



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

## Humana Regional Health Plan Inc.

NAIC Group Code 0119 0119 NAIC Company Code 12282 Employer's ID Number 20-2036444  
(Current) (Prior)

Organized under the Laws of Arkansas, State of Domicile or Port of Entry AR

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 12/09/2004 Commenced Business 01/01/2006

Statutory Home Office c/oCSC300 Spring Bldg, Ste 900, 300 Spring St., Little Rock, AR, US 72201  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 W. 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 W. 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 Liz Young, 502-580-3025  
(Name) (Area Code) (Telephone Number)  
DOIINQUIRIES@Humana.com, 502-580-2099  
(E-mail Address) (FAX Number)

### OFFICERS

President & CEO <u>Bruce Dale Broussard</u>	Chief Financial Officer <u>Brian Andrew Kane</u>
Associate VP, Asst Gen Counsel & Corporate Secretary <u>Joseph Matthew Ruschell</u>	SVP, Chief Actuary <u>Vanessa Marie Olson</u>

### OTHER

<u>Alan James Bailey, VP &amp; Treasurer</u>	<u>Andrew Joseph Besendorf III, Appointed Actuary</u>	<u>Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor</u>
<u>Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT</u>	<u>Catherine Elva Field #, Senior Vice President, Medicare Divisional Leader</u>	<u>Christopher Howal Hunter, Segment President, Group &amp; Military Business</u>
<u>Steven Edward McCulley, SVP, Medicare</u>	<u>Sean Joseph O'Reilly, SVP, Enterprise Compliance &amp; Chief Compliance Officer</u>	<u>William Mark Preston, VP, Investments</u>
<u>Richard Donald Remmers, SVP, Employer Group Sales</u>	<u>Donald Hank Robinson, SVP, Tax</u>	<u>Susan Draney Schick #, SVP, Employer Group</u>
<u>Timothy Alan Wheatley, Segment President, Retail</u>	<u>Ralph Martin Wilson, Vice President</u>	<u>Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer &amp; Controller</u>

### DIRECTORS OR TRUSTEES

<u>Bruce Dale Broussard</u>	<u>Brian Andrew Kane</u>	<u>Timothy Alan Wheatley</u>
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State of Kentucky SS:  
 County of Jefferson

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

Bruce Dale Broussard  
President & CEO

Joseph Matthew Ruschell  
Assoc. VP, Asst. General Counsel & Corporate Secretary

Alan James Bailey  
VP & Treasurer

Subscribed and sworn to before me this 22nd day of February, 2021

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

Julia Wentworth  
Notary Public  
January 10, 2025



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

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	2,459,751	0	0	44,158	44,158	2,459,751
0199999. Total Pharmaceutical Rebate Receivables	2,459,751	0	0	44,158	44,158	2,459,751
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
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0799999 Gross health care receivables	2,459,750	0	0	44,158	44,158	2,459,750

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	2,235,266	10,502,096	28,655	2,475,254	2,263,921	2,287,564
2. Claim overpayment receivables .....	41	0	0	0	41	41
3. Loans and advances to providers .....	0	0	0	0	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	0	0	0	0	0	0
6. Other health care receivables.....	31,077	0	0	0	31,077	31,077
7. Totals (Lines 1 through 6)	2,266,384	10,502,096	28,655	2,475,253	2,295,039	2,318,682

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

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

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	72,859	1,403	0	0	0	74,262
0399999. Aggregate accounts not individually listed-covered	1,256,445	24,202	0	0	0	1,280,647
0499999. Subtotals	1,329,304	25,605	0	0	0	1,354,909
0599999. Unreported claims and other claim reserves						15,871,145
0699999. Total amounts withheld						0
0799999. Total claims unpaid						17,226,054
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0899999. Accrued medical incentive pool and bonus amounts						1,477,775

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

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

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana, Inc.	Reimbursements from expenditures made directly by Humana Inc. for the benefit of Humana Regional Health Plan Inc. or for the services provided by Humana Inc. for the company. The direct expenditures include 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.	5,516,092	5,516,092	0
0199999. Individually listed payables		5,516,092	5,516,092	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		5,516,092	5,516,092	0

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	55,995,961	40.8	15,966	100.0	0	55,995,961
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 .....	55,995,961	40.8	15,966	100.0	0	55,995,961
<b>Other Payments:</b>						
5. Fee-for-service .....	1,729,072	1.3	XXX	XXX	0	1,729,072
6. Contractual fee payments .....	79,366,723	57.9	XXX	XXX	0	79,366,723
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	81,095,795	59.2	XXX	XXX	0	81,095,795
13. TOTAL (Line 4 plus Line 12)	137,091,756	100%	XXX	XXX	0	137,091,756

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

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

Exhibit 8 - Furniture and Equipment Owned

**N O N E**



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

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	Alabama		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year .....												
2. First Quarter .....												
3. Second Quarter .....												
4. Third Quarter .....												
5. Current Year												
6. Current Year Member Months												
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....												
8. Non-Physician .....												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b) .....												
13. Life Premiums Direct .....												
14. Property/Casualty Premiums Written .....												
15. Health Premiums Earned .....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services .....												
18. Amount Incurred for Provision of Health Care Services												

NONE

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

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

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

REPORT FOR: 1. CORPORATION

Humana Regional Health Plan Inc.

2. Little Rock, AR

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arkansas		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	0	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	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		
17. Amount Paid for Provision of Health Care Services	52	0	0	0	0	0	0	52	0	0		
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0		

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

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

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

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

REPORT FOR: 1. CORPORATION

2.

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

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 \$ .....



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

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1	Mississippi		4	5	6	7	8	9	10		
		Comprehensive (Hospital & Medical)									Medicare Supplement	Vision Only
	Total	Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year .....												
2. First Quarter .....												
3. Second Quarter .....												
4. Third Quarter .....												
5. Current Year												
6. Current Year Member Months												
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....												
8. Non-Physician .....												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b) .....												
13. Life Premiums Direct .....												
14. Property/Casualty Premiums Written .....												
15. Health Premiums Earned .....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services .....												
18. Amount Incurred for Provision of Health Care Services												

NONE

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

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

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

REPORT FOR: 1. CORPORATION

Humana Regional Health Plan Inc.

2. Little Rock, AR

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Missouri		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	14,243	0	0	0	0	0	0	14,243	0	0		
2. First Quarter .....	15,516	0	0	0	0	0	0	15,516	0	0		
3. Second Quarter .....	15,622	0	0	0	0	0	0	15,622	0	0		
4. Third Quarter .....	15,791	0	0	0	0	0	0	15,791	0	0		
5. Current Year	15,966	0	0	0	0	0	0	15,966	0	0		
6. Current Year Member Months	188,176	0	0	0	0	0	0	188,176	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	258,855	0	0	0	0	0	0	258,855	0	0		
8. Non-Physician .....	165,606	0	0	0	0	0	0	165,606	0	0		
9. Total	424,461	0	0	0	0	0	0	424,461	0	0		
10. Hospital Patient Days Incurred	32,871	0	0	0	0	0	0	32,871	0	0		
11. Number of Inpatient Admissions	3,926	0	0	0	0	0	0	3,926	0	0		
12. Health Premiums Written (b) .....	168,365,942	0	0	0	0	0	0	168,365,942	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	168,365,942	0	0	0	0	0	0	168,365,942	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	137,235,783	0	0	0	0	0	0	137,235,783	0	0		
18. Amount Incurred for Provision of Health Care Services	143,479,921	0	0	0	0	0	0	143,479,921	0	0		

(a) For health business: number of persons insured under PPO managed care products .....400 and number of persons insured under indemnity only products .....0 .  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....168,365,942

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

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

REPORT FOR: 1. CORPORATION

Humana Regional Health Plan Inc.

2. Little Rock, AR

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Oklahoma		2020							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	9,262	0	0	0	0	0	0	9,262	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	9,262	0	0	0	0	0	0	9,262	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	(144,080)	0	0	0	0	0	0	(144,080)	0	0		
18. Amount Incurred for Provision of Health Care Services	(155,758)	0	0	0	0	0	0	(155,758)	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....9,262

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

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

REPORT FOR: 1. CORPORATION

2.

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

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

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

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

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

REPORT FOR: 1. CORPORATION

Humana Regional Health Plan Inc.

2. Little Rock, AR

NAIC Group Code	0119	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total		DURING THE YEAR					2020		NAIC Company Code	12282
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
<b>Total Members at end of:</b>													
1. Prior Year	14,243	0	0	0	0	0	0	14,243	0	0			
2. First Quarter	15,516	0	0	0	0	0	0	15,516	0	0			
3. Second Quarter	15,622	0	0	0	0	0	0	15,622	0	0			
4. Third Quarter	15,791	0	0	0	0	0	0	15,791	0	0			
5. Current Year	15,966	0	0	0	0	0	0	15,966	0	0			
6. Current Year Member Months	188,176	0	0	0	0	0	0	188,176	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician	258,855	0	0	0	0	0	0	258,855	0	0			
8. Non-Physician	165,606	0	0	0	0	0	0	165,606	0	0			
9. Total	424,461	0	0	0	0	0	0	424,461	0	0			
10. Hospital Patient Days Incurred	32,871	0	0	0	0	0	0	32,871	0	0			
11. Number of Inpatient Admissions	3,926	0	0	0	0	0	0	3,926	0	0			
12. Health Premiums Written (b)	168,375,204	0	0	0	0	0	0	168,375,204	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	168,375,204	0	0	0	0	0	0	168,375,204	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	137,091,756	0	0	0	0	0	0	137,091,756	0	0			
18. Amount Incurred for Provision of Health Care Services	143,324,162	0	0	0	0	0	0	143,324,162	0	0			

(a) For health business: number of persons insured under PPO managed care products .....400 and number of persons insured under indemnity only products .....0 .  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....168,375,204

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

Schedule S - Part 6

**NONE**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	46,334,850	0	46,334,850
2. Accident and health premiums due and unpaid (Line 15) .....	2,943,519	0	2,943,519
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	5,292,607	0	5,292,607
6. Total assets (Line 28)	54,570,976	0	54,570,976
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	17,226,054	0	17,226,054
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,477,775	0	1,477,775
9. Premiums received in advance (Line 8) .....	134,032	0	134,032
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	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) .....	11,981,075	0	11,981,075
15. Total liabilities (Line 24) .....	30,818,935	0	30,818,935
16. Total capital and surplus (Line 33) .....	23,752,041	XXX	23,752,041
17. Total liabilities, capital and surplus (Line 34)	54,570,976	0	54,570,976
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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 .....	0		
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 .....	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

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

**NONE**

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

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

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

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

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

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

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

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

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

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

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

**SCHEDULE Y**

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

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

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

**SCHEDULE Y**

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

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

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

**SCHEDULE Y**

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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









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

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

**Explanations:**

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. This type of business is not written.
17. No relief will be requested.
18. No relief will be requested.
19. No relief will be requested.
20. This type of business is not written.
21. This type of business is not written.

**Bar Codes:**

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Medicare Part D Coverage Supplement [Document Identifier 365]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Relief from the Requirements for Audit Committees [Document Identifier 226]



20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]

