



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
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 Bryan Oberholtzer, 502-580-1077
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO Bruce Dale Broussard Chief Financial Officer Susan Marie Diamond
VP, Associate General Counsel & Corporate Secretary Joseph Matthew Ruschell SVP, Chief Actuary Vanessa Marie Olson

OTHER

| | | |
|--|---|--|
| <u>John Edward Barger III, SVP, Medicaid President</u> | <u>Charles Wilbur Dow Jr., Regional President</u> | <u>Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor</u> |
| <u>Douglas Allen Edwards, SVP, Enterprise Associate & Business Solutions</u> | <u>John-Paul William Felter #, SVP, Chief Accounting Officer & Controller</u> | <u>Jeremy Leon Gaskill, Vice President, Employer Group Regional President</u> |
| <u>Leann Moren Hutchinson #, VP, Group Business Operations</u> | <u>Robert Martin Marcoux Jr. #, VP & Treasurer</u> | <u>Matthew George Moore, Regional President</u> |
| <u>Sean Joseph O'Reilly, SVP, Chief Compliance Officer</u> | <u>William Mark Preston, VP, Investments</u> | <u>George Renaudin II, President, Medicare</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, SVP, Specialty & Employer Group South</u> | <u>Daniel Andrew Tuffo, SVP, Medicare Divisional Leader</u> | <u>Ralph Martin Wilson, Vice President</u> |

DIRECTORS OR TRUSTEES

Bruce Dale Broussard George Renaudin II # Joseph Matthew Ruschell

State of Kentucky SS
County of Jefferson

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

Bruce Dale Broussard
President & CEO

Joseph Matthew Ruschell
VP, Associate General Counsel & Corporate Secretary

Robert Martin Marcoux, Jr. #
VP & Treasurer

Subscribed and sworn to before me this
20th day of February, 2023

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

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

| Type of Health Care Receivable | Health Care Receivables Collected or Offset During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|---|---|---|---|--|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables from Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 31,013,935 | 55,962,523 | 4,983 | 29,227,798 | 31,018,918 | 30,994,760 |
| 2. Claim overpayment receivables | 5,145 | 0 | 0 | 1,513 | 5,145 | 5,145 |
| 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 | 4,651,938 | 0 | 0 | 2,776,396 | 4,651,938 | 4,651,938 |
| 6. Other health care receivables..... | 178,785 | 0 | 0 | 0 | 178,785 | 178,785 |
| 7. Totals (Lines 1 through 6) | 35,849,802 | 55,962,523 | 4,983 | 32,005,707 | 35,854,785 | 35,830,627 |

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

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 | 115,533,446 | 5.8 | 322,872 | 100.0 | 0 | 115,533,446 |
| 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 | 115,533,446 | 5.8 | 322,872 | 100.0 | 0 | 115,533,446 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 397,739,537 | 20.0 | XXX | XXX | 0 | 397,739,537 |
| 6. Contractual fee payments | 1,475,522,694 | 74.0 | XXX | XXX | 0 | 1,475,522,694 |
| 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 | 4,536,059 | 0.2 | XXX | XXX | 0 | 4,536,059 |
| 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 | 1,877,798,290 | 94.2 | XXX | XXX | 0 | 1,877,798,290 |
| 13. TOTAL (Line 4 plus Line 12) | 1,993,331,736 | 100% | XXX | XXX | 0 | 1,993,331,736 |

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 | 2,924,365 | 0 | 2,550,306 | 374,059 | 374,059 | 0 |
| 2. Medical furniture, equipment and fixtures | 4,233 | 0 | 4,201 | 31 | 31 | 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 | 744,046 | 0 | 546,378 | 197,667 | 197,667 | 0 |
| 6. Total | 3,672,644 | 0 | 3,100,885 | 571,757 | 571,757 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2022 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 | | Alabama | | DURING THE YEAR | | | | | | | 2022 | | | | (LOCATION) | | | | | | | | | | | |
|---|------|-----------|---------------------------------------|---|---------|------------------------|-----------------|-------------|---|-------------|---|---|---|-------------------------|---|-----------------------|----|------------|----|----------------------|----|-------------------|----|--------------|----|---------------------|--|---|--|
| | | | | | | | | | | | | | | NAIC Company Code | | | | 95885 | | | | | | | | | | | |
| | 1 | | Comprehensive (Hospital & Medical) | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | | | |
| Total | | 2 | | 3 | | Medicare Supplement | | Vision Only | | Dental Only | | Federal Employees Health Benefits Plan | | Title XVIII Medicare | | Title XIX Medicaid | | Credit A&H | | Disability Income | | Long-Term Care | | Other Health | | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Prior Year | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 2. First Quarter | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 3. Second Quarter | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 4. Third Quarter | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 5. Current Year | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 6. Current Year Member Months | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Physician | | 16 | | 0 | | 0 | | 0 | | 0 | | 0 | | 16 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 8. Non-Physician | | 5 | | 0 | | 0 | | 0 | | 0 | | 0 | | 5 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 9. Total | | 21 | | 0 | | 0 | | 0 | | 0 | | 0 | | 21 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 10. Hospital Patient Days Incurred | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 11. Number of Inpatient Admissions | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 12. Health Premiums Written (b) | | 816,123 | | 0 | | 0 | | 0 | | 0 | | 0 | | 816,123 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 13. Life Premiums Direct | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 14. Property/Casualty Premiums Written | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 15. Health Premiums Earned | | 816,123 | | 0 | | 0 | | 0 | | 0 | | 0 | | 816,123 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 16. Property/Casualty Premiums Earned | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 17. Amount Paid for Provision of Health Care Services | | (43,284) | | 0 | | 0 | | 0 | | 0 | | 0 | | (43,284) | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | | (148,072) | | 0 | | 0 | | 0 | | 0 | | 0 | | (148,072) | | 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 \$ 816,123

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | Arizona | | DURING THE YEAR | | | | | | | (LOCATION) | | | |
|---|------------|------------|------------------------------------|---------------------|---------|---|-----------------|-----------|---|---|----|----|----|------------|----|-------------|-------------|
| | 1 | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| | Total | Individual | Group | Medicare Supplement | | | | | | | | | | | | Vision Only | Dental Only |
| Total Members at end of: | | | | | | | | | | | | | | | | | |
| 1. Prior Year | 13,194 | 0 | 12,574 | 0 | 0 | 0 | 620 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 11,041 | 0 | 10,534 | 0 | 0 | 0 | 507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 10,316 | 0 | 9,825 | 0 | 0 | 0 | 491 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 9,374 | 0 | 8,887 | 0 | 0 | 0 | 487 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 8,746 | 0 | 8,255 | 0 | 0 | 0 | 491 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 121,326 | 0 | 115,490 | 0 | 0 | 0 | 5,836 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | |
| 7. Physician | 63,031 | 0 | 56,569 | 0 | 0 | 0 | 6,435 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 8. Non-Physician | 10,089 | 0 | 8,001 | 0 | 0 | 0 | 2,024 | 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9. Total | 73,120 | 0 | 64,570 | 0 | 0 | 0 | 8,459 | 91 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 3,041 | 0 | 2,792 | 0 | 0 | 0 | 210 | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 400 | 0 | 383 | 0 | 0 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 49,471,795 | (671) | 44,474,343 | 0 | 0 | 0 | 3,931,534 | 1,066,589 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 49,471,795 | (671) | 44,474,343 | 0 | 0 | 0 | 3,931,534 | 1,066,589 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 39,674,646 | (8,194) | 36,204,766 | 0 | 0 | 0 | 3,613,108 | (135,034) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 37,285,710 | (1,841) | 34,266,330 | 0 | 0 | 0 | 3,327,037 | (305,815) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products8,394 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 \$1,066,589

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | 2022 | | | | | | | | | | NAIC Company Code | |
| | | Arkansas | | 2022 | | | | | | | | | | 95885 | |
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | |
| Total Members at end of: | | | | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | |
| 7. Physician | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. Total | 33 | 0 | 0 | 0 | 0 | 0 | 0 | 33 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 53 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 950,997 | 0 | 0 | 0 | 0 | 0 | 0 | 950,997 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 950,997 | 0 | 0 | 0 | 0 | 0 | 0 | 950,997 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | (520,002) | 0 | 0 | 0 | 0 | 0 | 0 | (520,002) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | (547,505) | 0 | 0 | 0 | 0 | 0 | 0 | (547,505) | 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 \$ 950,997

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ANNUAL STATEMENT FOR THE YEAR 2022 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 Colorado | | DURING THE YEAR 2022 | | | | | | | | | | (LOCATION) NAIC Company Code 95885 | |
|---|------------|------------------------------------|-----------------------------------|-------------|----------------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|----|------------------------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| | | 2 | 3 | | | | | | | | | | | | | |
| Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | |
| 1. Prior Year | 6,873 | 0 | 6,137 | 0 | 0 | 0 | 736 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 6,273 | 0 | 5,597 | 0 | 0 | 0 | 676 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 5,943 | 0 | 5,273 | 0 | 0 | 0 | 670 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 5,615 | 0 | 4,934 | 0 | 0 | 0 | 681 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 4,776 | 0 | 4,105 | 0 | 0 | 0 | 671 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 69,985 | 0 | 62,002 | 0 | 0 | 0 | 7,983 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | |
| 7. Physician | 34,570 | 46 | 30,221 | 0 | 0 | 0 | 4,234 | 69 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 8. Non-Physician | 10,527 | 38 | 8,959 | 0 | 0 | 0 | 1,519 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9. Total | 45,097 | 84 | 39,180 | 0 | 0 | 0 | 5,753 | 80 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 1,150 | 25 | 1,025 | 0 | 0 | 0 | 68 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 199 | 0 | 175 | 0 | 0 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 33,574,849 | (1,222) | 29,721,643 | 0 | 0 | 0 | 3,614,032 | 240,395 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 33,574,849 | (1,222) | 29,721,643 | 0 | 0 | 0 | 3,614,032 | 240,395 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 27,980,341 | (47,933) | 25,979,482 | 0 | 0 | 0 | 2,360,638 | (311,846) | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 27,418,228 | (28,158) | 25,413,320 | 0 | 0 | 0 | 2,357,482 | (324,416) | 0 | 0 | 0 | 0 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products 3,486 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 240,395

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ANNUAL STATEMENT FOR THE YEAR 2022 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 Idaho | | DURING THE YEAR 2022 | | | | | | | | | | (LOCATION) | | |
|---|----------|--------------|------------------------------------|---------------------|----------------------|-------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|------------|-------------------|-------|
| | 1 | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | NAIC Company Code | 95885 |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | |
| 7. Physician | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. Total | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 167,741 | 0 | 0 | 0 | 0 | 0 | 0 | 167,741 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 167,741 | 0 | 0 | 0 | 0 | 0 | 0 | 167,741 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | (47,894) | 0 | 0 | 0 | 0 | 0 | 0 | (47,894) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | (48,679) | 0 | 0 | 0 | 0 | 0 | 0 | (48,679) | 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 \$ 167,741

30.ID



ANNUAL STATEMENT FOR THE YEAR 2022 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 Illinois | | DURING THE YEAR 2022 | | | | | | | | | | (LOCATION) NAIC Company Code 95885 | |
|---|-------------|------------------------------------|-----------------------------------|-------------|----------------------|--|----------------------|--------------------|-------------|-------------------|----------------|--------------|------------------|----|------------------------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| | | 2 | 3 | | | | | | | | | | | | | |
| Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | |
| 1. Prior Year | 52,028 | 0 | 10,427 | 0 | 0 | 0 | 3,151 | 17,527 | 20,923 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 45,916 | 0 | 9,422 | 0 | 0 | 0 | 2,919 | 16,800 | 16,775 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 48,489 | 0 | 9,062 | 0 | 0 | 0 | 2,839 | 16,397 | 20,191 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 48,836 | 0 | 8,267 | 0 | 0 | 0 | 2,768 | 16,871 | 20,930 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 49,312 | 0 | 8,174 | 0 | 0 | 0 | 2,731 | 17,128 | 21,279 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 580,888 | 0 | 106,321 | 0 | 0 | 0 | 33,281 | 199,624 | 241,662 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | |
| 7. Physician | 939,951 | 9 | 68,038 | 0 | 0 | 0 | 57,222 | 436,193 | 378,489 | 0 | 0 | 0 | 0 | 0 | | |
| 8. Non-Physician | 867,629 | 3 | 23,863 | 0 | 0 | 0 | 19,434 | 288,196 | 536,133 | 0 | 0 | 0 | 0 | 0 | | |
| 9. Total | 1,807,580 | 12 | 91,901 | 0 | 0 | 0 | 76,656 | 724,389 | 914,622 | 0 | 0 | 0 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 376,852 | 0 | 2,312 | 0 | 0 | 0 | 2,010 | 32,654 | 339,876 | 0 | 0 | 0 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 5,925 | 0 | 361 | 0 | 0 | 0 | 169 | 2,757 | 2,638 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 526,737,918 | (3,436) | 50,286,429 | 0 | 0 | 0 | 31,981,287 | 293,417,544 | 151,056,094 | 0 | 0 | 0 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 526,737,918 | (3,436) | 50,286,429 | 0 | 0 | 0 | 31,981,287 | 293,417,544 | 151,056,094 | 0 | 0 | 0 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 459,485,746 | (26,854) | 42,912,752 | 0 | 0 | 0 | 28,602,332 | 240,828,558 | 147,168,958 | 0 | 0 | 0 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 461,153,268 | (25,068) | 44,147,385 | 0 | 0 | 0 | 30,387,317 | 238,938,312 | 147,705,322 | 0 | 0 | 0 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products5,708 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 \$293,417,544

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | 2022 | | | | | | | | | | NAIC Company Code 95885 | | | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | |
| 1. Prior Year | 8,789 | 0 | 8,789 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. First Quarter | 8,844 | 0 | 8,844 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. Second Quarter | 8,730 | 0 | 8,730 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. Third Quarter | 8,532 | 0 | 8,532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. Current Year | 8,739 | 0 | 8,739 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. Current Year Member Months | 104,748 | 0 | 104,748 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | |
| 7. Physician | 79,611 | 0 | 79,607 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8. Non-Physician | 27,854 | 0 | 27,852 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9. Total | 107,465 | 0 | 107,459 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10. Hospital Patient Days Incurred | 2,866 | 0 | 2,866 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 11. Number of Inpatient Admissions | 421 | 0 | 421 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 12. Health Premiums Written (b) | 51,758,542 | 0 | 50,675,242 | 0 | 0 | 0 | 0 | 1,083,301 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 15. Health Premiums Earned | 51,758,542 | 0 | 50,675,242 | 0 | 0 | 0 | 0 | 1,083,301 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 17. Amount Paid for Provision of Health Care Services | 41,515,224 | 38 | 41,876,945 | 0 | 0 | 0 | 0 | (361,758) | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 18. Amount Incurred for Provision of Health Care Services | 41,987,147 | (2) | 42,414,523 | 0 | 0 | 0 | 0 | (427,374) | 0 | 0 | 0 | 0 | 0 | 0 | | | |

(a) For health business: number of persons insured under PPO managed care products8,739 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 \$1,083,301



ANNUAL STATEMENT FOR THE YEAR 2022 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 | | 2022 | | | | | | | | | | NAIC Company Code | |
| | | 95885 | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | |
| Total Members at end of: | | | | | | | | | | | | | | | |
| 1. Prior Year | 1,885 | 0 | 132 | 0 | 0 | 0 | 1,753 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | 1,695 | 0 | 139 | 0 | 0 | 0 | 1,556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | 1,628 | 0 | 114 | 0 | 0 | 0 | 1,514 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | 1,602 | 0 | 100 | 0 | 0 | 0 | 1,502 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. Current Year | 1,586 | 0 | 93 | 0 | 0 | 0 | 1,493 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | 19,465 | 0 | 1,394 | 0 | 0 | 0 | 18,071 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | |
| 7. Physician | 20,026 | 0 | 637 | 0 | 0 | 0 | 19,380 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | 8,529 | 0 | 357 | 0 | 0 | 0 | 8,164 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. Total | 28,555 | 0 | 994 | 0 | 0 | 0 | 27,544 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 652 | 0 | 1 | 0 | 0 | 0 | 460 | 191 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 78 | 0 | 1 | 0 | 0 | 0 | 72 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 13,719,686 | 0 | 454,109 | 0 | 0 | 0 | 12,073,231 | 1,192,346 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 13,706,723 | 0 | 441,146 | 0 | 0 | 0 | 12,073,231 | 1,192,346 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 10,449,161 | 0 | 306,497 | 0 | 0 | 0 | 10,852,769 | (710,106) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | 10,324,652 | 0 | 231,579 | 0 | 0 | 0 | 10,839,445 | (746,373) | 0 | 0 | 0 | 0 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products 1,113 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,192,346

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ANNUAL STATEMENT FOR THE YEAR 2022 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 Kentucky | | | | | | | | | | | (LOCATION) | | | |
|---|---------------|------------------------------------|-------------|-----------|---|---|-----------|-----------|---------------|----|----|----|------------|----|-------------------------|-------------|
| | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | NAIC Company Code 95885 | |
| | | 2 | 3 | | | | | | | | | | | | Medicare Supplement | Vision Only |
| Total | Individual | Group | | | | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | |
| 1. Prior Year | 256,421 | 1 | 85,296 | 1,711 | 0 | 0 | 591 | 0 | 168,822 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 250,957 | 1 | 79,978 | 1,579 | 0 | 0 | 459 | 0 | 168,940 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 247,140 | 1 | 75,917 | 1,548 | 0 | 0 | 454 | 0 | 169,220 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 245,740 | 1 | 73,909 | 1,527 | 0 | 0 | 451 | 0 | 169,852 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 248,138 | 2 | 73,259 | 1,495 | 0 | 0 | 441 | 0 | 172,941 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 2,975,053 | 14 | 917,988 | 18,454 | 0 | 0 | 5,352 | 0 | 2,033,245 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | |
| 7. Physician | 3,873,588 | 1 | 716,484 | 29,745 | 0 | 0 | 5,497 | 15 | 3,121,846 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 1,137,310 | 0 | 277,082 | 12,891 | 0 | 0 | 2,157 | 40 | 845,140 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 5,010,898 | 1 | 993,566 | 42,636 | 0 | 0 | 7,654 | 55 | 3,966,986 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 138,271 | 0 | 22,399 | 1,186 | 0 | 0 | 95 | 218 | 114,373 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 19,301 | 0 | 3,225 | 212 | 0 | 0 | 15 | 0 | 15,849 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | 1,609,218,116 | 4,250 | 451,882,610 | 3,394,956 | 0 | 0 | 3,770,601 | 632,123 | 1,149,533,575 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned | 1,609,218,116 | 4,250 | 451,882,610 | 3,394,956 | 0 | 0 | 3,770,601 | 632,123 | 1,149,533,575 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | 1,412,376,079 | (84,122) | 384,981,503 | 2,798,696 | 0 | 0 | 2,899,991 | (335,003) | 1,022,115,014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 1,390,227,864 | (72,130) | 377,428,531 | 2,798,537 | 0 | 0 | 2,928,510 | (285,611) | 1,007,430,026 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) For health business: number of persons insured under PPO managed care products 73,146 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 632,123

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | 2022 | | | | | | | | | | NAIC Company Code | |
| | | 95885 | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | |
| Total Members at end of: | | | | | | | | | | | | | | | |
| 1. Prior Year | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 60 | 0 | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | |
| 7. Physician | 140 | 0 | 46 | 0 | 0 | 0 | 0 | 94 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 99 | 0 | 22 | 0 | 0 | 0 | 0 | 77 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 239 | 0 | 68 | 0 | 0 | 0 | 0 | 171 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 448 | 0 | 0 | 0 | 0 | 0 | 0 | 448 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | 2,404,898 | 0 | 149,730 | 0 | 0 | 0 | 0 | 2,255,168 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned | 2,404,898 | 0 | 149,730 | 0 | 0 | 0 | 0 | 2,255,168 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | (866,151) | 0 | 62,676 | 0 | 0 | 0 | (1,900) | (926,927) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | (981,661) | 0 | 79,524 | 0 | 0 | 0 | (1,892) | (1,059,294) | 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 \$2,255,168

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | Nebraska | | DURING THE YEAR | | | | | | | (LOCATION) | | | |
|---|-----------|------------------------------------|--------------------------|-------------|-------------|--|----------------------|--------------------|------------|-------------------|----------------|-------------------|------------------|------------|--|-------|--|
| | 2022 | | 2022 | | 2022 | | | | | | | NAIC Company Code | | | | 95885 | |
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | |
| Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | |
| 7. Physician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 8. Non-Physician | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | | | | |
| 9. Total | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | | | | |
| 10. Hospital Patient Days Incurred | 34 | 0 | 0 | 0 | 0 | 0 | 0 | 34 | 0 | 0 | 0 | 0 | 0 | | | | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 12. Health Premiums Written (b) | 287,343 | 0 | 0 | 0 | 0 | 0 | 0 | 287,343 | 0 | 0 | 0 | 0 | 0 | | | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 15. Health Premiums Earned | 287,343 | 0 | 0 | 0 | 0 | 0 | 0 | 287,343 | 0 | 0 | 0 | 0 | 0 | | | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 17. Amount Paid for Provision of Health Care Services | (110,900) | 0 | 0 | 0 | 0 | 0 | 0 | (110,900) | 0 | 0 | 0 | 0 | 0 | | | | |
| 18. Amount Incurred for Provision of Health Care Services | (111,051) | 0 | 0 | 0 | 0 | 0 | 0 | (111,051) | 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 \$ 287,343

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ANNUAL STATEMENT FOR THE YEAR 2022 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 Nevada | | DURING THE YEAR 2022 | | | | | | | | | | (LOCATION) NAIC Company Code 95885 | |
|--|------------|------------------------------------|---------------------------------|-------------|----------------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|----|------------------------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| | | 2 | 3 | | | | | | | | | | | | | |
| Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | |
| 1. Prior Year | 382 | 0 | 382 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 330 | 0 | 330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 308 | 0 | 308 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 252 | 0 | 252 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 247 | 0 | 247 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 3,358 | 0 | 3,358 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | |
| 7. Physician | 1,048 | 0 | 985 | 0 | 0 | 0 | 63 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 8. Non-Physician | 173 | 0 | 155 | 0 | 0 | 0 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9. Total | 1,221 | 0 | 1,140 | 0 | 0 | 0 | 81 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 127 | 0 | 57 | 0 | 0 | 0 | 70 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 10 | 0 | 9 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 11,178,606 | 0 | 1,023,678 | 0 | 0 | 0 | 10,154,928 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned..... | 11,178,606 | 0 | 1,023,678 | 0 | 0 | 0 | 10,154,928 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services..... | (344,546) | 0 | 475,437 | 0 | 0 | 0 | (819,982) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 3,319,908 | 0 | 433,606 | 0 | 0 | 0 | 2,886,303 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 10,154,928

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | New Mexico | | DURING THE YEAR | | | | | | | (LOCATION) | | | |
|---|-----------|---|---------------------------------------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|---------------------|----|--|--|
| | | | | | | | 2022 | | | | | | | NAIC Company Code | | | |
| | | | | | | | | | | | | | | 95885 | | | |
| | 1 | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | |
| 7. Physician | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 8. Non-Physician | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9. Total | 46 | 0 | 0 | 0 | 0 | 0 | 0 | 46 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 58 | 0 | 0 | 0 | 0 | 0 | 0 | 58 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 63,351 | 0 | 0 | 0 | 0 | 0 | 0 | 63,351 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 63,351 | 0 | 0 | 0 | 0 | 0 | 0 | 63,351 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | (214,508) | 0 | 0 | 0 | 0 | 0 | 0 | (214,508) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | (214,289) | 0 | 0 | 0 | 0 | 0 | 0 | (214,289) | 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 \$63,351

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ANNUAL STATEMENT FOR THE YEAR 2022 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 2022 | | | | | | | | | | (LOCATION) NAIC Company Code | |
|--|-------------------------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|------------------|-------------------------|----------------------|--------------------|------------------------------|--|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health | |
| | | 2 Individual | 3 Group | | | | | | | | | | | | |
| 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 2022 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 | | South Carolina | | DURING THE YEAR | | | | | | | (LOCATION) | | | |
|---|-------------------|------------------------------------|--------------------------|---------------------|----------------|-------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|-------|--|--|
| | 2022 | | 2022 | | 2022 | | 2022 | | 2022 | | 2022 | | 2022 | | 2022 | | |
| | NAIC Company Code | | 95885 | | 95885 | | 95885 | | 95885 | | 95885 | | 95885 | | 95885 | | |
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2. First Quarter | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6. Current Year Member Months | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | |
| 7. Physician | 139 | 0 | 0 | 0 | 0 | 0 | 0 | 139 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8. Non-Physician | 98 | 0 | 0 | 0 | 0 | 0 | 0 | 98 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9. Total | 237 | 0 | 0 | 0 | 0 | 0 | 0 | 237 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10. Hospital Patient Days Incurred | 114 | 0 | 0 | 0 | 0 | 0 | 0 | 114 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 12. Health Premiums Written (b) | 2,027,224 | 0 | 0 | 0 | 0 | 0 | 0 | 2,027,224 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 15. Health Premiums Earned | 2,027,224 | 0 | 0 | 0 | 0 | 0 | 0 | 2,027,224 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 17. Amount Paid for Provision of Health Care Services | 3,451,584 | 0 | 0 | 0 | 0 | 0 | 0 | 3,451,584 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 18. Amount Incurred for Provision of Health Care Services | (1,455,650) | 0 | 0 | 0 | 0 | 0 | 0 | (1,455,650) | 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 \$2,027,224

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF Tennessee | | DURING THE YEAR 2022 | | | | | | | | | | (LOCATION) | | |
|---|---|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|------------------|-------------------------|----------------------|--------------------|------------------------|-------------------|-------|
| | | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health | NAIC Company Code | 95885 |
| | | 2 Individual | 3 Group | | | | | | | | | | | | | |
| | | Total | | | | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | |
| 1. | Prior Year | 1,662 | 0 | 1,588 | 0 | 0 | 0 | 74 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. | First Quarter | 1,635 | 0 | 1,568 | 0 | 0 | 0 | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. | Second Quarter | 1,332 | 0 | 1,264 | 0 | 0 | 0 | 68 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. | Third Quarter | 1,313 | 0 | 1,244 | 0 | 0 | 0 | 69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. | Current Year | 1,323 | 0 | 1,252 | 0 | 0 | 0 | 71 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. | Current Year Member Months | 16,796 | 0 | 15,970 | 0 | 0 | 0 | 826 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | |
| 7. | Physician | 11,885 | 0 | 10,376 | 0 | 0 | 0 | 1,509 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. | Non-Physician | 1,784 | 0 | 1,434 | 0 | 0 | 0 | 350 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. | Total | 13,669 | 0 | 11,810 | 0 | 0 | 0 | 1,859 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 330 | 0 | 330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 32 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 6,942,206 | 0 | 6,438,630 | 0 | 0 | 0 | 503,570 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 6,946,425 | 0 | 6,442,849 | 0 | 0 | 0 | 503,570 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 4,887,349 | 0 | 4,390,085 | 0 | 0 | 0 | 497,278 | (14) | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 4,910,666 | 0 | 4,415,695 | 0 | 0 | 0 | 494,972 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products1,284 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

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | 2022 | | | | | | | | | | NAIC Company Code | |
| | | 95885 | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health | |
| Total Members at end of: | | | | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | |
| 7. Physician | 287 | 0 | 0 | 0 | 0 | 0 | 0 | 287 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 177 | 0 | 0 | 0 | 0 | 0 | 0 | 177 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 464 | 0 | 0 | 0 | 0 | 0 | 0 | 464 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 312 | 0 | 0 | 0 | 0 | 0 | 0 | 312 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | (2,512,498) | 0 | 0 | 0 | 0 | 0 | 0 | (2,512,498) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned | (2,512,498) | 0 | 0 | 0 | 0 | 0 | 0 | (2,512,498) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | (639,018) | 0 | 0 | 0 | 0 | 0 | 0 | (639,018) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 2,997,740 | 0 | 0 | 0 | 0 | 0 | 0 | 2,997,740 | 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 \$ (2,512,498)

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | (LOCATION) | | | | | | | | | | | | |
|---|-------------|------------------------------------|---------------------|-------------|-------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|
| | 0119 | BUSINESS IN THE STATE OF Virginia | | | | | | | | | | | 95885 |
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| | Total | Individual | Group | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | |
| 7. Physician | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 37 | 0 | 0 | 0 | 0 | 0 | 0 | 37 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 98 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 90 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | 802,198 | 0 | 0 | 0 | 0 | 0 | 0 | 802,198 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned | 802,198 | 0 | 0 | 0 | 0 | 0 | 0 | 802,198 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | (3,476,108) | 0 | 0 | 0 | 0 | 0 | 0 | (3,465,396) | (10,712) | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | (3,576,068) | 0 | 0 | 0 | 0 | 0 | 0 | (3,565,355) | (10,712) | 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 \$ 802,198

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | Washington | | DURING THE YEAR | | | | | | | 2022 | | | | (LOCATION) | | | | | | | | | |
|---|------|-----------|------------------------------------|---|------------|---------------------|-----------------|-------------|---|-------------|---|--|---|----------------------|---|--------------------|----|------------|----|-------------------|----|----------------|----|--------------|----|------------------|--|
| | | | | | | | | | | | | | | NAIC Company Code | | | | 95885 | | | | | | | | | |
| | 1 | | Comprehensive (Hospital & Medical) | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | |
| Total | | 2 | | 3 | | Medicare Supplement | | Vision Only | | Dental Only | | Federal Employees Health Benefits Plan | | Title XVIII Medicare | | Title XIX Medicaid | | Credit A&H | | Disability Income | | Long-Term Care | | Other Health | | Other Non-Health | |
| Total Members at end of: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Prior Year | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 2. First Quarter | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 3. Second Quarter | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 4. Third Quarter | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 5. Current Year | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 6. Current Year Member Months | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Physician | | 16 | | 0 | | 0 | | 0 | | 0 | | 0 | | 16 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 8. Non-Physician | | 6 | | 0 | | 0 | | 0 | | 0 | | 0 | | 6 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 9. Total | | 22 | | 0 | | 0 | | 0 | | 0 | | 0 | | 22 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 10. Hospital Patient Days Incurred | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 11. Number of Inpatient Admissions | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 12. Health Premiums Written (b) | | 2,660,810 | | 0 | | 0 | | 0 | | 0 | | 0 | | 2,660,810 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 13. Life Premiums Direct | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 14. Property/Casualty Premiums Written | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 15. Health Premiums Earned | | 2,660,810 | | 0 | | 0 | | 0 | | 0 | | 0 | | 2,660,810 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 16. Property/Casualty Premiums Earned | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 17. Amount Paid for Provision of Health Care Services | | (225,983) | | 0 | | 0 | | 0 | | 0 | | 0 | | (225,983) | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | | (308,250) | | 0 | | 0 | | 0 | | 0 | | 0 | | (308,250) | | 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 \$2,660,810

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | | Grand Total | DURING THE YEAR | | | | | | | | | | (LOCATION) | | | | |
|---|---------------|------------------------------------|-------------|-------------|-----------------|---|------------|-------------|---------------|---|----|----|----|----|------------|-------------------------|-------------|-------------|--|
| | | Comprehensive (Hospital & Medical) | | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | NAIC Company Code 95885 | | | |
| | | 2 | 3 | | | | | | | | | | | | | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan |
| Total | Individual | Group | | | | | | | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | | | | | |
| 1. Prior Year | 341,239 | 1 | 125,330 | 1,711 | 0 | 0 | 6,925 | 17,527 | 189,745 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. First Quarter | 326,698 | 1 | 116,417 | 1,579 | 0 | 0 | 6,184 | 16,802 | 185,715 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3. Second Quarter | 323,891 | 1 | 110,498 | 1,548 | 0 | 0 | 6,036 | 16,397 | 189,411 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Third Quarter | 321,269 | 1 | 106,130 | 1,527 | 0 | 0 | 5,958 | 16,871 | 190,782 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Current Year | 322,872 | 2 | 104,129 | 1,495 | 0 | 0 | 5,898 | 17,128 | 194,220 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6. Current Year Member Months | 3,891,683 | 14 | 1,327,331 | 18,454 | 0 | 0 | 71,349 | 199,628 | 2,274,907 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | | | |
| 7. Physician | 5,024,386 | 56 | 962,963 | 29,745 | 0 | 0 | 94,277 | 437,010 | 3,500,335 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 8. Non-Physician | 2,064,337 | 41 | 347,725 | 12,891 | 0 | 0 | 33,648 | 288,759 | 1,381,273 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9. Total | 7,088,723 | 97 | 1,310,688 | 42,636 | 0 | 0 | 127,925 | 725,769 | 4,881,608 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10. Hospital Patient Days Incurred | 524,406 | 25 | 31,782 | 1,186 | 0 | 0 | 2,843 | 34,231 | 454,339 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11. Number of Inpatient Admissions | 26,372 | 0 | 4,607 | 212 | 0 | 0 | 297 | 2,769 | 18,487 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12. Health Premiums Written (b) | 2,310,269,904 | (1,079) | 635,106,414 | 3,394,956 | 0 | 0 | 55,874,256 | 315,305,689 | 1,300,589,668 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 2,310,261,160 | (1,079) | 635,097,670 | 3,394,956 | 0 | 0 | 55,874,256 | 315,305,689 | 1,300,589,668 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 1,993,331,736 | (167,067) | 537,190,142 | 2,798,696 | 0 | 0 | 48,824,218 | 235,412,487 | 1,169,273,260 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 1,972,233,959 | (127,199) | 528,830,493 | 2,798,537 | 0 | 0 | 50,332,871 | 235,274,620 | 1,155,124,636 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products 102,117 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 315,305,689

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 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/1 | MC | (595,662) | 0 | 0 | 0 | 0 | 0 | 1,477,724 |
| 1999999 | General Account - Unauthorized U.S. Non-Affiliates | | | | | | (595,662) | 0 | 0 | 0 | 0 | 0 | 1,477,724 |
| 2199999 | Total General Account - Unauthorized Non-Affiliates | | | | | | (595,662) | 0 | 0 | 0 | 0 | 0 | 1,477,724 |
| 2299999 | Total General Account Unauthorized | | | | | | (595,662) | 0 | 0 | 0 | 0 | 0 | 1,477,724 |
| 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 | | | | | | (595,662) | 0 | 0 | 0 | 0 | 0 | 1,477,724 |
| 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) | | | | | | (595,662) | 0 | 0 | 0 | 0 | 0 | 1,477,724 |
| 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 | | | | | | (595,662) | 0 | 0 | 0 | 0 | 0 | 1,477,724 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | | | 1,477,724 | 0 | 0 | 0 |
| 1999999 | | | General Account - Accident and Health U.S. Non-Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 1,477,724 | 0 | 0 | 0 |
| 2199999 | | | Total General Account - Accident and Health Non-Affiliates | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 1,477,724 | 0 | 0 | 0 |
| 2299999 | | | Total General Account Accident and Health | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 1,477,724 | 0 | 0 | 0 |
| 2399999 | | | Total General Account | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 1,477,724 | 0 | 0 | 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 | 1,477,724 | 0 | 0 | 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 | 1,477,724 | 0 | 0 | 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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 6

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

| | 1 2022 | 2 2021 | 3 2020 | 4 2019 | 5 2018 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | 0 | 0 | 0 | 1 | 2 |
| 2. Title XVIII - Medicare | 0 | 0 | 0 | 0 | 24 |
| 3. Title XIX - Medicaid | (596) | (93) | 22,535 | 978,809 | 934,188 |
| 4. Commissions and reinsurance expense allowance | 0 | 0 | 3,144 | 75,326 | 103,699 |
| 5. Total hospital and medical expenses | 0 | (65) | 5,392 | 869,938 | 941,283 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | 0 | 0 | 3 | 21,153 | 7,207 |
| 7. Claims payable | 0 | 0 | 205 | 68,171 | 90,572 |
| 8. Reinsurance recoverable on paid losses | 0 | 0 | 0 | 0 | 0 |
| 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 | 1,478 | 4,902 | 9,596 | 120,261 | 76,957 |
| 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) | 1,478 | 4,902 | 9,596 | 120,261 | 76,957 |
| 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) | 565,015,569 | 0 | 565,015,569 |
| 2. Accident and health premiums due and unpaid (Line 15) | 51,326,062 | 0 | 51,326,062 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 0 | 0 | 0 |
| 4. Net credit for ceded reinsurance | XXX | (1,477,724) | (1,477,724) |
| 5. All other admitted assets (Balance) | 151,922,296 | 0 | 151,922,296 |
| 6. Total assets (Line 28) | 768,263,926 | (1,477,724) | 766,786,203 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 236,419,952 | 0 | 236,419,952 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | 83,973 | 0 | 83,973 |
| 9. Premiums received in advance (Line 8) | 8,556,292 | 0 | 8,556,292 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | 1,477,724 | (1,477,724) | 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) | 144,576,075 | 0 | 144,576,075 |
| 15. Total liabilities (Line 24) | 391,114,016 | (1,477,724) | 389,636,293 |
| 16. Total capital and surplus (Line 33) | 377,149,910 | XXX | 377,149,910 |
| 17. Total liabilities, capital and surplus (Line 34) | 768,263,926 | (1,477,724) | 766,786,203 |
| 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 | 0 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 1,477,724 | | |
| 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 | 1,477,724 | | |
| 31. Total net credit for ceded reinsurance | (1,477,724) | | |

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 36-3886002 | | | | 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 |

ANNUAL STATEMENT FOR THE YEAR 2022 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. | 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 | UDP | See Footnote 1 | Other | 0.000 | See Footnote 1 | NO | 2 |
| .0119 | Humana Inc. | 00000 | 61-1343791 | | | | Humana Innovation Enterprises, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 73288 | 39-1263473 | | | | Humana Insurance Company | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 60219 | 61-1311685 | | | | Humana Insurance Company of Kentucky | KY | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 12634 | 20-2888723 | | | | Humana Insurance Company of New York | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 84603 | 66-0291866 | | | | Humana Insurance of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-3364857 | | | | Humana MarketPOINT of Puerto Rico, Inc. | PR | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 61-1343508 | | | | Humana MarketPOINT, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 14224 | 27-3991410 | | | | Humana Medical Plan of Michigan, Inc. | MI | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 14462 | 27-4660531 | | | | Humana Medical Plan of Pennsylvania, Inc. | PA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 12908 | 20-8411422 | | | | Humana Medical Plan of Utah, Inc. | UT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 95270 | 61-1103898 | | | | Humana Medical Plan, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 45-2254346 | | | | Humana Pharmacy Solutions, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 61-1316926 | | | | CenterWell Pharmacy, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 12282 | 20-2036444 | | | | Humana Regional Health Plan, Inc. | AR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-4522426 | | | | Humana WellWorks LLC | DE | NIA | Health Value Management, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 95342 | 39-1525003 | | | | Humana Wisconsin Health Organization Insurance Corporation | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 70580 | 39-0714280 | | | | HumanaDental Insurance Company | WI | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 61-1364005 | | | | HumanaDental, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-4535747 | | | | Go365, LLC | DE | NIA | HumanaWellworks LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 61-1239538 | | | | Humco, Inc. | KY | 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 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 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 |
| .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% Humana Inc. - 1% | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-4176818 | | | | One Homecare Systems, LLC | FL | NIA | One Homecare Solutions, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-2882412 | | | | One Infusion Pharmacy, LLC | FL | NIA | One Homecare Solutions, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-4271850 | | | | One TPA Systems, Inc. | FL | NIA | One Homecare Solutions, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 83-2136817 | | | | Pharaoh JV, LLC | DE | NIA | Primary Care Holdings II, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 72-2695805 | | | | Aberdeen Holdings, Inc. | TX | NIA | Integracare Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 77-0601595 | | | | Able Home Healthcare, Inc. | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 06-1451363 | | | | Access Home Health of Florida, LLC | DE | NIA | Capital Health Management Group, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 65-0180784 | | | | Advanced Oncology Services, Inc. | FL | NIA | Homecare Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 36-4473376 | | | | Alpine Home Health Care, LLC | CO | NIA | Voyager Home Health, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 11-3306095 | | | | American Homecare Management Corp. | DE | NIA | Missouri Home Care of Rolla, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 94-3247811 | | | | Asian American Home Care, Inc. | CA | NIA | Harden Home Health, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 75-1901342 | | | | BWB Sunbelt Home Health Services, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 30-0711730 | | | | California Hospice, LLC Capital Care Resources of South Carolina, LLC | TX | NIA | Harden Hospice, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 56-2102603 | | | | | 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 Chattahoochee Valley Home Care Services, LLC | GA | NIA | CHMG Acquisition LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 03-0387821 | | | | | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 34-1994007 | | | | Chattahoochee Valley Home Health, LLC | GA | NIA | Chattahoochee Valley Home Care Services, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 04-3813487 | | | | CHMG Acquisition LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 54-2089073 | | | | CHMG of Atlanta, LLC | GA | NIA | Capital Health Management Group, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 54-2089075 | | | | CHMG of Griffin, LLC | GA | NIA | Capital Health Management Group, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 56-1590744 | | | | Eastern Carolina Home Health Agency, LLC | NC | NIA | Capital Health Management Group, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 55-0750157 | | | | First Home Health, Inc. | WV | NIA | Harden Home Health, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 75-2784006 | | | | Focus Care Health Resources, Inc. | TX | NIA | Aberdeen Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 75-2855493 | | | | GBA Holding, Inc. | TX | NIA | Aberdeen Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-2944774 | | | | GBA West, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 11-2645333 | | | | CenterWell Certified Healthcare Corp. CenterWell Health Services (Certified), Inc. | DE | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 11-3454105 | | | | | DE | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 11-3414024 | | | | CenterWell Health Services (USA) LLC | DE | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 11-3454104 | | | | CenterWell Health Services Holding Corp. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 36-4335801 | | | | CenterWell Health Services, Inc. | DE | NIA | Kentucky Homecare Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 11-2802024 | | | | CenterWell Services of New York, Inc. | NY | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-4251135 | | | | Georgia Hospice, LLC | TX | NIA | Harden Hospice, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 64-0730826 | | | | Gilbert's Home Health Agency, Inc. | MS | NIA | Home Health Care Affiliates, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-1519643 | | | | Harden Clinical Services, LLC | TX | NIA | Harden HC Texas Holdco, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-1487182 | | | | Harden HC Texas Holdco, LLC | TX | NIA | Harden Healthcare, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 37-1743802 | | | | Harden Healthcare Holdings, LLC | DE | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 74-3024009 | | | | Harden Healthcare, LLC | TX | NIA | Harden Healthcare Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 65-1299601 | | | | Harden Home Health, LLC | DE | NIA | Harden Healthcare, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 43-2083818 | | | | Harden Hospice, LLC | TX | NIA | Harden HC Texas Holdco, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 42-1285486 | | | | Havkeye Health Services, Inc. | IA | NIA | Harden Home Health, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 58-1947694 | | | | Healthfield Home Health, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-0131980 | | | | Healthfield of Southwest Georgia, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 68-0593590 | | | | Healthfield of Statesboro, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 01-0831798 | | | | Healthfield of Tennessee, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 36-4425473 | | | | Healthfield Operating Group, LLC | DE | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 58-1819650 | | | | Healthfield, LLC | DE | NIA | Healthfield Operating Group, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 90-0527683 | | | | HHS Healthcare Corp. | DE | NIA | Professional Healthcare, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 62-1807084 | | | | Home Health Care Affiliates of Central Mississippi, L.L.C. Home Health Care Affiliates of Mississippi, Inc. | MS | NIA | CenterWell Certified Healthcare Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 62-1775256 | | | | | MS | NIA | CenterWell Certified Healthcare Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 74-2737989 | | | | Home Health Care Affiliates, Inc. | MS | NIA | CenterWell Certified Healthcare Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 56-1556547 | | | | Home Health Care of Carteret County, LLC | NC | NIA | Capital Health Management Group, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 75-2374091 | | | | Home Health of Rural Texas, Inc. | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 87-0494759 | | | | Home Health Services, Inc. | UT | NIA | HHS Healthcare Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 65-0837269 | | | | Homecare Holdings, Inc. | FL | NIA | Senior Home Care, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 76-0456316 | | | | Horizon Health Care Services, Inc. | TX | NIA | Harden Home Health, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 20-8781607 | | | | Integracare Holdings, Inc. | DE | NIA | PF Development 9, L.L.C. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 75-2865632 | | | | Integracare Home Health Services, Inc. | TX | NIA | Aberdeen Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-8781715 | | | | Integracare Intermediate Holdings, Inc. | DE | NIA | Integracare Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-2915050 | | | | Integracare of Albany, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-2139332 | | | | Integracare of Athens-Home Health, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 81-0638801 | | | | Integracare of Olney Home Health, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-8768235 | | | | Integracare of Texas, LLC | TX | NIA | Aberdeen Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-0686207 | | | | Integracare of West Texas-Home Health, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-0686266 | | | | Integracare of Wichita Falls, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-3992741 | | | | KAH Development 10, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-4002959 | | | | KAH Development 12, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-4025157 | | | | KAH Development 14, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-3902994 | | | | KAH Development 4, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 82-3695166 | | | | Kentucky Homecare Holdings, Inc. | DE | NIA | Kentucky Homecare Parent Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 82-3986306 | | | | Kentucky Homecare Parent Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-0717945 | | | | Kindred Hospice Services, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-0717534 | | | | KND Development 50, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-3228001 | | | | Lighthouse Hospice - Metroplex, LLC | TX | NIA | Harden Hospice, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 06-1787617 | | | | Lighthouse Hospice Management, LLC | TX | NIA | Harden Hospice, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 87-0798501 | | | | Lighthouse Hospice-San Antonio, LLC | TX | NIA | Harden Hospice, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 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 | 65-1033439 | | | | Med-Tech Services of Dade, Inc. | FL | NIA | Homecare Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 65-0644307 | | | | Med-Tech Services of Palm Beach, Inc. | FL | NIA | Advanced Oncology Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 82-0559199 | | | | Mid-South Home Health Agency, LLC | AL | NIA | Horizon Health Network LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 14-1909499 | | | | Mid-South Home Health of Gadsden, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 63-0772385 | | | | Mid-South Home Health, LLC | DE | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 65-1285069 | | | | Missouri Home Care of Rolla, Inc. | MO | NIA | Harden Home Health, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 22-2695367 | | | | New York Healthcare Services, Inc. | NY | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 55-0633030 | | | | Nursing Care-Home Health Agency, Inc. | WV | NIA | First Home Health, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 22-3690699 | | | | OHS Service Corp. | TX | NIA | CenterWell 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 | 26-3106949 | | | | PF Development 10, L.L.C. | DE | NIA | CenterWell 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 | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-0860128 | | | | PF Development 21, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-0718044 | | | | PF Development 5, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-3106911 | | | | PF Development 7, L.L.C. | DE | NIA | CenterWell Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-3106934 | | | | PF Development 9, L.L.C. | DE | NIA | CenterWell 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 | | | | PHC Acquisition Corp. | DE | NIA | CenterWell 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 | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 11-2256479 | | | | Quality Care - USA, Inc. | NY | NIA | CenterWell Health Services Holding Corp. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 59-3080333 | | | | Senior Home Care, Inc. | FL | NIA | SHC Holding, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 42-1699530 | | | | SHC Holding, Inc. | DE | NIA | PF Development 21, L.L.C. | Ownership | 100.000 | Humana Inc. | NO | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 87-0494757 | | | | Southern Nevada Home Health Care, Inc. | NV | NIA | Home Health Services, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 72-1487473 | | | | Synergy Home Care-Acadiana Region, Inc. | LA | NIA | Synergy, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-1376846 | | | | Synergy Home Care-Capitol Region, Inc. | LA | NIA | Synergy, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 36-4516940 | | | | Synergy Home Care-Central Region, Inc. | LA | NIA | Synergy, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 72-1178497 | | | | Synergy Home Care-Northeastern Region, Inc. | LA | NIA | Synergy, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 72-1223659 | | | | Synergy Home Care-Northshore Region, Inc. | LA | NIA | Synergy, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 72-1431394 | | | | Synergy Home Care-Northwestern Region, Inc. | LA | NIA | Synergy, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 72-1429305 | | | | Synergy Home Care-Southeastern Region, Inc. | LA | NIA | Synergy, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 94-3419676 | | | | Synergy, Inc. | LA | NIA | SHC Holding, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 56-1456991 | | | | TAR Heel Health Care Services, LLC | NC | NIA | Capital Health Management Group, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 68-0593592 | | | | Total Care Home Health of Louisburg, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-0091435 | | | | Total Care Home Health of North Carolina, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-0091422 | | | | Total Care Home Health of South Carolina, LLC | GA | NIA | Healthfield, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 62-1669388 | | | | Van Winkle Home Health Care, Inc. | MS | NIA | Home Health Care Affiliates, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 75-1995143 | | | | Vernon Home Health Care Agency, LLC | TX | NIA | Integracare Intermediate Holdings, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-1953497 | | | | Voyager Acquisition, L.P. | TX | NIA | 1% by Voyager Home Health, Inc. and 99% by Voyager Hospicecare, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-1501792 | | | | Voyager Home Health, Inc. | DE | NIA | Voyager Hospicecare, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-1173787 | | | | Voyager Hospicecare, Inc. | DE | NIA | Harden Home Health, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 46-2300938 | | | | Wake Forest Baptist Health Care at Home, LLC | NC | NIA | 60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 84-3700467 | | | | Elite Health Medical Centers, LLC | FL | NIA | Echo Primary Care Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 26-3715136 | | | | Elite Health Primary Care, LLC | FL | NIA | Echo Primary Care Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 65-0270114 | | | | South Florida Cardiology Associates, LLC | FL | NIA | Echo Primary Care Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 47-2446186 | | | | Trueshore BPO, LLC | FL | NIA | Echo Primary Care Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | | | | | Trueshore S.R. I | DOM | NIA | Echo Primary Care Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 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 | | | | CenterWell Accountable Care, LLC | FL | NIA | Echo Primary Care Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 87-3584872 | | | | One Home Medical Equipment NC, LLC | DE | NIA | One Homecare Solutions, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 87-3611188 | | | | One Home Medical Equipment VA, LLC | DE | NIA | One Homecare Solutions, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 87-3832743 | | | | One Infusion Pharmacy NC, LLC | DE | NIA | One Homecare Solutions, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 87-3881471 | | | | One Infusion Pharmacy VA, LLC | DE | NIA | One Homecare Solutions, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 45-4020797 | | | | Amicus Medical Center LLC | FL | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-3974953 | | | | Amicus Medical Group, Inc. | FL | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 27-1085323 | | | | Amicus Medical Services Organization, LLC | FL | NIA | Conviva Medical Center Management, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 20-1078045 | | | | Hospice Pharmacy Solutions, LLC | DE | NIA | HP Solutions Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 47-5418599 | | | | HP Solutions Holdings, LLC | DE | NIA | Eagle Rx, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | 32-0351697 | | | | Outcome Resources, LLC | DE | NIA | Eagle Rx, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | | | | | Innovative Financial Group Holdings, LLC | NC | NIA | Humana MarketPOINT, Inc. | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | | | | | Innovative Financial Partners, LLC | NC | NIA | Innovative Financial Group Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | | | | | Medicare Planning of America LLC | NC | NIA | Innovative Financial Group Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | | | | | Rees Financial | NC | NIA | Innovative Financial Group Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | | | | | The Lead Store LLC | NC | NIA | Innovative Financial Group Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |
| .0119 | Humana Inc. | 00000 | | | | | Versa Management LLC | NC | NIA | Innovative Financial Group Holdings, LLC | Ownership | 100.000 | Humana Inc. | NO | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Humana Health Plan Inc.

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

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 515-526 W Main St Condo Council, Inc. | 0 | 0 | 0 | 0 | 540 | 0 | | 0 | 540 | 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 Care of Broward, Inc. | 0 | 0 | 0 | 0 | 18,838,781 | 0 | | 0 | 18,838,781 | 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 | (34,743,048) | 0 | | 0 | (34,743,048) | 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 | 45-4020797 | Amicus Medical Center LLC | 0 | 0 | 0 | 0 | (13,492,562) | 0 | | 0 | (13,492,562) | 0 |
| 00000 | 27-3974953 | Amicus Medical Group, Inc. | 0 | 0 | 0 | 0 | (901,080) | 0 | | 0 | (901,080) | 0 |
| 00000 | 27-1085323 | Amicus Medical Services Organization, LLC | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 12151 | 20-1001348 | Arcadian Health Plan, Inc. | 188,000,000 | 0 | 0 | 0 | (6,017,671) | 0 | | 0 | (6,017,671) | 0 |
| 00000 | 94-3247811 | Asian American Home Care, Inc. | 0 | 0 | 0 | 0 | (2,790,245,176) | 0 | | 0 | (2,602,245,176) | 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 | 17,275,203 | 0 | | 0 | 17,275,203 | 0 |
| 00000 | 26-0815856 | Care Partners Home Care, LLC | 0 | 0 | 0 | 0 | 256 | 0 | | 0 | 256 | 0 |
| 00000 | 39-1514846 | CareNetwork, Inc. | 0 | 0 | 0 | 0 | 10,239 | 0 | | 0 | 10,239 | 0 |
| 95092 | 59-2598550 | CarePlus Health Plans, Inc. | 10,000,000 | 0 | 0 | 0 | (1,342,916,889) | 0 | | 0 | (1,332,916,889) | 0 |
| 95754 | 62-1579044 | Cariten Health Plan Inc. | 103,500,000 | 0 | 0 | 0 | (850,475,156) | 0 | | 0 | (746,975,156) | 0 |
| 00000 | 35-2608414 | CDO 1, LLC | 0 | 0 | 0 | 0 | 92,734,675 | 0 | | 0 | 92,734,675 | 0 |
| 00000 | 32-0545504 | CDO 2, LLC | 0 | 0 | 0 | 0 | 52,020,932 | 0 | | 0 | 52,020,932 | 0 |
| 00000 | 84-5171456 | CenterWell Accountable Care, LLC | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 85-0858631 | CenterWell Care Solutions, Inc. | 0 | 0 | 0 | 0 | (1,537,795) | 0 | | 0 | (1,537,795) | 0 |
| 00000 | 61-1316926 | CenterWell Pharmacy, Inc. | 0 | 0 | 0 | 0 | 8,115,357,974 | 0 | | 0 | 8,115,357,974 | 0 |
| 00000 | 59-3164234 | CenterWell Senior Primary Care (FL), Inc. | 0 | 0 | 0 | 0 | 128,242,880 | 0 | | 0 | 128,242,880 | 0 |
| 95158 | 61-1279717 | CHA HMO, Inc. | 142,000,000 | 0 | 0 | 0 | (1,813,217,756) | 0 | | 0 | (1,671,217,756) | 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 |
| 52015 | 59-2531815 | CompBenefits Company | 0 | 0 | 0 | 0 | (10,966,608) | 0 | | 0 | (10,966,608) | 0 |
| 00000 | 04-3185995 | CompBenefits Corporation | 0 | 0 | 0 | 0 | 471,237 | 0 | | 0 | 471,237 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 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) |
| 11228 | 36-3686002 | CompBenefits Dental, Inc. | 0 | 0 | 0 | 0 | (1,481,934) | 0 | | 0 | (1,481,934) | 0 |
| 00000 | 58-2228851 | CompBenefits Direct, Inc. | 0 | 0 | 0 | 0 | (14,466) | 0 | | 0 | (14,466) | 0 |
| 60984 | 74-2552026 | CompBenefits Insurance Company | 0 | 22,000,000 | 0 | 0 | (188,182,077) | 0 | | 0 | (166,182,077) | 0 |
| 00000 | 45-3713941 | Complex Clinical Management, Inc. | 0 | 0 | 0 | 0 | 1,340,601 | 0 | | 0 | 1,340,601 | 0 |
| 00000 | 85-3191430 | Conviva Care Solutions II, LLC | 0 | 0 | 0 | 0 | 39,431,303 | 0 | | 0 | 39,431,303 | 0 |
| 00000 | 36-4880828 | Conviva Care Solutions, LLC | 0 | 0 | 0 | 0 | 336,440,538 | 0 | | 0 | 336,440,538 | 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 | 344,139,808 | 0 | | 0 | 344,139,808 | 0 |
| 00000 | 46-1225873 | Conviva Health MSO of Texas, Inc. | 0 | 0 | 0 | 0 | (2,971,998) | 0 | | 0 | (2,971,998) | 0 |
| 00000 | 20-5904436 | Conviva Medical Center Management, LLC | 0 | 0 | 0 | 0 | 1,606,201,736 | 0 | | 0 | 1,606,201,736 | 0 |
| 00000 | 81-2957926 | Conviva Speciality, LLC | 0 | 0 | 0 | 0 | (2,251,854) | 0 | | 0 | (2,251,854) | 0 |
| 00000 | 74-2769755 | Corpus Christi Home Care, Inc. | 0 | 0 | 0 | 0 | 6,861,693 | 0 | | 0 | 6,861,693 | 0 |
| 00000 | 36-3512545 | Dental Care Plus Management, Corp. | 0 | 0 | 0 | 0 | 36,801 | 0 | | 0 | 36,801 | 0 |
| 95161 | 76-0039628 | DentiCare, Inc. | 2,000,000 | 0 | 0 | 0 | (2,929,504) | 0 | | 0 | (929,504) | 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 | (27,980,768) | 0 | | 0 | (27,980,768) | 0 |
| 00000 | 47-1416614 | Eagle Rx, Inc. | 0 | 0 | 0 | 0 | 534,287 | 0 | | 0 | 534,287 | 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 | 2,663,516 | 0 | | 0 | 2,663,516 | 0 |
| 00000 | 84-2214810 | Edge Health MSO, Inc. | 0 | 0 | 0 | 0 | 1,467,505 | 0 | | 0 | 1,467,505 | 0 |
| 00000 | 84-3700467 | Elite Health Medical Centers, LLC | 0 | 0 | 0 | 0 | 13,363,655 | 0 | | 0 | 13,363,655 | 0 |
| 00000 | 26-3715136 | Elite Health Primary Care, LLC | 0 | 0 | 0 | 0 | (20,674,457) | 0 | | 0 | (20,674,457) | 0 |
| 88595 | 31-0935772 | EmpheSys Insurance Company | 0 | 60,000,000 | 0 | 0 | (51,078,938) | 0 | | 0 | 8,921,062 | 0 |
| 00000 | 61-1237697 | EmpheSys, Inc. | 0 | 0 | 0 | 0 | (889,893) | 0 | | 0 | (889,893) | 0 |
| 00000 | 23-3068914 | Enclara Pharmacia, Inc. | 0 | 0 | 0 | 0 | 31,465,825 | 0 | | 0 | 31,465,825 | 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 | 199 | 0 | | 0 | 199 | 0 |
| 00000 | 81-3819187 | FPG Acquisition Holdings Corp. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 32-0505460 | FPG Holding Company, LLC | 0 | 0 | 0 | 0 | 930 | 0 | | 0 | 930 | 0 |
| 00000 | 45-4685400 | FPG Senior Services, LLC | 0 | 0 | 0 | 0 | 29,400 | 0 | | 0 | 29,400 | 0 |
| 00000 | 75-2855493 | GBA Holdings, 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 | 11-2645333 | CenterWell Certified Healthcare Corp. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 11-3454105 | CenterWell Health Services (Certified), Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 11-3414024 | CenterWell Health Services (USA), LLC | 0 | 0 | 0 | 0 | 251,485,515 | 0 | | 0 | 251,485,515 | 0 |
| 00000 | 11-3454104 | CenterWell Health Services Holding Corp. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 36-4335801 | CenterWell Health Services, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 11-2802024 | CenterWell 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 |
| 00000 | 64-0730826 | Gilbert's Home Health Agency, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 27-4535747 | Go365, LLC | 0 | 0 | 0 | 0 | 379,477,728 | 0 | | 0 | 379,477,728 | 0 |
| 00000 | 39-1789830 | GuidantRx, Inc | 0 | 0 | 0 | 0 | 182,660 | 0 | | 0 | 182,660 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Humana Health Plan Inc.

SCHEDULE Y

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|------------|---|-----------------------|-----------------------|--|--|---|---|----|--|-----------------|--|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 27-1519643 | 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 | (9,307,297) | 0 | | 0 | (9,307,297) | 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 | 49,528 | 0 | | 0 | 49,528 | 0 |
| 00000 | 58-1947694 | Healthfield Home Health, 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 | 90-0527683 | HHS Healthcare Corp. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 62-1807084 | Home Health Care Affiliates of Central Mississippi, LLC | 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 | 20-1078045 | Hospice Pharmacy Solutions, LLC | 0 | 0 | 0 | 0 | (2,729,063) | 0 | | 0 | (2,729,063) | 0 |
| 00000 | 47-5418599 | HP Solutions Holdings, LLC | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 26-3592783 | HUM Provider Holdings, LLC | 0 | 0 | 0 | 0 | 92,085,866 | 0 | | 0 | 92,085,866 | 0 |
| 00000 | 20-4835394 | Humana Active Outlook, Inc. | 0 | 0 | 0 | 0 | 408 | 0 | | 0 | 408 | 0 |
| 00000 | 75-2739333 | Humana At Home (Dallas), Inc. | 0 | 0 | 0 | 0 | 450 | 0 | | 0 | 450 | 0 |
| 00000 | 76-0537878 | Humana At Home (Houston), Inc. | 0 | 0 | 0 | 0 | 1 | 0 | | 0 | 1 | 0 |
| 00000 | 01-0766084 | Humana At Home (San Antonio), Inc. | 0 | 0 | 0 | 0 | (364,967) | 0 | | 0 | (364,967) | 0 |
| 00000 | 75-2600512 | Humana at Home (TLC), Inc. | 0 | 0 | 0 | 0 | 152 | 0 | | 0 | 152 | 0 |
| 00000 | 65-0274594 | Humana at Home 1, Inc. | 0 | 0 | 0 | 0 | 267,391,757 | 0 | | 0 | 267,391,757 | 0 |
| 00000 | 13-4036798 | Humana at Home, Inc. | 0 | 0 | 0 | 0 | (3,666,978) | 0 | | 0 | (3,666,978) | 0 |
| 60052 | 37-1326199 | Humana Benefit Plan of Illinois, Inc. | 100,000,000 | 0 | 0 | 0 | (1,522,888,692) | 0 | | 0 | (1,422,888,692) | 0 |
| 00000 | 84-3226630 | Humana Benefit Plan of South Carolina, Inc. | 0 | 10,000,000 | 0 | 0 | (13,934,920) | 0 | | 0 | (3,934,920) | 0 |
| 15886 | 75-2043865 | Humana Benefit Plan of Texas, Inc. | 0 | 3,000,000 | 0 | 0 | (1,302,726) | 0 | | 0 | 1,697,274 | 0 |
| 00000 | 59-1843760 | Humana Dental Company | 0 | 0 | 0 | 0 | 1,446,548 | 0 | | 0 | 1,446,548 | 0 |
| 00000 | 80-0072760 | Humana Digital Health and Analytics Platform Services, Inc. | 0 | 0 | 0 | 0 | (20,438,864) | 0 | | 0 | (20,438,864) | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 85-3099097 | Humana Direct Contracting Entity, Inc. | 0 | 0 | 0 | 0 | (73,895,181) | 0 | | 0 | (73,895,181) | 0 |
| 00000 | 46-4912173 | Humana EAP and Work-Life Services of California, Inc. | 0 | 0 | 0 | 0 | (237,016) | 0 | | 0 | (237,016) | 0 |
| 95519 | 58-2209549 | Humana Employers Health Plan of Georgia, Inc. | 0 | 0 | 0 | 0 | (726,683,892) | 0 | | 0 | (726,683,892) | 0 |
| 00000 | 61-1241225 | Humana Government Business, Inc. | 0 | 0 | 0 | 0 | (53,463,397) | 0 | | 0 | (53,463,397) | 0 |
| 95642 | 72-1279235 | Humana Health Benefit Plan of Louisiana, Inc. | 60,000,000 | 0 | 0 | 0 | (1,295,109,669) | 0 | | 0 | (1,235,109,669) | 0 |
| 13558 | 26-2800286 | Humana Health Company of New York, Inc. | 0 | 75,000,000 | 0 | 0 | (254,315,267) | 0 | | 0 | (179,315,267) | 0 |
| 69671 | 61-1041514 | Humana Health Insurance Company of Florida, Inc. | 0 | 35,000,000 | 0 | 0 | 30,665,117 | 0 | | 0 | 65,665,117 | 0 |
| 00000 | 26-3473328 | Humana Health Plan of California, Inc. | 0 | 2,000,000 | 0 | 0 | (47,520,391) | 0 | | 0 | (45,520,391) | 0 |
| 95348 | 31-1154200 | Humana Health Plan of Ohio, Inc. | 0 | 0 | 0 | 0 | (92,349,645) | 0 | | 0 | (92,349,645) | 0 |
| 95024 | 61-0994632 | Humana Health Plan of Texas, Inc. | 0 | 0 | 0 | 0 | (117,806,531) | 0 | | 0 | (117,806,531) | 0 |
| 95885 | 61-1013183 | Humana Health Plan, Inc. | 0 | 45,000,000 | 0 | 0 | (1,370,066,494) | 0 | | 0 | (1,325,066,494) | 0 |
| 95721 | 66-0406896 | Humana Health Plans of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | (111,739,340) | 0 | | 0 | (111,739,340) | 0 |
| 00000 | 42-1575099 | Humana Healthcare Research, Inc. | 0 | 0 | 0 | 0 | 3,523,916 | 0 | | 0 | 3,523,916 | 0 |
| 00000 | 61-0647538 | Humana Inc. | (1,291,000,000) | (402,000,000) | 0 | 0 | 2,523,533,086 | 0 | | 0 | 830,533,086 | 0 |
| 00000 | 61-1343791 | Humana Innovation Enterprises, Inc. | 0 | 0 | 0 | 0 | 13,869,766 | 0 | | 0 | 13,869,766 | 0 |
| 73288 | 39-1263473 | Humana Insurance Company | (60,000,000) | (30,000,000) | 0 | 0 | (17,281,674,126) | (9,220,868) | | 0 | (17,380,894,994) | 0 |
| 60219 | 61-1311685 | Humana Insurance Company of Kentucky | 0 | 30,000,000 | 0 | 0 | (205,337,649) | 9,220,868 | | 0 | (166,116,781) | 0 |
| 12634 | 20-2888723 | Humana Insurance Company of New York | 0 | 125,000,000 | 0 | 0 | (1,037,989,813) | 0 | | 0 | (912,989,813) | 0 |
| 84603 | 66-0291866 | Humana Insurance of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | (73,766,989) | 0 | | 0 | (73,766,989) | 0 |
| 00000 | 66-0872725 | Humana Management Services of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 38,644,224 | 0 | | 0 | 38,644,224 | 0 |
| 00000 | 20-3364857 | Humana MarketPOINT of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 61-1343508 | Humana Marketpoint, Inc. | 0 | 0 | 0 | 0 | 840,099,806 | 0 | | 0 | 840,099,806 | 0 |
| 14224 | 27-3991410 | Humana Medical Plan of Michigan, Inc. | 0 | 10,000,000 | 0 | 0 | (156,788,032) | 0 | | 0 | (146,788,032) | 0 |
| 14462 | 27-4660531 | Humana Medical Plan of Pennsylvania, Inc. | 0 | 0 | 0 | 0 | (2,124,601) | 0 | | 0 | (2,124,601) | 0 |
| 12908 | 20-8411422 | Humana Medical Plan of Utah, Inc. | 0 | 15,000,000 | 0 | 0 | (45,518,658) | 0 | | 0 | (30,518,658) | 0 |
| 95270 | 61-1103898 | Humana Medical Plan, Inc. | 665,000,000 | 0 | 0 | 0 | (6,383,341,496) | 0 | | 0 | (5,718,341,496) | 0 |
| 00000 | 45-2254346 | Humana Pharmacy Solutions, Inc. | 0 | 0 | 0 | 0 | 25,099,808,404 | 0 | | 0 | 25,099,808,404 | 0 |
| 00000 | 20-1724127 | Humana Real Estate Company | 0 | 0 | 0 | 0 | 12,623,113 | 0 | | 0 | 12,623,113 | 0 |
| 12282 | 20-2036444 | Humana Regional Health Plan, Inc. | 0 | 0 | 0 | 0 | (72,244,226) | 0 | | 0 | (72,244,226) | 0 |
| 00000 | 26-4522426 | Humana WellWorks LLC | 0 | 0 | 0 | 0 | 300 | 0 | | 0 | 300 | 0 |
| 95342 | 39-1525003 | Humana Wisconsin Health Organization Insurance Corporation | 65,000,000 | 0 | 0 | 0 | (2,013,730,583) | 0 | | 0 | (1,948,730,583) | 0 |
| 70580 | 39-0714280 | HumanaDental Insurance Company | 0 | 0 | 0 | 0 | (410,006,980) | 0 | | 0 | (410,006,980) | 0 |
| 00000 | 61-1364005 | HumanaDental, Inc. | 0 | 0 | 0 | 0 | 330,731 | 0 | | 0 | 330,731 | 0 |
| 00000 | 61-1239538 | Humco, Inc. | 0 | 0 | 0 | 0 | 31 | 0 | | 0 | 31 | 0 |
| 00000 | 61-1383567 | HUM-e-FL, Inc. | 0 | 0 | 0 | 0 | (2,616,784) | 0 | | 0 | (2,616,784) | 0 |
| 00000 | 86-1050795 | Hummingbird Coaching Systems LLC | 0 | 0 | 0 | 0 | 122,294 | 0 | | 0 | 122,294 | 0 |
| 11695 | 39-1769093 | Independent Care Health Plan | 0 | 0 | 0 | 0 | (28,499,289) | 0 | | 0 | (28,499,289) | 0 |
| 00000 | 88-3465849 | Innovative Financial Group Holdings, LLC | 0 | 0 | 0 | 0 | 374,476 | 0 | | 0 | 374,476 | 0 |

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ANNUAL STATEMENT FOR THE YEAR 2022 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 | 83-2232570 | Innovative Financial Partners, LLC | 0 | 0 | 0 | 0 | (401,563) | 0 | | 0 | (401,563) | 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 | 20-8781715 | Integracare Intermediate Holdings, Inc. | 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 | 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 | 27-0686266 | Integracare of Wichita Falls, LLC | 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 | 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 | 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 |
| 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. | 10,000,000 | 0 | 0 | 0 | (134,949) | 0 | | 0 | 9,865,051 | 0 |
| 00000 | 65-0277280 | Med. Tech. Services of South Florida, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 84-5189010 | Medicare Planning of America LLC | 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 | 138,375 | 0 | | 0 | 138,375 | 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 | 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 | 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 | 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 | 17,417,153 | 0 | | 0 | 17,417,153 | 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 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 82-3472028 | One Home Medical Equipment TX, LLC | 0 | 0 | 0 | 0 | 2,944,897 | 0 | | 0 | 2,944,897 | 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 | 28,671,275 | 0 | | 0 | 28,671,275 | 0 |
| 00000 | 46-3313080 | One Homecare Solutions, LLC | 0 | 0 | 0 | 0 | 103,349 | 0 | | 0 | 103,349 | 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 | 22,084,854 | 0 | | 0 | 22,084,854 | 0 |
| 00000 | 46-3116955 | One Nursing Care, LLC | 0 | 0 | 0 | 0 | 42,647,326 | 0 | | 0 | 42,647,326 | 0 |
| 00000 | 20-4271850 | One TPA Systems, Inc. | 0 | 0 | 0 | 0 | (160) | 0 | | 0 | (160) | 0 |
| 00000 | 32-0351697 | Outcome Resources, LLC | 0 | 0 | 0 | 0 | 429 | 0 | | 0 | 429 | 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 | 26-3106949 | 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 | 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 | (5,782) | 0 | | 0 | (5,782) | 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 | 4,636 | 0 | | 0 | 4,636 | 0 |
| 00000 | 62-1250945 | Preferred Health Partnership, Inc. | 0 | 0 | 0 | 0 | 120 | 0 | | 0 | 120 | 0 |
| 00000 | 35-2640679 | Primary Care Holdings II, LLC | 0 | 0 | 0 | 0 | 124,197,282 | 0 | | 0 | 124,197,282 | 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 | | Rees Financial Inc | 0 | 0 | 0 | 0 | 233 | 0 | | 0 | 233 | 0 |
| 00000 | 75-2844854 | ROHC, L.L.C. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 59-3080333 | Senior Home Care, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 65-1096853 | SeniorBridge Family Companies (FL), Inc. | 0 | 0 | 0 | 0 | (481,616) | 0 | | 0 | (481,616) | 0 |
| 00000 | 20-0301155 | SeniorBridge Family Companies (IN), Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 36-4484443 | SeniorBridge Family Companies (NY), Inc. | 0 | 0 | 0 | 0 | (9,304,683) | 0 | | 0 | (9,304,683) | 0 |
| 00000 | 59-2518701 | SeniorBridge-Florida, LLC | 0 | 0 | 0 | 0 | 34 | 0 | | 0 | 34 | 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 | 5,340,231 | 0 | | 0 | 5,340,231 | 0 |
| 00000 | 87-0494757 | Southern Nevada Home Health Care, Inc. | 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 |

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 | 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 | (28,136) | 0 | | 0 | (28,136) | 0 |
| 54739 | 52-1157181 | The Dental Concern, Inc. | 5,500,000 | 0 | 0 | 0 | (7,597,039) | 0 | | 0 | (2,097,039) | 0 |
| 00000 | 74-3052911 | The Home Team of Kansas LLC | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 84-2258899 | The Lead Store LLC | 0 | 0 | 0 | 0 | 468,736 | 0 | | 0 | 468,736 | 0 |
| 00000 | 68-0593592 | Total Care Home Health of Louisburg, LLC | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 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 | 7,251 | 0 | | 0 | 7,251 | 0 |
| 00000 | 47-2446186 | Trueshore BPO, LLC | 0 | 0 | 0 | 0 | 3,716,597 | 0 | | 0 | 3,716,597 | 0 |
| 00000 | | Trueshore S.R.L | 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 | | Versa Management LLC | 0 | 0 | 0 | 0 | 481 | 0 | | 0 | 481 | 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 |
| 9999999 | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2022 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

REQUIRED FILINGS

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











| | Responses |
|---|-----------|
| 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 |

SUPPLEMENTAL FILINGS

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

| | |
|---|-----|
| 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 2022 OF THE Humana Health Plan Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|-------------------------|--|----------------------|---------------------------|--------------------|------------------------------|------------------------|------------------|-----------------------------------|------------------------------|-----------------------|----------------------------------|-------------------------------------|-----------------------|-----------------------|----------------------------------|-------------------------------|
| | | | | | | | | | | 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 | | 4,953 | 740 | 14.9 | 2 | 3,078 | 904 | 29.4 | 2 |
| | KYMESNM10F | F | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 623,831 | 475,160 | 76.2 | 210 | 127,379 | 60,463 | 47.5 | 40 |
| | KYMESNM10F(HD) | F | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 57,145 | 23,480 | 41.1 | 70 | 14,963 | 2,565 | 17.1 | 17 |
| | KYMESNM10G | G | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 1,361,883 | 1,145,341 | 84.1 | 611 | 857,551 | 735,482 | 85.8 | 368 |
| | KYMESNM10G(HD) | G | NO | 0234060 | 08/22/2019 | | | 08/31/2020 | | 0 | 0 | 0.0 | 0 | 17,453 | 4,019 | 23.0 | 22 |
| | KYMESNM10N | N | NO | 0234060 | 12/14/2017 | | | 08/31/2020 | | 205,071 | 163,880 | 79.9 | 93 | 121,648 | 186,503 | 153.3 | 60 |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 2,252,883 | 1,808,601 | 80.3 | 986 | 1,142,073 | 989,936 | 86.7 | 509 |

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".