



# HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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

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

### 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 9th day of November, 2024

- a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed.....  
3. Number of pages attached.....

Julia Wentworth  
Notary Public  
January 10, 2025

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE HUMANA HEALTH PLAN INC.

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	495,651,644	0	495,651,644	480,762,084
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	27,600,000	0	27,600,000	27,600,000
3.2 Other than first liens .....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....2,618,571 ), cash equivalents (\$ .....138,966,855 ) and short-term investments (\$ .....0 ) .....	141,585,426	0	141,585,426	66,711,233
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	1,334,380	0	1,334,380	0
10. Securities lending reinvested collateral assets .....	15,378,580	0	15,378,580	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	681,550,030	0	681,550,030	575,073,316
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	3,611,558	0	3,611,558	3,829,021
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	47,788,069	218,631	47,569,438	42,670,977
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....1,897,142 ) and contracts subject to redetermination (\$ .....4,954,667 ) .....	6,851,809	0	6,851,809	11,733,397
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	14,851,944	60,166	14,791,778	35,617,213
18.1 Current federal and foreign income tax recoverable and interest thereon .....	251,416	0	251,416	3,387,488
18.2 Net deferred tax asset .....	10,582,229	5,051,787	5,530,442	5,530,442
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	64,029	64,029	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ .....10,865,833 ) and other amounts receivable .....	15,381,827	3,866,046	11,515,781	31,526,034
25. Aggregate write-ins for other than invested assets .....	478,850	0	0	556,046
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	781,411,760	9,739,508	771,672,252	709,923,934
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	781,411,760	9,739,508	771,672,252	709,923,934
<b>DETAILS OF WRITE-INS</b>				
1101. ....	0	0	0	0
1102. ....	0	0	0	0
1103. ....	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Federal Contingency Reserves .....	0	0	0	556,046
2502. Prepaid Commissions .....	240,630	240,630	0	0
2503. Prepaid Expenses .....	238,220	238,220	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	478,850	478,850	0	556,046

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	144,975,915	8,161,816	153,137,731	214,335,512
2. Accrued medical incentive pool and bonus amounts .....	60,523	0	60,523	37,980
3. Unpaid claims adjustment expenses .....	1,289,299	0	1,289,299	1,656,274
4. Aggregate health policy reserves, including the liability of \$ .....224,906 for medical loss ratio rebate per the Public Health Service Act .....	45,880,605	0	45,880,605	51,849,664
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	235,342	0	235,342	235,342
8. Premiums received in advance .....	9,574,617	0	9,574,617	3,198,558
9. General expenses due or accrued .....	18,363,310	0	18,363,310	35,822,206
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated .....	231,324	0	231,324	195,859
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	178,879,043	0	178,879,043	55,288,363
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	64,874
18. Payable for securities lending .....	15,378,580	0	15,378,580	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....39,789 unauthorized reinsurers and \$ .....0 certified reinsurers).....	39,789	0	39,789	8,023
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	50,212,919	0	50,212,919	79,734,870
23. Aggregate write-ins for other liabilities (including \$ .....13,765,127 current) .....	43,479,603	0	43,479,603	18,822,137
24. Total liabilities (Lines 1 to 23) .....	508,600,868	8,161,816	516,762,684	461,249,761
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	2,248,000	2,248,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	262,187,779	262,187,779
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(9,526,210)	(15,761,606)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	254,909,569	248,674,173
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	771,672,252	709,923,934
<b>DETAILS OF WRITE-INS</b>				
2301. Premium Payable .....	43,000,077	0	43,000,077	18,338,025
2302. OPI Contract Reserves .....	0	0	0	14,609
2303. Unclaimed Property .....	479,526	0	479,526	469,503
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	43,479,603	0	43,479,603	18,822,137
2501. ....XXX.....XXX.....	XXX	XXX	0	0
2502. ....XXX.....XXX.....	XXX	XXX	0	0
2503. ....XXX.....XXX.....	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....XXX.....XXX.....	XXX	XXX	0	0
3002. ....XXX.....XXX.....	XXX	XXX	0	0
3003. ....XXX.....XXX.....	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	1,836,826	2,791,893	3,634,061
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	1,320,474,024	1,740,641,713	2,277,202,909
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	1,328,459	(453,608)	(787,663)
4. Fee-for-service (net of \$ .....0 medical expenses).....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	(145,062)	0	(197,146)
8. Total revenues (Lines 2 to 7) .....	XXX	1,321,657,421	1,740,188,105	2,276,218,100
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	41,985,770	826,333,513	1,109,960,982	1,468,910,671
10. Other professional services .....	359,945	7,084,177	6,447,523	8,849,205
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	2,966,632	58,387,122	73,271,643	97,103,548
13. Prescription drugs .....	15,686,645	308,733,182	377,466,919	494,028,327
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	323,234	120,506	(45,991)
16. Subtotal (Lines 9 to 15) .....	60,998,992	1,200,861,228	1,567,267,572	2,068,845,759
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	60,998,992	1,200,861,228	1,567,267,572	2,068,845,759
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ .....40,478,783 cost containment expenses .....	0	47,559,055	81,323,551	106,241,239
21. General administrative expenses .....	0	89,866,809	127,434,998	159,562,772
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	0	0	25,786,237
23. Total underwriting deductions (Lines 18 through 22).....	60,998,992	1,338,287,091	1,776,026,122	2,360,436,008
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(16,629,671)	(35,838,016)	(84,217,908)
25. Net investment income earned .....	0	20,908,236	15,226,084	21,607,562
26. Net realized capital gains (losses) less capital gains tax of \$ .....(66,291) .....	0	(249,380)	(1,206,690)	(1,875,035)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	20,658,856	14,019,394	19,732,527
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )].....	0	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	25	(2,640)	(2,638)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	4,029,210	(21,821,263)	(64,488,019)
31. Federal and foreign income taxes incurred .....	XXX	461,278	(2,928,239)	(7,289,658)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	3,567,932	(18,893,023)	(57,198,360)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX	0	0	0
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. Gain/(Loss) on Disposal .....	XXX	(145,062)	0	(197,146)
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	(145,062)	0	(197,146)
1401. ....	0	0	0	0
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. Miscellaneous Income(Expense) .....	0	25	(2,640)	(2,638)
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	25	(2,640)	(2,638)

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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	248,674,173	377,149,910	377,149,910
34. Net income or (loss) from Line 32.....	3,567,932	(18,893,023)	(57,198,360)
35. Change in valuation basis of aggregate policy and claim reserves.....	.0	0	.0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	537,891	600,709	1,278,381
37. Change in net unrealized foreign exchange capital gain or (loss).....	.0	0	.0
38. Change in net deferred income tax.....	.0	0	6,930,170
39. Change in nonadmitted assets.....	2,129,573	(316,472)	(4,485,928)
40. Change in unauthorized and certified reinsurance.....	.0	0	.0
41. Change in treasury stock.....	.0	0	.0
42. Change in surplus notes.....	.0	0	.0
43. Cumulative effect of changes in accounting principles.....	.0	0	.0
44. Capital Changes:			
44.1 Paid in.....	.0	0	.0
44.2 Transferred from surplus (Stock Dividend).....	.0	0	.0
44.3 Transferred to surplus.....	.0	0	.0
45. Surplus adjustments:			
45.1 Paid in.....	.0	(50,000,000)	(75,000,000)
45.2 Transferred to capital (Stock Dividend).....	.0	0	.0
45.3 Transferred from capital.....	.0	0	.0
46. Dividends to stockholders.....	.0	0	.0
47. Aggregate write-ins for gains or (losses) in surplus.....	.0	0	.0
48. Net change in capital & surplus (Lines 34 to 47).....	6,235,396	(68,608,786)	(128,475,738)
49. Capital and surplus end of reporting period (Line 33 plus 48)	254,909,569	308,541,124	248,674,173
<b>DETAILS OF WRITE-INS</b>			
4701. ....	.0	0	.0
4702. ....	.0	0	.0
4703. ....	.0	0	.0
4798. Summary of remaining write-ins for Line 47 from overflow page.....	.0	0	.0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE HUMANA HEALTH PLAN INC.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	1,346,903,317	1,757,938,752	2,260,893,774
2. Net investment income .....	22,132,146	15,834,542	22,586,262
3. Miscellaneous income .....	(145,062)	0	(197,146)
4. Total (Lines 1 to 3) .....	1,368,890,400	1,773,773,294	2,283,282,890
5. Benefit and loss related payments .....	1,242,767,505	1,587,997,003	2,095,306,064
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	163,819,041	197,816,750	240,578,286
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....974,334 tax on capital gains (losses) .....	(2,741,084)	(232,521)	(7,298,842)
10. Total (Lines 5 through 9) .....	1,403,845,462	1,785,581,232	2,328,585,508
11. Net cash from operations (Line 4 minus Line 10) .....	(34,955,062)	(11,807,938)	(45,302,618)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	51,542,237	48,848,419	75,211,695
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(446)	291	302
12.7 Miscellaneous proceeds .....	0	0	3,747
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	51,541,791	48,848,710	75,215,744
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	67,215,578	87,351,703	88,953,310
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	16,777,834	46,233	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	83,993,412	87,397,936	88,953,310
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(32,451,621)	(38,549,225)	(13,737,565)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	(50,000,000)	(75,000,000)
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	142,280,876	181,921,024	131,785,549
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	142,280,876	131,921,024	56,785,549
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	74,874,193	81,563,860	(2,254,635)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	66,711,233	68,965,867	68,965,867
19.2 End of period (Line 18 plus Line 19.1) .....	141,585,426	150,529,728	66,711,233

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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STATEMENT AS OF SEPTEMBER 30, 2024 OF THE HUMANA HEALTH PLAN INC.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Denial 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											
<b>Total Members at end of:</b>														
1. Prior Year .....	274,688	1	66,232	1,265	0	0	5,506	19,006	183,119	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
3. Second Quarter .....	190,687	0	7,644	1,700	0	0	0	14,816	166,457	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
5. Current Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	1,936,826	2	137,793	15,004	0	0	362	139,873	1,543,736	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	3,145,600	3	139,820	24,554	0	0	7,623	319,034	2,655,566	0	0	0	0	0
8. Non-Physician .....	1,184,741	0	53,005	10,185	0	0	3,197	193,770	934,594	0	0	0	0	0
9. Total .....	4,330,341	3	192,825	34,739	0	0	10,810	501,804	3,590,160	0	0	0	0	0
10. Hospital Patient Days Incurred	318,636	0	7,264	929	0	0	712	17,296	232,465	0	0	0	0	0
11. Number of Inpatient Admissions	14,933	0	719	154	0	0	48	2,157	11,910	0	0	0	0	0
12. Health Premiums Written (a) .....	1,320,474,024	(165,890)	68,676,506	2,897,172	0	0	(3,917,135)	222,892,893	1,030,110,467	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 .....	1,321,902,492	(165,890)	70,004,965	2,897,172	0	0	(3,917,135)	222,892,893	1,030,110,467	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 .....	1,241,310,131	(1,171)	83,637,329	2,325,560	0	0	2,921,168	178,322,950	973,904,295	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services .....	1,200,861,223	6,396	64,243,901	2,437,696	0	0	16,067	160,326,151	973,831,026	0	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 222,892,893



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE HUMANA HEALTH PLAN INC.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	(1,171)	0	2,346	0	1,675	5,342
2. Comprehensive (hospital and medical) group .....	21,000,167	62,637,140	3,141,661	8,927,776	24,141,829	49,594,760
3. Medicare Supplement .....	281,233	2,044,322	3,625	379,724	294,864	271,240
4. Vision only .....	0	0	0	0	0	0
5. Dental only .....	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan .....	501,536	2,418,528	37,274	333,979	538,870	5,222,756
7. Title XVIII - Medicare .....	36,671,682	141,551,742	840,027	43,283,750	37,511,610	62,971,531
8. Title XIX - Medicaid .....	78,451,093	895,453,197	3,098,957	93,323,453	81,550,055	96,505,226
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	0	0	0	0	0	0
11. Long-term care .....	0	0	0	0	0	0
12. Other health .....	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12) .....	136,904,510	1,104,104,930	7,124,391	146,248,682	144,028,901	214,570,854
14. Health care receivables (a) .....	6,631,427	6,643,078	0	0	6,631,427	34,000,839
15. Other non-health .....	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts .....	94,738	205,332	0	60,523	94,738	37,980
17. Totals (Lines 13 - 14 + 15 + 16) .....	130,367,842	1,097,667,794	7,124,391	146,309,205	137,492,233	190,607,995

(a) Excludes \$ 1,457,374 loans or advances to providers not yet expensed.

## NOTES TO THE FINANCIAL STATEMENTS

I. Summary of Significant Accounting Policies and Going Concern

## A. Accounting Practices

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

In February 2023, Humana announced the planned exit from the Employer Group Commercial Medical Products business, which includes all fully insured, self-funded and Federal Employee Health Benefit medical plans, as well as associated wellness and rewards programs, which was 26% of total premiums for the year ended December 31, 2023. No other Humana health plan offerings are materially affected. Following a strategic review, Humana determined the Employer Group Commercial Medical Products business was no longer positioned to sustainably meet the needs of commercial members over the long term or support Humana's long-term strategic plans. Humana anticipates the exit of this line of business to be finalized in the first half of 2025.

The Commonwealth of Kentucky Department of Insurance (the Department) recognizes only statutory accounting practices prescribed or permitted by the State of Kentucky for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Kentucky Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SSAP) has been adopted as a component of prescribed or permitted practices by the State of Kentucky. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations from the Codification currently exist.

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

	SSAP #	F/S Page	F/S Line #	2024	2023
Net Income/(Loss)					
1. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ 3,567,932	\$ (57,198,360)
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
4. NAIC SSAP	xxx	xxx	xxx	\$ <u>3,567,932</u>	\$ <u>(57,198,360)</u>
Surplus					
5. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ 254,909,569	\$ 248,674,173
6. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
8. NAIC SSAP	xxx	xxx	xxx	\$ <u>254,909,569</u>	\$ <u>248,674,173</u>

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

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

## C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

**NOTES TO THE FINANCIAL STATEMENTS**

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

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

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

- (5) The Company estimates the fair value of its investments in mortgage loans on real estate using a discounted cash flow method based on rating, maturity and future income when compared to the expected yield for mortgages having similar characteristics. The rating for mortgages in good standing is based on property type, location, market conditions, occupancy, debt service coverage, loan to value, caliber of tenancy, borrower and payment record. Problem mortgages are priced to reflect their monetary value to the Company, considering such things as the degree of default, whether or not the payments are still being made, interest rate, maturity and operating performance of the underlying collateral.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is utilized in the calculation of the premium deficiency liability.

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

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

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

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

- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.
- (14) Not Applicable.
- (15) Not Applicable.

**D. Going Concern**

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

## NOTES TO THE FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

## A. Statutory Purchase Method

Not Applicable.

## B. Statutory Merger

Not Applicable.

## C. Assumption Reinsurance

Not Applicable.

## D. Impairment Loss

Not Applicable.

## E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

## A. Mortgage Loans, Including Mezzanine Real Estate Loans

No material change since year-end December 31, 2023.

## B. Debt Restructuring

Not Applicable.

## C. Reverse Mortgages

Not Applicable.

## D. Loan-Backed Securities

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

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at September 30, 2024.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at September 30, 2024:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(30,897)
2. Twelve Months or Longer	\$	(16,829,672)

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

1. Less than Twelve Months	\$	8,310,886
2. Twelve Months or Longer	\$	130,843,623

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

## E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) No significant change.

(2) Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

- (3) Collateral Received
- No significant change.
  - The fair value of the collateral and the portion of the collateral that was sold or repledged was \$15,901,630 at September 30, 2024.
  - No significant change.
- (4) Not Applicable.
- (5) No significant change.
- (6) No significant change.
- (7) Not Applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.
- H. Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable.
- J. Real Estate  
Not Applicable.
- K. Low-Income Housing Tax Credits (LIHTC)  
Not Applicable.
- L. Restricted Assets
- (1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	15,378,580	-	15,378,580	-	15,378,580	1.97%	1.99%
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	15,365,998	15,415,944	(49,946)	-	15,365,998	1.97%	1.99%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
<b>o. Total Restricted Assets</b>	<b>\$ 30,744,578</b>	<b>\$ 15,415,944</b>	<b>\$ 15,328,634</b>	<b>-</b>	<b>\$ 30,744,578</b>	<b>3.93%</b>	<b>3.98%</b>

**NOTES TO THE FINANCIAL STATEMENTS**

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

Not Applicable.

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

Not Applicable.

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

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. SGI\* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

Not Applicable.

R. Share of Cash Pool by Asset Type

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.

- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

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

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

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

- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued		Amount
1. Gross	\$	3,611,558
2. Nonadmitted	\$	-
3. Admitted	\$	3,611,558

- D. The aggregate deferred interest.

Aggregate Deferred Interest	Amount
\$	-

- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance	Amount
\$	-

8. Derivative Instruments

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

9. Income Taxes

The Inflation Reduction Act (Act) was enacted on August 16, 2022 and included a new corporate alternative minimum tax (CAMT). The Act and the CAMT went into effect for tax years beginning after 2022. The Company is an applicable corporation for 2024 as the average adjusted financial statement income for Humana Inc. and Subsidiaries for the applicable three-tax-year period exceeds the \$1 billion income-based threshold. However, the Company does not expect to incur a CAMT liability in 2024 as its regular tax liability is expected to exceed the tentative minimum tax. Further, no other taxable entities or taxable groups within the Company's structure are expected to exceed the average adjusted financial statement income threshold. The Company has not made an accounting policy election to disregard CAMT when evaluating the need for a valuation allowance for its non-CAMT DTAs.

No material change since year-end December 31, 2023.

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-B. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2023 and 2022 were \$316,458,283 and \$391,056,678, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

The Company has various related party agreements with no material change since year-end December 31, 2023.

No dividends or returns of capital were paid by the Company as of September 30, 2024.

C. (1) Detail of Material Related Party Transactions

Not Applicable.

(2) Detail of Material Related Party Transactions Involving Services

Not Applicable.

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

Not Applicable.

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

Not Applicable.

D. At September 30, 2024, the Company reported \$178,879,043 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

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

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

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

O. SCA Loss Tracking

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

No material change since year-end December 31, 2023.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

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

B. The Company has no preferred stock outstanding.

C.-E. No material change since year-end December 31, 2023.

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

G. Not Applicable.

H. Not Applicable.

I. Not Applicable.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$537,891.

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

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

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

## E. Joint and Several Liabilities

Not Applicable.

## F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of September 30, 2024.

15. Leases

No material change since year-end December 31, 2023.

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

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

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

## A. Transfers of Receivables Reported as Sales

Not Applicable.

## B. Transfer and Servicing of Financial Assets

Refer to Note 5E – *Dollar Repurchase Agreements and/or Securities Lending Transactions*.

## C. Wash Sales

Not Applicable.

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

## A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows for the quarter ended September 30, 2024:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ (7,040,906)	\$ -	\$ (7,040,906)
b. Total net other income or expenses (including interest paid to or received from plans)	\$ 16,179,764	\$ -	\$ 16,179,764
c. Net gain or (loss) from operations	\$ 9,138,858	\$ -	\$ 9,138,858
d. Total claim payment volume	207,623,407	-	207,623,407

## B. ASC Plans

Not Applicable.

## C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

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

(2) As of September 30, 2024, the Company has recorded a receivable from CMS of \$12,173,389 related to the cost share and reinsurance components of administered Medicare products and a receivable from ASO customers of \$2,515,686. The Company has recorded receivables from the following payors whose account balance are greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000:

Hillsborough County Sheriffs Office	\$ 540,758
-------------------------------------	------------

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

## NOTES TO THE FINANCIAL STATEMENTS

20. Fair Value Measurements

A. (1) The fair value of financial assets at September 30, 2024 were as follows:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
U.S. governments	\$ -	\$ -	\$ -	\$ -	\$ -
Tax-exempt municipal	-	-	-	-	-
Residential mortgage and other-backed	-	-	-	-	-
Corporate debt securities	-	9,307,315	-	-	9,307,315
Total bonds	-	9,307,315	-	-	9,307,315
Total assets at fair value/NAV	\$ -	\$ 9,307,315	\$ -	\$ -	\$ 9,307,315
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2023 and September 30, 2024.

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

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2023 and September 30, 2024.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended September 30, 2024.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Securities lending collateral assets: Fair values of securities lending collateral are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally uses Level 1 or Level 2 inputs for the determination of fair value to facilitate fair value measurements and disclosures.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	\$ 609,828,100	\$ 634,618,499	\$ 138,966,855	\$ 470,861,245	\$ -	\$ -	\$ -
Mortgage Loans	27,600,000	27,600,000	-	-	27,600,000	-	-
Securities lending collateral assets	15,378,580	15,378,580	15,378,580	-	-	-	-
Total	\$ 652,806,680	\$ 677,597,079	\$ 154,345,435	\$ 470,861,245	\$ 27,600,000	\$ -	\$ -

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

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

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

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

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

(3) Direct exposure through other investments:

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

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

The Company does not have sub-prime mortgage risk.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through November 11, 2024 for the Statutory Statement issued on November 11, 2024.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes ( ) No ( X )

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

Yes ( ) No ( X )

NOTES TO THE FINANCIAL STATEMENTS

Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No ( X )

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

Yes ( ) No ( X )

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No ( X )

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

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

- C. The amount of net premiums written by the Company at September 30, 2024 that are subject to retrospective rating features was \$1,317,586,851, or 99.78% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ -	\$ 898,692	\$ 642,134	\$ -	\$ 1,540,826
Medical loss ratio rebates paid	-	753,163	-	-	753,163
Medical loss rebates unpaid	-	898,268	655,097	-	1,553,365
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 1,553,365
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ (149,327)	\$ (435,570)	\$ -	\$ (584,897)
Medical loss ratio rebates paid	-	743,562	-	-	743,562
Medical loss rebates unpaid	-	5,379	219,527	-	224,906
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 224,906

E. Risk Sharing Provisions of the Affordable Care Act

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

## NOTES TO THE FINANCIAL STATEMENTS

(2)	Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year		
a.	Permanent ACA Risk Adjustment Program		
	Assets		
	1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$	2,642,089
	Liabilities		
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	3,783
	3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$	23,433
	Operations (Revenue & Expenses)		
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	(877,636)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	4,222
b.	Transitional ACA Reinsurance Program		
	Assets		
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	-
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	-
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	-
	Liabilities		
	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$	-
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-
	Operations (Revenues & Expenses)		
	7. Ceded reinsurance premiums due to ACA Reinsurance	\$	-
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	-
	9. ACA Reinsurance contributions – not reported as ceded premiums	\$	-
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1. Accrued retrospective premium due to ACA Risk Corridors	\$	-
	Liabilities		
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-
	Operations (Revenue & Expenses)		
	3. Effect of ACA Risk Corridors on net premium income	\$	-
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-

NOTES TO THE FINANCIAL STATEMENTS

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high risk pool payments)	4,235,567		1,500,478		2,735,089		(93,000)		A.	2,642,089
2. Premium adjustments (payables) (including high risk pool premium)		(153,775)		(914,977)		761,202		(784,635)	B.	(23,433)
3. Subtotal ACA Permanent Risk Adjustment Program	4,235,567	(153,775)	1,500,478	(914,977)	2,735,089	761,202	(93,000)	(784,635)		2,642,089 (23,433)
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	-		-		-					-
2. Amounts recoverable for claims unpaid (contra liability)	-		-		-					-
3. Amounts receivable relating to uninsured plans	-		-		-					-
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium	-		-		-					-
5. Ceded reinsurance premiums payable	-		-		-					-
6. Liability for amounts held under uninsured plans	-		-		-					-
7. Subtotal ACA Transitional Reinsurance Program	-		-		-					-
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	-		-		-					-
2. Reserve for rate credits or policy experience rating refunds	-		-		-					-
3. Subtotal ACA Risk Corridors Program	-		-		-					-
d. Total for ACA Risk Sharing Provisions	4,235,567	(153,775)	1,500,478	(914,977)	2,735,089	761,202	(93,000)	(784,635)		2,642,089 (23,433)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2023 benefit year and the latest data from Wakely Consulting.

B. Adjustments related to updates received from CMS associated with 2023 benefit year and the latest data from Wakely Consulting.

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

Not Applicable.

- (5) ACA Risk Corridors Receivable as of Reporting Date

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, net of health care receivables, as of December 31, 2023, were \$182,264,268. As of September 30, 2024, \$131,964,226 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$7,184,280 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$43,115,762 favorable prior-year development since December 31, 2023. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$43,115,762 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

## NOTES TO THE FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

## A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2024	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2024	8,824,233	8,824,233	-	-	-
6/30/2024	9,594,417	10,770,910	5,422,070	5,795,358	-
3/31/2024	17,541,990	18,466,952	13,308,713	4,686,737	325
12/31/2023	45,345,000	45,166,467	19,060,484	26,188,612	(110,374)
9/30/2023	48,498,186	48,171,162	18,156,780	29,029,724	250,512
6/30/2023	65,794,526	64,440,896	24,096,179	39,986,998	(16,447)
3/31/2023	62,975,877	62,010,073	20,738,352	38,902,602	(347,914)
12/31/2022	29,232,780	26,756,086	14,226,797	12,498,607	30,682
9/30/2022	27,700,903	27,437,646	28,326,596	(888,950)	-
6/30/2022	29,822,324	29,805,661	30,188,419	(382,758)	-
3/31/2022	27,810,360	27,267,231	25,970,708	1,296,523	-

## B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$ 25,817,613
- Date of the most recent evaluation of this liability December 31, 2023
- Was anticipated investment income utilized in the calculation? Yes (X) No ( )

31. Anticipated Salvage and Subrogation

Not Applicable.

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE HUMANA HEALTH PLAN INC.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
 NA .....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000049071
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
Not Applicable. ....		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.  
 .....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2022
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2022
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 01/26/2024
- 6.4 By what department or departments?  
 Commonwealth of Kentucky Department of Insurance .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:  
 .....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
 .....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

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

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 Ethics Every Day was amended in June 2024 to update content based on operational changes, clarify content where necessary and perform general document maintenance. ....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
 .....

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ ..... 0

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]
- 11.2 If yes, give full and complete information relating thereto: .....
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ ..... 0
13. Amount of real estate and mortgages held in short-term investments: .....\$ ..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]
- 14.2 If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ ..... 0  | \$ ..... 0   |
| 14.22 Preferred Stock .....   | \$ ..... 0  | \$ ..... 0   |
| 14.23 Common Stock .....  | \$ ..... 0  | \$ ..... 0   |
| 14.24 Short-Term Investments .....  | \$ ..... 0  | \$ ..... 0   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ ..... 0  | \$ ..... 0   |
| 14.26 All Other .....   | \$ ..... 0  | \$ ..... 0   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ ..... 0  | \$ ..... 0   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ ..... 0  | \$ ..... 0   |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ] N/A [  ]  
 If no, attach a description with this statement. ....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ ..... 15,378,580
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ ..... 15,378,312
- 16.3 Total payable for securities lending reported on the liability page. ....\$ ..... 15,378,580

**GENERAL INTERROGATORIES**

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

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC .....	U.....
Humana Inc. ....	I.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105 .....	BLACKROCK FINANCIAL MANAGEMENT, INC .....	549300LVXY1VJKE131B84 .....	The SEC .....	DS.....

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

18.2 If no, list exceptions: .....

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

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

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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent ..... 93.9 %
  - 1.2 A&H cost containment percent ..... 3.1 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 7.3 %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [  ] No [  ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$ ..... 0
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [  ] No [  ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$ ..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [  ] No [  ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [  ] No [  ]

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE HUMANA HEALTH PLAN INC.

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>NONE</b>									

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	L	0	193,573	0	0	0	0	0	193,573	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0	0
3. Arizona	AZ	L	4,128,219	507,635	0	0	(247,701)	0	0	4,388,153	0
4. Arkansas	AR	L	0	257,100	0	0	0	0	0	257,100	0
5. California	CA	N	0	0	0	0	0	0	0	0	0
6. Colorado	CO	L	2,608,533	467,330	0	0	(648,190)	0	0	2,427,672	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0	0
13. Idaho	ID	L	0	27,971	0	0	0	0	0	27,971	0
14. Illinois	IL	L	5,667,808	215,780,759	132,809,597	0	(1,756,816)	0	0	352,501,348	0
15. Indiana	IN	L	5,817,746	205,424	0	0	0	0	0	6,023,170	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0	0
17. Kansas	KS	L	(65,199)	541,315	0	0	(906,268)	0	0	(430,152)	0
18. Kentucky	KY	L	53,167,082	2,738,069	897,300,870	0	(312,715)	0	0	952,893,306	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0	0
26. Missouri	MO	L	123	1,273,173	0	0	0	0	0	1,273,297	0
27. Montana	MT	N	0	0	0	0	0	0	0	0	0
28. Nebraska	NE	L	0	14,314	0	0	0	0	0	14,314	0
29. Nevada	NV	L	84,735	644,926	0	0	0	0	0	729,661	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0	0
32. New Mexico	NM	L	0	53,784	0	0	0	0	0	53,784	0
33. New York	NY	N	0	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0	0
36. Ohio	OH	L	0	0	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0	0
41. South Carolina	SC	L	0	378,844	0	0	0	0	0	378,844	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0	0
43. Tennessee	TN	L	(11,249)	0	0	0	(45,444)	0	0	(56,692)	0
44. Texas	TX	L	0	(787,185)	0	0	0	0	0	(787,185)	0
45. Utah	UT	N	0	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0	0
47. Virginia	VA	L	0	401,005	0	0	0	0	0	401,005	0
48. Washington	WA	L	0	184,855	0	0	0	0	0	184,855	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	71,397,798	222,882,893	1,030,110,467	0	(3,917,135)	0	0	1,320,474,024	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	71,397,798	222,882,893	1,030,110,467	0	(3,917,135)	0	0	1,320,474,024	0	
DETAILS OF WRITE-INS											
58001.	XXX	0	0	0	0	0	0	0	0	0	0
58002.	XXX	0	0	0	0	0	0	0	0	0	0
58003.	XXX	0	0	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

