



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
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 Susan Marie Diamond #
Associate VP, Asst Gen Counsel & Corporate Secretary Joseph Matthew Ruschell Actuary Vanessa Marie Olson

OTHER

<u>Alan James Bailey, VP & Treasurer</u>	<u>John Edward Barger III, SVP, Medicaid President</u>	<u>Charles Wilbur Dow Jr. #, Assistant Corporate Secretary and Legal Advisor</u>
<u>Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor</u>	<u>Douglas Allen Edwards, Senior Vice President, Workplace Experience</u>	<u>Jeremy Leon Gaskill #, Vice President, Employer Group Regional President</u>
<u>Steven Edward McCulley, SVP, Medicare</u>	<u>Matthew George Moore, Regional President</u>	<u>Sean Joseph O'Reilly, SVP, Enterprise Compliance & Chief Compliance Officer</u>
<u>Bruno Roger Piquin, Regional President</u>	<u>William Mark Preston, VP, Investments</u>	<u>George Renaudin II, SVP, Medicare Markets, Economics and Provider Experience</u>
<u>Donald Hank Robinson, SVP, Tax</u>	<u>Susan Draney Schick #, Segment President, Group and Military Business</u>	<u>Gilbert Alan Stewart, SVP, Medicare Divisional Leader</u>
<u>Michael Poul Tilton #, Vice President, Employer Group Regional President</u>	<u>Daniel Andrew Tufto, SVP, Medicare Divisional Leader</u>	<u>Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader</u>
<u>Timothy Alan Wheatley, Segment President, Retail</u>	<u>Ralph Martin Wilson, Vice President</u>	<u>Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller</u>

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Joseph Matthew Ruschell # 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
21st day of February, 2022

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 2021 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.....	60,150	(51)	(1)	16,731	16,731	60,097
Group Subscribers:						
A&C SEAMLESS GUTTERS	0	0	14,051	16,274	16,274	14,051
CARDINAL MANUFACTURING	225,832	0	0	0	0	225,832
CITY OF PARIS	418,341	0	0	0	0	418,341
CITY OF RADCLIFF	482,621	0	0	0	0	482,621
CYBER DIVE CORP	0	0	0	21,958	21,958	0
CYNERG13 WEST LLC	152,767	0	0	0	0	152,767
EDUCATIONAL COMMUNICATION	0	0	23,627	17,729	17,729	23,627
ELDER HEATING & AIR	0	0	0	51,521	51,521	0
ELY DRUGS	99,353	0	0	0	0	99,353
FIRST STATE BANK	245,471	0	0	0	0	245,471
GRG CONSTRUCTION CO INC	0	0	88,806	0	0	88,806
HART SANITATION INC.	76,722	0	0	0	0	76,722
ILEX SUMMIT LLC	116,828	0	0	0	0	116,828
INNOVATIVE MANUFACTURING	0	0	0	55,186	55,186	0
KENTUCKY PAIN MANAGEMENT	0	0	0	22,571	22,571	0
KOEHLER LAW OFFICE	131,850	0	0	0	0	131,850
LEOPARDI HOLDINGS	0	0	0	75,858	75,858	0
LITTER MANAGEMENT SERVICE	0	0	0	37,083	37,083	0
LOEWEN CONSTRUCTION INC.	0	0	0	57,619	57,619	0
LRAA	1,168,165	0	0	0	0	1,168,165
MIGHTY PLUMBING	0	0	0	65,415	65,415	0
MILLER & LAW PC	89,323	0	0	0	0	89,323
NEW LIFE HEALTH CARE	0	0	0	18,748	18,748	0
NEW WEIGH WEIGHT LOSS	89,094	0	0	0	0	89,094
PICCALILLI SQUARE	0	0	0	28,966	28,966	0
Q1 PRODUCTIONS	0	0	0	23,422	23,422	0
SHAWNEE CHRISTIAN HEALTHC	106,267	0	0	0	0	106,267
SOLUTIONS 4 MANAGEMENT	16,028	16,028	16,028	18,008	18,008	48,085
STRATEGIC ENVIRONMENTAL A	73,049	0	0	0	0	73,049
SURVEILLANCE SECURITY INC	86,824	0	0	0	0	86,824
TURN II BINGO INC.	0	0	0	45,645	45,645	0
UNIFIED UTILITY ALLIANCE	203,007	0	0	0	0	203,007
UNIQUE INSURANCE COMPANY	772,167	0	0	0	0	772,167
VALLEJO MANAGEMENT LLC	0	0	0	68,827	68,827	0
VARA RESTAURANT CONCEPTS	0	0	0	17,976	17,976	0
WILD EGGS OPERATIONS LLC	118,360	0	0	0	0	118,360
0299997. Group subscriber subtotal	4,672,068	16,028	142,513	642,806	642,806	4,830,610
0299998. Premiums due and unpaid not individually listed	2,487,225	14,235	(108,555)	229,334	229,334	2,392,905
0299999. Total group	7,159,293	30,263	33,958	872,140	872,140	7,223,514
0399999. Premiums due and unpaid from Medicare entities	6,041,889	0	0	0	0	6,041,889
0499999. Premiums due and unpaid from Medicaid entities	11,344,531	0	0	0	0	11,344,531
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	24,605,863	30,212	33,957	888,871	888,871	24,670,032

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from 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	20,971,622	128,840,126	0	30,994,760	20,971,622	21,588,234
2. Claim overpayment receivables	630	0	0	5,145	630	630
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	8,431,410	0	0	4,651,938	8,431,410	8,431,410
6. Other health care receivables.....	0	0	0	178,785	0	0
7. Totals (Lines 1 through 6)	29,403,663	128,840,126	0	35,830,627	29,403,663	30,020,274

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	1,875,072	260,799	80,246	17,027	40,887	2,274,031
0399999. Aggregate accounts not individually listed-covered	93,521,248	13,007,634	4,002,332	849,260	2,039,282	113,419,755
0499999. Subtotals	95,396,320	13,268,433	4,082,577	866,287	2,080,169	115,693,786
0599999. Unreported claims and other claim reserves						145,741,884
0699999. Total amounts withheld						0
0799999. Total claims unpaid						261,435,670
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0899999 Accrued medical incentive pool and bonus amounts						24,145

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	105,059,701	5.5	341,239	100.0	0	105,059,701
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	105,059,701	5.5	341,239	100.0	0	105,059,701
Other Payments:						
5. Fee-for-service	392,762,041	20.4	XXX	XXX	0	392,762,041
6. Contractual fee payments	1,429,574,132	74.2	XXX	XXX	0	1,429,574,132
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	1,822,336,173	94.5	XXX	XXX	0	1,822,336,173
13. TOTAL (Line 4 plus Line 12)	1,927,395,875	100%	XXX	XXX	0	1,927,395,875

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
NONE					
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	5,278,310	0	4,558,401	719,909	719,909	0
2. Medical furniture, equipment and fixtures	6,750	0	6,026	724	724	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	1,074,682	0	997,444	77,239	77,239	0
6. Total	6,359,742	0	5,561,871	797,872	797,872	0



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	1	0	0	0	0	0	0	1	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	(38)	0	0	0	0	(38)	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	115	0	0	0	0	0	0	115	0	0		
8. Non-Physician	55	0	0	0	0	0	0	55	0	0		
9. Total	170	0	0	0	0	0	0	170	0	0		
10. Hospital Patient Days Incurred	32	0	0	0	0	0	0	32	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(253,915)	0	0	0	0	0	0	(253,915)	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	(253,915)	0	0	0	0	0	0	(253,915)	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	4,295,365	0	0	0	0	0	0	4,295,365	0	0		
18. Amount Incurred for Provision of Health Care Services	(87,521)	0	0	0	0	0	0	(87,521)	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(253,915)

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ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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									
Total Members at end of:												
1. Prior Year	17,461	0	16,586	0	0	0	875	0	0	0		
2. First Quarter	15,830	0	15,179	0	0	0	651	0	0	0		
3. Second Quarter	14,982	0	14,340	0	0	0	642	0	0	0		
4. Third Quarter	14,051	0	13,411	0	0	0	640	0	0	0		
5. Current Year	13,194	0	12,574	0	0	0	620	0	0	0		
6. Current Year Member Months	177,370	0	169,811	0	0	0	7,559	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	93,445	5	85,476	0	0	0	7,653	311	0	0		
8. Non-Physician	16,095	0	13,368	0	0	0	2,484	243	0	0		
9. Total	109,540	5	98,844	0	0	0	10,137	554	0	0		
10. Hospital Patient Days Incurred	5,628	44	4,922	0	0	0	394	268	0	0		
11. Number of Inpatient Admissions	617	0	590	0	0	0	25	2	0	0		
12. Health Premiums Written (b)	64,757,194	0	59,459,597	0	0	0	5,548,658	(251,060)	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	64,757,194	0	59,459,597	0	0	0	5,548,658	(251,060)	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	56,488,899	(19,453)	59,003,461	0	0	0	5,097,974	(7,593,083)	0	0		
18. Amount Incurred for Provision of Health Care Services	57,328,734	(34,750)	53,195,123	0	0	0	5,303,566	(1,135,205)	0	0		

(a) For health business: number of persons insured under PPO managed care products12,679 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(251,060)

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ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
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		
Total Member Ambulatory Encounters for Year:												
7. Physician	104	0	0	0	0	0	0	104	0	0		
8. Non-Physician	48	0	0	0	0	0	0	48	0	0		
9. Total	152	0	0	0	0	0	0	152	0	0		
10. Hospital Patient Days Incurred	161	0	0	0	0	0	0	161	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(139,093)	0	0	0	0	0	0	(139,093)	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	(139,093)	0	0	0	0	0	0	(139,093)	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	(62,323)	0	0	0	0	0	0	(62,323)	0	0		
18. Amount Incurred for Provision of Health Care Services	(314,633)	0	0	0	0	0	0	(314,633)	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(139,093)

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ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	9,658	0	8,748	0	0	0	910	0	0	0		
2. First Quarter	7,536	0	6,761	0	0	0	775	0	0	0		
3. Second Quarter	7,300	0	6,558	0	0	0	742	0	0	0		
4. Third Quarter	6,972	0	6,246	0	0	0	726	0	0	0		
5. Current Year	6,873	0	6,137	0	0	0	736	0	0	0		
6. Current Year Member Months	88,512	0	79,603	0	0	0	8,909	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	47,544	1	43,121	0	0	0	4,302	120	0	0		
8. Non-Physician	13,912	0	12,143	0	0	0	1,604	165	0	0		
9. Total	61,456	1	55,264	0	0	0	5,906	285	0	0		
10. Hospital Patient Days Incurred	1,626	0	1,365	0	0	0	103	158	0	0		
11. Number of Inpatient Admissions	269	0	247	0	0	0	22	0	0	0		
12. Health Premiums Written (b)	43,014,777	0	38,762,783	0	0	0	4,310,603	(58,609)	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	43,014,777	0	38,762,783	0	0	0	4,310,603	(58,609)	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.....	34,142,416	12,274	31,507,787	0	0	0	3,145,604	(523,250)	0	0		
18. Amount Incurred for Provision of Health Care Services	33,382,644	2,268	30,430,071	0	0	0	3,093,047	(142,742)	0	0		

(a) For health business: number of persons insured under PPO managed care products5,092 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(58,609)

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ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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									
Total Members at end of:												
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		
Total Member Ambulatory Encounters for Year:												
7. Physician	2	0	0	0	0	0	0	0	2	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0		
9. Total	2	0	0	0	0	0	0	0	2	0		
10. Hospital Patient Days Incurred	31	0	0	0	0	0	0	0	31	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(15,480)	0	0	0	0	0	0	0	(15,480)	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	(15,480)	0	0	0	0	0	0	0	(15,480)	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	(910)	0	0	0	0	0	0	0	(910)	0		
18. Amount Incurred for Provision of Health Care Services	(3,131)	0	0	0	0	0	0	0	(3,131)	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(15,480)

30.ID



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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									
Total Members at end of:												
1. Prior Year	38,173	0	13,197	0	0	0	3,831	9,355	11,790	0		
2. First Quarter	37,373	0	12,339	0	0	0	3,368	9,448	12,218	0		
3. Second Quarter	37,378	0	11,772	0	0	0	3,280	9,705	12,621	0		
4. Third Quarter	41,887	0	11,103	0	0	0	3,195	12,295	15,294	0		
5. Current Year	52,028	0	10,427	0	0	0	3,151	17,527	20,923	0		
6. Current Year Member Months	491,531	0	139,623	0	0	0	38,728	135,881	177,299	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	662,650	3	73,201	0	0	0	42,746	289,039	257,661	0		
8. Non-Physician	508,725	0	28,596	0	0	0	18,577	169,162	292,390	0		
9. Total	1,171,375	3	101,797	0	0	0	61,323	458,201	550,051	0		
10. Hospital Patient Days Incurred	216,478	0	2,579	0	0	0	1,693	28,386	183,820	0		
11. Number of Inpatient Admissions	5,150	0	414	0	0	0	156	2,298	2,282	0		
12. Health Premiums Written (b)	404,730,555	0	64,489,539	0	0	0	37,432,338	198,392,641	104,416,038	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	404,730,555	0	64,489,539	0	0	0	37,432,338	198,392,641	104,416,038	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	319,669,095	(2,908)	53,502,954	0	0	0	30,076,407	151,413,440	84,679,202	0		
18. Amount Incurred for Provision of Health Care Services	356,396,251	(728)	51,966,393	0	0	0	29,753,665	181,785,644	92,891,277	0		

(a) For health business: number of persons insured under PPO managed care products6,633 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$198,392,641

30.LL



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	10,713	0	10,713	0	0	0	0	0	0	0		
2. First Quarter	10,502	0	10,502	0	0	0	0	0	0	0		
3. Second Quarter	9,824	0	9,824	0	0	0	0	0	0	0		
4. Third Quarter	9,265	0	9,265	0	0	0	0	0	0	0		
5. Current Year	8,789	0	8,789	0	0	0	0	0	0	0		
6. Current Year Member Months	116,743	0	116,743	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	81,538	0	81,399	0	0	0	0	139	0	0		
8. Non-Physician	31,736	0	31,631	0	0	0	0	105	0	0		
9. Total	113,274	0	113,030	0	0	0	0	244	0	0		
10. Hospital Patient Days Incurred	2,852	0	2,706	0	0	0	0	146	0	0		
11. Number of Inpatient Admissions	426	0	426	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	55,507,935	0	55,613,984	0	0	0	0	(106,048)	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	55,507,935	0	55,613,984	0	0	0	0	(106,048)	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	48,012,653	(266)	47,953,048	0	0	0	0	59,871	0	0		
18. Amount Incurred for Provision of Health Care Services	46,770,365	(396)	46,837,289	0	0	0	0	(66,527)	0	0		

(a) For health business: number of persons insured under PPO managed care products8,789 and number of persons insured under indemnity only products0 .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(106,048)

30.IN



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	2,231	0	163	0	0	0	2,068	0	0	0		
2. First Quarter	1,992	0	134	0	0	0	1,858	0	0	0		
3. Second Quarter	1,960	0	138	0	0	0	1,822	0	0	0		
4. Third Quarter	1,927	0	138	0	0	0	1,789	0	0	0		
5. Current Year	1,885	0	132	0	0	0	1,753	0	0	0		
6. Current Year Member Months	22,994	0	1,600	0	0	0	21,394	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	19,057	0	1,105	0	0	0	17,904	48	0	0		
8. Non-Physician	7,677	0	361	0	0	0	7,185	131	0	0		
9. Total	26,734	0	1,466	0	0	0	25,089	179	0	0		
10. Hospital Patient Days Incurred	792	0	15	0	0	0	607	170	0	0		
11. Number of Inpatient Admissions	69	0	3	0	0	0	66	0	0	0		
12. Health Premiums Written (b)	16,327,249	0	895,757	0	0	0	15,543,108	(111,616)	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	16,327,249	0	895,757	0	0	0	15,543,108	(111,616)	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	12,937,495	2,741	2,607,710	0	0	0	10,720,372	(393,328)	0	0		
18. Amount Incurred for Provision of Health Care Services	10,824,291	0	388,063	0	0	0	10,776,949	(340,722)	0	0		

(a) For health business: number of persons insured under PPO managed care products1,212 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(111,616)

30 KS



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	265,176	0	93,784	2,010	0	0	792	0	168,590	0		
2. First Quarter	260,844	1	90,013	1,817	0	0	660	0	168,353	0		
3. Second Quarter	259,514	1	88,636	1,778	0	0	628	0	168,471	0		
4. Third Quarter	258,583	1	86,741	1,750	0	0	604	0	169,487	0		
5. Current Year	256,421	1	85,296	1,711	0	0	591	0	168,822	0		
6. Current Year Member Months	3,112,434	13	1,057,351	21,227	0	0	7,258	0	2,026,585	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	3,734,579	0	770,947	33,396	0	0	6,797	74	2,923,365	0		
8. Non-Physician	1,215,635	1	328,301	13,939	0	0	2,827	62	870,505	0		
9. Total	4,950,214	1	1,099,248	47,335	0	0	9,624	136	3,793,870	0		
10. Hospital Patient Days Incurred	152,297	0	24,322	1,602	0	0	160	109	126,104	0		
11. Number of Inpatient Admissions	22,329	0	3,779	244	0	0	29	0	18,277	0		
12. Health Premiums Written (b)	1,610,850,885	11,261	502,682,713	3,437,296	0	0	5,304,468	(70,505)	1,099,485,653	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	1,610,850,885	11,261	502,682,713	3,437,296	0	0	5,304,468	(70,505)	1,099,485,653	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	1,447,036,129	21,393	457,454,733	2,999,465	0	0	3,459,515	(149,771)	983,250,794	0		
18. Amount Incurred for Provision of Health Care Services	1,446,320,076	35,958	443,270,843	2,951,299	0	0	3,586,292	(3,475)	996,479,158	0		

(a) For health business: number of persons insured under PPO managed care products85,062 and number of persons insured under indemnity only products0 .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(70,505)

30 KY



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	5	0	5	0	0	0	0	0	0	0		
2. First Quarter	5	0	5	0	0	0	0	0	0	0		
3. Second Quarter	5	0	5	0	0	0	0	0	0	0		
4. Third Quarter	5	0	5	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	60	0	60	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	218	0	57	0	0	0	0	161	0	0		
8. Non-Physician	307	0	19	0	0	0	0	288	0	0		
9. Total	525	0	76	0	0	0	0	449	0	0		
10. Hospital Patient Days Incurred	310	0	0	0	0	0	0	310	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(133,897)	0	117,507	0	0	0	0	(251,404)	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	(133,897)	0	117,507	0	0	0	0	(251,404)	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	1,004,641	(191)	26,933	0	0	0	3,831	974,067	0	0		
18. Amount Incurred for Provision of Health Care Services	(1,235,640)	0	34,524	0	0	0	0	(1,270,164)	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(251,404)

30.MO



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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									
Total Members at end of:												
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		
Total Member Ambulatory Encounters for Year:												
7. Physician	1	0	0	0	0	0	0	0	1	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0		
9. Total	1	0	0	0	0	0	0	0	1	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)	(8,599)	0	0	0	0	0	0	0	(8,599)	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	(8,599)	0	0	0	0	0	0	0	(8,599)	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	(11,783)	0	0	0	0	0	0	0	(11,783)	0		
18. Amount Incurred for Provision of Health Care Services	(12,522)	0	0	0	0	0	0	0	(12,522)	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(8,599)

30.NE



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	471	0	471	0	0	0	0	0	0	0		
2. First Quarter	513	0	513	0	0	0	0	0	0	0		
3. Second Quarter	442	0	442	0	0	0	0	0	0	0		
4. Third Quarter	352	0	352	0	0	0	0	0	0	0		
5. Current Year	382	0	382	0	0	0	0	0	0	0		
6. Current Year Member Months	5,118	0	5,118	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,727	0	1,557	0	0	0	0	170	0	0		
8. Non-Physician	396	0	365	0	0	0	0	31	0	0		
9. Total	2,123	0	1,922	0	0	0	0	201	0	0		
10. Hospital Patient Days Incurred	268	0	252	0	0	0	0	16	0	0		
11. Number of Inpatient Admissions	21	0	20	0	0	0	0	1	0	0		
12. Health Premiums Written (b)	1,078,594	0	1,777,396	0	0	0	0	(698,803)	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	1,078,594	0	1,777,396	0	0	0	0	(698,803)	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	1,835,646	0	1,966,103	0	0	0	0	(130,457)	0	0		
18. Amount Incurred for Provision of Health Care Services	1,434,595	0	1,573,167	0	0	0	0	(138,572)	0	0		

(a) For health business: number of persons insured under PPO managed care products297 and number of persons insured under indemnity only products0 .
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(698,803)

30 NV



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
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		
Total Member Ambulatory Encounters for Year:												
7. Physician	67	0	0	0	0	0	0	67	0	0		
8. Non-Physician	109	0	0	0	0	0	0	109	0	0		
9. Total	176	0	0	0	0	0	0	176	0	0		
10. Hospital Patient Days Incurred	84	0	0	0	0	0	0	84	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(19,498)	0	0	0	0	0	0	(19,498)	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	(19,498)	0	0	0	0	0	0	(19,498)	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	(168,335)	0	0	0	0	0	0	(168,335)	0	0		
18. Amount Incurred for Provision of Health Care Services	(403,903)	0	0	0	0	0	0	(403,903)	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(19,498)

30 NM



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021						(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								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
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		
Total Member Ambulatory Encounters for Year:												
7. Physician	109	0	0	0	0	0	0	109	0	0		
8. Non-Physician	74	0	0	0	0	0	0	74	0	0		
9. Total	183	0	0	0	0	0	0	183	0	0		
10. Hospital Patient Days Incurred	2	0	0	0	0	0	0	2	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(47,348)	0	0	0	0	0	0	(47,348)	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	(47,348)	0	0	0	0	0	0	(47,348)	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.....	443,976	0	0	0	0	0	0	443,976	0	0		
18. Amount Incurred for Provision of Health Care Services	(640,151)	0	0	0	0	0	0	(640,151)	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(47,348)

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ANNUAL STATEMENT FOR THE YEAR 2021 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)	
		Tennessee		2021							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		
Total Members at end of:												
1. Prior Year	1,836	0	1,744	0	0	0	92	0	0	0		
2. First Quarter	1,778	0	1,711	0	0	0	67	0	0	0		
3. Second Quarter	1,687	0	1,618	0	0	0	69	0	0	0		
4. Third Quarter	1,664	0	1,587	0	0	0	77	0	0	0		
5. Current Year	1,662	0	1,588	0	0	0	74	0	0	0		
6. Current Year Member Months	20,688	0	19,838	0	0	0	850	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	13,007	0	11,578	0	0	0	1,429	0	0	0		
8. Non-Physician	2,435	0	2,083	0	0	0	352	0	0	0		
9. Total	15,442	0	13,661	0	0	0	1,781	0	0	0		
10. Hospital Patient Days Incurred	331	0	319	0	0	0	12	0	0	0		
11. Number of Inpatient Admissions	63	0	59	0	0	0	4	0	0	0		
12. Health Premiums Written (b)	8,173,254	0	7,575,565	0	0	0	597,695	(6)	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	8,165,064	0	7,567,375	0	0	0	597,695	(6)	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	5,719,577	0	5,205,139	0	0	0	514,726	(289)	0	0		
18. Amount Incurred for Provision of Health Care Services	5,288,270	0	4,783,610	0	0	0	504,923	(263)	0	0		

(a) For health business: number of persons insured under PPO managed care products1,609 and number of persons insured under indemnity only products0

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



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
1. Prior Year	2	0	0	0	0	0	0	2	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		
Total Member Ambulatory Encounters for Year:												
7. Physician	810	0	0	0	0	0	0	810	0	0		
8. Non-Physician	1,002	0	0	0	0	0	0	1,002	0	0		
9. Total	1,812	0	0	0	0	0	0	1,812	0	0		
10. Hospital Patient Days Incurred	619	0	0	0	0	0	0	619	0	0		
11. Number of Inpatient Admissions	4	0	0	0	0	0	0	4	0	0		
12. Health Premiums Written (b)	447,485	0	0	0	0	0	0	447,485	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	447,485	0	0	0	0	0	0	447,485	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	(1,834,287)	0	0	0	0	0	0	(1,834,287)	0	0		
18. Amount Incurred for Provision of Health Care Services	(1,295,594)	0	0	0	0	0	0	(1,295,594)	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$447,485

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ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
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		
Total Member Ambulatory Encounters for Year:												
7. Physician	55	0	0	0	0	0	0	55	0	0		
8. Non-Physician	73	0	0	0	0	0	0	68	5	0		
9. Total	128	0	0	0	0	0	0	123	5	0		
10. Hospital Patient Days Incurred	72	0	0	0	0	0	0	68	4	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(447,776)	0	0	0	0	0	0	(447,776)	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	(447,776)	0	0	0	0	0	0	(447,776)	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	(26,269)	0	0	0	0	0	0	8,307	(34,576)	0		
18. Amount Incurred for Provision of Health Care Services	(7,172)	0	0	0	0	0	0	27,404	(34,576)	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(447,776)



ANNUAL STATEMENT FOR THE YEAR 2021 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		2021							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		
Total Members at end of:												
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		
Total Member Ambulatory Encounters for Year:												
7. Physician	36	0	0	0	0	0	0	36	0	0		
8. Non-Physician	46	0	0	0	0	0	0	46	0	0		
9. Total	82	0	0	0	0	0	0	82	0	0		
10. Hospital Patient Days Incurred	5	0	0	0	0	0	0	5	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	(50,336)	0	0	0	0	0	0	(50,336)	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	(50,336)	0	0	0	0	0	0	(50,336)	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	(2,086,111)	0	0	0	0	0	0	(2,086,111)	0	0		
18. Amount Incurred for Provision of Health Care Services	(2,078,307)	0	0	0	0	0	0	(2,078,307)	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(50,336)

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ANNUAL STATEMENT FOR THE YEAR 2021 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	2021		NAIC Company Code		95885				
Total Members at end of:											
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	
Total Member Ambulatory Encounters for Year:											
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)	2,568,475	21,700	2,546,775	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	2,568,475	21,700	2,546,775	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 products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2021 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			2021			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			
Total Members at end of:												
1. Prior Year	345,726	0	145,411	2,010	0	0	8,568	9,357	180,380	0		
2. First Quarter	336,374	1	137,157	1,817	0	0	7,379	9,449	180,571	0		
3. Second Quarter	333,092	1	133,333	1,778	0	0	7,183	9,705	181,092	0		
4. Third Quarter	334,706	1	128,848	1,750	0	0	7,031	12,295	184,781	0		
5. Current Year	341,239	1	125,330	1,711	0	0	6,925	17,527	189,745	0		
6. Current Year Member Months	4,035,412	13	1,589,747	21,227	0	(38)	84,698	135,881	2,203,884	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	4,655,064	9	1,068,441	33,396	0	0	80,831	291,361	3,181,026	0		
8. Non-Physician	1,798,325	1	416,867	13,939	0	0	33,029	171,589	1,162,900	0		
9. Total	6,453,389	10	1,485,308	47,335	0	0	113,860	462,950	4,343,926	0		
10. Hospital Patient Days Incurred	381,588	44	36,480	1,602	0	0	2,969	30,565	309,928	0		
11. Number of Inpatient Admissions	28,948	0	5,538	244	0	0	302	2,305	20,559	0		
12. Health Premiums Written (b)	2,206,340,460	32,961	733,921,615	3,437,296	0	0	68,736,869	196,310,029	1,203,901,691	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	2,206,332,270	32,961	733,913,425	3,437,296	0	0	68,736,869	196,310,029	1,203,901,691	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	1,927,395,875	13,591	659,227,868	2,999,465	0	0	53,018,430	144,241,100	1,067,895,421	0		
18. Amount Incurred for Provision of Health Care Services	1,951,666,651	2,351	632,479,085	2,951,299	0	0	53,018,443	173,879,614	1,089,335,859	0		

(a) For health business: number of persons insured under PPO managed care products121,373 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$196,310,029

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 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	NC	(92,674)	0	0	0	0	0	4,901,549
1999999	General Account - Unauthorized U.S. Non-Affiliates						(92,674)	0	0	0	0	0	4,901,549
2199999	Total General Account - Unauthorized Non-Affiliates						(92,674)	0	0	0	0	0	4,901,549
2299999	Total General Account Unauthorized						(92,674)	0	0	0	0	0	4,901,549
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						(92,674)	0	0	0	0	0	4,901,549
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)						(92,674)	0	0	0	0	0	4,901,549
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						(92,674)	0	0	0	0	0	4,901,549

ANNUAL STATEMENT FOR THE YEAR 2021 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	0	0	0	0			4,901,549	0	(671)	0
1999999			General Account - Accident and Health U.S. Non-Affiliates	0	0	0	0	0	XXX	0	4,901,549	0	(671)	0
2199999			Total General Account - Accident and Health Non-Affiliates	0	0	0	0	0	XXX	0	4,901,549	0	(671)	0
2299999			Total General Account Accident and Health	0	0	0	0	0	XXX	0	4,901,549	0	(671)	0
2399999			Total General Account	0	0	0	0	0	XXX	0	4,901,549	0	(671)	0
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	0	0	0	0	XXX	0	4,901,549	0	(671)	0
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	0	0	0	0	XXX	0	4,901,549	0	(671)	0

(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
NONE				

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 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	0	0	1	2	3
2. Title XVIII - Medicare	0	0	0	24	36
3. Title XIX - Medicaid	(93)	22,535	978,809	934,188	933,383
4. Commissions and reinsurance expense allowance	0	3,144	75,326	103,699	63,545
5. Total hospital and medical expenses	(65)	5,392	869,938	941,283	811,633
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	3	21,153	7,207	7,526
7. Claims payable	0	205	68,171	90,572	70,019
8. Reinsurance recoverable on paid losses	0	0	0	0	1,836
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	4,902	9,596	120,261	76,957	114,461
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	4,902	9,596	120,261	76,957	114,461
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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	528,278,207	0	528,278,207
2. Accident and health premiums due and unpaid (Line 15)	40,607,610	(671)	40,606,939
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	(4,900,878)	(4,900,878)
5. All other admitted assets (Balance)	187,795,044	0	187,795,044
6. Total assets (Line 28)	756,680,861	(4,901,549)	751,779,312
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	261,435,670	0	261,435,670
8. Accrued medical incentive pool and bonus payments (Line 2)	24,145	0	24,145
9. Premiums received in advance (Line 8)	11,167,060	0	11,167,060
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	4,901,549	(4,901,549)	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)	199,201,804	0	199,201,804
15. Total liabilities (Line 24)	476,730,229	(4,901,549)	471,828,680
16. Total capital and surplus (Line 33)	279,950,632	XXX	279,950,632
17. Total liabilities, capital and surplus (Line 34)	756,680,861	(4,901,549)	751,779,312
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	(671)		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	4,901,549		
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	4,900,878		
31. Total net credit for ceded reinsurance	(4,900,878)		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 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? (Yes/No)	*
.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.	.NO.	.0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	.WA.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	.FL.	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	.WI.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	.FL.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	.TN.	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	35-2608414				CDO 1, LLC	.DE.	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	32-0545504				CDO 2, LLC	.DE.	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	.KY.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	.FL.	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	.IL.	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	.DE.	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	.TX.	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	.FL.	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	42-1575099				Humana Healthcare Research, Inc.	.IL.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.15886	75-2043865				Humana Benefit Plan of Texas, Inc.	.TX.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management, Corp.	.IL.	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	.TX.	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.88595	31-0935772				Empheys Insurance Company	.TX.	IA	Empheys, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1237697				Empheys, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	59-3164234				CenterWell Senior Primary Care (FL), Inc.	.FL.	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	.DE.	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	.DE.	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	.FL.	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	.NY.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	.CA.	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3592783				HJM Provider Holdings, LLC	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	.KY.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	.TX.	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	.TX.	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	.FL.	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	.IL.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	.FL.	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	.GA.	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	.LA.	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	.NY.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	.FL.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	.CA.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	.OH.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	.TX.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95885	61-1013183				Humana Health Plan, Inc.	.KY.	RE	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	.PR.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-0647538		0000049071	NYSE	Humana Inc.	.DE.	LDP	See Footnote 1	Other	0.000	See Footnote 1	.NO.	.2

ANNUAL STATEMENT FOR THE YEAR 2021 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? (Yes/No)	*
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.11695	39-1769093				Independent Care Health Plan	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-5569675				Conviva Group Holdings, LLC	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-5904436				Conviva Medical Center Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	81-2957926				Conviva Speciality, LLC	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	46-1225873				Conviva Health MSO of Texas, Inc.	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.NO.	.0

ANNUAL STATEMENT FOR THE YEAR 2021 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? (Yes/No)	*
.0119	Humana Inc.	.00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-3391115				Alexander Infusion, LLC	NY	NIA	Eagle NY Rx, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	36-4898224				Eagle NY Rx, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	61-1340806				PBM Holding Company	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-0858631				CenterWell Care Solutions, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	87-1493628				Echo Primary Care Holdings, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	45-2594868				Accredited Home Health of Broward, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-0751512				Amazing Home Health Care, Inc.	FL	NIA	Amazing Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-3668783				Amazing Home Health Holdings, LLC	DE	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-4681334				Care Hope Holdings, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	80-0732207				Care Hope Home Health Agency, Inc.	FL	NIA	Care Hope Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-2769755				Corpus Christi Home Care, Inc.	TX	NIA	One Home Health Holdings CCTX, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-3443369				On the Way Home Care, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-3485437				One Home Health Holdings, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-2018741				One Home Health Holdings CCTX, LLC	TX	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-2894851				One Home Medical Equipment, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-3472028				One Home Medical Equipment TX, LLC	TX	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3116955				One Nursing Care, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3313080				One Homecare Solutions, LLC	FL	NIA	Humana Innovation Enterprises, Inc. - 99%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-4176818				One Homecare Systems, LLC	FL	NIA	Humana Inc. - 1%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-2882412				One Infusion Pharmacy, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-4271850				One TPA Systems, Inc.	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-2136817				Pharaoh JV, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-8716006				ABC Hospice, LLC	TX	NIA	Lighthouse Hospice-Metroplex, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2486047				American Hospice, Inc.	TX	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-2170043				Angel Heart Hospice, LLC	TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-8803486				At Home Healthcare And Hospice, LLC	GA	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-1063483				At Home Hospice of Alpharetta, LLC	GA	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-4302441				Avalon Hospice Iowa, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-4016398				Avalon Hospice Minnesota, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-5480661				Avalon Hospice Missouri, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-3653862				Avalon Hospice Nebraska, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-0630557				Avalon Hospice Ohio, LLC	DE	NIA	SouthernCare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-0620455				Avalon Hospice Pennsylvania, LLC	DE	NIA	SouthernCare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-2999369				Bethany Hospice, LLC	DE	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	30-0711730				California Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan Inc.

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	.00000	56-2102603				Capital Care Resources of South Carolina, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	58-2411159				Capital Care Resources, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	58-2313705				Capital Health Management Group, LLC	GA	NIA	CHMG Acquisition LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	56-1872602				Carrollton Home Care, LLC	DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-3399294				Cedar Valley Hospice, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	86-0714789				Central Arizona Home Health Care, Inc.	AZ	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-3061031				CH Services Group Holdings, Inc.	DE	NIA	Charlotte Buyer, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-3083265				CH Services Holdings, Inc.	DE	NIA	CH Services Midco Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-3083393				CH Services Midco Holdings, Inc.	DE	NIA	CH Services Group Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-5266576				Charlotte Buyer, Inc.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	03-0387821				Chattahoochee Valley Home Care Services, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	34-1994007				Chattahoochee Valley Home Health, LLC	GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	04-3813487				CHMG Acquisition LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	54-2089073				CHMG of Atlanta, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	54-2089075				CHMG of Griffin, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-0494731				Community Home Care & Hospice, LLC	DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	36-4530146				Community Home Care of Robeson County, LLC	DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	84-1642693				Community Home Care of Vance County, LLC	DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-0724725				Community Hospice of The Carolinas, LLC	DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-3059415				Community Hospice, LLC	DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-0001235				Compass Hospice, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-1819030				Cosmos Hospice of Corpus Christi, LLC	TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-2056906				Cosmos Hospice of San Antonio, LLC	TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-3299447				CTW Development, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	45-5363989				Curo Arizona Hospice, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	45-5354338				Curo Community Hospice, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-3569032				Curo Health Services Holdings, Inc.	DE	NIA	CH Services Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	32-0307955				Curo Health Services, LLC	DE	NIA	Curo Health Services Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-5394442				Curo Hospice SC, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	35-2451630				Curo Houston Hospice, LLC	DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3096415				Curo Texas Holdings, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-3515749				Curo Texas Hospice, LLC	DE	NIA	Curo Texas Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-3500910				Curo Utah Home Care, Inc.	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-3500790				Curo Utah Hospice, Inc.	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	56-1590744				Eastern Carolina Home Health Agency, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2588221				Family Hospice, Ltd.	TX	NIA	FHI LP, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2588220				FHI GP, Inc.	TX	NIA	FHI Health Systems, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2588219				FHI Health Systems, Inc.	DE	NIA	Vistacare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	88-0335145				FHI LP, Inc.	NV	NIA	FHI Health Systems, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2588222				FHI Management, Ltd.	TX	NIA	FHI LP, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	55-0750157				First Home Health, Inc.	WV	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2784006				Focus Care Health Resources, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	72-1584635				Freedom Hospice, LLC	OK	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2855493				GBA Holding, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-2944774				GBA West, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	42-1581419				Generations Hospice Service Corporation	LA	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-2645333				Gentiva Certified Healthcare Corp.	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-3454105				Gentiva Health Services (Certified), Inc.	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-3414024				Gentiva Health Services (USA) LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 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? (Yes/No)	*
.0119	Humana Inc.	.00000	11-3454104				Gentiva Health Services Holding Corp.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	36-4335801				Gentiva Health Services, Inc.	DE	NIA	Kentucky Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-2802024				Gentiva Services of New York, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-4251135				Georgia Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	64-0730826				Gilbert's Home Health Agency, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-0566932				Gilbert's Hospice Care, LLC	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	62-1406895				Girling Health Care Services of Knoxville, Inc.	TN	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-2115034				Girling Health Care, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-1519643				Harden Clinical Services, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-1487182				Harden HC Texas Holdco, LLC	TX	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	37-1743802				Harden Healthcare Holdings, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-3024009				Harden Healthcare, LLC	TX	NIA	Harden Healthcare Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-1299601				Harden Home Health, LLC	DE	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	43-2083818				Harden Hospice, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	42-1285486				Hawkeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	58-1947694				Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	58-2284736				Healthfield Hospice Services, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-0131980				Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	68-0593590				Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	01-0831798				Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	36-4425473				Healthfield Operating Group, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	58-1819650				Healthfield, LLC	DE	NIA	Healthfield Operating Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	13-4355656				Heritage Health And Hospice Care, LLC	DE	NIA	Curio Houston Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	90-0527683				HHS Healthcare Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	62-1807084				Home Health Care Affiliates of Central Mississippi, L.L.C.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	62-1775256				Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-2737989				Home Health Care Affiliates, Inc.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	56-1556547				Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2374091				Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	87-0494759				Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-0837269				Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	76-0456316				Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	33-1017853				Horizon Health Network LLC	AL	NIA	Wiregrass Hospice Care, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	48-1210207				Hospice Care of Kansas, L.L.C.	KS	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-5666180				Hospice Development Company 2, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-2401094				Hospice Development Company 3, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	86-0710921				Hospice Family Care, Inc.	DE	NIA	Curio Arizona Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-4460659				Hospice of Colorado, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-2676049				Hospice of Connecticut, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-2701531				Hospice of Maine, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-3727632				Hospice of Mesilla Valley, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-4446356				Hospice of Minnesota, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-5585682				Hospice of Texas, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	62-1805874				Hospice of the Emerald Coast, Inc.	FL	NIA	Wiregrass Hospice LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-8781607				Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2865632				Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	61-1655487				Integracare Hospice of Abilene, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-8781715				Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-4630561				Integracare of Abilene, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-2915050				Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-2139332				Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan Inc.

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	.00000	27-2139269				Integracare of Athens-Hospice, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-0638801				Integracare of Olney Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-8768235				Integracare of Texas, LLC	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-0686207				Integracare of West Texas-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-0686137				Integracare of West Texas-Hospice, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-0686266				Integracare of Wichita Falls, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	42-1619898				International Tutoring Services, LLC	DE	NIA	Curio Texas Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-2589495				Iowa Hospice, L.L.C.	IA	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3992741				KAH Development 10, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-4002959				KAH Development 12, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-4025157				KAH Development 14, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3902994				KAH Development 4, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3958634				KAH Development 8, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-3695166				Kentucky Homecare Holdings, Inc.	DE	NIA	Kentucky Homecare Parent Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-3986306				Kentucky Homecare Parent Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-2282690				Kindred Hospice Missouri, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-0717945				Kindred Hospice Services, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-0717534				KN Development 50, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	80-0766080				KSOC Holdings, Inc.	DE	NIA	Curio Hospice SC, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-1658812				Legacy Hospice of Colorado Springs, LLC	CO	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-4692184				Legacy Hospice, LLC	CO	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	48-1303203				Lifepath Hospice and Family Care, L.L.C.	DE	NIA	Curio Utah Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	22-3946976				Lighthouse Hospice - Coastal Bend, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-3228001				Lighthouse Hospice - Metroplex, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	06-1787617				Lighthouse Hospice Management, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	87-0798501				Lighthouse Hospice-San Antonio, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-1818578				Loving Peace Hospice, Inc.	IL	NIA	Hospice Development Company 3, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-0277280				Med. Tech. Services of South Florida, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-2932981				Medical Advocate Healthcare Services Corporation	IL	NIA	Hospice Development Company 3, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-1033439				Med-Tech Services of Dade, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-0644307				Med-Tech Services of Palm Beach, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-0559231				Mid-South Home Care Services, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-0559199				Mid-South Home Health Agency, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	14-1909499				Mid-South Home Health of Gadsden, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	63-0772385				Mid-South Home Health, LLC	DE	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-1285069				Missouri Home Care of Rolla, Inc.	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-4987478				New Beacon Healthcare Group, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-2382959				New Beacon Healthcare Indiana, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-2406999				New Beacon Hospice Indiana, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	61-1802714				New Century Hospice Delaware, LLC	DE	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	90-1029441				New Century Hospice of Richmond, LLC	DE	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-3461625				New Century Hospice Texas, LLC	DE	NIA	Curio Health Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	61-1819142				New Century Hospice Virginia, LLC	DE	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-5435710				New Century Hospice, Inc.	DE	NIA	Hospice Development Company 2, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	22-2695367				New York Healthcare Services, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-5105668				NP Plus, LLC	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	55-0633030				Nursing Care-Home Health Agency, Inc.	WV	NIA	First Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2932676				Odyssey Healthcare GP, LLC	DE	NIA	Odyssey Healthcare Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2925311				Odyssey Healthcare Holding Company	DE	NIA	Odyssey Healthcare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-2998154				Odyssey Healthcare LP, LLC	DE	NIA	Odyssey Healthcare Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2923658				Odyssey Healthcare Management, LP	DE	NIA	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-0711782				Odyssey Healthcare of Augusta, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan Inc.

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	.00000	26-3920362				Odyssey Healthcare of Flint, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-1174455				Odyssey Healthcare of Kansas City, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-3238731				Odyssey Healthcare of Marion County, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-0712052				Odyssey Healthcare of Savannah, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-2529581				Odyssey Healthcare of South Texas, LLC	DE	NIA	Odyssey Healthcare Operating A, LP	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-2752908				Odyssey Healthcare Operating A, LP	DE	NIA	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-2937832				Odyssey Healthcare Operating B, LP	DE	NIA	99% owned by Odyssey Healthcare LP, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	43-1723043				Odyssey Healthcare, Inc.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	22-3690699				OHS Service Corp.	TX	NIA	Geniva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-2284154				Outreach Health Services of North Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-0717917				Peoplefirst Homecare & Hospice of Indiana, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3106972				Peoplefirst Homecare & Hospice of Massachusetts, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-0718025				Peoplefirst Homecare & Hospice of Ohio, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3106983				Peoplefirst Homecare of Colorado, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3106949				PF Development 10, L.L.C.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3107011				PF Development 15, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	46-0818835				PF Development 16, L.L.C.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	46-0860128				PF Development 21, L.L.C.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	46-0881549				PF Development 23, L.L.C.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-0718044				PF Development 5, L.L.C.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3106911				PF Development 7, L.L.C.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3106934				PF Development 9, L.L.C.	DE	NIA	Geniva Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	75-2378887				PHH Acquisition Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	33-1178066				PHHC Acquisition Corp.	DE	NIA	Geniva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-5143963				Professional Healthcare at Home, LLC	CA	NIA	99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-5043143				Professional Healthcare, LLC	DE	NIA	PF Development 10, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	11-2750425				QC-Medi New York, Inc.	NY	NIA	Geniva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	11-2256479				Quality Care - USA, Inc.	NY	NIA	Geniva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	76-0810782				Regency Healthcare Group, LLC	DE	NIA	Regency Healthcare Holdings, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	45-0613347				Regency Healthcare Holdings, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-4540890				Regency Home Office, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	11-3646416				Regency Hospice of Georgia, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	26-3437769				Regency Hospice of Northwest Florida, Inc.	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	82-3111370				Regency Southerncare Hospice, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	59-3080333				Senior Home Care, Inc.	FL	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	42-1699530				SHC Holding, Inc.	DE	NIA	PF Development 21, L.L.C.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	87-0494757				Southern Nevada Home Health Care, Inc.	NV	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	48-1288826				Southerncare Holdings, Inc.	DE	NIA	KSOC Holdings, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	16-1645414				Southerncare, Inc.	DE	NIA	Southerncare Holdings, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	84-1697352				Sun Brook Hospice, LLC	DE	NIA	Curo Utah Hospice, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	72-1487473				Synergy Home Care-Acadiana Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	20-1376846				Synergy Home Care-Capitol Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	36-4516940				Synergy Home Care-Central Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	72-1178497				Synergy Home Care-Northeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	72-1223659				Synergy Home Care-Northshore Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	72-1431394				Synergy Home Care-Northwestern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0
.0119	Humana Inc.	.00000	72-1429305				Synergy Home Care-Southeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.NO.	.0

ANNUAL STATEMENT FOR THE YEAR 2021 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? (Yes/No)	*
.0119	Humana Inc.	.00000	94-3419676				Synergy, Inc.	LA	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	56-1456991				TAR Heel Health Care Services, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	43-1697602				The American Heartland Hospice Corp.	MO	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-3713065				TMO Healthcare, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	68-0593592				Total Care Home Health of Louisburg, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-0091435				Total Care Home Health of North Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-0091422				Total Care Home Health of South Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2900007				Trinity Hospice of Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	62-1669388				Van Winkle Home Health Care, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-1995143				Vernon Home Health Care Agency, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	86-0808230				Vista Hospice Care, LLC	DE	NIA	Vistacare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-1544595				Vistacare of Boston, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	86-0914505				Vistacare USA, LLC	DE	NIA	Vista Hospice Care, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	06-1521534				Vistacare, LLC	DE	NIA	Odyssey Healthcare Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-1953497				Voyager Acquisition, L.P.	TX	NIA	1% by American Hospice, Inc. and 99% by Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-1501792				Voyager Home Health, Inc.	DE	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-1173787				Voyager Hospicecare, Inc.	DE	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-2300938				Wake Forest Baptist Health Care at Home, LLC	NC	NIA	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-0296636				Wiregrass Hospice Care, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-0559182				Wiregrass Hospice LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	34-2053721				Wiregrass Hospice of South Carolina, LLC	GA	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	84-3700467				Elite Health Medical Centers, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-3715136				Elite Health Primary Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-0270114				South Florida Cardiology Associates, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-2446186				Trueshore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000					Trueshore S.R. I.	DOM	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-3052911				The Home Team of Kansas LLC	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	84-5171456				Enhanc DCE, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000					One Home Medical Equipment NC, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000					One Home Medical Equipment VA, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000					One Infusion Pharmacy NC, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000					One Infusion Pharmacy VA, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	45-4020797				Amicus Medical Center LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-3974953				Amicus Medical Group, Inc.	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-1085323				Amicus Medical Services Organization, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0

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.

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ANNUAL STATEMENT FOR THE YEAR 2021 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	20-5309363	516-526 West Main Street Condominium Council of Co-Owners, Inc.	0	0	0	0	15	0		0	15	0
00000	20-8716006	ABC Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	72-2695805	Aberdeen Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	77-0601595	Able Home Healthcare, Inc.	0	0	0	0	0	0		0	0	0
00000	06-1451363	Access Home Health of Florida, LLC	0	0	0	0	0	0		0	0	0
00000	45-2594868	Accredited Home Health of Broward, Inc.	0	0	0	0	6,435,943	0		0	6,435,943	0
00000	65-0180784	Advanced Oncology Services, Inc.	0	0	0	0	0	0		0	0	0
00000	11-3391115	Alexander Infusion, LLC	0	0	0	0	2,411,768	0		0	2,411,768	0
00000	36-4473376	Alpine Home Health Care, LLC	0	0	0	0	0	0		0	0	0
00000	26-0751512	Amazing Home Health Care, Inc.	0	0	0	0	6,736	0		0	6,736	0
00000	85-3668783	Amazing Home Health Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	11-3306095	American Homecare Management Corp.	0	0	0	0	0	0		0	0	0
00000	75-2486047	American Hospice, Inc.	0	0	0	0	0	0		0	0	0
00000	45-4020797	Amicus Medical Center LLC	0	0	0	0	0	0		0	0	0
00000	27-3974953	Amicus Medical Group, Inc.	0	0	0	0	0	0		0	0	0
00000	27-1085323	Amicus Medical Services Organization, LLC	0	0	0	0	(40,714)	0		0	(40,714)	0
00000	20-2170043	Angel Heart Hospice, LLC	0	0	0	0	0	0		0	0	0
12151	20-1001348	Arcadian Health Plan, Inc.	75,000,000	0	0	0	(2,545,954,098)	0		0	(2,470,954,098)	0
00000	94-3247811	Asian American Home Care, Inc.	0	0	0	0	0	0		0	0	0
00000	20-8803486	At Home Healthcare And Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-1063483	At Home Hospice of Alpharetta, LLC	0	0	0	0	0	0		0	0	0
00000	81-4302441	Avalon Hospice Iowa, LLC	0	0	0	0	0	0		0	0	0
00000	81-4016398	Avalon Hospice Minnesota, LLC	0	0	0	0	0	0		0	0	0
00000	81-5480661	Avalon Hospice Missouri, LLC	0	0	0	0	0	0		0	0	0
00000	81-3653862	Avalon Hospice Nebraska, LLC	0	0	0	0	0	0		0	0	0
00000	82-0630557	Avalon Hospice Ohio, LLC	0	0	0	0	0	0		0	0	0
00000	82-0620455	Avalon Hospice Pennsylvania, LLC	0	0	0	0	0	0		0	0	0
00000	20-2999369	Bethany Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	75-1901342	BWB Sunbelt Home Health Services, LLC	0	0	0	0	0	0		0	0	0
00000	30-0711730	California Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	56-2102603	Capital Care Resources of South Carolina, LLC	0	0	0	0	0	0		0	0	0
00000	58-2411159	Capital Care Resources, LLC	0	0	0	0	0	0		0	0	0
00000	58-2313705	Capital Health Management Group, LLC	0	0	0	0	0	0		0	0	0
00000	47-4681334	Care Hope Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	80-0732207	Care Hope Home Health Agency, Inc.	0	0	0	0	7,196,217	0		0	7,196,217	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	335	0		0	335	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(7,982)	0		0	(7,982)	0
95092	59-2598550	CarePlus Health Plans, Inc.	129,000,000	0	0	0	(1,166,281,915)	0		0	(1,037,281,915)	0
95754	62-1579044	Cariten Health Plan Inc.	120,000,000	0	0	0	(729,693,762)	0		0	(609,693,762)	0
00000	56-1872602	Carrolton Home Care, LLC	0	0	0	0	0	0		0	0	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	45,825,251	0		0	45,825,251	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	32-0545504	CDO 2, LLC	0	0	0	0	32,238,189	0		0	32,238,189	0
00000	83-3399294	Cedar Valley Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	85-0858631	CenterWell Care Solutions, LLC	0	0	0	0	0	0		0	0	0
00000	59-3164234	CenterWell Senior Primary Care (FL), Inc.	0	0	0	0	115,133,316	0		0	115,133,316	0
00000	86-0714789	Central Arizona Home Health Care, Inc.	0	0	0	0	0	0		0	0	0
00000	47-3061031	CH Services Group Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	47-3083265	CH Services Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	47-3083393	CH Services Midco Holdings, Inc.	0	0	0	0	0	0		0	0	0
95158	61-1279717	CHA HMO, Inc.	43,750,000	0	0	0	(1,686,117,889)	0		0	(1,642,367,889)	0
00000	82-5266576	Charlotte Buyer, Inc.	0	0	0	0	0	0		0	0	0
00000	03-0387821	Chattahoochee Valley Home Care Services, LLC	0	0	0	0	0	0		0	0	0
00000	34-1994007	Chattahoochee Valley Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	04-3813487	CHMG Acquisition LLC	0	0	0	0	0	0		0	0	0
00000	54-2089073	CHMG of Atlanta, LLC	0	0	0	0	0	0		0	0	0
00000	54-2089075	CHMG of Griffin, LLC	0	0	0	0	0	0		0	0	0
00000	46-0494731	Community Home Care & Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	36-4530146	Community Home Care of Robeson County, LLC	0	0	0	0	0	0		0	0	0
00000	84-1642693	Community Home Care of Vance County, LLC	0	0	0	0	0	0		0	0	0
00000	20-0724725	Community Hospice of The Carolinas, LLC	0	0	0	0	0	0		0	0	0
00000	74-3059415	Community Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-0001235	Compass Hospice, Inc.	0	0	0	0	0	0		0	0	0
52015	59-2531815	CompBenefits Company	1,250,000	10,500,000	0	0	(6,991,172)	0		0	4,758,828	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	483,809	0		0	483,809	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(1,455,218)	0		0	(1,455,218)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(17,643)	0		0	(17,643)	0
60984	74-2552026	CompBenefits Insurance Company	0	15,000,000	0	0	(205,491,023)	0		0	(190,491,023)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	53,912,892	0		0	53,912,892	0
00000	85-3191430	Conviva Care Solutions II, LLC	0	0	0	0	58,128,227	0		0	58,128,227	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	299,197,757	0		0	299,197,757	0
00000	20-5569675	Conviva Group Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	46-5329373	Conviva Health Management, LLC	0	0	0	0	342,141,782	0		0	342,141,782	0
00000	46-1225873	Conviva Health MSO of Texas, Inc.	0	0	0	0	(3,132,178)	0		0	(3,132,178)	0
00000	20-5904436	Conviva Medical Center Management, LLC	0	0	0	0	1,457,127,652	0		0	1,457,127,652	0
00000	81-2957926	Conviva Speciality, LLC	0	0	0	0	(2,008,490)	0		0	(2,008,490)	0
00000	74-2769755	Corpus Christi Home Care, Inc.	0	0	0	0	3,058,970	0		0	3,058,970	0
00000	26-1819030	Cosmos Hospice of Corpus Christi, LLC	0	0	0	0	0	0		0	0	0
00000	26-2056906	Cosmos Hospice of San Antonio, LLC	0	0	0	0	0	0		0	0	0
00000	81-3299447	CTW Development, LLC	0	0	0	0	0	0		0	0	0
00000	45-5363989	Curo Arizona Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	45-5354338	Curo Community Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-3569032	Curo Health Services Holdings, Inc.	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	32-0307955	Curo Health Services, LLC	0	0	0	0	0	0		0	0	0
00000	46-5394442	Curo Hospice SC, LLC	0	0	0	0	0	0		0	0	0
00000	35-2451630	Curo Houston Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	46-3096415	Curo Texas Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	27-3515749	Curo Texas Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-3500910	Curo Utah Home Care, Inc.	0	0	0	0	0	0		0	0	0
00000	27-3500790	Curo Utah Hospice, Inc.	0	0	0	0	0	0		0	0	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	36,801	0		0	36,801	0
95161	76-0039628	DentiCare, Inc.	1,000,000	0	0	0	(2,733,639)	0		0	(1,733,639)	0
00000	36-4898224	Eagle NY Rx, LLC	0	0	0	0	0	0		0	0	0
00000	47-1407967	Eagle Rx Holdco, Inc.	0	0	0	0	(43,433,005)	0		0	(43,433,005)	0
00000	47-1416614	Eagle Rx, Inc.	0	0	0	0	299,158	0		0	299,158	0
00000	56-1590744	Eastern Carolina Home Health Agency, LLC	0	0	0	0	0	0		0	0	0
00000	87-1493628	Echo Primary Care Holdings, LLC	0	0	0	0	393,959	0		0	393,959	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	562,197	0		0	562,197	0
00000	84-3700467	Elite Health Medical Centers, LLC	0	0	0	0	0	0		0	0	0
00000	26-3715136	Elite Health Primary Care, LLC	0	0	0	0	(1,084,319)	0		0	(1,084,319)	0
88595	31-0935772	Empesys Insurance Company	0	5,000,000	0	0	8,673	0		0	5,008,673	0
00000	61-1237697	Empesys, Inc.	0	0	0	0	240	0		0	240	0
00000	23-3068914	Enclara Pharmacia, Inc.	0	0	0	0	12,102,768	0		0	12,102,768	0
00000	84-5171456	Enhanz DCE, LLC	0	0	0	0	0	0		0	0	0
00000	75-2588221	Family Hospice, Ltd.	0	0	0	0	0	0		0	0	0
00000	75-2588220	FHI GP, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2588219	FHI Health Systems, Inc.	0	0	0	0	0	0		0	0	0
00000	88-0335145	FHI LP, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2588222	FHI Management, Ltd.	0	0	0	0	0	0		0	0	0
00000	55-0750157	First Home Health, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2784006	Focus Care Health Resources, Inc.	0	0	0	0	0	0		0	0	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	484	0		0	484	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	285	0		0	285	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	360	0		0	360	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	0	0		0	0	0
00000	72-1584635	Freedom Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	75-2855493	GBA Holding, Inc.	0	0	0	0	0	0		0	0	0
00000	26-2944774	GBA West, LLC	0	0	0	0	0	0		0	0	0
00000	42-1581419	Generations Hospice Service Corporation	0	0	0	0	0	0		0	0	0
00000	11-2645333	Gentiva Certified Healthcare Corp.	0	0	0	0	0	0		0	0	0
00000	11-3454105	Gentiva Health Services (Certified), Inc.	0	0	0	0	0	0		0	0	0
00000	11-3414024	Gentiva Health Services (USA) LLC	0	0	0	0	239,757,353	0		0	239,757,353	0
00000	11-3454104	Gentiva Health Services Holding Corp.	0	0	0	0	0	0		0	0	0
00000	36-4335801	Gentiva Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	11-2802024	Gentiva Services of New York, Inc.	0	0	0	0	0	0		0	0	0
00000	27-4251135	Georgia Hospice, LLC	0	0	0	0	0	0		0	0	0

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SCHEDULE Y
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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	64-0730826	Gilbert's Home Health Agency, Inc.	0	0	0	0	0	0		0	0	0
00000	20-0566932	Gilbert's Hospice Care, LLC	0	0	0	0	0	0		0	0	0
00000	62-1406895	Girling Health Care Services of Knoxville, Inc.	0	0	0	0	0	0		0	0	0
00000	74-2115034	Girling Health Care, Inc.	0	0	0	0	0	0		0	0	0
00000	27-4535747	Go365, LLC	0	0	0	0	104,690,872	0		0	104,690,872	0
00000	39-1789830	GuidantRx, Inc.	0	0	0	0	1,052,537	0		0	1,052,537	0
00000	27-1519643	Harden Clinical Services, LLC	0	0	0	0	0	0		0	0	0
00000	26-1487182	Harden HC Texas Holdco, LLC	0	0	0	0	0	0		0	0	0
00000	37-1743802	Harden Healthcare Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	74-3024009	Harden Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	65-1299601	Harden Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	43-2083818	Harden Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(8,373,723)	0		0	(8,373,723)	0
00000	42-1285486	Hawkeye Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	194,109	0		0	194,109	0
00000	58-1947694	Healthfield Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	58-2284736	Healthfield Hospice Services, LLC	0	0	0	0	0	0		0	0	0
00000	27-0131980	Healthfield of Southwest Georgia, LLC	0	0	0	0	0	0		0	0	0
00000	68-0593590	Healthfield of Statesboro, LLC	0	0	0	0	0	0		0	0	0
00000	01-0831798	Healthfield of Tennessee, LLC	0	0	0	0	0	0		0	0	0
00000	36-4425473	Healthfield Operating Group, LLC	0	0	0	0	0	0		0	0	0
00000	58-1819650	Healthfield, LLC	0	0	0	0	0	0		0	0	0
00000	13-4355656	Heritage Health And Hospice Care, LLC	0	0	0	0	0	0		0	0	0
00000	90-0527683	HHS Healthcare Corp.	0	0	0	0	0	0		0	0	0
00000	62-1807084	Home Health Care Affiliates of Central Mississippi, L.L.C.	0	0	0	0	0	0		0	0	0
00000	62-1775256	Home Health Care Affiliates of Mississippi, Inc.	0	0	0	0	0	0		0	0	0
00000	74-2737989	Home Health Care Affiliates, Inc.	0	0	0	0	0	0		0	0	0
00000	56-1556547	Home Health Care of Carteret County, LLC	0	0	0	0	0	0		0	0	0
00000	75-2374091	Home Health of Rural Texas, Inc.	0	0	0	0	0	0		0	0	0
00000	87-0494759	Home Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0837269	Homecare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	76-0456316	Horizon Health Care Services, Inc.	0	0	0	0	0	0		0	0	0
00000	33-1017853	Horizon Health Network LLC	0	0	0	0	0	0		0	0	0
00000	48-1210207	Hospice Care of Kansas, L.L.C.	0	0	0	0	0	0		0	0	0
00000	47-5666180	Hospice Development Company 2, LLC	0	0	0	0	0	0		0	0	0
00000	81-2401094	Hospice Development Company 3, LLC	0	0	0	0	0	0		0	0	0
00000	86-0710921	Hospice Family Care, Inc.	0	0	0	0	0	0		0	0	0
00000	83-4460659	Hospice of Colorado, LLC	0	0	0	0	0	0		0	0	0
00000	83-2676049	Hospice of Connecticut, LLC	0	0	0	0	0	0		0	0	0
00000	83-2701531	Hospice of Maine, LLC	0	0	0	0	0	0		0	0	0
00000	83-3727632	Hospice of Mesilla Valley, LLC	0	0	0	0	0	0		0	0	0

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00000	83-4446356	Hospice of Minnesota, LLC	0	0	0	0	0	0		0	0	0
00000	47-5585682	Hospice of Texas, LLC	0	0	0	0	0	0		0	0	0
00000	62-1805874	Hospice of the Emerald Coast, Inc.	0	0	0	0	0	0		0	0	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	50,935,248	0		0	50,935,248	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	470	0		0	470	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	43	0		0	43	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	2,923	0		0	2,923	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	(315,432)	0		0	(315,432)	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	0	0		0	0	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	245,646,370	0		0	245,646,370	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	4,620,886	0		0	4,620,886	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	25,000,000	0	0	0	(1,390,706,260)	0		0	(1,365,706,260)	0
00000	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	15,000,000	0	0	(1,826,990)	0		0	13,173,010	0
15886	75-2043865	Humana Benefit Plan of Texas, Inc.	0	0	0	0	(387,252)	0		0	(387,252)	0
00000	59-1843760	Humana Dental Company	0	0	0	0	2,288,126	0		0	2,288,126	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	(54,912,767)	0		0	(54,912,767)	0
00000	85-3099097	Humana Direct Contracting Entity, Inc.	0	0	0	0	(53,459,754)	0		0	(53,459,754)	0
00000	46-4912173	Humana EAP and Work-Life Services of California, Inc.	0	0	0	0	(222,545)	0		0	(222,545)	0
95519	58-2209549	Humana Employers Health Plan of Georgia, Inc.	0	0	0	0	(703,104,617)	0		0	(703,104,617)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(53,716,641)	0		0	(53,716,641)	0
95642	72-1279235	Humana Health Benefit Plan of Louisiana, Inc.	100,000,000	0	0	0	(1,119,340,111)	0		0	(1,019,340,111)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	110,000,000	0	0	(228,013,406)	0		0	(118,013,406)	0
69671	61-1041514	Humana Health Insurance Company of Florida, Inc.	0	30,500,000	0	0	105,200,314	0		0	135,700,314	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	4,000,000	0	0	(40,787,659)	0		0	(36,787,659)	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	0	0	0	(78,718,879)	0		0	(78,718,879)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	0	0	0	(127,725,707)	0		0	(127,725,707)	0
95885	61-1013183	Humana Health Plan, Inc.	0	60,000,000	0	0	(1,673,333,359)	0		0	(1,613,333,359)	0
95721	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	(100,856,528)	0		0	(100,856,528)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	2,013,010	0		0	2,013,010	0
00000	61-0647538	Humana Inc.	(1,629,000,000)	(450,000,000)	0	0	2,203,796,587	0		0	124,796,587	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(6,654,009)	0		0	(6,654,009)	0
73288	39-1263473	Humana Insurance Company	639,000,000	0	0	0	(16,102,925,450)	(3,880,387)		0	(15,467,805,837)	0
60219	61-1311685	Humana Insurance Company of Kentucky	11,000,000	0	0	0	(138,336,075)	3,880,387		0	(123,455,688)	0
12634	20-2888723	Humana Insurance Company of New York	0	125,000,000	0	0	(853,630,722)	0		0	(728,630,722)	0
84603	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(70,231,682)	0		0	(70,231,682)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	38,437,675	0		0	38,437,675	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0

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00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	649,518,939	0		0	649,518,939	0
14224	27-3991410	Humana Medical Plan of Michigan, Inc.	0	25,000,000	0	0	(140,432,591)	0		0	(115,432,591)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	(1,537,635)	0		0	(1,537,635)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	0	0	0	(28,040,672)	0		0	(28,040,672)	0
95270	61-1103898	Humana Medical Plan, Inc.	425,000,000	0	0	0	(5,542,916,923)	0		0	(5,117,916,923)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	23,416,949,148	0		0	23,416,949,148	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	7,437,433,380	0		0	7,437,433,380	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	17,052,690	0		0	17,052,690	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	15,000,000	0	0	(68,604,949)	0		0	(53,604,949)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	4,644	0		0	4,644	0
95342	39-1525003	Humana Wisconsin Health Organization Insurance Corporation	40,000,000	0	0	0	(1,777,278,994)	0		0	(1,737,278,994)	0
70580	39-0714280	HumanaDental Insurance Company	0	35,000,000	0	0	(284,614,081)	0		0	(249,614,081)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	320,389	0		0	320,389	0
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	1,038,791	0		0	1,038,791	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	115,925	0		0	115,925	0
11695	39-1769093	Independent Care Health Plan	10,000,000	0	0	0	(527,928)	0		0	9,472,072	0
00000	20-8781607	Integracare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2865632	Integracare Home Health Services, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1655487	Integracare Hospice of Abilene, LLC	0	0	0	0	0	0		0	0	0
00000	20-8781715	Integracare Intermediate Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	26-4630561	Integracare of Abilene, LLC	0	0	0	0	0	0		0	0	0
00000	26-2915050	Integracare of Albany, LLC	0	0	0	0	0	0		0	0	0
00000	27-2139332	Integracare of Athens-Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	27-2139269	Integracare of Athens-Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	81-0638801	Integracare of Olney Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	20-8768235	Integracare of Texas, LLC	0	0	0	0	0	0		0	0	0
00000	27-0686207	Integracare of West Texas-Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	27-0686137	Integracare of West Texas-Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	27-0686266	Integracare of Wichita Falls, LLC	0	0	0	0	0	0		0	0	0
00000	42-1619898	International Tutoring Services, LLC	0	0	0	0	0	0		0	0	0
00000	20-2589495	Iowa Hospice, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-3992741	KAH Development 10, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-4002959	KAH Development 12, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-4025157	KAH Development 14, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-3902994	KAH Development 4, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-3958634	KAH Development 8, L.L.C.	0	0	0	0	0	0		0	0	0
00000	82-3695166	Kentucky Homecare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	82-3986306	Kentucky Homecare Parent Inc.	0	0	0	0	0	0		0	0	0
00000	83-2282690	Kindred Hospice Missouri, LLC	0	0	0	0	0	0		0	0	0
00000	26-0717945	Kindred Hospice Services, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-0717534	KND Development 50, L.L.C.	0	0	0	0	0	0		0	0	0

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00000	80-0766080	KSOC Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	46-1658812	Legacy Hospice of Colorado Springs, LLC	0	0	0	0	0	0		0	0	0
00000	26-4692184	Legacy Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	48-1303203	Lifepath Hospice and Family Care, L.L.C.	0	0	0	0	0	0		0	0	0
00000	22-3946976	Lighthouse Hospice - Coastal Bend, LLC	0	0	0	0	0	0		0	0	0
00000	26-3228001	Lighthouse Hospice - Metroplex, LLC	0	0	0	0	0	0		0	0	0
00000	06-1787617	Lighthouse Hospice Management, LLC	0	0	0	0	0	0		0	0	0
00000	87-0798501	Lighthouse Hospice-San Antonio, LLC	0	0	0	0	0	0		0	0	0
00000	47-1818578	Loving Peace Hospice, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	5,000,000	0	0	0	(2,640,707)	0		0	2,359,293	0
00000	65-0277280	Med. Tech. Services of South Florida, Inc.	0	0	0	0	0	0		0	0	0
00000	27-2932981	Medical Advocate Healthcare Services Corporation	0	0	0	0	0	0		0	0	0
00000	65-1033439	Med-Tech Services of Dade, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0644307	Med-Tech Services of Palm Beach, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	200	0		0	200	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	134,785	0		0	134,785	0
00000	82-0559231	Mid-South Home Care Services, LLC	0	0	0	0	0	0		0	0	0
00000	82-0559199	Mid-South Home Health Agency, LLC	0	0	0	0	0	0		0	0	0
00000	14-1909499	Mid-South Home Health of Gadsden, LLC	0	0	0	0	0	0		0	0	0
00000	63-0772385	Mid-South Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	65-1285069	Missouri Home Care of Rolla, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	0	0		0	0	0
00000	20-4987478	New Beacon Healthcare Group, LLC	0	0	0	0	0	0		0	0	0
00000	82-2382959	New Beacon Healthcare Indiana, LLC	0	0	0	0	0	0		0	0	0
00000	82-2406999	New Beacon Hospice Indiana, LLC	0	0	0	0	0	0		0	0	0
00000	61-1802714	New Century Hospice Delaware, LLC	0	0	0	0	0	0		0	0	0
00000	90-1029441	New Century Hospice of Richmond, LLC	0	0	0	0	0	0		0	0	0
00000	83-3461625	New Century Hospice Texas, LLC	0	0	0	0	0	0		0	0	0
00000	61-1819142	New Century Hospice Virginia, LLC	0	0	0	0	0	0		0	0	0
00000	20-5435710	New Century Hospice, Inc.	0	0	0	0	0	0		0	0	0
00000	22-2695367	New York Healthcare Services, Inc.	0	0	0	0	0	0		0	0	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	300	0		0	300	0
00000	20-5105668	NP Plus, LLC	0	0	0	0	0	0		0	0	0
00000	55-0633030	Nursing Care-Home Health Agency, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	0	0		0	0	0
00000	75-2932676	Odyssey Healthcare GP, LLC	0	0	0	0	0	0		0	0	0
00000	75-2925311	Odyssey Healthcare Holding Company	0	0	0	0	0	0		0	0	0
00000	74-2998154	Odyssey Healthcare LP, LLC	0	0	0	0	0	0		0	0	0
00000	75-2923658	Odyssey Healthcare Management, LP	0	0	0	0	0	0		0	0	0
00000	26-0711782	Odyssey Healthcare of Augusta, LLC	0	0	0	0	0	0		0	0	0
00000	26-3920362	Odyssey Healthcare of Flint, LLC	0	0	0	0	0	0		0	0	0
00000	26-1174455	Odyssey Healthcare of Kansas City, LLC	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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	75-3238731	Odyssey Healthcare of Marion County, LLC	0	0	0	0	0	0		0	0	0
00000	26-0712052	Odyssey Healthcare of Savannah, LLC	0	0	0	0	0	0		0	0	0
00000	26-2529581	Odyssey Healthcare of South Texas, LLC	0	0	0	0	0	0		0	0	0
00000	75-2752908	Odyssey Healthcare Operating A, LP	0	0	0	0	0	0		0	0	0
00000	75-2937832	Odyssey Healthcare Operating B, LP	0	0	0	0	0	0		0	0	0
00000	43-1723043	Odyssey Healthcare, Inc.	0	0	0	0	0	0		0	0	0
00000	22-3690699	OHS Service Corp.	0	0	0	0	0	0		0	0	0
00000	20-3443369	On the Way Home Care, Inc.	0	0	0	0	6,769,451	0		0	6,769,451	0
00000	82-2018741	One Home Health Holdings CCTX, LLC	0	0	0	0	0	0		0	0	0
00000	81-3485437	One Home Health Holdings, LLC	0	0	0	0	0	0		0	0	0
00000		One Home Medical Equipment NC, LLC	0	0	0	0	0	0		0	0	0
00000	82-3472028	One Home Medical Equipment TX, LLC	0	0	0	0	1,794,961	0		0	1,794,961	0
00000		One Home Medical Equipment VA, LLC	0	0	0	0	0	0		0	0	0
00000	46-2894851	One Home Medical Equipment, LLC	0	0	0	0	15,404,155	0		0	15,404,155	0
00000	46-3313080	One Homecare Solutions, LLC	0	0	0	0	0	0		0	0	0
00000	46-4176818	One Homecare Systems, LLC	0	0	0	0	0	0		0	0	0
00000		One Infusion Pharmacy NC, LLC	0	0	0	0	0	0		0	0	0
00000		One Infusion Pharmacy VA, LLC	0	0	0	0	0	0		0	0	0
00000	46-2882412	One Infusion Pharmacy, LLC	0	0	0	0	11,894,950	0		0	11,894,950	0
00000	46-3116955	One Nursing Care, LLC	0	0	0	0	10,173,336	0		0	10,173,336	0
00000	20-4271850	One TPA Systems, Inc.	0	0	0	0	0	0		0	0	0
00000	75-2284154	Outreach Health Services of North Texas, LLC	0	0	0	0	0	0		0	0	0
00000	61-1340806	PBM Holding Company	0	0	0	0	0	0		0	0	0
00000	20-2373204	PBM Plus Mail Service Pharmacy, LLC	0	0	0	0	0	0		0	0	0
00000	26-0717917	Peoplefirst Homecare & Hospice of Indiana, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3106972	Peoplefirst Homecare & Hospice of Massachusetts, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-0718025	Peoplefirst Homecare & Hospice of Ohio, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3106983	Peoplefirst Homecare of Colorado, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3106949	PF Development 10, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3107011	PF Development 15, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-0818835	PF Development 16, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-0860128	PF Development 21, L.L.C.	0	0	0	0	0	0		0	0	0
00000	46-0881549	PF Development 23, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-0718044	PF Development 5, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3106911	PF Development 7, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3106934	PF Development 9, L.L.C.	0	0	0	0	0	0		0	0	0
00000	83-2136817	Pharaoh JV, LLC	0	0	0	0	(1,570,220)	0		0	(1,570,220)	0
00000	75-2378887	PHH Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	33-1178066	PHHC Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	4,613	0		0	4,613	0

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ANNUAL STATEMENT FOR THE YEAR 2021 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	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	20	0		0	20	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	58,036,301	0		0	58,036,301	0
00000	20-5143963	Professional Healthcare at Home, LLC	0	0	0	0	0	0		0	0	0
00000	20-5043143	Professional Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	11-2750425	QC-Medi New York, Inc.	0	0	0	0	0	0		0	0	0
00000	11-2256479	Quality Care - USA, Inc.	0	0	0	0	0	0		0	0	0
00000	76-0810782	Regency Healthcare Group, LLC	0	0	0	0	0	0		0	0	0
00000	45-0613347	Regency Healthcare Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	26-4540890	Regency Home Office, LLC	0	0	0	0	0	0		0	0	0
00000	11-3646416	Regency Hospice of Georgia, LLC	0	0	0	0	0	0		0	0	0
00000	26-3437769	Regency Hospice of Northwest Florida, Inc.	0	0	0	0	0	0		0	0	0
00000	82-3111370	Regency Southerncare Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(1,845)	0		0	(1,845)	0
00000	59-3080333	Senior Home Care, Inc.	0	0	0	0	0	0		0	0	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	665,183	0		0	665,183	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(1,845)	0		0	(1,845)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	(6,687,449)	0		0	(6,687,449)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	260	0		0	260	0
00000	42-1699530	SHC Holding, Inc.	0	0	0	0	0	0		0	0	0
00000	65-0270114	South Florida Cardiology Associates, LLC	0	0	0	0	(45,196)	0		0	(45,196)	0
00000	87-0494757	Southern Nevada Home Health Care, Inc.	0	0	0	0	0	0		0	0	0
00000	48-1288826	Southerncare Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	16-1645414	Southerncare, Inc.	0	0	0	0	0	0		0	0	0
00000	84-1697352	Sun Brook Hospice, LLC	0	0	0	0	0	0		0	0	0
00000	72-1487473	Synergy Home Care-Acadiana Region, Inc.	0	0	0	0	0	0		0	0	0
00000	20-1376846	Synergy Home Care-Capitol Region, Inc.	0	0	0	0	0	0		0	0	0
00000	36-4516940	Synergy Home Care-Central Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1178497	Synergy Home Care-Northeastern Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1223659	Synergy Home Care-Northshore Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1431394	Synergy Home Care-Northwestern Region, Inc.	0	0	0	0	0	0		0	0	0
00000	72-1429305	Synergy Home Care-Southeastern Region, Inc.	0	0	0	0	0	0		0	0	0
00000	94-3419676	Synergy, Inc.	0	0	0	0	0	0		0	0	0
00000	56-1456991	TAR Heel Health Care Services, LLC	0	0	0	0	0	0		0	0	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(31,576)	0		0	(31,576)	0
00000	43-1697602	The American Heartland Hospice Corp.	0	0	0	0	0	0		0	0	0
54739	52-1157181	The Dental Concern, Inc.	4,000,000	0	0	0	(6,748,107)	0		0	(2,748,107)	0
00000	74-3052911	The Home Team of Kansas LLC	0	0	0	0	0	0		0	0	0
00000	26-3713065	TNMO Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	68-0593592	Total Care Home Health of Louisburg, LLC	0	0	0	0	0	0		0	0	0

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	20-0091435	Total Care Home Health of North Carolina, LLC	0	0	0	0	0	0		0	0	0
00000	20-0091422	Total Care Home Health of South Carolina, LLC	0	0	0	0	0	0		0	0	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	45,134	0		0	45,134	0
00000	75-2900007	Trinity Hospice of Texas, LLC	0	0	0	0	0	0		0	0	0
00000	47-2446186	Trueshore BPO, LLC	0	0	0	0	1,005,456	0		0	1,005,456	0
00000		Trueshore S.R. I.	0	0	0	0	0	0		0	0	0
00000	62-1669388	Van Winkle Home Health Care, Inc.	0	0	0	0	0	0		0	0	0
00000	75-1995143	Vernon Home Health Care Agency, LLC	0	0	0	0	0	0		0	0	0
00000	86-0808230	Vista Hospice Care, LLC	0	0	0	0	0	0		0	0	0
00000	26-1544595	Vistacare of Boston, LLC	0	0	0	0	0	0		0	0	0
00000	86-0914505	Vistacare USA, LLC	0	0	0	0	0	0		0	0	0
00000	06-1521534	Vistacare, LLC	0	0	0	0	0	0		0	0	0
00000	20-1953497	Voyager Acquisition, L.P.	0	0	0	0	0	0		0	0	0
00000	26-1501792	Voyager Home Health, Inc.	0	0	0	0	0	0		0	0	0
00000	20-1173787	Voyager Hospicecare, Inc.	0	0	0	0	0	0		0	0	0
00000	46-2300938	Wake Forest Baptist Health Care at Home, LLC	0	0	0	0	0	0		0	0	0
00000	20-0296636	Wiregrass Hospice Care, LLC	0	0	0	0	0	0		0	0	0
00000	82-0559182	Wiregrass Hospice LLC	0	0	0	0	0	0		0	0	0
00000	34-2053721	Wiregrass Hospice of South Carolina, LLC	0	0	0	0	0	0		0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan Inc.

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES








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
MARCH FILING	
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
APRIL FILING	
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
JUNE FILING	
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

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.

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

AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11. This type of business is not written.	
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. No relief will be requested.	
17. No relief will be requested.	
18. No relief will be requested.	
19. This type of business is not written.	
20. This type of business is not written.	

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Humana Health Plan Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (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 Julie Ford
 Title Lead, Financial Reporting Telephone Number 502-580-8375

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										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		4,660	221	4.7	2	2,846	668	23.5	2
	KYMESNM10F	F	NO	0234060	12/14/2017			08/31/2020		320,169	220,004	68.7	120	425,194	415,380	97.7	159
	KYMESNM10F(HD)	F	NO	0234060	12/14/2017			08/31/2020		28,596	1,352	4.7	34	54,616	43,879	80.3	65
	KYMESNM10G	G	NO	0234060	12/14/2017			08/31/2020		464,926	373,931	80.4	226	1,764,608	1,574,499	89.2	892
	KYMESNM10G(HD)	G	NO	0234060	08/22/2019			08/31/2020		0	0	0.0	0	23,619	14,087	59.6	27
	KYMESNM10N	N	NO	0234060	12/14/2017			08/31/2020		100,575	83,402	82.9	55	247,487	223,877	90.5	129
0199999. Total Experience on Individual Policies										918,926	678,910	73.9	437	2,518,370	2,272,389	90.2	1,274

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 500 West Main Street Louisville , KY 40202
 - 2.2 Contact Person and Phone Number: Marlene Helmkamp Ms. 502-476-5123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 101 E. Main Street Louisville , KY 40202
 - 3.2 Contact Person and Phone Number: Christy Bailey Ms. 502-580-4944
4. Explain any policies identified above as policy type "O".