



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
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 George Renaudin II Chief Financial Officer Susan Marie Diamond
VP, Associate General Counsel & Corporate Secretary Joseph Matthew Ruschell VP & Treasurer Robert Martin Marcoux Jr.

OTHER

John Edward Barger III, SVP, Medicaid President Courtney Danielle Durall, Assistant Corporate Secretary & Director, ESG Strategy Douglas Allen Edwards, SVP, Enterprise Associate & Business Solutions
Daniel Kevin Feld, Associate VP, Tax John-Paul William Felter, SVP, Chief Accounting Officer & Controller Jeremy Leon Gaskill, VP, Medicare Regional President
Leann Moren Hutchinson, VP, Group Business Operations John Stephen Littig, VP, Medicare Regional President Matthew George Moore, Regional President
Sean Joseph O'Reilly, SVP, Chief Compliance Officer William Mark Preston, VP, Investments Frederick William Roth, VP, Medicare Supplement
Leah Sonnenschein Schraudenbach, SVP, Chief Risk Officer Gilbert Alan Stewart, SVP, Medicare Divisional Leader Daniel Andrew Tufto, SVP, Medicare Divisional Leader

DIRECTORS OR TRUSTEES

Sean Joseph O'Reilly # 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.

George Renaudin II
President

Joseph Matthew Ruschell
VP, Associate General Counsel & Corporate Secretary

Robert Martin Marcoux, Jr.
VP & Treasurer

Subscribed and sworn to before me this
17th day of February, 2025

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, 2029

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	23,019,673	29,529,108	4,909,559	5,369,914	27,929,232	30,383,532
2. Claim overpayment receivables	3,445	0	0	204	3,445	3,445
3. Loans and advances to providers	0	0	0	329,009	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	(77,610)	0	2,854,163	(2,598,311)	2,776,553	2,776,553
6. Other health care receivables.....	837,309	0	0	0	837,309	837,309
7. Totals (Lines 1 through 6)	23,782,818	29,529,108	7,763,722	3,100,815	31,546,540	34,000,839

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana, Inc.	Reimbursements from expenditure made directly by Humana Inc. for the benefit of the company for the services provided by Humana Inc. for the Company. The direct expenditure includes payments for medical related items, trade payables, and payroll related items. The services provided include and are not limited to actuarial underwriting, billing enrollments, claim administration, customer services, utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, budgeting, data processing, and marketing.	205,248,936	205,248,936	0
0199999. Individually listed payables		205,248,936	205,248,936	0
0299999. Payables not individually listed		0	0	0
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0399999 Total gross payables		205,248,936	205,248,936	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	116,730,905	7.1	182,448	100.0	0	116,730,905
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	116,730,905	7.1	182,448	100.0	0	116,730,905
Other Payments:						
5. Fee-for-service	196,418,262	12.0	XXX	XXX	0	196,418,262
6. Contractual fee payments	1,319,774,442	80.5	XXX	XXX	0	1,319,774,442
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	7,379,580	0.4	XXX	XXX	0	7,379,580
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	1,523,572,285	92.9	XXX	XXX	0	1,523,572,285
13. TOTAL (Line 4 plus Line 12)	1,640,303,189	100%	XXX	XXX	0	1,640,303,189

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	380,168	0	327,907	52,261	52,261	0
2. Medical furniture, equipment and fixtures	819	0	819	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	180,991	0	178,422	2,569	2,569	0
6. Total	561,978	0	507,148	54,830	54,830	0



ANNUAL STATEMENT FOR THE YEAR 2024 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							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	
12. Health Premiums Written (b)	602,701	0	0	0	0	0	0	0	602,701	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	602,701	0	0	0	0	0	0	0	602,701	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	(86,991)	0	0	0	0	0	0	0	(86,991)	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	(141,206)	0	0	0	0	0	0	0	(141,206)	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 602,701

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ANNUAL STATEMENT FOR THE YEAR 2024 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)			
	2024		2024		2024							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	4,304	0	3,854	0	0	0	450	0	0	0	0	0	0				
2. First Quarter	1,693	0	1,693	0	0	0	0	0	0	0	0	0	0				
3. Second Quarter	873	0	873	0	0	0	0	0	0	0	0	0	0				
4. Third Quarter	323	0	323	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	10,711	0	10,683	0	0	0	28	0	0	0	0	0	0				
Total Member Ambulatory Encounters for Year:																	
7. Physician	7,675	0	7,135	0	0	0	519	21	0	0	0	0	0				
8. Non-Physician	1,354	0	1,208	0	0	0	142	4	0	0	0	0	0				
9. Total	9,029	0	8,343	0	0	0	661	25	0	0	0	0	0				
10. Hospital Patient Days Incurred	496	0	462	0	0	0	18	16	0	0	0	0	0				
11. Number of Inpatient Admissions	56	0	53	0	0	0	3	0	0	0	0	0	0				
12. Health Premiums Written (b)	3,756,071	0	3,409,679	0	0	0	(247,701)	594,094	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	3,617,543	0	3,271,150	0	0	0	(247,701)	594,094	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	3,900,611	(32,622)	5,051,384	0	0	0	(196,120)	(922,031)	0	0	0	0	0				
18. Amount Incurred for Provision of Health Care Services	4,145,468	(32,622)	4,757,183	0	0	0	133,642	(712,735)	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 \$594,094

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ANNUAL STATEMENT FOR THE YEAR 2024 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		Arkansas		DURING THE YEAR							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	
12. Health Premiums Written (b)	891,421	0	0	0	0	0	0	891,421	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	891,421	0	0	0	0	0	0	891,421	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	246,806	0	0	0	0	0	0	246,806	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	238,264	0	0	0	0	0	0	238,264	0	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$891,421

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ANNUAL STATEMENT FOR THE YEAR 2024 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 2024										(LOCATION) NAIC Company Code 95885	
	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	2,392	0	1,723	0	0	0	669	0	0	0	0	0	0	0		
2. First Quarter	755	0	755	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	518	0	518	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	4,154	0	4,160	0	0	0	(6)	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	3,739	2	3,129	0	0	0	606	2	0	0	0	0	0	0		
8. Non-Physician	1,038	0	924	0	0	0	113	1	0	0	0	0	0	0		
9. Total	4,777	2	4,053	0	0	0	719	3	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	401	0	357	0	0	0	44	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	29	0	21	0	0	0	8	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	2,398,480	0	2,544,871	0	0	0	(662,246)	515,856	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	2,398,480	0	2,544,871	0	0	0	(662,246)	515,856	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,868,831	(16,360)	4,429,193	0	0	0	(1,034,434)	(509,567)	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	3,348,312	(16,360)	4,521,463	0	0	0	(833,252)	(323,539)	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 \$515,856

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ANNUAL STATEMENT FOR THE YEAR 2024 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							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	
12. Health Premiums Written (b)	63,027	0	0	0	0	0	0	63,027	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	63,027	0	0	0	0	0	0	63,027	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	(2,519)	0	0	0	0	0	0	(2,519)	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	1,146	0	0	0	0	0	0	1,146	0	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$63,027

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ANNUAL STATEMENT FOR THE YEAR 2024 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 2024										(LOCATION) NAIC Company Code 95885	
	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	46,554	0	2,830	0	0	0	2,408	18,506	22,810	0	0	0	0	0		
2. First Quarter	38,307	0	1,386	0	0	0	0	16,402	20,519	0	0	0	0	0		
3. Second Quarter	33,741	0	852	0	0	0	0	14,536	18,353	0	0	0	0	0		
4. Third Quarter	33,107	0	636	0	0	0	0	14,237	18,234	0	0	0	0	0		
5. Current Year	32,240	0	4	0	0	0	0	14,070	18,166	0	0	0	0	0		
6. Current Year Member Months	415,290	0	10,634	0	0	0	13	179,764	224,879	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	873,977	2	9,641	0	0	0	4,849	418,452	441,033	0	0	0	0	0		
8. Non-Physician	719,309	0	3,495	0	0	0	2,061	237,610	476,143	0	0	0	0	0		
9. Total	1,593,286	2	13,136	0	0	0	6,910	656,062	917,176	0	0	0	0	0		
10. Hospital Patient Days Incurred	302,771	0	575	0	0	0	572	20,999	280,625	0	0	0	0	0		
11. Number of Inpatient Admissions	4,256	0	59	0	0	0	28	2,488	1,681	0	0	0	0	0		
12. Health Premiums Written (b)	462,789,364	0	6,417,023	0	0	0	(1,756,817)	282,630,538	175,498,620	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	462,789,364	0	6,417,023	0	0	0	(1,756,817)	282,630,538	175,498,620	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	431,252,073	(6,885)	9,967,599	0	0	0	2,230,474	238,250,604	180,810,281	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	394,510,653	(133)	9,871,615	0	0	0	(644,362)	209,955,048	175,328,485	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 \$282,630,538

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ANNUAL STATEMENT FOR THE YEAR 2024 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 Indiana		DURING THE YEAR 2024										(LOCATION) NAIC Company Code 95885	
	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	6,096	0	6,096	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	1,783	0	1,783	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	1,019	0	1,019	0	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	697	0	697	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	10,105	0	10,105	0	0	0	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	11,462	0	11,459	0	0	0	0	3	0	0	0	0	0	0		
8. Non-Physician	4,475	0	4,474	0	0	0	0	1	0	0	0	0	0	0		
9. Total	15,937	0	15,933	0	0	0	0	4	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	715	0	715	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	61	0	61	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	6,362,508	0	5,875,260	0	0	0	0	487,248	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.....	6,357,141	0	5,869,893	0	0	0	0	487,248	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.....	6,531,596	0	6,559,533	0	0	0	0	(27,937)	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	4,566,760	0	4,580,701	0	0	0	0	(13,942)	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 \$ 487,248

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ANNUAL STATEMENT FOR THE YEAR 2024 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		Kansas		DURING THE YEAR							2024		(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	1,434	0	39	0	0	0	1,395	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	1	0	1	0	0	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	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	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	0	0	0	0	0
6. Current Year Member Months	354	0	8	0	0	0	346	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																					
7. Physician	1,574	0	231	0	0	0	1,339	4	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	1,093	0	221	0	0	0	871	1	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	2,667	0	452	0	0	0	2,210	5	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	173	0	28	0	0	0	145	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	15	0	3	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	(363,416)	0	(65,199)	0	0	0	(906,268)	608,051	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	226,830	0	525,046	0	0	0	(906,268)	608,051	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	827,406	0	177,394	0	0	0	1,101,760	(451,748)	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,568,305	0	99,214	0	0	0	1,017,780	451,311	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care 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 \$ 608,051

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ANNUAL STATEMENT FOR THE YEAR 2024 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		4	5	6	7	8	9	10	11	12	13	14										
		Kentucky													(LOCATION)									
		Comprehensive (Hospital & Medical)													NAIC Company Code 95885									
1	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	212,708	1	50,639	1,265	0	0	495	0	160,308	0	0	0	0	0										
2. First Quarter	176,006	0	17,405	1,385	0	0	0	211	157,005	0	0	0	0	0										
3. Second Quarter	154,407	0	4,253	1,770	0	0	0	280	148,104	0	0	0	0	0										
4. Third Quarter	151,434	0	2,057	2,216	0	0	0	274	146,887	0	0	0	0	0										
5. Current Year	150,208	0	0	1,096	0	0	0	278	148,834	0	0	0	0	0										
6. Current Year Member Months	1,938,125	2	99,112	13,766	0	0	(13)	3,001	1,822,257	0	0	0	0	0										
Total Member Ambulatory Encounters for Year:																								
7. Physician	3,292,510	1	113,480	36,169	0	0	492	5,649	3,136,719	0	0	0	0	0										
8. Non-Physician	842,492	0	45,138	15,191	0	0	235	2,081	779,847	0	0	0	0	0										
9. Total	4,135,002	1	158,618	51,360	0	0	727	7,730	3,916,566	0	0	0	0	0										
10. Hospital Patient Days Incurred	110,772	0	5,591	1,296	0	0	0	759	103,126	0	0	0	0	0										
11. Number of Inpatient Admissions	14,939	0	528	226	0	0	0	80	14,105	0	0	0	0	0										
12. Health Premiums Written (b)	1,255,781,526	(165,880)	51,140,868	3,045,596	0	0	(312,715)	3,997,637	1,198,076,020	0	0	0	0	0										
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
15. Health Premiums Earned	1,255,566,680	(165,880)	50,926,022	3,045,596	0	0	(312,715)	3,997,637	1,198,076,020	0	0	0	0	0										
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
17. Amount Paid for Provision of Health Care Services	1,198,922,322	8,131	59,375,691	2,438,727	0	0	284,963	1,276,372	1,135,538,437	0	0	0	0	0										
18. Amount Incurred for Provision of Health Care Services	1,192,755,791	9,209	39,031,128	2,673,580	0	0	(45,296)	3,356,991	1,147,730,179	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 \$3,997,637

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ANNUAL STATEMENT FOR THE YEAR 2024 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		2024										NAIC Company Code	
		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	4	0	4	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	38	0	1	0	0	0	0	37	0	0	0	0	0	0	0
8. Non-Physician	7	0	3	0	0	0	0	4	0	0	0	0	0	0	0
9. Total	45	0	4	0	0	0	0	41	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3	0	0	0	0	0	0	3	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)	1,387,469	0	123	0	0	0	0	1,387,345	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	1,387,469	0	123	0	0	0	0	1,387,345	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	(4,090,292)	0	(60,131)	0	0	0	(3,316)	(4,026,845)	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	(513,840)	0	(64,572)	0	0	0	(3,316)	(445,953)	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 \$ 1,387,345

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ANNUAL STATEMENT FOR THE YEAR 2024 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							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																					
7. Physician	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	68	0	0	0	0	0	0	68	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	0	0	0	0	
12. Health Premiums Written (b)	93,319	0	0	0	0	0	0	93,319	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	93,319	0	0	0	0	0	0	93,319	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services.....	96,744	0	0	0	0	0	0	96,744	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	97,362	0	0	0	0	0	0	97,362	0	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$93,319

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ANNUAL STATEMENT FOR THE YEAR 2024 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 2024										(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	184	0	184	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	86	0	86	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	75	0	75	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	509	0	509	0	0	0	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician	198	0	183	0	0	0	0	15	0	0	0	0	0	0		
8. Non-Physician	39	0	36	0	0	0	0	3	0	0	0	0	0	0		
9. Total	237	0	219	0	0	0	0	18	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)	3,384,685	0	84,735	0	0	0	0	3,299,950	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	3,380,004	0	80,054	0	0	0	0	3,299,950	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	(1,563,567)	0	125,009	0	0	0	0	(1,688,576)	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	818,843	0	97,827	0	0	0	0	721,016	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 \$3,299,950

30 NV



ANNUAL STATEMENT FOR THE YEAR 2024 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							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	
12. Health Premiums Written (b)	84,135	0	0	0	0	0	0	84,135	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	84,135	0	0	0	0	0	0	84,135	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	(431,358)	0	0	0	0	0	0	(431,358)	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	(413,351)	0	0	0	0	0	0	(413,351)	0	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$84,135

30 NM



ANNUAL STATEMENT FOR THE YEAR 2024 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 2024										(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 \$

HO 00



ANNUAL STATEMENT FOR THE YEAR 2024 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							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																					
7. Physician	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	
12. Health Premiums Written (b)	956,729	0	0	0	0	0	0	956,729	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	956,729	0	0	0	0	0	0	956,729	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	3,523	0	0	0	0	0	0	3,523	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	732,693	0	0	0	0	0	0	732,693	0	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 956,729

30.SC



ANNUAL STATEMENT FOR THE YEAR 2024 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 2024										(LOCATION) NAIC Company Code 95885	
	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	1,012	0	923	0	0	0	89	0	0	0	0	0	0	0	0	
2. First Quarter	479	0	479	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	54	0	54	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	14	0	14	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	1,730	0	1,736	0	0	0	(6)	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																
7. Physician	2,145	0	1,955	0	0	0	190	0	0	0	0	0	0	0	0	
8. Non-Physician	414	0	371	0	0	0	43	0	0	0	0	0	0	0	0	
9. Total	2,559	0	2,326	0	0	0	233	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	128	0	116	0	0	0	12	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	14	0	13	0	0	0	1	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	(55,702)	0	(12,569)	0	0	0	(43,133)	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	792,290	0	835,424	0	0	0	(43,133)	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,042,481	0	1,025,907	0	0	0	16,574	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	987,042	0	998,843	0	0	0	(11,801)	0	0	0	0	0	0	0	0	

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 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 Texas		DURING THE YEAR 2024										(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	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	248	0	0	0	0	0	0	248	0	0	0	0	0	0		
8. Non-Physician	135	0	0	0	0	0	0	135	0	0	0	0	0	0		
9. Total	383	0	0	0	0	0	0	383	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	303	0	0	0	0	0	0	303	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)	(686,061)	0	0	0	0	0	0	(686,061)	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	(686,061)	0	0	0	0	0	0	(686,061)	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,093,775	0	0	0	0	0	0	2,093,775	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	3,441,993	0	0	0	0	0	0	3,441,993	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 \$ (686,061)

30.TX



ANNUAL STATEMENT FOR THE YEAR 2024 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		Virginia		DURING THE YEAR							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	
12. Health Premiums Written (b)	1,582,008	0	0	0	0	0	0	1,582,008	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,582,008	0	0	0	0	0	0	1,582,008	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	(82,782)	0	0	0	0	0	0	(84,696)	1,914	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	(925,003)	0	0	0	0	0	0	(926,917)	1,914	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,582,008

30 VA



ANNUAL STATEMENT FOR THE YEAR 2024 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							2024		(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	0	0	0	0	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	0	0	0	0	
3. Second Quarter	0	0	0	0	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	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	0	0	0	0	
12. Health Premiums Written (b)	501,918	0	0	0	0	0	0	501,918	0	0	0	0	0	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	501,918	0	0	0	0	0	0	501,918	0	0	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	(1,225,471)	0	0	0	0	0	0	(1,225,471)	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	(1,134,663)	0	0	0	0	0	0	(1,134,663)	0	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$501,918

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ANNUAL STATEMENT FOR THE YEAR 2024 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	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	274,688	1	66,292	1,265	0	0	5,506	18,506	183,118	0	0	0	0	0	0		
2. First Quarter	219,110	0	23,588	1,385	0	0	0	16,613	177,524	0	0	0	0	0	0		
3. Second Quarter	190,687	0	7,644	1,770	0	0	0	14,816	166,457	0	0	0	0	0	0		
4. Third Quarter	185,575	0	3,727	2,216	0	0	0	14,511	165,121	0	0	0	0	0	0		
5. Current Year	182,448	0	4	1,096	0	0	0	14,348	167,000	0	0	0	0	0	0		
6. Current Year Member Months	2,380,978	2	136,947	13,766	0	0	362	182,765	2,047,136	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																	
7. Physician	4,193,568	5	147,214	36,169	0	0	7,995	424,433	3,577,752	0	0	0	0	0	0		
8. Non-Physician	1,570,356	0	55,870	15,191	0	0	3,465	239,840	1,255,990	0	0	0	0	0	0		
9. Total	5,763,924	5	203,084	51,360	0	0	11,460	664,273	4,833,742	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	415,830	0	7,844	1,296	0	0	791	22,148	383,751	0	0	0	0	0	0		
11. Number of Inpatient Admissions	19,370	0	738	226	0	0	52	2,568	15,786	0	0	0	0	0	0		
12. Health Premiums Written (b)	1,739,530,184	(165,880)	69,394,790	3,045,596	0	0	(3,928,880)	297,609,917	1,373,574,640	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	1,740,604,999	(165,880)	70,469,606	3,045,596	0	0	(3,928,880)	297,609,917	1,373,574,640	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	1,640,303,189	(47,736)	86,651,579	2,438,727	0	0	2,399,902	232,510,085	1,316,350,632	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,604,084,569	(39,906)	63,893,402	2,673,580	0	0	(386,605)	214,883,521	1,323,060,578	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 \$297,609,917

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 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 00-00000000 . 11/20/2012 . CARESOURCE REINSURANCE LLC MT..... QA/1..... NC.....							0	0	0	0	0	0	40,101
1999999. General Account - Unauthorized U.S. Non-Affiliates							0	0	0	0	0	0	40,101
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	40,101
2299999. Total General Account Unauthorized							0	0	0	0	0	0	40,101
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							0	0	0	0	0	0	40,101
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)							0	0	0	0	0	0	40,101
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							0	0	0	0	0	0	40,101

ANNUAL STATEMENT FOR THE YEAR 2024 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
...0000	...00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	0	0	0	0	0			40,101	0	0	0
1999999			General Account - Accident and Health U.S. Non-Affiliates	0	0	0	0	0	XXX	0	40,101	0	0	0
2199999			Total General Account - Accident and Health Non-Affiliates	0	0	0	0	0	XXX	0	40,101	0	0	0
2299999			Total General Account Accident and Health	0	0	0	0	0	XXX	0	40,101	0	0	0
2399999			Total General Account	0	0	0	0	0	XXX	0	40,101	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	40,101	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	40,101	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				

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.

SCHEDULE S - PART 6

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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	(16)	(596)	(93)	22,535
4. Commissions and reinsurance expense allowance	0	0	0	0	3,144
5. Total hospital and medical expenses	0	0	0	(65)	5,392
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	3
7. Claims payable	0	0	0	0	205
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	40	8	1,478	4,902	9,596
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)	40	8	1,478	4,902	9,596
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)	639,795,607	0	639,795,607
2. Accident and health premiums due and unpaid (Line 15)	63,301,057	0	63,301,057
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	(40,101)	(40,101)
5. All other admitted assets (Balance)	32,326,781	0	32,326,781
6. Total assets (Line 28)	735,423,445	(40,101)	735,383,344
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	154,855,686	0	154,855,686
8. Accrued medical incentive pool and bonus payments (Line 2)	64,054	0	64,054
9. Premiums received in advance (Line 8)	9,275,152	0	9,275,152
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	40,101	(40,101)	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)	336,743,157	0	336,743,157
15. Total liabilities (Line 24)	500,978,149	(40,101)	500,938,048
16. Total capital and surplus (Line 33)	234,445,295	XXX	234,445,295
17. Total liabilities, capital and surplus (Line 34)	735,423,445	(40,101)	735,383,344
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	40,101		
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	40,101		
31. Total net credit for ceded reinsurance	(40,101)		

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 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.	12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2608414				CDO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	32-0545504				CDO 2, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1575099				Humana Healthcare Research, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4880828				Conviva Care Solutions, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	15886	75-2043865				Humana Benefit Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management, Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	88595	31-0935772				Empheys Insurance Company	TX	IA	Empheys, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1237697				Empheys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	59-3164234				CenterWell Senior Primary Care (FL), Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	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	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	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	27-4460531				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
							Humana Wisconsin Health Organization Insurance Corporation	..WI	.....IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	95342	39-1525003				HumanaDental Insurance Company	..WI	.....IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	70580	39-0714280				HumanaDental, Inc.	..DE	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	61-1364005				Go365, LLC	..DE	.....NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	27-4535747				Humco, Inc.	..KY	.....DS	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	61-1239538				HUM-e-FL, Inc.	..FL	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	61-1383567				Hummingbird Coaching Systems LLC	..OH	.....NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	86-1050795				Independent Care Health Plan	..WI	.....IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	11695	39-1769093				Managed Care Indemnity, Inc.	..VT	.....IA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	61-1232669				Conviva Group Holdings, LLC	..DE	.....NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	20-5569675				Conviva Medical Center Management, LLC	..DE	.....NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	20-5904436				Conviva Speciality, LLC	..FL	.....NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	81-2957926				METCARE of Florida, Inc.	..FL	.....NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	65-0879131				Metropolitan Health Networks, Inc.	..FL	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	65-0635728				PHP Companies, Inc.	..TN	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	62-1552091				Preferred Health Partnership, Inc.	..TN	.....NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	62-1250945				Humana Real Estate Company	..KY	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	20-1724127				Conviva Health MSO of Texas, Inc.	..DE	.....NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	46-1225873				SeniorBridge Family Companies (FL), Inc.	..FL	.....NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (NY), Inc.	..NY	.....NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	36-4484443				Humana At Home (San Antonio), Inc.	..TX	.....NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	01-0766084				Humana At Home (San Antonio), Inc.	..TX	.....NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	..TX	.....NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	..KY	.....IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
							Humana Digital Health and Analytics Platform Services, Inc.	..DE	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	80-0072760				Conviva Health Management, LLC	..DE	.....NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	46-5329373				Humana Management Services of Puerto Rico, Inc.	..PR	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	66-0872725				North Region Providers, LLC	..DE	.....NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	83-3321367				Primary Care Holdings II, LLC	..DE	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	35-2640679				Transcend Population Health Management II, LLC	..DE	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	37-1910409				Edge Health MSO, Inc.	..DE	.....NIA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	84-2214810				Humana Benefit Plan of South Carolina, Inc.	..SC	.....IA	Humana Inc.	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	84-3226630				Alexander Infusion, LLC	..NY	.....NIA	Eagle NY Rx, LLC	Ownership	100.000	Humana Inc.	...NO	...0
.0119	Humana Inc.	00000	11-3391115				Eagle NY Rx, LLC	..DENIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	...NO	...0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.

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.0119	Humana Inc.	00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1340806				PBM Holding Co.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-0858631				CenterWell Care Solutions, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-1493628				Echo Primary Care Holdings, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2594868				Accredited Home Health of Broward, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0751512				Amazing Home Health Care, Inc.	FL	NIA	Amazing Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3668783				Amazing Home Health Holdings, LLC	DE	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4681334				Care Hope Holdings, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0732207				Care Hope Home Health Agency, Inc.	FL	NIA	Care Hope Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2769755				Corpus Christi Home Care, Inc.	TX	NIA	One Home Health Holdings CCTX, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3443369				On the Way Home Care, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3485437				One Home Health Holdings, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-2018741				One Home Health Holdings CCTX, LLC	TX	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2894851				One Home Medical Equipment, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3472028				One Home Medical Equipment TX, LLC	TX	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3116955				One Nursing Care, LLC	FL	NIA	Humana Innovation Enterprises, Inc. - 100%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3313080				One Homecare Solutions, LLC	FL	NIA	One Homecare Solutions, LLC	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	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	30-0711730				California Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-2102603				Capital Care Resources of South Carolina, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2411159				Capital Care Resources, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2313705				Capital Health Management Group, LLC	GA	NIA	CHMG Acquisition LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0387821				Chattahoochee Valley Home Care Services, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	34-1994007				Chattahoochee Valley Home Health, LLC	GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	04-3813487				CHMG Acquisition LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089073				CHMG of Atlanta, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089075				CHMG of Griffin, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1590744				Eastern Carolina Home Health Agency, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0750157				First Home Health, Inc.	WV	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0

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.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				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				Hankeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1947694				Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0131980				Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593590				Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0831798				Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4425473				Healthfield Operating Group, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1819650				Healthfield, LLC	DE	NIA	Healthfield Operating Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	90-0527683				HHS Healthcare Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1807084				Home Health Care Affiliates of Central Mississippi, L.L.C.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1775256				Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2737989				Home Health Care Affiliates, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1556547				Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2374091				Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494759				Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0837269				Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	76-0456316				Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781607				Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2865632				Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781715				Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2915050				Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-2139332				Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.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

ANNUAL STATEMENT FOR THE YEAR 2024 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	82-3695166				Kentucky Homecare Holdings, Inc.	DE	NIA	Kentucky Homecare Parent Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3986306				Kentucky Homecare Parent Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717945				CenterWell Home Health Services, LLC	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717534				KND Development 50, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3228001				Lighthouse Hospice - Metroplex, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1787617				Lighthouse Hospice Management, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0798501				Lighthouse Hospice-San Antonio, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0277280				Med. Tech. Services of South Florida, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1033439				Med-Tech Services of Dade, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0644307				Med-Tech Services of Palm Beach, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-0559199				Mid-South Home Health Agency, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	14-1909499				Mid-South Home Health of Gadsden, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	63-0772385				Mid-South Home Health, LLC	DE	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1285069				Missouri Home Care of Rolla, Inc.	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	22-2695367				New York Healthcare Services, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0633030				Nursing Care-Home Health Agency, Inc.	WV	NIA	First Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.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				PHH Acquisition Corp.	DE	NIA	CenterWell Certified Healthcare Corp. 99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5143963				Professional Healthcare at Home, LLC	CA	NIA	PF Development 10, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5043143				Professional Healthcare, LLC	DE	NIA	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
.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

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SCHEDULE Y
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.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. 1% by Voyager Home Health, Inc. and 99% by Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1953497				Voyager Acquisition, L.P.	TX	NIA	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 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	46-2300938				Wake Forest Baptist Health Care at Home, LLC	NC	NIA	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				Trushore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-2446186				Trushore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC - 99%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5171456				Trushore S.R. L.	DOM	NIA	Primary Care Holdings II, LLC - 1%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5171456				CenterWell Accountable Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3584872				One Home Medical Equipment NC, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3611188				One Home Medical Equipment VA, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3832743				One Infusion Pharmacy NC, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-3881471				One Infusion Pharmacy VA, LLC	DE	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-4020797				Amicus Medical Center LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-3974953				Amicus Medical Group, Inc.	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1085323				Amicus Medical Services Organization, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1078045				Hospice Pharmacy Solutions, LLC	DE	NIA	HP Solutions Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-5418599				HP Solutions Holdings, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	32-0351697				Outcome Resources, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	88-3465849?				Innovative Financial Group Holdings, LLC	NC	NIA	Humana MarketPOINT, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-2232570?				Innovative Financial Partners, LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5189010?				Medicare Planning of America LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4085710?				Rees Financial LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2258899?				The Lead Store LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-4202700				Versa Management LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-2731153				Prime West JV Holdings, LLC	DE	NIA	Humana Innovation Enterprises, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-4307723				CenterWell IPA Solutions, LLC	MI	NIA	Prime West JV Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-1676284				Prime Accountable Care West, LLC	MI	NIA	CenterWell IPA Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2439365				Nevada Independent Physicians, LLC	NV	NIA	CenterWell IPA Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0523544				A and A Homecare, Inc.	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2401497				All About Home Care Management, LLC	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3836040				Altercare of Palm Beach County, LLC	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0110337				Altercare, LLC	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-7287186				Balanced Home Healthcare, Inc.	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1903568				Bridges Home Health, Inc.	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3433197				Medstar Home Health, LLC	FL	NIA	Trident Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5123865				M-SAC, Inc.	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2823888				Quality Living Home Health Care, LLC	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2486995				Trident Home Health, LLC	FL	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-4466479				Trilogy Home Health Care SW FL, Inc.	DE	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3442232				Trilogy Home Healthcare NE FL, Inc.	DE	NIA	Vitality Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2022629				Vitality HHS Holdings, Inc.	DE	NIA	CenterWell Health Services (USA), LLC	Ownership	100.000	Humana Inc.	NO	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.

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

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. 0119 ...	Humana Inc. 00000	81-2019673	Vitality Home Care, Inc DE..... NIA.....	Vitality HHS Holdings, Inc	Ownership.....	100.000 ...	Humana Inc. NO..... 0
. 0119 ...	Humana Inc. 00000	82-3311429	Conviva Physician Group, LLC FL..... NIA.....	Conviva Care Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. NO..... 0
. 0119 ...	Humana Inc. 00000	33-2663918	Humana Care Holdings, Inc.? DE..... NIA.....	Humana Inc.	Ownership.....	100.000 ...	Humana Inc. NO..... 0
. 0119 ...	Humana Inc. 00000	33-2731074	Care Solutions ACO, LLC DE..... NIA.....	Humana Care Holdings, Inc.	Ownership.....	100.000 ...	Humana Inc. NO..... 0
. 0119 ...	Humana Inc. 00000	33-2023109	Humana Life Insurance Company of New York, Inc. NY..... IA.....	Humana Inc.	Ownership.....	100.000 ...	Humana Inc. NO..... 0

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

ANNUAL STATEMENT FOR THE YEAR 2024 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	03-0523544	A and A Homecare, Inc	0	0	0	0	36,170	0		0	36,170	0
00000	72-2695805	Aberdeen Holdings, Inc.	0	0	0	0	(16,628)	0		0	(16,628)	0
00000	77-0601595	Able Home Healthcare, Inc.	0	0	0	0	(144,447)	0		0	(144,447)	0
00000	06-1451363	Access Home Health of Florida, LLC	0	0	0	0	(2,230,219)	0		0	(2,230,219)	0
00000	45-2594868	Accredited Home Health of Broward, Inc.	0	0	0	0	19,411,045	0		0	19,411,045	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	(4,094,245)	0		0	(4,094,245)	0
00000	45-2401497	All About Home Care Management, LLC	0	0	0	0	0	0		0	0	0
00000	36-4473376	Alpine Home Health Care, LLC	0	0	0	0	(441,339)	0		0	(441,339)	0
00000	11-3836040	Altercare of Palm Beach County, LLC	0	0	0	0	0	0		0	0	0
00000	20-0110337	Altercare, LLC	0	0	0	0	(44,945)	0		0	(44,945)	0
00000	26-0751512	Amazing Home Health Care, Inc.	0	0	0	0	150,612	0		0	150,612	0
00000	85-3668783	Amazing Home Health Holdings, LLC	0	0	0	0	255	0		0	255	0
00000	11-3306095	American Homecare Management Corp.	0	0	0	0	(1,345,756)	0		0	(1,345,756)	0
00000	45-4020797	Amicus Medical Center LLC	0	0	0	0	354,419	0		0	354,419	0
00000	27-3974953	Amicus Medical Group, Inc.	0	0	0	0	0	0		0	0	0
00000	27-1085323	Amicus Medical Services Organization, LLC	0	0	0	0	73,997,364	0		0	73,997,364	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	60,000,000	0	0	(3,723,790,408)	0		0	(3,663,790,408)	0
00000	94-3247811	Asian American Home Care, Inc.	0	0	0	0	(5,768,974)	0		0	(5,768,974)	0
00000	20-7287186	Balanced Home Healthcare, Inc.	0	0	0	0	(154,315)	0		0	(154,315)	0
00000	20-1903568	Bridges Home Health, Inc.	0	0	0	0	(781,249)	0		0	(781,249)	0
00000	75-1901342	BWB Sunbelt Home Health Services, LLC	0	0	0	0	(469,700)	0		0	(469,700)	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	(19,957,072)	0		0	(19,957,072)	0
00000	58-2411159	Capital Care Resources, LLC	0	0	0	0	(10,295,385)	0		0	(10,295,385)	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	23,537,812	0		0	23,537,812	0
00000	33-2731074	Care Solutions ACO, LLC	0	0	0	0	0	0		0	0	1
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(285)	0		0	(285)	0
95092	59-2598550	CarePlus Health Plans, Inc.	260,000,000	0	0	0	(1,235,273,563)	0		0	(975,273,563)	0
95754	62-1579044	Cariten Health Plan Inc.	65,000,000	0	0	0	(1,025,656,529)	0		0	(960,656,529)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	107,967,245	0		0	107,967,245	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	166,726,887	0		0	166,726,887	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	(16,134,864)	0		0	(16,134,864)	0
00000	11-2645333	CenterWell Certified Healthcare Corp.	0	0	0	0	(102,468,722)	0		0	(102,468,722)	0
00000	11-3454105	CenterWell Health Services (Certified), Inc.	0	0	0	0	(40,449,291)	0		0	(40,449,291)	0
00000	11-3414024	CenterWell Health Services (USA) LLC	0	0	0	0	515,217,811	0		0	515,217,811	0
00000	11-3454104	CenterWell Health Services Holding Corp.	0	0	0	0	(1,537,400)	0		0	(1,537,400)	0
00000	36-4335801	CenterWell Health Services, Inc.	0	0	0	0	1,028,608	0		0	1,028,608	0
00000	26-0717945	CenterWell Home Health Services, LLC	0	0	0	0	34,012	0		0	34,012	0

ANNUAL STATEMENT FOR THE YEAR 2024 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	84-4307723	CenterWell IPA Solutions, LLC	0	0	0	0	(597,970)	0		0	(597,970)	0
00000	61-1316926	CenterWell Pharmacy, Inc.	0	0	0	0	8,349,973,752	0		0	8,349,973,752	0
00000	59-3164234	CenterWell Senior Primary Care (FL), Inc.	0	0	0	0	198,792,728	0		0	198,792,728	0
00000	11-2802024	CenterWell Services of New York, Inc.	0	0	0	0	0	0		0	0	0
95158	61-1279717	CHA HMO, Inc.	140,000,000	0	0	0	(3,002,780,459)	0		0	(2,862,780,459)	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	(1,814,586)	0		0	(1,814,586)	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	(1,458,722)	0		0	(1,458,722)	0
00000	54-2089075	CHMG of Griffin, LLC	0	0	0	0	(4,676,560)	0		0	(4,676,560)	0
52015	59-2531815	CompBenefits Company	10,000,000	0	0	0	(8,814,606)	0		0	1,185,394	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	452,188	0		0	452,188	0
11228	36-3686002	CompBenefits Dental, Inc.	1,750,000	0	0	0	(827,673)	0		0	922,327	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(5,413)	0		0	(5,413)	0
60984	74-2552026	CompBenefits Insurance Company	25,000,000	0	0	0	(7,328,434)	0		0	17,671,566	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	1,744,873	0		0	1,744,873	0
00000	85-3191430	Conviva Care Solutions II, LLC	0	0	0	0	41,264,656	0		0	41,264,656	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	216,732,206	0		0	216,732,206	0
00000	20-5569675	Conviva Group Holdings, LLC	0	0	0	0	578	0		0	578	0
00000	46-5329373	Conviva Health Management, LLC	0	0	0	0	470,521,903	0		0	470,521,903	0
00000	46-1225873	Conviva Health MSO of Texas, Inc.	0	0	0	0	(3,699,473)	0		0	(3,699,473)	0
00000	20-5904436	Conviva Medical Center Management, LLC	0	0	0	0	2,001,514,704	0		0	2,001,514,704	0
00000	82-3311429	Conviva Physician Group, LLC	0	0	0	0	124,457,291	0		0	124,457,291	0
00000	81-2957926	Conviva Speciality, LLC	0	0	0	0	355	0		0	355	0
00000	74-2769755	Corpus Christi Home Care, Inc.	0	0	0	0	5,870,873	0		0	5,870,873	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	7,506	0		0	7,506	0
95161	76-0039628	DentiCare, Inc.	1,750,000	0	0	0	(2,029,650)	0		0	(279,650)	0
00000	36-4898224	Eagle NY Rx, LLC	0	0	0	0	1,800	0		0	1,800	0
00000	47-1407967	Eagle Rx Holdco, Inc.	0	0	0	0	1	0		0	1	0
00000	47-1416614	Eagle Rx, Inc.	0	0	0	0	681,758	0		0	681,758	0
00000	56-1590744	Eastern Carolina Home Health Agency, LLC	0	0	0	0	(6,563,344)	0		0	(6,563,344)	0
00000	87-1493628	Echo Primary Care Holdings, LLC	0	0	0	0	2,820,751	0		0	2,820,751	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	(37)	0		0	(37)	0
00000	84-3700467	Elite Health Medical Centers, LLC	0	0	0	0	18,218,671	0		0	18,218,671	0
00000	26-3715136	Elite Health Primary Care, LLC	0	0	0	0	(17,191,310)	0		0	(17,191,310)	0
88595	31-0935772	Empesys Primary Care Insurance Company	25,000,000	0	0	0	(69,071,237)	0		0	(44,071,237)	0
00000	61-1237697	Empesys, Inc.	0	0	0	0	225	0		0	225	0
00000	23-3068914	Enclara Pharmacia, Inc.	0	0	0	0	(15,676,293)	0		0	(15,676,293)	0
00000	55-0750157	First Home Health, Inc.	0	0	0	0	6	0		0	6	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	225	0		0	225	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	439	0		0	439	0

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.

SCHEDULE Y

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

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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	45-4685400	FPG Senior Services, LLC	0	0	0	0	0	0	0	0	0	0
00000	75-2855493	GBA Holding, Inc.	0	0	0	0	(82,624)	0	0	0	(82,624)	0
00000	26-2944774	GBA West, LLC	0	0	0	0	(296,880)	0	0	0	(296,880)	0
00000	27-4251135	Georgia Hospice, LLC	0	0	0	0	0	0	0	0	0	0
00000	64-0730826	Gilbert's Home Health Agency, Inc.	0	0	0	0	(5,420,585)	0	0	0	(5,420,585)	0
00000	27-4535747	Go365, LLC	0	0	0	0	46,756,274	0	0	0	46,756,274	0
00000	39-1789830	GuidantRx, Inc.	0	0	0	0	22,020	0	0	0	22,020	0
00000	27-1519643	Harden Clinical Services, LLC	0	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	0
00000	37-1743802	Harden Healthcare Holdings, LLC	0	0	0	0	0	0	0	0	0	0
00000	74-3024009	Harden Healthcare, LLC	0	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	0
00000	43-2083818	Harden Hospice, LLC	0	0	0	0	0	0	0	0	0	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	7,633,318	0	0	0	7,633,318	0
00000	42-1285486	Hawkeye Health Services, Inc.	0	0	0	0	(653,967)	0	0	0	(653,967)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	48,202	0	0	0	48,202	0
00000	58-1947694	Healthfield Home Health, LLC	0	0	0	0	(8,507,644)	0	0	0	(8,507,644)	0
00000	27-0131980	Healthfield of Southwest Georgia, LLC	0	0	0	0	(2,283,316)	0	0	0	(2,283,316)	0
00000	68-0593590	Healthfield of Statesboro, LLC	0	0	0	0	(3,269,056)	0	0	0	(3,269,056)	0
00000	01-0831798	Healthfield of Tennessee, LLC	0	0	0	0	(703,296)	0	0	0	(703,296)	0
00000	36-4425473	Healthfield Operating Group, LLC	0	0	0	0	0	0	0	0	0	0
00000	58-1819650	Healthfield, LLC	0	0	0	0	0	0	0	0	0	0
00000	90-0527683	HHS Healthcare Corp.	0	0	0	0	0	0	0	0	0	0
00000	62-1807084	Home Health Care Affiliates of Central Mississippi, L.L.C.	0	0	0	0	(4,385,423)	0	0	0	(4,385,423)	0
00000	62-1775256	Home Health Care Affiliates of Mississippi, Inc.	0	0	0	0	(3,453,495)	0	0	0	(3,453,495)	0
00000	74-2737989	Home Health Care Affiliates, Inc.	0	0	0	0	(57)	0	0	0	(57)	0
00000	56-1556547	Home Health Care of Carteret County, LLC	0	0	0	0	(993,208)	0	0	0	(993,208)	0
00000	75-2374091	Home Health of Rural Texas, Inc.	0	0	0	0	(45,031)	0	0	0	(45,031)	0
00000	87-0494759	Home Health Services, Inc.	0	0	0	0	(4)	0	0	0	(4)	0
00000	65-0837269	Homecare Holdings, Inc.	0	0	0	0	0	0	0	0	0	0
00000	76-0456316	Horizon Health Care Services, Inc.	0	0	0	0	(724,318)	0	0	0	(724,318)	0
00000	20-1078045	Hospice Pharmacy Solutions, LLC	0	0	0	0	(13,627,970)	0	0	0	(13,627,970)	0
00000	47-5418599	HP Solutions Holdings, LLC	0	0	0	0	1,800	0	0	0	1,800	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	112,905,280	0	0	0	112,905,280	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	491	0	0	0	491	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	64,883	0	0	0	64,883	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	392,941,008	0	0	0	392,941,008	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	2,241,992	0	0	0	2,241,992	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	65,000,000	0	0	(2,022,321,554)	0	0	0	(1,957,321,554)	0
16717	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	30,000,000	0	0	(49,780,709)	0	0	0	(19,780,709)	0
15886	75-2043865	Humana Benefit Plan of Texas, Inc.	0	0	0	0	(10,280,196)	0	0	0	(10,280,196)	0

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ANNUAL STATEMENT FOR THE YEAR 2024 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	33-2663918	Humana Care Holdings, Inc.?	0	0	0	0	0	0		0	0	1
00000	59-1843760	Humana Dental Company	0	0	0	0	(33,911)	0		0	(33,911)	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	1,673,897	0		0	1,673,897	0
00000	85-3099097	Humana Direct Contracting Entity, Inc.	0	0	0	0	(12,097,113)	0		0	(12,097,113)	0
95519	58-2209549	Humana Employers Health Plan of Georgia, Inc.	0	0	0	0	(651,440,274)	0		0	(651,440,274)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(91,892,330)	0		0	(91,892,330)	0
95642	72-1279235	Humana Health Benefit Plan of Louisiana, Inc.	0	0	0	0	(1,396,712,967)	0		0	(1,396,712,967)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	0	0	0	(252,518,706)	0		0	(252,518,706)	0
69671	61-1041514	Humana Health Insurance Company of Florida, Inc.	25,000,000	0	0	0	(138,715,374)	0		0	(113,715,374)	0
00000	26-3473328	Humana Health Plan of California, Inc.	6,000,000	0	0	0	(21,044,587)	0		0	(15,044,587)	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	0	0	0	(160,103,355)	0		0	(160,103,355)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	0	0	0	(12,488,472)	0		0	(12,488,472)	0
95885	61-1013183	Humana Health Plan, Inc.	20,000,000	0	0	0	(337,887,508)	0		0	(317,887,508)	0
95721	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	60,000,000	0	0	(182,734,442)	0		0	(122,734,442)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	2,844,355	0		0	2,844,355	0
00000	61-0647538	Humana Inc.	(1,491,016,270)	(1,650,000,000)	0	0	3,704,604,333	0		0	563,588,063	(2)
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	51,300,605	0		0	51,300,605	0
73288	39-1263473	Humana Insurance Company	0	1,360,000,000	0	0	(22,048,688,761)	(12,107,946)		0	(20,700,796,707)	0
60219	61-1311685	Humana Insurance Company of Kentucky	0	0	0	0	(335,058,078)	12,107,946		0	(322,950,132)	0
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(1,215,630,616)	0		0	(1,215,630,616)	0
84603	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(31,024,005)	0		0	(31,024,005)	0
00000	33-2023109	Humana Life Insurance Company of New York, Inc.	0	0	0	0	0	0		0	0	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	36,274,969	0		0	36,274,969	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	900	0		0	900	0
00000	61-1343508	Humana MarketPOINT, Inc.	0	0	0	0	896,908,807	0		0	896,908,807	0
14224	27-3991410	Humana Medical Plan of Michigan, Inc.	10,000,000	0	0	0	(297,336,347)	0		0	(287,336,347)	0
14462	27-4460531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	(10,331,683)	0		0	(10,331,683)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	5,000,000	0	0	0	(78,708,948)	0		0	(73,708,948)	0
95270	61-1103898	Humana Medical Plan, Inc.	800,000,000	0	0	0	(8,648,351,458)	0		0	(7,848,351,458)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	31,119,272,416	0		0	31,119,272,416	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	59,284,136	0		0	59,284,136	0
12282	20-2036444	Humana Regional Health Plan, Inc.	10,000,000	0	0	0	(73,175,347)	0		0	(63,175,347)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	(1,600)	0		0	(1,600)	0
95342	39-1525003	Humana Wisconsin Health Organization Insurance Corporation	0	25,000,000	0	0	(2,780,197,504)	0		0	(2,755,197,504)	0
70580	39-0714280	HumanaDental Insurance Company	78,016,270	0	0	0	(19,255,845)	0		0	58,760,425	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	190	0		0	190	0
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0

ANNUAL STATEMENT FOR THE YEAR 2024 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
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00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(4,238,801)	0		0	(4,238,801)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	121,924	0		0	121,924	0
11695	39-1769093	Independent Care Health Plan	0	50,000,000	0	0	(168,386,606)	0		0	(118,386,606)	0
00000	88-3465849?	Innovative Financial Group Holdings, LLC	0	0	0	0	1,212,419	0		0	1,212,419	0
00000	83-2232570	Innovative Financial Partners, LLC	0	0	0	0	29,564,927	0		0	29,564,927	0
00000	20-8781607	Integracare Holdings, Inc.	0	0	0	0	3,730	0		0	3,730	0
00000	75-2865632	Integracare Home Health Services, Inc.	0	0	0	0	(6,394,102)	0		0	(6,394,102)	0
00000	20-8781715	Integracare Intermediate Holdings, Inc.	0	0	0	0	(40,646)	0		0	(40,646)	0
00000	26-2915050	Integracare of Albany, LLC	0	0	0	0	(179,066)	0		0	(179,066)	0
00000	27-2139332	Integracare of Athens-Home Health, LLC	0	0	0	0	(207,193)	0		0	(207,193)	0
00000	81-0638801	Integracare of Olney Home Health, LLC	0	0	0	0	(423,438)	0		0	(423,438)	0
00000	20-8768235	Integracare of Texas, LLC	0	0	0	0	(416,632)	0		0	(416,632)	0
00000	27-0686207	Integracare of West Texas-Home Health, LLC	0	0	0	0	(620,233)	0		0	(620,233)	0
00000	27-0686266	Integracare of Wichita Falls, LLC	0	0	0	0	(87,584)	0		0	(87,584)	0
00000	46-3992741	KAH Development 10, L.L.C.	0	0	0	0	(1,000,550)	0		0	(1,000,550)	0
00000	46-4002959	KAH Development 12, L.L.C.	0	0	0	0	(1,042,075)	0		0	(1,042,075)	0
00000	46-4025157	KAH Development 14, L.L.C.	0	0	0	0	(1,035,697)	0		0	(1,035,697)	0
00000	46-3902994	KAH Development 4, L.L.C.	0	0	0	0	(3,762,017)	0		0	(3,762,017)	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	606	0		0	606	0
00000	26-0717534	KND Development 50, L.L.C.	0	0	0	0	(281,465)	0		0	(281,465)	0
00000	26-3228001	Lighthouse Hospice - Metroplex, LLC	0	0	0	0	0	0		0	0	0
00000	06-1787617	Lighthouse Hospice Management, LLC	0	0	0	0	0	0		0	0	0
00000	87-0798501	Lighthouse Hospice-San Antonio, LLC	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	5,000,000	0	0	0	530,793	0		0	5,530,793	0
00000	65-0277280	Med. Tech. Services of South Florida, Inc.	0	0	0	0	(139,277)	0		0	(139,277)	0
00000	84-5189010?	Medicare Planning of America LLC	0	0	0	0	393	0		0	393	0
00000	46-3433197	Medstar Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	65-1033439	Med-Tech Services of Dade, Inc.	0	0	0	0	(162,102)	0		0	(162,102)	0
00000	65-0644307	Med-Tech Services of Palm Beach, Inc.	0	0	0	0	(700,813)	0		0	(700,813)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	5,195,554	0		0	5,195,554	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	35,440	0		0	35,440	0
00000	82-0559199	Mid-South Home Health Agency, LLC	0	0	0	0	(1,077,382)	0		0	(1,077,382)	0
00000	14-1909499	Mid-South Home Health of Gadsden, LLC	0	0	0	0	(1,974,223)	0		0	(1,974,223)	0
00000	63-0772385	Mid-South Home Health, LLC	0	0	0	0	(13,329,969)	0		0	(13,329,969)	0
00000	65-1285069	Missouri Home Care of Rolla, Inc.	0	0	0	0	(2,094,622)	0		0	(2,094,622)	0
00000	20-5123865	M-SAC, Inc.	0	0	0	0	(813,474)	0		0	(813,474)	0
00000	84-2439365	Nevada Independent Physicians, LLC	0	0	0	0	359	0		0	359	0
00000	22-2695367	New York Healthcare Services, Inc.	0	0	0	0	0	0		0	0	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	300	0		0	300	0
00000	55-0633030	Nursing Care-Home Health Agency, Inc.	0	0	0	0	(409,799)	0		0	(409,799)	0
00000	20-3443369	On the Way Home Care, Inc.	0	0	0	0	27,437,924	0		0	27,437,924	0
00000	82-2018741	One Home Health Holdings CCTX, LLC	0	0	0	0	1,511	0		0	1,511	0

ANNUAL STATEMENT FOR THE YEAR 2024 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	81-3485437	One Home Health Holdings, LLC	0	0	0	0	2,195,268	0		0	2,195,268	0
00000	87-3584872	One Home Medical Equipment NC, LLC	0	0	0	0	(254,282)	0		0	(254,282)	0
00000	82-3472028	One Home Medical Equipment TX, LLC	0	0	0	0	3,018,494	0		0	3,018,494	0
00000	87-3611188	One Home Medical Equipment VA, LLC	0	0	0	0	452,407	0		0	452,407	0
00000	46-2894851	One Home Medical Equipment, LLC	0	0	0	0	618,004,955	0		0	618,004,955	0
00000	46-3313080	One Homecare Solutions, LLC	0	0	0	0	23,849,011	0		0	23,849,011	0
00000	46-4176818	One Homecare Systems, LLC	0	0	0	0	2,699,580	0		0	2,699,580	0
00000	87-3832743	One Infusion Pharmacy NC, LLC	0	0	0	0	2,457,941	0		0	2,457,941	0
00000	87-3881471	One Infusion Pharmacy VA, LLC	0	0	0	0	1,024,674	0		0	1,024,674	0
00000	46-2882412	One Infusion Pharmacy, LLC	0	0	0	0	(43,993,536)	0		0	(43,993,536)	0
00000	46-3116955	One Nursing Care, LLC	0	0	0	0	997,651,119	0		0	997,651,119	0
00000	20-4271850	One TPA Systems, Inc.	0	0	0	0	(273,317)	0		0	(273,317)	0
00000	32-0351697	Outcome Resources, LLC	0	0	0	0	0	0		0	0	0
00000	75-2284154	Outreach Health Services of North Texas, LLC	0	0	0	0	(484,900)	0		0	(484,900)	0
00000	61-1340806	PBM Holding Co.	0	0	0	0	0	0		0	0	0
00000	20-2373204	PBM Plus Mail Service Pharmacy, LLC	0	0	0	0	0	0		0	0	0
00000	26-3106949	PF Development 10, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-3107011	PF Development 15, L.L.C.	0	0	0	0	(2,108,102)	0		0	(2,108,102)	0
00000	46-0818835	PF Development 16, L.L.C.	0	0	0	0	(801,345)	0		0	(801,345)	0
00000	46-0860128	PF Development 21, L.L.C.	0	0	0	0	0	0		0	0	0
00000	26-0718044	PF Development 5, L.L.C.	0	0	0	0	(1,847,858)	0		0	(1,847,858)	0
00000	26-3106911	PF Development 7, L.L.C.	0	0	0	0	(463,909)	0		0	(463,909)	0
00000	26-3106934	PF Development 9, L.L.C.	0	0	0	0	0	0		0	0	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	(1,432,965)	0		0	(1,432,965)	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	170	0		0	170	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	121	0		0	121	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	51,003,064	0		0	51,003,064	0
00000	82-1676284	Prime Accountable Care West, LLC	0	0	0	0	0	0		0	0	0
00000	86-2731153	Prime West JV Holdings, LLC	0	0	0	0	6,477	0		0	6,477	0
00000	20-5143963	Professional Healthcare at Home, LLC	0	0	0	0	(466,533)	0		0	(466,533)	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	(12,962,496)	0		0	(12,962,496)	0
00000	11-2256479	Quality Care - USA, Inc.	0	0	0	0	0	0		0	0	0
00000	45-2823888	Quality Living Home Health Care, LLC	0	0	0	0	(76,444)	0		0	(76,444)	0
00000	47-4085710?	Rees Financial LLC	0	0	0	0	(24,759)	0		0	(24,759)	0
00000	59-3080333	Senior Home Care, Inc.	0	0	0	0	(11,337,955)	0		0	(11,337,955)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	3,119,507	0		0	3,119,507	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	56,623	0		0	56,623	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	2,378,387	0		0	2,378,387	0
00000	87-0494757	Southern Nevada Home Health Care, Inc.	0	0	0	0	(1,064,812)	0		0	(1,064,812)	0
00000	72-1487473	Synergy Home Care-Acadiana Region, Inc.	0	0	0	0	(514,582)	0		0	(514,582)	0

ANNUAL STATEMENT FOR THE YEAR 2024 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	20-1376846	Synergy Home Care-Capitol Region, Inc.	0	0	0	0	(307,112)	0		0	(307,112)	0
00000	36-4516940	Synergy Home Care-Central Region, Inc.	0	0	0	0	(887,080)	0		0	(887,080)	0
00000	72-1178497	Synergy Home Care-Northeastern Region, Inc.	0	0	0	0	(334,504)	0		0	(334,504)	0
00000	72-1223659	Synergy Home Care-Northshore Region, Inc.	0	0	0	0	(125,751)	0		0	(125,751)	0
00000	72-1431394	Synergy Home Care-Northwestern Region, Inc.	0	0	0	0	(1,242,027)	0		0	(1,242,027)	0
00000	72-1429305	Synergy Home Care-Southeastern Region, Inc.	0	0	0	0	(234,906)	0		0	(234,906)	0
00000	94-3419676	Synergy, Inc.	0	0	0	0	2	0		0	2	0
00000	56-1456991	TAR Heel Health Care Services, LLC	0	0	0	0	(5,557,425)	0		0	(5,557,425)	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(22,799)	0		0	(22,799)	0
54739	52-1157181	The Dental Concern, Inc.	3,500,000	0	0	0	(5,404,364)	0		0	(1,904,364)	0
00000	84-2258899?	The Lead Store LLC	0	0	0	0	169,176	0		0	169,176	0
00000	68-0593592	Total Care Home Health of Louisburg, LLC	0	0	0	0	(644,019)	0		0	(644,019)	0
00000	20-0091435	Total Care Home Health of North Carolina, LLC	0	0	0	0	(15,284,431)	0		0	(15,284,431)	0
00000	20-0091422	Total Care Home Health of South Carolina, LLC	0	0	0	0	(3,570,413)	0		0	(3,570,413)	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	1,379	0		0	1,379	0
00000	35-2486995	Trident Home Health, LLC	0	0	0	0	0	0		0	0	0
00000	81-4466479	Trilogy Home Health Care SW FL, Inc	0	0	0	0	(614,633)	0		0	(614,633)	0
00000	81-3442232	Trilogy Home Healthcare NE FL, Inc	0	0	0	0	0	0		0	0	0
00000	47-2446186	Trueshore BPO, LLC	0	0	0	0	11,702,392	0		0	11,702,392	0
00000	00-0000000	Trueshore S.R. L.	0	0	0	0	17,513,865	0		0	17,513,865	0
00000	62-1669388	Van Winkle Home Health Care, Inc.	0	0	0	0	(354,172)	0		0	(354,172)	0
00000	75-1995143	Vernon Home Health Care Agency, LLC	0	0	0	0	(537,070)	0		0	(537,070)	0
00000	82-4202700	Versa Management LLC	0	0	0	0	(37,604)	0		0	(37,604)	0
00000	81-2022629	Vitality HHS Holdings, Inc	0	0	0	0	0	0		0	0	0
00000	81-2019673	Vitality Home Care, Inc	0	0	0	0	1,137,769	0		0	1,137,769	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	17	0		0	17	0
00000	20-1173787	Voyager Hospicecare, Inc.	0	0	0	0	2,050	0		0	2,050	0
00000	46-2300938	Wake Forest Baptist Health Care at Home, LLC	0	0	0	0	(916,410)	0		0	(916,410)	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2024 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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
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.	
20. This type of business is not written.	
21. 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]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
21. Life Supplement [Document Identifier 211]	



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
 (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 2021			Policies Issued in 2022; 2023; 2024				
										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		4,487	801	17.8	2	0	0	0.0	0
	KYMESNM10F	F	NO	0234060	12/14/2017			08/31/2020		725,984	654,796	90.2	195	0	0	0.0	0
	KYMESNM10F(HD)	F	NO	0234060	12/14/2017			08/31/2020		52,498	34,309	65.4	70	0	0	0.0	0
	KYMESNM10G	G	NO	0234060	12/14/2017			08/31/2020		1,995,736	1,745,282	87.5	716	0	0	0.0	0
	KYMESNM10G(HD)	G	NO	0234060	08/22/2019			08/31/2020		9,184	2,922	31.8	14	0	0	0.0	0
	KYMESNM10N	N	NO	0234060	12/14/2017			08/31/2020		257,707	235,470	91.4	99	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,045,596	2,673,580	87.8	1,096	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Arizona

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Colorado

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Illinois

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Indiana

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Kansas

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Kentucky

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Nevada

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO



SUPPLEMENT FOR THE YEAR 2024 OF THE HUMANA HEALTH PLAN INC.
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Tennessee

NAIC Group Code 0119

NAIC Company Code 95885

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	YES
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO