



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025
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 [X] No []

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

Statutory Home Office c/o CT Corporation System, 320 S. IZARD STREET, Little Rock, AR, US 72201-2114
(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 Julie Ford, 502-580-8375
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@Humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President George Renaudin II Chief Financial Officer Celeste Marie Mellet #
Secretary Courtney Danielle Durall VP & Treasurer Robert Martin Marcoux Jr.

OTHER

<u>Erin Fegan Banet #, SVP, Chief Audit and Risk Officer</u>	<u>Daniel Kevin Feld, Associate VP, Tax</u>	<u>John-Paul William Felter, SVP, Chief Accounting Officer & Controller</u>
<u>Catherine Elva Field, SVP, Medicare Divisional Leader</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>Lisa Thornell Stephens #, SVP & Chief Operating Officer, Insurance</u>	<u>Gilbert Alan Stewart, SVP, Medicare Divisional Leader</u>
<u>William Cleland White IV #, VP, Medicare Regional President</u>		

DIRECTORS OR TRUSTEES

Courtney Danielle Durall # Sean Joseph O'Reilly George Renaudin II

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

Courtney Danielle Durall #
Secretary

Robert Martin Marcoux, Jr.
VP & Treasurer

Subscribed and sworn to before me this 3rd day of November, 2025

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

Julia Wentworth
Notary Public
January 10, 2029

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional 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	4,007,624	0	4,007,624	2,242,320
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	0	0	0	0
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 (\$(135,816)), cash equivalents (\$51,911,611) and short-term investments (\$0)	51,775,795	0	51,775,795	60,481,484
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	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	55,783,419	0	55,783,419	62,723,804
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	26,165	0	26,165	42,512
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	30,808	9	30,799	0
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 (\$2,914,604) and contracts subject to redetermination (\$2,410,653)	5,325,257	0	5,325,257	2,068,141
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	852,372	28,704	823,668	94,609
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	873,322
18.2 Net deferred tax asset	655,575	0	655,575	655,575
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)	0	0	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 (\$4,514,690) and other amounts receivable	5,593,555	1,039,295	4,554,260	3,383,202
25. Aggregate write-ins for other-than-invested assets	1,359,468	1,359,468	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	69,626,618	2,427,476	67,199,143	69,841,166
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	69,626,618	2,427,476	67,199,143	69,841,166
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.				
1103.				
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. Prepaid Expenses	2,939	2,939	0	0
2502. Provider Contracts	685,417	685,417	0	0
2503. Prepaid Commissions	671,112	671,112	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)	1,359,468	1,359,468	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	29,553,264	637,208	30,190,472	24,295,390
2. Accrued medical incentive pool and bonus amounts	3,179,448	0	3,179,448	3,019,248
3. Unpaid claims adjustment expenses	111,648	0	111,648	116,158
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	926,869	0	926,869	948,352
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	408,978	0	408,978	233,074
9. General expenses due or accrued	250,216	0	250,216	217,689
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))	1,006,289	0	1,006,289	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	17,104	0	17,104	14,791
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	837,884	0	837,884	4,467,543
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
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	1,900,596	0	1,900,596	3,755,287
23. Aggregate write-ins for other liabilities (including \$1,883 current)	19,971	0	19,971	14,808
24. Total liabilities (Lines 1 to 23)	38,212,267	637,208	38,849,475	37,082,339
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	100,000	100,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	21,376,547	28,376,547
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	6,873,121	4,282,279
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$0)	XXX	XXX	0	0
32.20 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	28,349,668	32,758,826
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	67,199,143	69,841,166
DETAILS OF WRITE-INS				
2301. Unclaimed Property	19,971	0	19,971	14,808
2302.				
2303.				
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)	19,971	0	19,971	14,808
2501.	XXX	XXX	0	0
2502.	XXX	XXX		
2503.	XXX	XXX		
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	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
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	126,254	133,241	175,628
2. Net premium income (including \$ 0 non-health premium income)	XXX	167,200,988	151,090,474	197,241,679
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0	0
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	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	167,200,988	151,090,474	197,241,679
Hospital and Medical:				
9. Hospital/medical benefits	4,513,945	117,338,769	107,079,311	145,351,895
10. Other professional services	50,564	1,314,386	1,551,899	2,201,076
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	140,440	3,650,696	3,564,173	4,670,518
13. Prescription drugs	915,435	23,796,480	15,254,896	19,077,267
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	1,668,643	1,451,191	1,421,441
16. Subtotal (Lines 9 to 15)	5,620,384	147,768,974	128,901,471	172,722,197
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	5,620,384	147,768,974	128,901,471	172,722,197
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 3,249,564 cost containment expenses	0	3,959,232	4,882,098	6,937,997
21. General administrative expenses	0	12,984,630	11,938,232	16,891,927
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22)	5,620,384	164,712,836	145,721,801	196,552,121
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,488,152	5,368,673	689,557
25. Net investment income earned	0	2,296,200	3,025,216	3,912,838
26. Net realized capital gains (losses) less capital gains tax of \$ 0	0	0	(109)	(109)
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,296,200	3,025,108	3,912,729
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	2	1	1
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	4,784,354	8,393,782	4,602,288
31. Federal and foreign income taxes incurred	XXX	1,006,289	1,844,599	971,277
32. Net income (loss) (Lines 30 minus 31)	XXX	3,778,065	6,549,183	3,631,011
DETAILS OF WRITE-INS				
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.	XXX	0	0	0
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	0	0	0
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	2	1	1
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	2	1	1

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	32,758,826	39,756,392	39,756,392
34. Net income or (loss) from Line 32.....	3,778,065	6,549,183	3,631,011
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	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax.....	0	0	173,132
39. Change in nonadmitted assets.....	(1,187,223)	39,202	(801,709)
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.....	(7,000,000)	(10,000,000)	(10,000,000)
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).....	(4,409,159)	(3,411,616)	(6,997,566)
49. Capital and surplus end of reporting period (Line 33 plus 48)	28,349,668	36,344,776	32,758,826
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.			
4703.			
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, 2025 OF THE Humana Regional Health Plan Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	164,067,485	152,052,029	197,978,150
2. Net investment income	2,302,972	3,022,142	3,905,592
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	166,370,457	155,074,171	201,883,742
5. Benefit and loss related payments	143,324,160	129,617,061	174,064,056
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	19,478,974	15,833,976	26,080,048
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	(873,322)	1,357,884	1,626,031
10. Total (Lines 5 through 9)	161,929,811	146,808,922	201,770,136
11. Net cash from operations (Line 4 minus Line 10)	4,440,645	8,265,249	113,606
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,330,272	110,126	530,156
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	0	(138)	(138)
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,330,272	109,989	530,018
13. Cost of investments acquired (long-term only):			
13.1 Bonds	5,086,000	0	324,300
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	0	12,075	12,075
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,086,000	12,075	336,375
14. Net increase/(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)	(1,755,728)	97,914	193,643
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	(7,000,000)	(10,000,000)	(10,000,000)
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)	(4,390,607)	(1,302,267)	(558,159)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(11,390,607)	(11,302,267)	(10,558,159)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(8,705,689)	(2,939,104)	(10,250,909)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	60,481,484	70,732,393	70,732,393
19.2 End of period (Line 18 plus Line 19.1)	51,775,795	67,793,290	60,481,484

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

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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	14,194	0	0	0	0	0	0	14,194	0	0	0	0	0	0
2. First Quarter	14,195	0	0	0	0	0	0	14,195	0	0	0	0	0	0
3. Second Quarter	13,911	0	0	0	0	0	0	13,911	0	0	0	0	0	0
4. Third Quarter	13,721	0	0	0	0	0	0	13,721	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	126,254	0	0	0	0	0	0	126,254	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:														
7. Physician	200,855	0	0	0	0	0	0	200,855	0	0	0	0	0	0
8. Non-Physician	158,517	0	0	0	0	0	0	158,517	0	0	0	0	0	0
9. Total	359,372	0	0	0	0	0	0	359,372	0	0	0	0	0	0
10. Hospital Patient Days Incurred	31,214	0	0	0	0	0	0	31,214	0	0	0	0	0	0
11. Number of Inpatient Admissions	3,096	0	0	0	0	0	0	3,096	0	0	0	0	0	0
12. Health Premiums Written (a)	167,200,988	0	0	0	0	0	0	167,200,988	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	167,200,988	0	0	0	0	0	0	167,200,988	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	143,324,160	0	0	0	0	0	0	143,324,160	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	147,768,974	0	0	0	0	0	0	147,768,974	0	0	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 167,200,988

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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group	0	0	0	0	0	0
3. Medicare Supplement	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Dental only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0
7. Title XVIII - Medicare	13,336,467	128,479,251	7,817,744	22,372,727	21,154,212	24,295,390
8. Title XIX - Medicaid	0	0	0	0	0	0
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)	13,336,467	128,479,251	7,817,744	22,372,727	21,154,212	24,295,390
14. Health care receivables (a)	1,115,198	4,438,786	0	0	1,115,198	3,943,516
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	1,508,442	0	906,659	2,272,789	2,415,101	3,019,248
17. Totals (Lines 13 - 14 + 15 + 16)	13,729,711	124,040,464	8,724,403	24,645,517	22,454,114	23,371,121

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO THE FINANCIAL STATEMENTS

1. 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 Arkansas Insurance Department.

The Arkansas Insurance Department (the Department) recognizes only statutory accounting practices prescribed or permitted by the State of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Arkansas 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 Arkansas. 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 Arkansas is shown below:

	SSAP #	F/S Page	F/S Line #	2025	2024
Net Income					
1. Humana Regional Health Plan, Inc. Arkansas basis	xxx	xxx	xxx	\$ 3,778,065	\$ 3,631,011
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC				-	-
4. NAIC SSAP	xxx	xxx	xxx	\$ <u>3,778,065</u>	\$ <u>3,631,011</u>
Surplus					
5. Humana Regional Health Plan, Inc. Arkansas basis	xxx	xxx	xxx	\$ 28,349,668	\$ 32,758,826
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>28,349,668</u>	\$ <u>32,758,826</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.

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,

NOTES TO THE FINANCIAL STATEMENTS

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) Not Applicable.
- (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

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Asset-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, 2025.

The Company did not have any temporarily impaired securities in a continuous unrealized loss position as of September 30, 2025.

(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) The Company has no repurchase agreements or securities lending transactions.

(2) The Company has not pledged any of its assets as collateral that are not reclassified and separately reported in the statement of assets, liabilities, capital and surplus.

(3-7) Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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 Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
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	1,483,447	1,489,755	(6,308)	-	1,483,447	2.13%	2.21%
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	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 1,483,447	\$ 1,489,755	\$ (6,308)	-	\$ 1,483,447	2.13%	2.21%

(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.

NOTES TO THE FINANCIAL STATEMENTS

(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. 5GI* 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.

S. Aggregate Collateral Loans by Qualifying Investment Collateral
 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	\$ 26,165
2. Nonadmitted	\$ -
3. Admitted	\$ 26,165

D. The aggregate deferred interest.

	Amount
Aggregate Deferred Interest	\$ -

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

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

8. Derivative Instruments

Not Applicable.

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 2025 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

NOTES TO THE FINANCIAL STATEMENTS

expect to incur a CAMT liability in 2025 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, 2024.

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, 2024 and 2023 were \$16,260,341 and \$21,538,425, 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, 2024.

Total returns of capital of \$7,000,000 were paid to Humana Inc. on May 30, 2025. The Arkansas Insurance Department was notified prior to the payment of these returns of capital.

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, 2025, the Company reported \$837,884 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. Not Applicable.

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, 2024.

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 \$100.00 par value common stock with 1,000 shares authorized and 1,000 shares issued and 1,000 outstanding. All shares are common stock shares.

B. The Company has no preferred stock outstanding.

C.-E. Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the greater of 10% of total surplus, or the greater of net operating gain for the calendar year preceding the dividend or for the 3 calendar years preceding the dividend less dividends paid for the most recent 2 of those calendar years. All ordinary dividends are limited to available and accumulated surplus funds. Any dividends paid in the twelve months preceding a proposed dividend are considered in determining whether a dividend is extraordinary. Based on these restrictions, the Company can pay a maximum dividend or return of capital to shareholders of approximately \$3,631,000 in 2025 without prior regulatory approval.

Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

Dividends or returns of capital paid by the Company are listed below. Extraordinary amounts have been approved by the Department.

	Dividend or Return of Capital Amount		Date Paid
	Ordinary	Extraordinary	
Return of Capital	3,631,000	3,369,000	May 30, 2025
Total paid in 2025	\$ 3,631,000	\$ 3,369,000	

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 \$0.

NOTES TO THE FINANCIAL STATEMENTS

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.

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.

On May 1, 2025, the Department of Justice (DOJ) filed a complaint in partial intervention related to a qui tam lawsuit filed by an individual formerly employed by eHealth, Inc., in the United States District Court for the District of Massachusetts. The intervened lawsuit is captioned *United States of America ex. rel. Andrew Shea v. eHealth, Inc., et al., Case No. 1:21-cv-11777-DJC*. The complaint alleges certain civil violations in connection with non-commission payments Humana made to three call center broker partners. The complaint also includes allegations relating to Humana's marketing of Medicare Advantage plans to Medicare-eligible beneficiaries under the age of 65. The action seeks damages and penalties on behalf of the United States under the federal False Claims Act. The court ordered the qui tam action unsealed following the filing of DOJ's complaint in partial intervention on May 1, 2025. Humana takes seriously its obligations to comply with applicable regulatory requirements and laws, and will vigorously defend against these allegations. This matter could lead to additional federal securities law and stockholder derivative allegations.

The Company is not aware of any other material contingent liabilities as of September 30, 2025.

15. Leases

Not Applicable.

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.

NOTES TO THE FINANCIAL STATEMENTS

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

A. ASO Plans

Not Applicable.

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, 2025, the Company has recorded a receivable from CMS of \$799,017 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.

(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.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at September 30, 2025.

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, 2024 and September 30, 2025.

(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, 2024 and September 30, 2025.

(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, 2025.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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	\$ 53,831,333	\$ 55,919,235	\$ 51,911,611	\$ 1,919,722	\$ -	\$ -	\$ -

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

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

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.

NOTES TO THE FINANCIAL STATEMENTS

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 6, 2025 for the Statutory Statement issued on November 6, 2025.

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)

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.

- 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, 2025 that are subject to retrospective rating features was \$167,200,988, or 100.00% 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

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, as of December 31, 2024, were \$23,487,280. As of September 30, 2025, \$13,816,958 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$8,753,315 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$917,007 favorable prior-year development since December 31, 2024. 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 \$917,007 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

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
12/31/2025	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2025	4,347,335	4,347,335	-	-	-
6/30/2025	3,229,529	3,358,397	3,245,119	-	-
3/31/2025	4,857,531	4,951,233	4,557,161	332,408	-
12/31/2024	3,782,772	3,644,512	3,422,382	607	185,060
9/30/2024	3,702,442	3,602,978	3,592,698	19,654	(16,415)
6/30/2024	3,611,816	3,469,949	3,467,794	2,851	-
3/31/2024	4,453,113	4,334,817	4,332,913	1,206	2,420
12/31/2023	4,867,208	4,649,597	4,470,645	178,951	-
9/30/2023	5,061,172	4,946,490	4,662,926	95,685	187,898
6/30/2023	5,432,162	5,192,075	5,197,152	4,226	660
3/31/2023	5,521,668	5,225,979	5,201,342	24,458	179

B. Risk Sharing Receivables

Risk sharing receivables represent capitation receivables and provider advance receivables over 90 days and are fully non-admitted.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

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. 12/31/2020
- 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. 12/31/2020
- 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). 05/19/2022
- 6.4 By what department or departments?
Arkansas Insurance Department
- 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 2025 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
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
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. \$ 0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page. \$ 0

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: Zaida Cepeda

- 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. This includes both primary and sub-advisors. 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
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 [] No [X]

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 [] No [X]

- 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

- 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 90.322 %
 - 1.2 A&H cost containment percent 1.944 %
 - 1.3 A&H expense percent excluding cost containment expenses 8.190 %

- 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 []

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
NONE									

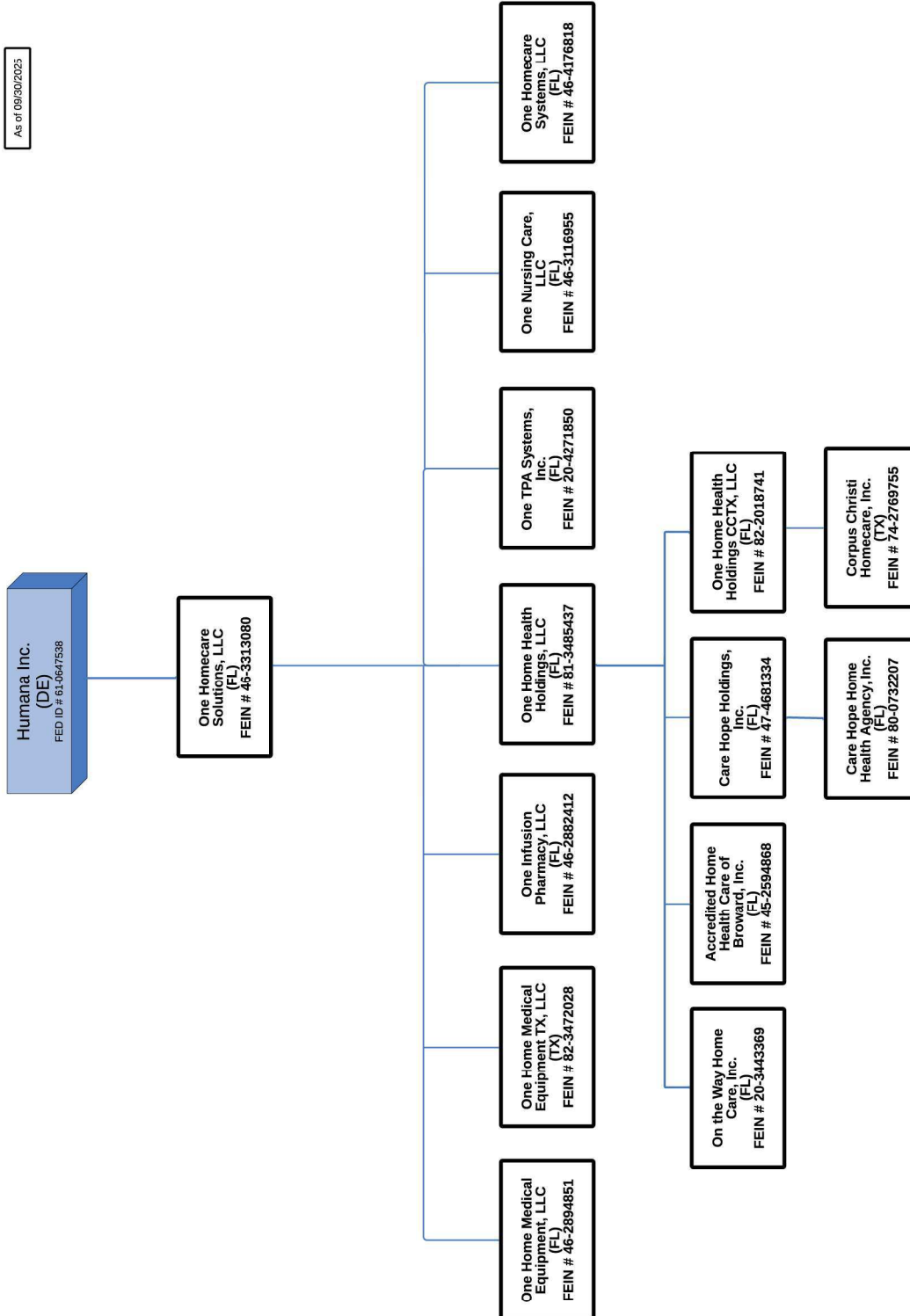
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

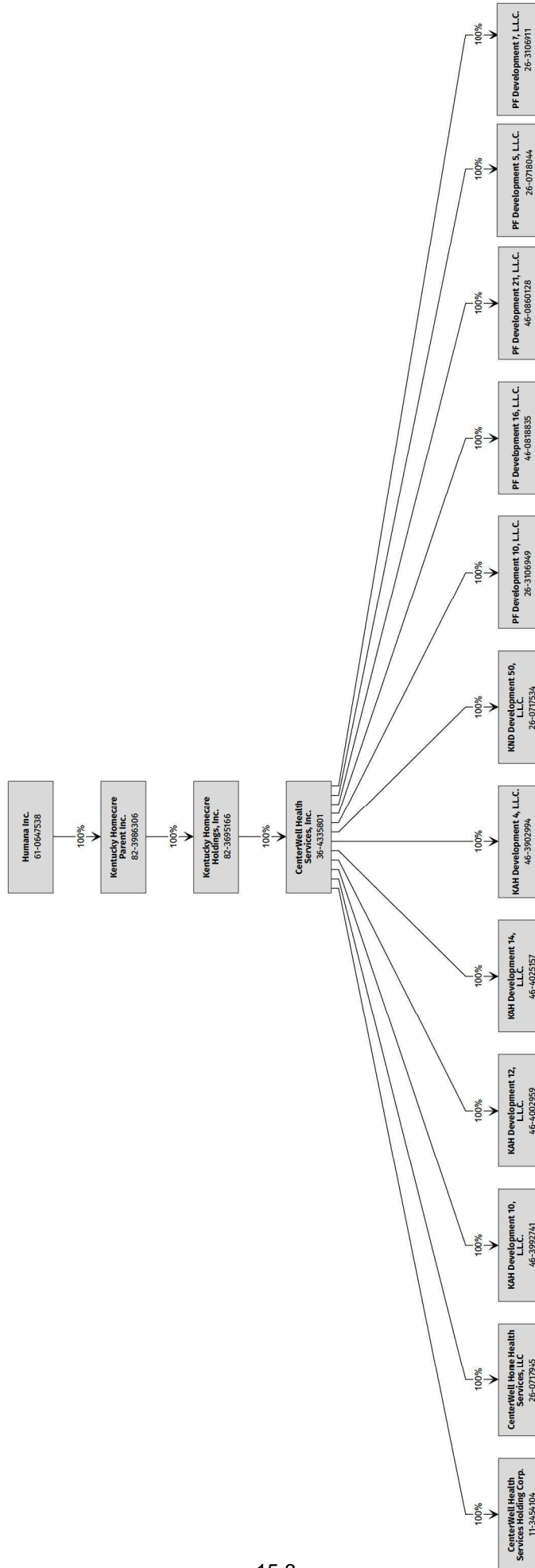
States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	L	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Alaska	AK	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	L	.0	(3,137)	.0	.0	.0	.0	(3,137)	.0	.0
5. California	CA	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Colorado	CO	N	.0	.0	.0	.0	.0	.0	.0	.0	.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	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Illinois	IL	L	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Indiana	IN	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Iowa	IA	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Kansas	KS	L	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	N	.0	.0	.0	.0	.0	.0	.0	.0	.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	L	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Missouri	MO	L	.0	167,207,975	.0	.0	.0	.0	167,207,975	.0	.0
27. Montana	MT	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. Nevada	NV	N	.0	.0	.0	.0	.0	.0	.0	.0	.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	N	.0	.0	.0	.0	.0	.0	.0	.0	.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	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	L	.0	(3,850)	.0	.0	.0	.0	(3,850)	.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	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
44. Texas	TX	L	.0	.0	.0	.0	.0	.0	.0	.0	.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	N	.0	.0	.0	.0	.0	.0	.0	.0	.0
48. Washington	WA	N	.0	.0	.0	.0	.0	.0	.0	.0	.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	.0	167,200,988	.0	.0	.0	.0	.0	167,200,988	.0	.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	0	167,200,988	0	0	0	0	0	167,200,988	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
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

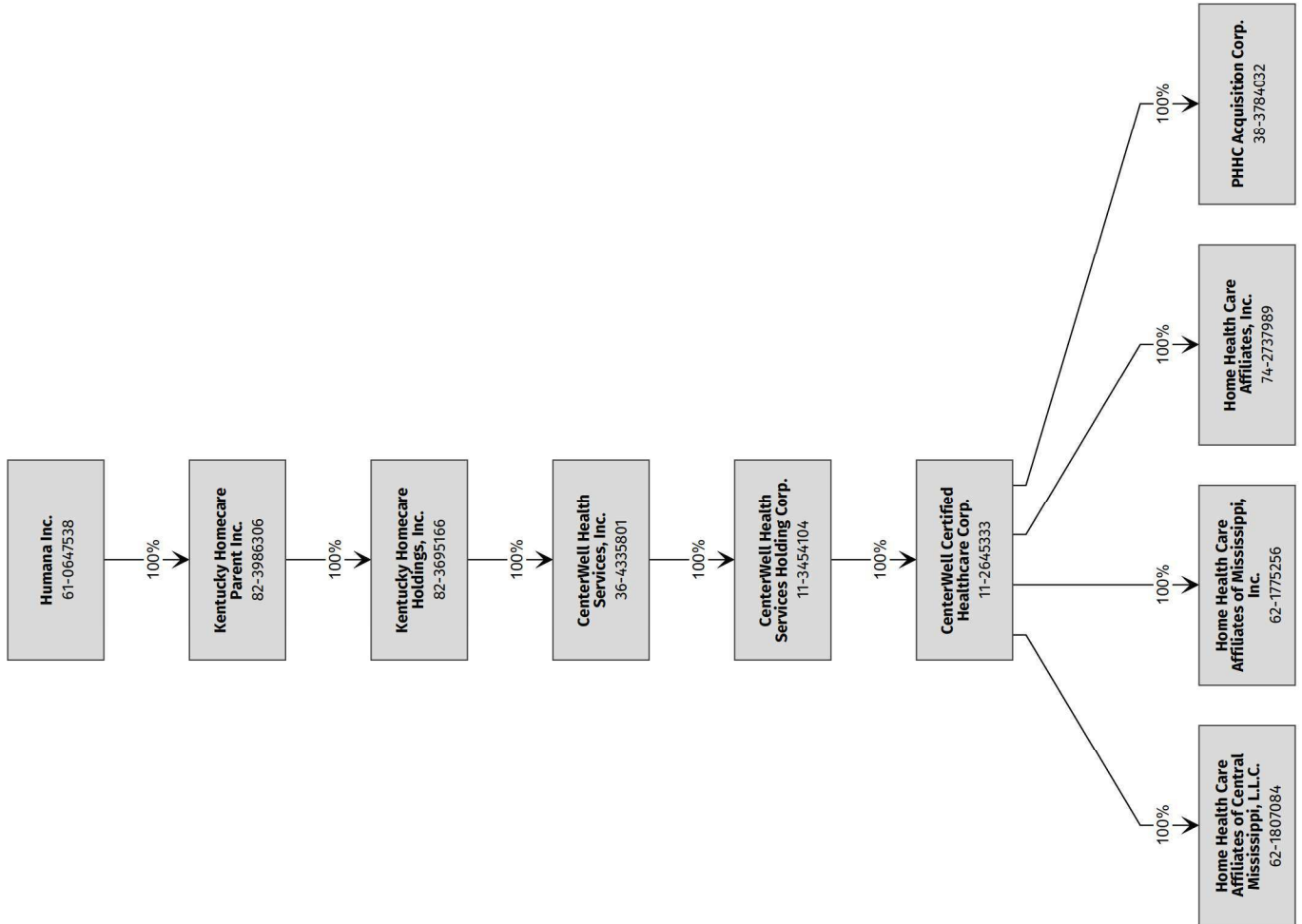
(a) Active Status Counts:

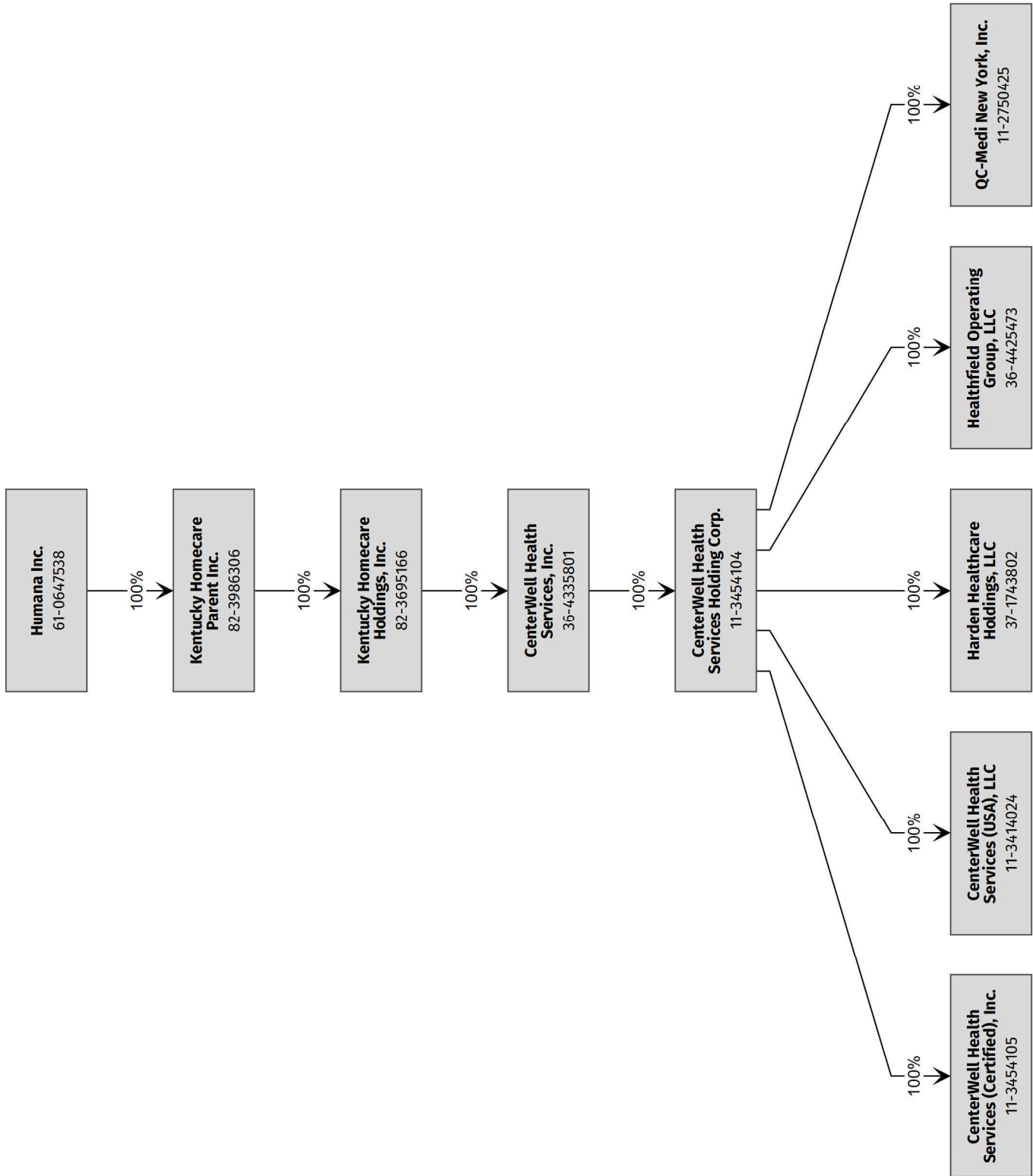
- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 8
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 49

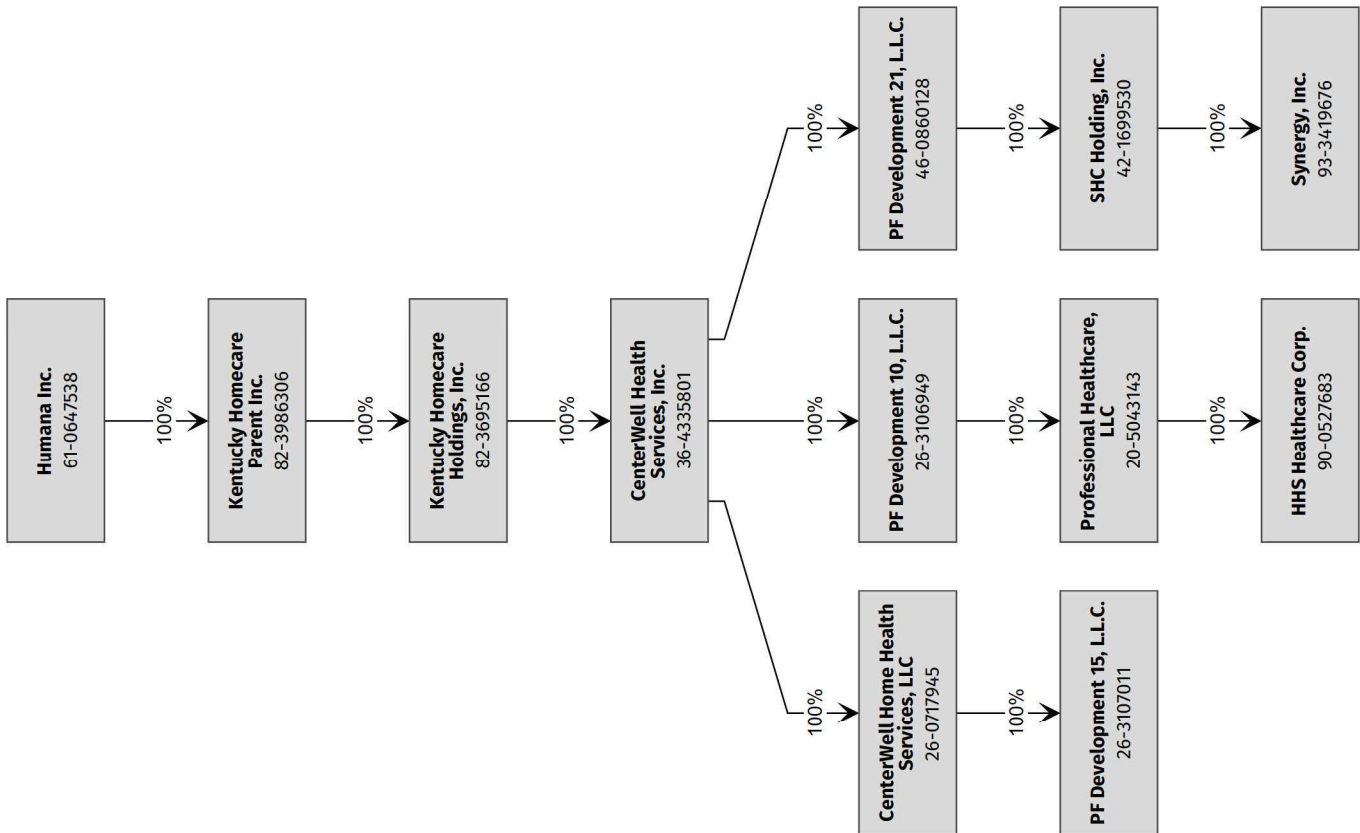


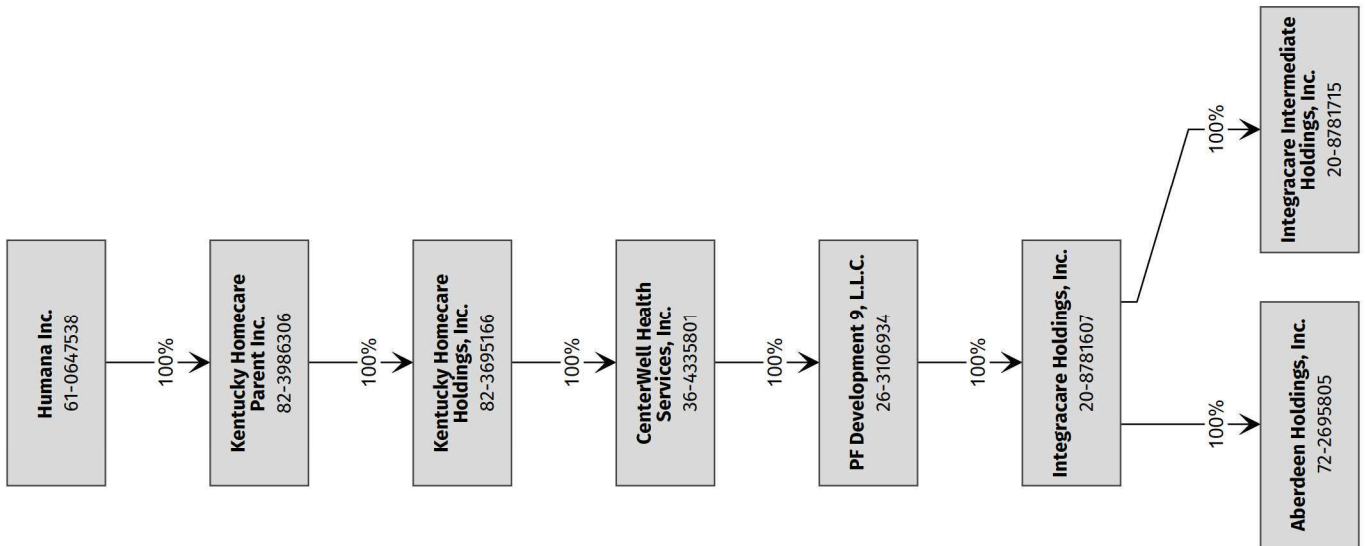
As of 09/30/2025



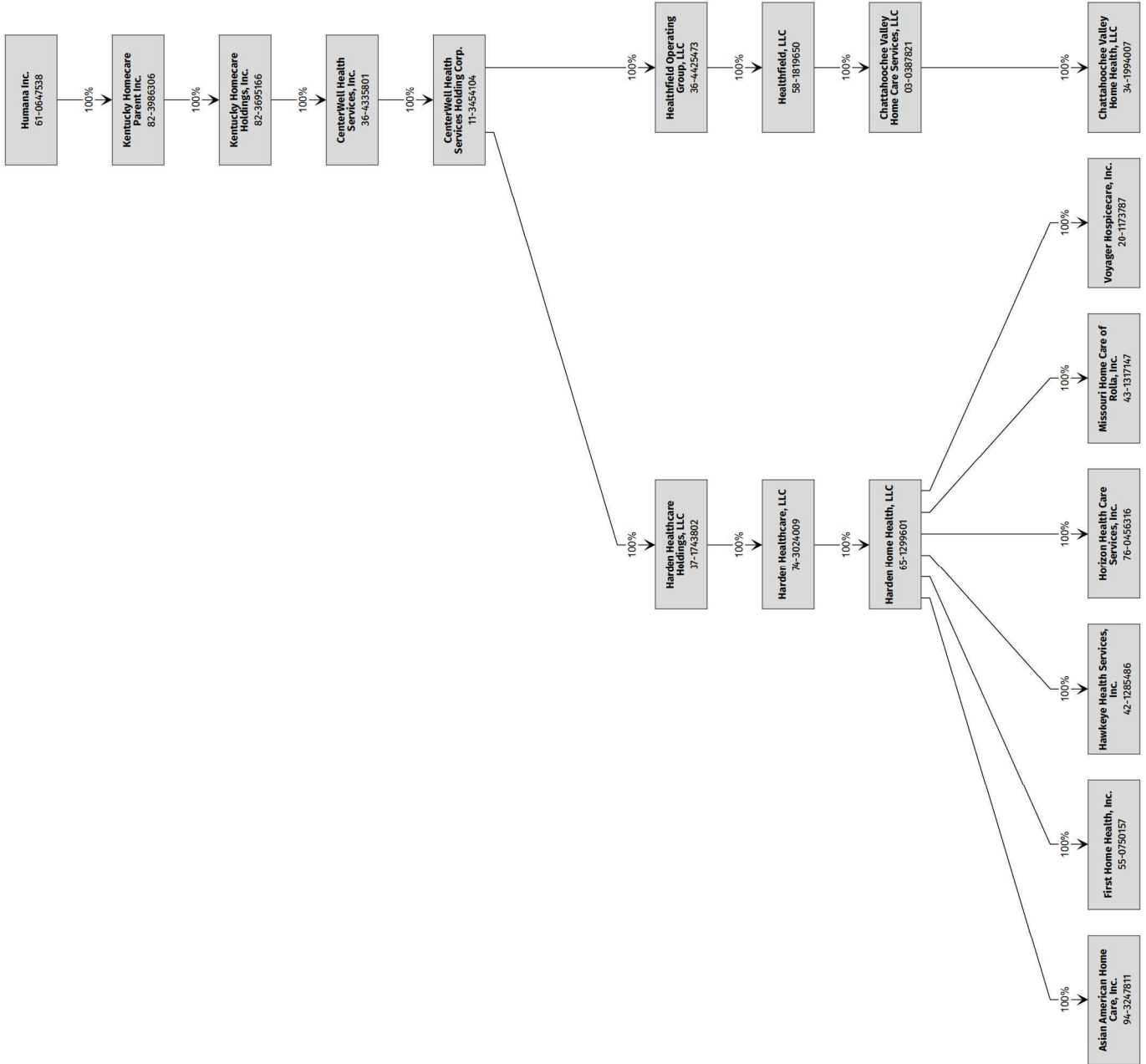




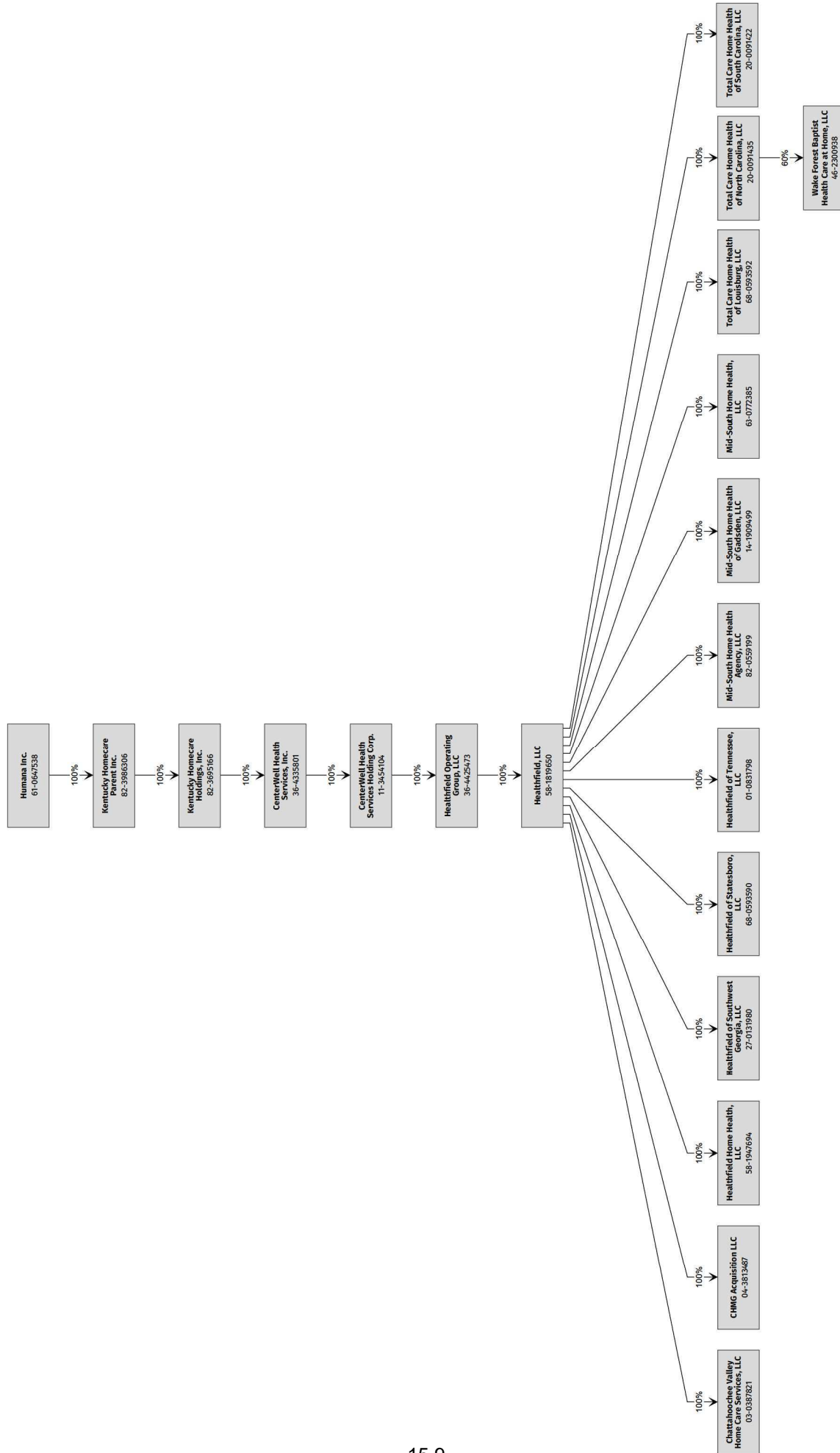


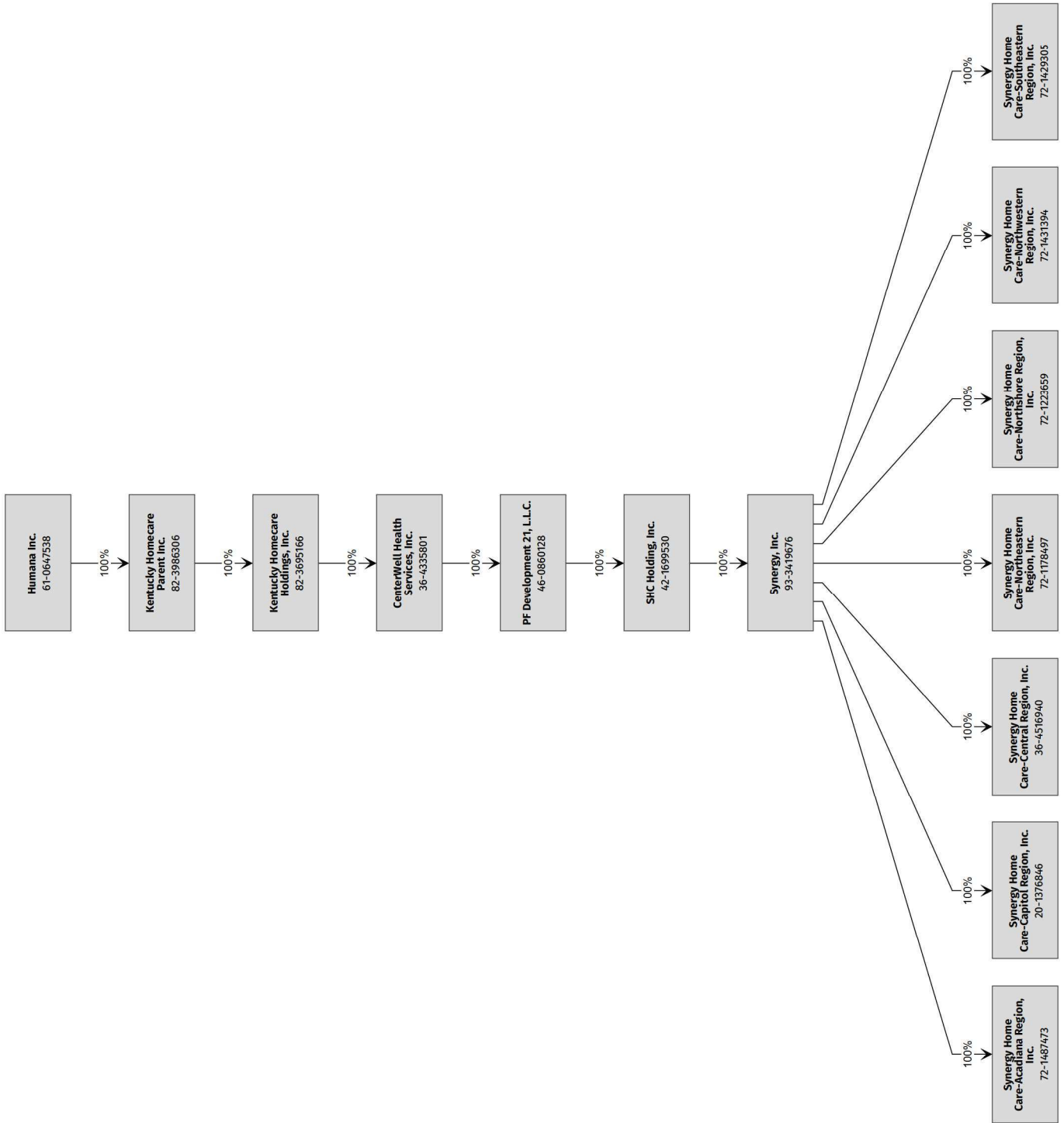


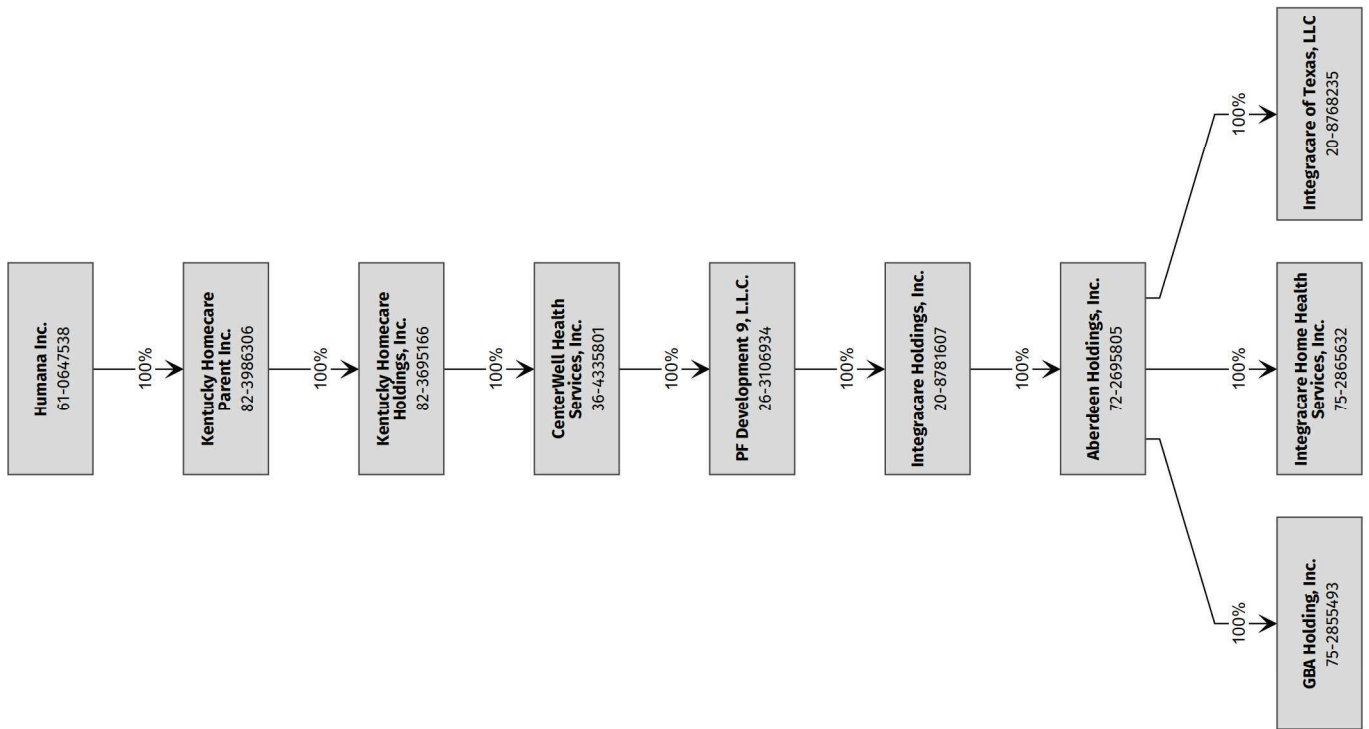
STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.



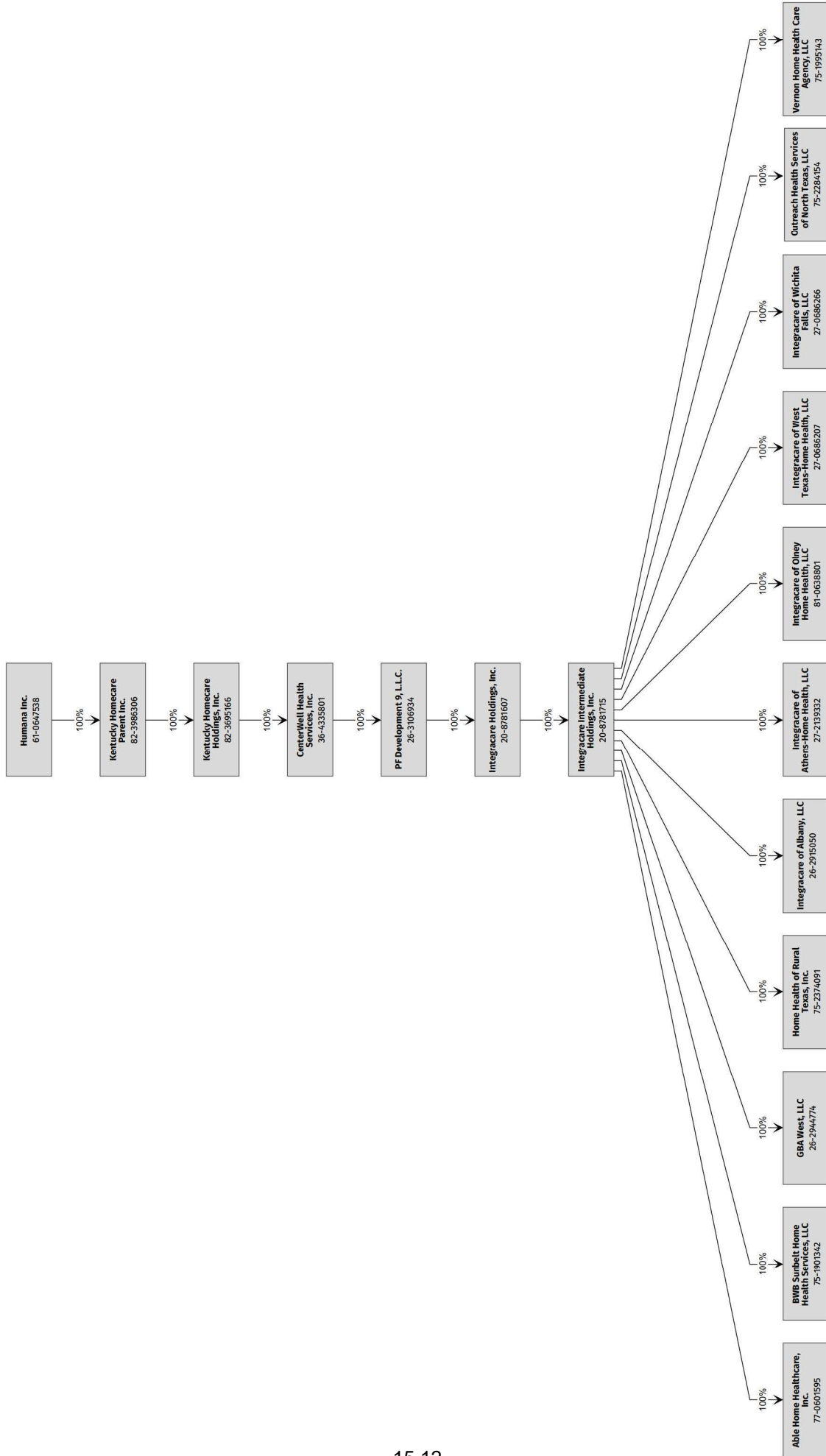
STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

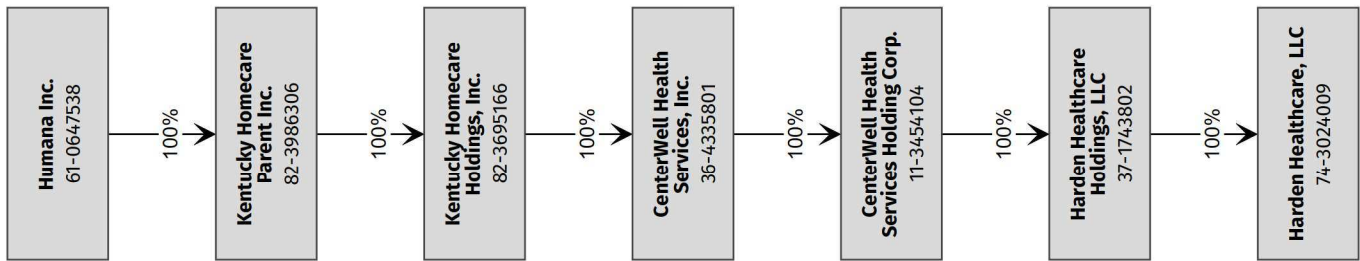




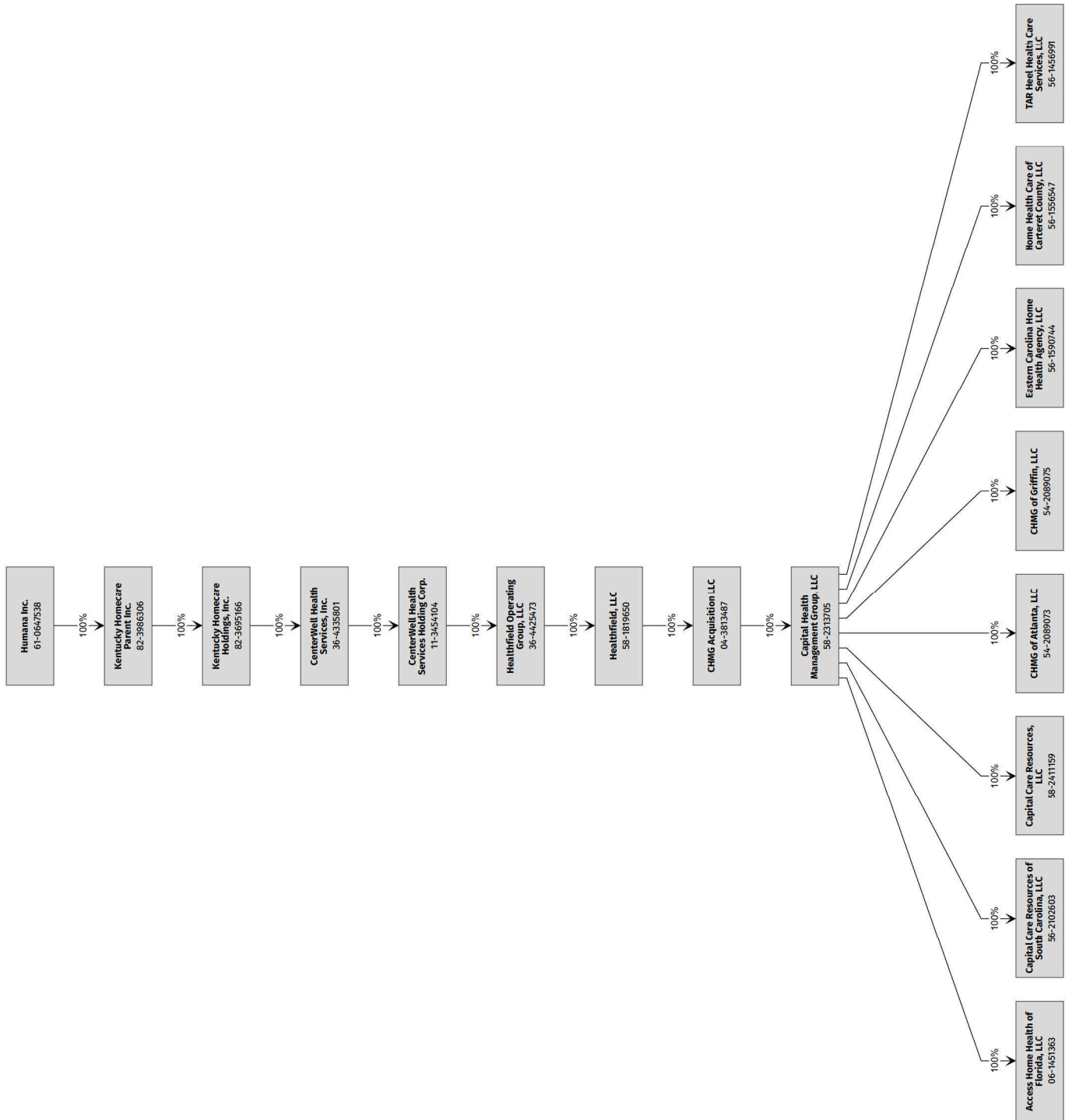


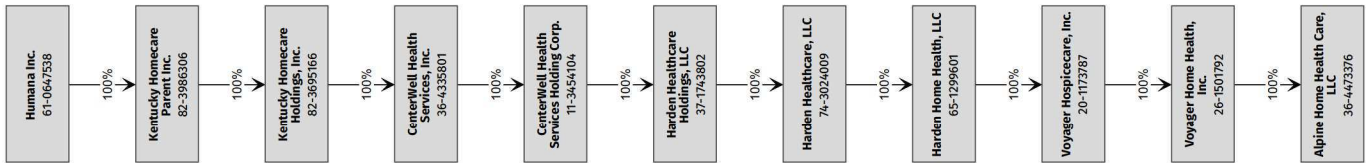
STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

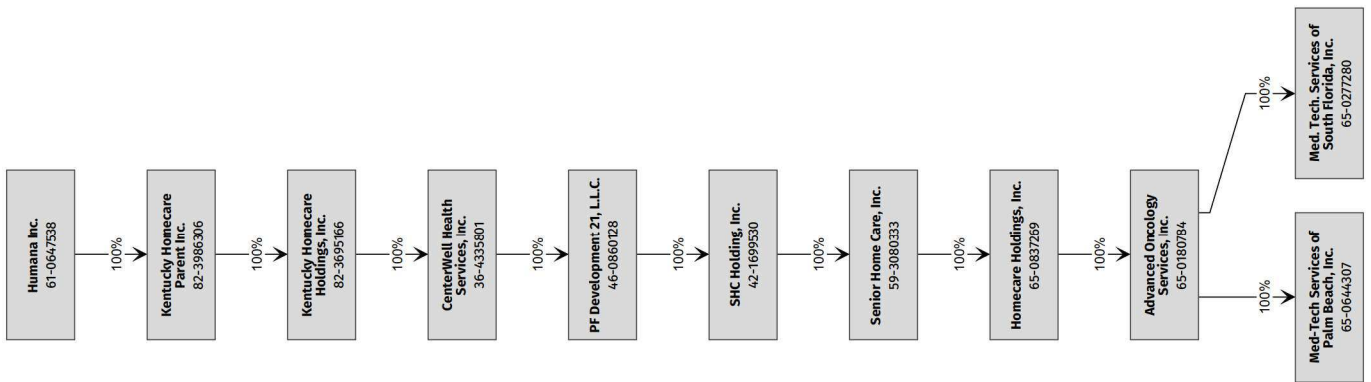




STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.







STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.



STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	12151	20-1001348				Arcadian Health Plan, Inc.	..KY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	39-1514846				CareNetwork, Inc.	..WI	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95092	59-2598550				CarePlus Health Plans, Inc.	..FL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	..TN	..IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	35-2608414				CDO 1, LLC	..DE	..NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	32-0545504				CDO 2, LLC	..DE	..NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	..KY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	52015	59-2531815				CompBenefits Company	..FL	..IA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	..IL	..IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	..DE	..NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	..TX	..IA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	42-1575099				Humana Healthcare Research, Inc.	..IL	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	36-4880828				Conviva Care Solutions, LLC	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	15886	75-2043865				Humana Benefit Plan of Texas, Inc.	..TX	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management, Corp.	..IL	..NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	..TX	..IA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	88595	31-0935772				EmpheSys Insurance Company	..TX	..IA	EmpheSys, Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-1237697				EmpheSys, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	59-3164234				CenterWell Senior Primary Care (FL), Inc.	..FL	..NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	81-3802918				FPG Acquisition Corp.	..DE	..NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	81-3819187				FPG Acquisition Holdings Corp.	..DE	..NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	32-0505460				FPG Holding Company, LLC	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	45-4685400				FPG Senior Services, LLC	..FL	..NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	..NY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	26-3592783				HJM Provider Holdings, LLC	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	..KY	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	65-0274594				Humana At Home 1, Inc.	..FL	..NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	..IL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	59-1843760				Humana Dental Company	..FL	..NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	..GA	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	..LA	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	13558	26-2800286				Humana Health Insurance Company of Florida, Inc.	..NY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	69671	61-1041514				Humana Health Company of New York, Inc.	..FL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	16280	26-3473328				Humana Health Insurance Company of California, Inc.	..CA	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	..OH	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	..TX	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	..KY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	..PR	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	..DE	..UDP	See Footnote 1	Other	0.000	See Footnote 1	..NO	..2
.0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	..WI	..IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	..KY	..IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	..NO	..0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	14462	27-4460531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1316926				CenterWell Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	RE	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	11695	39-1769093				Independent Care Health Plan	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5569675				Conviva Group Holdings, LLC	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5904436				Conviva Medical Center Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2957926				Conviva Speciality, LLC	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-1225873				Conviva Health MSO of Texas, Inc.	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	16717	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	85-0858631				CenterWell Care Solutions, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-1493628				Echo Primary Care Holdings, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2594868				Accredited Home Health of Broward, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4681334				Care Hope Holdings, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0732207				Care Hope Home Health Agency, Inc.	FL	NIA	Care Hope Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

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

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.0119	Humana Inc.	00000	74-2769755				Corpus Christi Home Care, Inc.	TX	NIA	One Home Health Holdings CCTX, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3443369				On the Way Home Care, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-3485437				One Home Health Holdings, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-2018741				One Home Health Holdings CCTX, LLC	TX	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2894851				One Home Medical Equipment, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3472028				One Home Medical Equipment TX, LLC	TX	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3116955				One Nursing Care, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3313080				One Homecare Solutions, LLC	FL	NIA	Humana Inc. - 100%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4176818				One Homecare Systems, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2882412				One Homecare Pharmacy, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-4271850				One TPA Systems, Inc.	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-2102603				Capital Care Resources of South Carolina, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2411159				Capital Care Resources, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-2313705				Capital Health Management Group, LLC	GA	NIA	CHMG Acquisition LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0387821				Chattahoochee Valley Home Care Services, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	34-1994007				Chattahoochee Valley Home Health, LLC	GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	04-3813487				CHMG Acquisition LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089073				CHMG of Atlanta, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	54-2089075				CHMG of Griffin, LLC	GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1590744				Eastern Carolina Home Health Agency, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0750157				First Home Health, Inc.	WV	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2855493				GBA Holding, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2944774				GBA West, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2645333				CenterWell Certified Healthcare Corp.	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454105				CenterWell Health Services (Certified), Inc.	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3414024				CenterWell Health Services (USA), LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3454104				CenterWell Health Services Holding Corp.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4335801				CenterWell Health Services, Inc.	DE	NIA	Kentucky Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	64-0730826				Gilbert's Home Health Agency, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	37-1743802				Harden Healthcare Holdings, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-3024009				Harden Healthcare, LLC	TX	NIA	Harden Healthcare Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1299601				Harden Home Health, LLC	DE	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1285486				Hawkeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1947694				Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0131980				Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593590				Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0831798				Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	36-4425473				Healthfield Operating Group, LLC	DE	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	58-1819650				Healthfield, LLC	DE	NIA	Healthfield Operating Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	90-0527683				HHS Healthcare Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1807084				Home Health Care Affiliates of Central Mississippi, L.L.C.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1775256				Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2737989				Home Health Care Affiliates, Inc.	MS	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1556547				Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2374091				Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494759				Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0837269				Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	76-0456316				Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781607				Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2865632				Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8781715				Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-2915050				Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-2139332				Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-0638801				Integracare of Olney Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-8768235				Integracare of Texas, LLC	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686207				Integracare of West Texas-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-0686266				Integracare of Wichita Falls, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3992741				KAH Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4002959				KAH Development 12, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-4025157				KAH Development 14, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3902994				KAH Development 4, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3695166				Kentucky Homecare Holdings, Inc.	DE	NIA	Kentucky Homecare Parent Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3986306				Kentucky Homecare Parent Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717945				CenterWell Home Health Services, LLC	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0717534				KND Development 50, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0277280				Med. Tech. Services of South Florida, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1033439				Med-Tech Services of Dade, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0644307				Med-Tech Services of Palm Beach, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-0559199				Mid-South Home Health Agency, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	14-1909499				Mid-South Home Health of Gadsden, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	63-0772385				Mid-South Home Health, LLC	DE	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1285069				Missouri Home Care of Rolla, Inc.	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	55-0633030				Nursing Care-Home Health Agency, Inc.	WV	NIA	First Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2284154				Outreach Health Services of North Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106949				PF Development 10, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3107011				PF Development 15, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0818835				PF Development 16, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-0860128				PF Development 21, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-0718044				PF Development 5, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106911				PF Development 7, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3106934				PF Development 9, L.L.C.	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-1178066				PHC Acquisition Corp.	DE	NIA	CenterWell Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	NO	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

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

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.0119	Humana Inc.	00000	20-5143963				Professional Healthcare at Home, LLC	CA	NIA	99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5043143				Professional Healthcare, LLC	DE	NIA	PF Development 10, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-2750425				QC-Medi New York, Inc.	NY	NIA	CenterWell Health Services Holding Corp.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	59-3080333				Senior Home Care, Inc.	FL	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	42-1699530				SHC Holding, Inc.	DE	NIA	PF Development 21, L.L.C.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	87-0494757				Southern Nevada Home Health Care, Inc.	NV	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1487473				Synergy Home Care-Acadiana Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1376846				Synergy Home Care-Capitol Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4516940				Synergy Home Care-Central Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1178497				Synergy Home Care-Northeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1223659				Synergy Home Care-Northshore Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1431394				Synergy Home Care-Northwestern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-1429305				Synergy Home Care-Southeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3419676				Synergy, Inc.	LA	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	56-1456991				TAR Heel Health Care Services, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	68-0593592				Total Care Home Health of Louisburg, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091435				Total Care Home Health of North Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0091422				Total Care Home Health of South Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1669388				Van Winkle Home Health Care, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1995143				Vernon Home Health Care Agency, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-1501792				Voyager Home Health, Inc.	DE	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1173787				Voyager Hospicecare, Inc.	DE	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-2300938				Wake Forest Baptist Health Care at Home, LLC	NC	NIA	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-3700467				Elite Health Medical Centers, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-3715136				Elite Health Primary Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0270114				South Florida Cardiology Associates, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-2446186				Truethore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000					Truethore S.R. L.	DOM	NIA	Echo Primary Care Holdings, LLC - 99% Primary Care Holdings II, LLC - 1%	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5171456				CenterWell Accountable Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-4020797				Amicus Medical Center LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-3974953				Amicus Medical Group, Inc.	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-1085323				Amicus Medical Services Organization, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	88-3465849				Innovative Financial Group Holdings, LLC	NC	NIA	Humana MarketPOINT, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	83-2232570				Innovative Financial Partners, LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-5189010				Medicare Planning of America LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	47-4085710				Rees Financial LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-2258899				The Lead Store LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-4202700				Versa Management LLC	NC	NIA	Innovative Financial Group Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-2731153				Prime West JV Holdings, LLC	DE	NIA	Humana Innovation Enterprises, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	84-4307723				CenterWell IPA Solutions, LLC	MI	NIA	Prime West JV Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-1676284				Prime Accountable Care West, LLC	MI	NIA	CenterWell IPA Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	03-0523544				A and A Homecare, Inc	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2401497				All About Home Care Management, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3836040				Altercare of Palm Beach County, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0119	Humana Inc.	00000	20-0110337				Altercare, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-7287186				Balanced Home Healthcare, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1903568				Bridges Home Health, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-3433197				Medstar Home Health, LLC	FL	NIA	Trident Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5123865				M-SAC, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2823888				Quality Living Home Health Care, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	35-2486995				Trident Home Health, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-4466479				Trilogy Home Health Care SW FL, Inc	DE	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2022629				Vitality HHS Holdings, Inc	DE	NIA	CenterWell Health Services (USA), LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2019673				Vitality Home Care, Inc	DE	NIA	Vitality HHS Holdings, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	82-3311429				Conviva Physician Group, LLC	FL	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2663918				Humana Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2731074				Care Solutions ACO, LLC	DE	NIA	Humana Care Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2023109				Humana Life Insurance Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-3124105				CenterWell Therapy Services, LLC	DE	NIA	CenterWell Health Services, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	39-2720728				CenterWell Senior Primary Care (Vitality), Inc.	FL	NIA	CenterWell Senior Primary Care (FL), Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2015136				Prime Healthcare Home Care Holdings, LLC	DE	NIA	CenterWell Health Services (USA), LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	33-2315131				Prime Healthcare Home Care and Hospice, LLC	DE	NIA	Prime Healthcare Home Care Holdings, LLC	Ownership	100.000	Humana Inc.	NO	0

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

2. 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? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
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Explanation:

1. This type of business is not written.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, depreciation and proportional amortization		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,242,321	2,448,716
2. Cost of bonds and stocks acquired	5,086,000	324,300
3. Accrual of discount	15,140	11,838
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	3,330,272	530,156
7. Deduct amortization of premium	5,564	12,377
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	4,007,624	2,242,321
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	4,007,624	2,242,321

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	46,394,347	307,024,644	320,550,000	501,405	51,146,831	46,394,347	33,370,396	53,131,832
2. NAIC 2 (a)	5,986,773	74,353,699	65,500,000	144,871	11,987,175	5,986,773	14,985,343	5,991,784
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	52,381,119	381,378,343	386,050,000	646,276	63,134,006	52,381,119	48,355,739	59,123,617
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	1,507	2,086,000	28	5,109	1,624	1,507	2,092,587	1,747
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	1,507	2,086,000	28	5,109	1,624	1,507	2,092,587	1,747
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	52,382,626	383,464,343	386,050,028	651,385	63,135,630	52,382,626	50,448,326	59,125,364

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 31,455,359 ; NAIC 2 \$ 14,985,343 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

S102

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	60,700,078	71,094,909
2. Cost of cash equivalents acquired	1,373,226,195	1,642,463,754
3. Accrual of discount	2,045,337	3,642,320
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	(138)
6. Deduct consideration received on disposals	1,384,060,000	1,656,500,767
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	51,911,611	60,700,078
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	51,911,611	60,700,078

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
	0489999999. Total - Issuer Credit Obligations (Unaffiliated)				0	0	0	XXX
	0499999999. Total - Issuer Credit Obligations (Affiliated)				0	0	0	XXX
	0509999997. Total - Issuer Credit Obligations - Part 3				0	0	0	XXX
	0509999998. Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX
	0509999999. Total - Issuer Credit Obligations				0	0	0	XXX
591571-XH-1	MetLife Short Term Funding LLC - ABS	09/10/2025	BARCLAYS CAPITAL INC FIXED INC		2,086,000	2,095,000	0	1.D FE
	1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)				2,086,000	2,095,000	0	XXX
	1889999999. Total - Asset-Backed Securities (Unaffiliated)				2,086,000	2,095,000	0	XXX
	1899999999. Total - Asset-Backed Securities (Affiliated)				0	0	0	XXX
	1909999997. Total - Asset-Backed Securities - Part 3				2,086,000	2,095,000	0	XXX
	1909999998. Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX
	1909999999. Total - Asset-Backed Securities				2,086,000	2,095,000	0	XXX
	2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities				2,086,000	2,095,000	0	XXX
	4509999997. Total - Preferred Stocks - Part 3				0	XXX	0	XXX
	4509999998. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX
	4509999999. Total - Preferred Stocks				0	XXX	0	XXX
	5989999997. Total - Common Stocks - Part 3				0	XXX	0	XXX
	5989999998. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX
	5989999999. Total - Common Stocks				0	XXX	0	XXX
	5999999999. Total - Preferred and Common Stocks				0	XXX	0	XXX
	6009999999 - Totals				2,086,000	XXX	0	XXX

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
..911759-KU-1	US DEPARTMENT OF HOUSING AND URBAN DEVEL ...	08/01/2025	Maturity @ 100.00		330,000	330,000	338,477	330,000	0	0	0	0	0	330,000	0	0	0	13,629	08/01/2025	1.A
0019999999	Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)				330,000	330,000	338,477	330,000	0	0	0	0	0	330,000	0	0	0	13,629	XXX	XXX
..313086-CA-2	FEDERAL HOME LOAN BANKS	09/03/2025	Call @ 100.00		3,000,000	3,000,000	3,000,000	0	0	0	0	0	0	3,000,000	0	0	0	44,000	06/05/2026	1.B FE
0029999999	Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)				3,000,000	3,000,000	3,000,000	0	0	0	0	0	0	3,000,000	0	0	0	44,000	XXX	XXX
0489999999	Total - Issuer Credit Obligations (Unaffiliated)				3,330,000	3,330,000	3,338,477	330,000	0	0	0	0	0	3,330,000	0	0	0	57,629	XXX	XXX
0499999999	Total - Issuer Credit Obligations (Affiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999997	Total - Issuer Credit Obligations - Part 4				3,330,000	3,330,000	3,338,477	330,000	0	0	0	0	0	3,330,000	0	0	0	57,629	XXX	XXX
0509999998	Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999	Total - Issuer Credit Obligations				3,330,000	3,330,000	3,338,477	330,000	0	0	0	0	0	3,330,000	0	0	0	57,629	XXX	XXX
..36202E-LJ-6	G2 003929 - RMBS	09/01/2025	Paydown		28	28	28	28	0	0	0	0	0	28	0	0	0	1	12/20/2036	1.A
1019999999	Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC)				28	28	28	28	0	0	0	0	0	28	0	0	0	1	XXX	XXX
1889999999	Total - Asset-Backed Securities (Unaffiliated)				28	28	28	28	0	0	0	0	0	28	0	0	0	1	XXX	XXX
1899999999	Total - Asset-Backed Securities (Affiliated)				0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999997	Total - Asset-Backed Securities - Part 4				28	28	28	28	0	0	0	0	0	28	0	0	0	1	XXX	XXX
1909999998	Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999	Total - Asset-Backed Securities				28	28	28	28	0	0	0	0	0	28	0	0	0	1	XXX	XXX
2009999999	Total - Issuer Credit Obligations and Asset-Backed Securities				3,330,028	3,330,028	3,338,505	330,028	0	0	0	0	0	3,330,028	0	0	0	57,630	XXX	XXX
4509999997	Total - Preferred Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998	Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999	Total - Preferred Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997	Total - Common Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998	Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999	Total - Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999	Total - Preferred and Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999	Totals				3,330,028	XXX	3,338,505	330,028	0	0	0	0	0	3,330,028	0	0	0	57,630	XXX	XXX

E05

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Humana Regional Health Plan Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
	UNITED STATES TREASURY		09/26/2025	0.000	10/09/2025	3,996,437	0	2,227
	UNITED STATES TREASURY		09/24/2025	0.000	10/23/2025	2,992,665	0	2,334
0019999999	Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					6,989,102	0	4,561
	FEDERAL HOME LOAN BANKS		09/30/2025	0.000	10/10/2025	7,592,337	0	4,045
	FEDERAL HOME LOAN BANKS		09/10/2025	0.000	10/24/2025	1,396,351	0	3,332
0029999999	Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)					8,988,688	0	7,377
	Agilent Technologies, Inc.		09/09/2025	0.000	10/02/2025	1,999,758	0	5,329
	American Honda Finance Corporation		08/15/2025	0.000	10/08/2025	999,129	0	5,849
	Barclays Bank UK PLC		09/29/2025	0.000	10/06/2025	1,998,856	0	458
	Caterpillar Financial Services Corporati		09/29/2025	0.000	10/06/2025	2,998,300	0	680
	Dominion Energy, Inc.		09/22/2025	0.000	10/14/2025	1,996,952	0	2,110
	Duke Energy Corporation		09/08/2025	0.000	10/08/2025	1,998,281	0	5,648
	Hyundai Capital America		09/08/2025	0.000	10/08/2025	1,998,285	0	5,635
	Intercontinental Exchange, Inc.		09/23/2025	0.000	10/06/2025	1,998,839	0	1,858
	Koch Companies, LLC		09/10/2025	0.000	10/06/2025	2,998,246	0	7,368
	The Narragansett Electric Company		09/29/2025	0.000	10/20/2025	1,995,556	0	468
	Northwestern Mutual Short Terminal Fundi		09/24/2025	0.000	10/22/2025	2,992,860	0	2,380
	Novartis Finance Corporation		09/30/2025	0.000	10/20/2025	1,496,770	0	170
	PACCAR Financial Corp.		09/23/2025	0.000	10/23/2025	2,992,538	0	2,713
	Parker-Hannifin Corporation		08/29/2025	0.000	10/07/2025	1,998,543	0	8,012
0089999999	Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					30,462,913	0	48,676
0489999999	Total - Issuer Credit Obligations (Unaffiliated)					46,440,702	0	60,614
0499999999	Total - Issuer Credit Obligations (Affiliated)					0	0	0
0509999999	Total - Issuer Credit Obligations					46,440,702	0	60,614
09248U-71-8	BLKRX LQ:T-FUND INSTL		09/02/2025	4.000		678	2	18
31607A-88-5	FIDELITY IMM:TRS INSTL		09/29/2025	4.040		3,204,070	9,321	0
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					3,204,749	9,323	18
X9US00-5C-6	FIRST AMERICAN TRSY OBL X 5387		09/18/2025	0.000		2,266,159	0	0
8309999999	Subtotal - All Other Money Market Mutual Funds					2,266,159	0	0
8589999999	Total Cash Equivalents (Unaffiliated)					51,911,611	9,323	60,633
8599999999	Total Cash Equivalents (Affiliated)					0	0	0
8609999999	Total Cash Equivalents					51,911,611	9,323	60,633

E14