.0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	.0	55,000,000	.0	.0	(1,209,353,268)	.0	0.00	.0	(1,154,353,268)	.0
00000	84-3226630	Humana Benefit Plan of South Carolina, Inc.	.0	5,000,000	.0	.0	78,266	.0	0.00	.0	5,078,266	.0
15886	75-2043865	Humana Benefit Plan of Texas, Inc.	.0	.0	.0	.0	(31,506)	.0	0.00	.0	(31,506)	.0
00000	59-1843760	Humana Dental Company	.0	.0	.0	.0	5,237,814	.0	0.00	.0	5,237,814	.0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	.0	.0	.0	.0	(30,837,115)	.0	0.00	.0	(30,837,115)	.0
00000	85-3099097	Humana Direct Contracting Entity, Inc.	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	46-4912173	Humana EAP and Work-Life Services of California, Inc.	.0	.0	.0	.0	(167,668)	.0	0.00	.0	(167,668)	.0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	150,000,000	.0	.0	.0	(694,857,432)	.0	0.00	.0	(544,857,432)	.0
00000	61-1241225	Humana Government Business, Inc.	.0	.0	.0	.0	(51,173,570)	.0	0.00	.0	(51,173,570)	.0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	27,500,000	.0	.0	.0	(1,012,281,328)	.0	0.00	.0	(984,781,328)	.0
13558	26-2800286	Humana Health Company of New York, Inc.	.0	80,000,000	.0	.0	(175,908,405)	.0	0.00	.0	(95,908,405)	.0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	.0	.0	.0	.0	116,308,877	.0	0.00	.0	116,308,877	.0
00000	26-3473328	Humana Health Plan of California, Inc.	.0	.0	.0	.0	(31,878,967)	.0	0.00	.0	(31,878,967)	.0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	.0	10,000,000	.0	.0	(80,455,223)	.0	0.00	.0	(70,455,223)	.0
95024	61-0994632	Humana Health Plan of Texas, Inc.	.0	15,000,000	.0	.0	(169,505,174)	.0	0.00	.0	(154,505,174)	.0
95885	61-1013183	Humana Health Plan, Inc.	.0	75,000,000	.0	.0	(1,331,409,339)	.0	0.00	.0	(1,256,409,339)	.0
95721	66-0406896	Humana Health Plans of Puerto Rico, Inc.	.0	.0	.0	.0	(103,020,675)	.0	0.00	.0	(103,020,675)	.0
00000	42-1575099	Humana Healthcare Research, Inc.	.0	.0	.0	.0	2,285,786	.0	0.00	.0	2,285,786	.0
00000	61-0647538	Humana Inc.	(1,250,000,000)	(425,000,000)	.0	.0	3,463,981,258	.0	0.00	.0	1,788,981,258	.0
00000	61-1343791	Humana Innovation Enterprises, Inc.	.0	.0	.0	.0	627,630	.0	0.00	.0	627,630	.0
73288	39-1263473	Humana Insurance Company	772,500,000	.0	.0	.0	(16,475,481,595)	(11,413,400)	0.00	.0	(15,714,394,995)	.0
60219	61-1311685	Humana Insurance Company of Kentucky	.0	.0	.0	.0	(80,129,644)	11,413,400	0.00	.0	(68,716,244)	.0
12634	20-2888723	Humana Insurance Company of New York	.0	110,000,000	.0	.0	(772,886,878)	.0	0.00	.0	(662,886,878)	.0
84603	66-0291866	Humana Insurance of Puerto Rico, Inc.	.0	.0	.0	.0	(70,691,550)	.0	0.00	.0	(70,691,550)	.0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	.0	.0	.0	.0	38,277,471	.0	0.00	.0	38,277,471	.0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	61-1343508	Humana Marketpoint, Inc.	.0	.0	.0	.0	724,349,990	.0	0.00	.0	724,349,990	.0
14224	27-3991410	Humana Medical Plan of Michigan, Inc.	.0	5,000,000	.0	.0	(108,768,953)	.0	0.00	.0	(103,768,953)	.0

42.1

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	4,500,000	.0	.0	.0	(1,594,835)	.0	0.00	.0	2,905,165	.0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	1,700,000	.0	.0	.0	(11,517,816)	.0	0.00	.0	(9,817,816)	.0
95270	61-1103898	Humana Medical Plan, Inc.	100,000,000	.0	.0	.0	(5,792,036,051)	.0	0.00	.0	(5,692,036,051)	.0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	.0	.0	.0	.0	21,155,132,014	.0	0.00	.0	21,155,132,014	.0
00000	61-1316926	Humana Pharmacy, Inc.	.0	.0	.0	.0	6,897,415,810	.0	0.00	.0	6,897,415,810	.0
00000	20-1724127	Humana Real Estate Company	.0	.0	.0	.0	11,773,874	.0	0.00	.0	11,773,874	.0
12282	20-2036444	Humana Regional Health Plan, Inc.	.0	10,000,000	.0	.0	(60,943,839)	.0	0.00	.0	(50,943,839)	.0
00000	26-4522426	Humana WellWorks LLC	.0	.0	.0	.0	411	.0	0.00	.0	411	.0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	.0	.0	.0	.0	(1,498,617,168)	.0	0.00	.0	(1,498,617,168)	.0
70580	39-0714280	HumanaDental Insurance Company	.0	20,000,000	.0	.0	(195,016,217)	.0	0.00	.0	(175,016,217)	.0
00000	61-1364005	HumanaDental, Inc.	.0	.0	.0	.0	323,696	.0	0.00	.0	323,696	.0
00000	61-1239538	Humco, Inc.	.0	.0	.0	.0	15	.0	0.00	.0	15	.0
00000	61-1383567	HUM-e-FL, Inc.	.0	.0	.0	.0	(4,473,722)	.0	0.00	.0	(4,473,722)	.0
00000	86-1050795	Hummingbird Coaching Systems LLC	.0	.0	.0	.0	119,301	.0	0.00	.0	119,301	.0
00000	39-1769093	Independent Care Health Plan	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	61-1232669	Managed Care Indemnity, Inc.	5,000,000	.0	.0	.0	(606,956)	.0	0.00	.0	4,393,044	.0
00000	27-4379634	Medical Care Consortium Incorporated of Texas	.0	.0	.0	.0	384,649,990	.0	0.00	.0	384,649,990	.0
00000	65-0879131	METCARE of Florida, Inc.	.0	.0	.0	.0	221,331,112	.0	0.00	.0	221,331,112	.0
00000	65-0635728	Metropolitan Health Networks, Inc.	.0	.0	.0	.0	307,758	.0	0.00	.0	307,758	.0
00000	65-0992582	Naples Health Care Specialists, LLC	.0	.0	.0	.0	194	.0	0.00	.0	194	.0
00000	83-3321367	North Region Providers, LLC	.0	.0	.0	.0	300	.0	0.00	.0	300	.0
00000	65-0688221	Nursing Solutions, LLC	.0	.0	.0	.0	194	.0	0.00	.0	194	.0
00000	61-1340806	PBM Holding Company	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	20-2373204	PBM Plus Mail Service Pharmacy, LLC	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	62-1552091	PHP Companies, Inc.	.0	.0	.0	.0	8,691	.0	0.00	.0	8,691	.0
00000	62-1250945	Preferred Health Partnership, Inc.	.0	.0	.0	.0	120	.0	0.00	.0	120	.0
00000	35-2640679	Primary Care Holdings II, LLC	.0	.0	.0	.0	66,249,419	.0	0.00	.0	66,249,419	.0
00000	85-0858631	Primary Care Management, Inc.	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	38-3920730	RMA Island Doctors Orlando MSO, LLC	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	61-1722871	RMA Medical Center of Orlando, LLC	.0	.0	.0	.0	.0	.0	0.00	.0	.0	.0
00000	90-1022183	RMA Medical Center of South Orlando, LLC	.0	.0	.0	.0	32,925,190	.0	0.00	.0	32,925,190	.0
00000	75-2844854	ROHC, L.L.C.	.0	.0	.0	.0	(2,497,771)	.0	0.00	.0	(2,497,771)	.0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	.0	.0	.0	.0	14,315,087	.0	0.00	.0	14,315,087	.0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	.0	.0	.0	.0	(2,526,040)	.0	0.00	.0	(2,526,040)	.0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	.0	.0	.0	.0	(1,328,412)	.0	0.00	.0	(1,328,412)	.0
00000	59-2518701	SeniorBridge-Florida, LLC	.0	.0	.0	.0	194	.0	0.00	.0	194	.0
00000	74-2352809	Texas Dental Plans, Inc.	.0	.0	.0	.0	(40,513)	.0	0.00	.0	(40,513)	.0
54739	52-1157181	The Dental Concern, Inc.	2,800,000	.0	.0	.0	(7,582,097)	.0	0.00	.0	(4,782,097)	.0
00000	37-1910409	Transcend Population Health Management II, LLC	.0	.0	.0	.0	(181,250)	.0	0.00	.0	(181,250)	.0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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











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

<b>AUGUST FILING</b>	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

<b>MARCH FILING</b>	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
<b>APRIL FILING</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....	YES

<b>AUGUST FILING</b>	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:	
12. This type of business is not written.	
13. This type of business is not written.	
14. This type of business is not written.	
15. This type of business is not written.	
16. This type of business is not written.	
17. No relief will be requested.	
18. No relief will be requested.	
19. No relief will be requested.	
20. This type of business is not written.	
21. This type of business is not written.	

Bar Codes:	
12. Life Supplement [Document Identifier 205]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Medicare Part D Coverage Supplement [Document Identifier 365]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
21. Life Supplement [Document Identifier 211]	



SUPPLEMENT FOR THE YEAR 2020 OF THE Humana Health Plan Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020  
 (To Be Filed by March 1)

FOR THE STATE OF Kentucky.....  
 NAIC Group Code 0119 ..... NAIC Company Code 95885 .....  
 ADDRESS (City, State and Zip Code) Louisville , KY 40202 .....  
 Person Completing This Exhibit Bryan Oberholtzer .....  
 Title Associate Director, Financial Reporting ..... Telephone Number 502-580-1077 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	KYMESNM10A	A	NO	0234060	12/14/2017			08/31/2020		0	0	0.0	0	12,221	9,632	78.8	8
	KYMESNM10F	F	NO	0234060	12/14/2017			08/31/2020		0	0	0.0	0	754,933	573,201	75.9	312
	KYMESNM10F(HD)	F	NO	0234060	12/14/2017			08/31/2020		0	0	0.0	0	91,400	21,588	23.6	112
	KYMESNM10G	G	NO	0234060	12/14/2017			08/31/2020		0	0	0.0	0	2,173,709	1,971,098	90.7	1,302
	KYMESNM10G(HD)	G	NO	0234060	08/22/2019			08/31/2020		0	0	0.0	0	21,132	21,150	100.1	34
	KYMESNM10N	N	NO	0234060	12/14/2017			08/31/2020		0	0	0.0	0	391,483	304,687	77.8	242
0199999. Total Experience on Individual Policies										0	0	0.0	0	3,444,879	2,901,356	84.2	2,010

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 101 E. Main Street Louisville , KY 40202 .....
  - 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 101 E. Main Street Louisville , KY 40202 .....
  - 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594 .....
4. Explain any policies identified above as policy type "O". .....