



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Arcadian Health Plan, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 12151 Employer's ID Number 20-1001348
(Current) (Prior)

Organized under the Laws of Kentucky, State of Domicile or Port of Entry KY

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 04/06/2004 Commenced Business 01/01/2005

Statutory Home Office 500 West Main Street, Louisville, KY, US 40202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740036, Louisville, KY, US 40201-7436
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Liz Young, 502-580-3025
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-3750
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer Daniel Andrew Tufto Chief Financial Officer Ashley Nicole Burton
Secretary Courtney Danielle Durall VP & Treasurer Robert Martin Marcoux Jr.

OTHER

Erin Fegan Banet #, SVP, Chief Audit and Risk Officer John Edward Barger III, SVP, Medicaid President Susan Renee Crowe #, SVP, Chief Compliance Officer
Daniel Kevin Feld, Associate VP, Tax John-Paul William Felter, SVP, Chief Accounting Officer & Controller Catherine Elva Field, SVP, Medicare Divisional Leader
Jeremy Leon Gaskill, VP, Medicare Regional President John Stephen Littig, VP, Medicare Regional President Celeste Marie Mellet #, Executive Vice President - Finance
William Mark Preston, VP, Investments George Renaudin II, President Frederick William Roth, VP, Medicare Supplement
Lisa Thornell Stephens #, SVP & Chief Operating Officer, Insurance Gilbert Alan Stewart, SVP, Medicare Divisional Leader

DIRECTORS OR TRUSTEES

Courtney Danielle Durall # George Renaudin II Daniel Andrew Tufto

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.

Daniel Andrew Tufto
Chief Executive Officer

Courtney Danielle Durall
Secretary

Robert Martin Marcoux, Jr.
VP & Treasurer

Subscribed and sworn to before me this
20th day of February, 2026

Julia Wentworth
Notary Public
January 10, 2029



Julia Wentworth
Notary Public
State at Large
Kentucky

- 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.....

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	158,963,218	744,366,007	1,774,134	202,152,598	160,737,352	172,657,682
2. Claim overpayment receivables	19,540	0	0	689,249	19,540	19,540
3. Loans and advances to providers	7,983,544	0	0	5,435,293	7,983,544	7,983,544
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	114,650,059	0	4,056,546	46,654,254	118,706,605	118,706,606
6. Other health care receivables.....	0	0	0	85	0	0
7. Totals (Lines 1 through 6)	281,616,361	744,366,007	5,830,681	254,931,480	287,447,042	299,367,372

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana, Inc.	Reimbursements from expenditure made directly by Humana Inc. for the benefit of the company for the services provided by Humana Inc. for the Company. The direct expenditure includes payments for medical related items, trade payables, and payroll related items. The services provided include and are not limited to actuarial underwriting, billing enrollments, claim administration, customer services, utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, budgeting, data processing, and marketing.	48,997,462	48,997,462	0
0199999. Individually listed payables		48,997,462	48,997,462	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		48,997,462	48,997,462	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	4,148,666,639	44.8	529,990	100.0	0	4,148,666,639
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	4,148,666,639	44.8	529,990	100.0	0	4,148,666,639
Other Payments:						
5. Fee-for-service	109,697,660	1.2	XXX	XXX	0	109,697,660
6. Contractual fee payments	4,834,195,716	52.1	XXX	XXX	0	4,834,195,716
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	177,262,902	1.9	XXX	XXX	0	177,262,902
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	5,121,156,278	55.2	XXX	XXX	0	5,121,156,278
13. TOTAL (Line 4 plus Line 12)	9,269,822,917	100%	XXX	XXX	0	9,269,822,917

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Alabama		2025										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1.	Prior year	41,669	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	First quarter	39,343	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Second quarter	38,520	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Third quarter	37,911	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Current year	37,802	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	Current year member months	461,885	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																												
7.	Physician	1,021,084	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Non-physician	540,304	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Total	1,561,388	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital patient days incurred	137,114	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Number of inpatient admissions	11,923	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Health premiums written (b)	697,864,893	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.	Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.	Health premiums earned	697,864,893	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Amount paid for provision of health care services	600,137,342	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.	Amount incurred for provision of health care services	589,868,840	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 697,864,893

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Alaska			DURING THE YEAR 2025										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior year															
2. First quarter															
3. Second quarter															
4. Third quarter															
5. Current year															
6. Current year member months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-physician															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b)															
13. Life premiums direct															
14. Property/casualty premiums written															
15. Health premiums earned															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services															
18. Amount incurred for provision of health care services															

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Arizona		DURING THE YEAR							2025				(LOCATION)			
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code					
	1		2	3												2025				12151	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health							
Total Members at end of:																					
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. First quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. Second quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Third quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. Current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. Current year member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:																					
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. Non-physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Health premiums written (b)	(42)	0	0	0	0	0	0	0	(42)	0	0	0	0	0	0	0	0	0			
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health premiums earned	(42)	0	0	0	0	0	0	0	(42)	0	0	0	0	0	0	0	0	0			
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount paid for provision of health care services	(118)	0	0	0	0	0	0	0	(118)	0	0	0	0	0	0	0	0	0			
18. Amount incurred for provision of health care services	61	0	0	0	0	0	0	0	61	0	0	0	0	0	0	0	0	0			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (42)

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Arkansas		2025										NAIC Company Code			
		12151		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13	14
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	33,275	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter	32,866	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second quarter	32,093	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third quarter	31,773	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current year	31,790	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current year member months	386,180	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																	
7. Physician	743,537	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-physician	465,588	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	1,209,125	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	80,038	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	8,871	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b)	557,730,466	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	557,730,466	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	468,232,172	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	466,865,956	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 23,841 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 557,730,466

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		California		2025										NAIC Company Code			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	111,576	0	0	0	0	0	0	111,576	0	0	0	0	0	0			
2. First quarter	106,760	0	0	0	0	0	0	106,760	0	0	0	0	0	0			
3. Second quarter	107,221	0	0	0	0	0	0	107,221	0	0	0	0	0	0			
4. Third quarter	106,982	0	0	0	0	0	0	106,982	0	0	0	0	0	0			
5. Current year	106,313	0	0	0	0	0	0	106,313	0	0	0	0	0	0			
6. Current year member months	1,279,470	0	0	0	0	0	0	1,279,470	0	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:																	
7. Physician	1,995,646	0	0	0	0	0	0	1,995,646	0	0	0	0	0	0			
8. Non-physician	657,480	0	0	0	0	0	0	657,480	0	0	0	0	0	0			
9. Total	2,653,126	0	0	0	0	0	0	2,653,126	0	0	0	0	0	0			
10. Hospital patient days incurred	177,121	0	0	0	0	0	0	177,121	0	0	0	0	0	0			
11. Number of inpatient admissions	19,835	0	0	0	0	0	0	19,835	0	0	0	0	0	0			
12. Health premiums written (b)	1,877,031,403	0	0	0	0	0	0	1,877,031,403	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	1,877,031,403	0	0	0	0	0	0	1,877,031,403	0	0	0	0	0	0			
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount paid for provision of health care services	1,735,023,205	0	0	0	0	0	0	1,735,023,205	0	0	0	0	0	0			
18. Amount incurred for provision of health care services	1,754,164,841	0	0	0	0	0	0	1,754,164,841	0	0	0	0	0	0			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,877,031,403

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119		BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2025										(LOCATION)			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code 12151			
		2	3												Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total	Individual	Group																
Total Members at end of:																		
1. Prior year	480	0	0	0	0	0	0	480	0	0	0	0	0	0	0	0	0	
2. First quarter	399	0	0	0	0	0	0	399	0	0	0	0	0	0	0	0	0	
3. Second quarter	389	0	0	0	0	0	0	389	0	0	0	0	0	0	0	0	0	
4. Third quarter	405	0	0	0	0	0	0	405	0	0	0	0	0	0	0	0	0	
5. Current year	443	0	0	0	0	0	0	443	0	0	0	0	0	0	0	0	0	
6. Current year member months	4,887	0	0	0	0	0	0	4,887	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																		
7. Physician	6,826	0	0	0	0	0	0	6,826	0	0	0	0	0	0	0	0	0	
8. Non-physician	5,019	0	0	0	0	0	0	5,019	0	0	0	0	0	0	0	0	0	
9. Total	11,845	0	0	0	0	0	0	11,845	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	1,467	0	0	0	0	0	0	1,467	0	0	0	0	0	0	0	0	0	
11. Number of inpatient admissions	116	0	0	0	0	0	0	116	0	0	0	0	0	0	0	0	0	
12. Health premiums written (b)	5,913,753	0	0	0	0	0	0	5,913,753	0	0	0	0	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	5,913,753	0	0	0	0	0	0	5,913,753	0	0	0	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	4,285,559	0	0	0	0	0	0	4,285,559	0	0	0	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	4,151,029	0	0	0	0	0	0	4,151,029	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,913,753

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Indiana		2025										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health		
Total Members at end of:															
1. Prior year	140,404	0	0	0	0	0	0	105,414	34,990	0	0	0	0	0	
2. First quarter	125,884	0	0	0	0	0	0	91,339	34,545	0	0	0	0	0	
3. Second quarter	126,409	0	0	0	0	0	0	91,280	35,129	0	0	0	0	0	
4. Third quarter	125,336	0	0	0	0	0	0	91,297	34,039	0	0	0	0	0	
5. Current year	123,882	0	0	0	0	0	0	91,301	32,581	0	0	0	0	0	
6. Current year member months	1,504,802	0	0	0	0	0	0	1,093,821	410,981	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	3,557,640	0	0	0	0	0	0	2,410,425	1,147,215	0	0	0	0	0	
8. Non-physician	4,744,674	0	0	0	0	0	0	1,535,395	3,209,279	0	0	0	0	0	
9. Total	8,302,314	0	0	0	0	0	0	3,945,820	4,356,494	0	0	0	0	0	
10. Hospital patient days incurred	2,679,003	0	0	0	0	0	0	347,227	2,331,776	0	0	0	0	0	
11. Number of inpatient admissions	145,567	0	0	0	0	0	0	31,401	114,166	0	0	0	0	0	
12. Health premiums written (b)	3,284,414,812	0	0	0	0	0	0	1,978,433,136	1,305,981,676	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	3,324,068,716	0	0	0	0	0	0	1,978,433,136	1,345,635,580	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	2,986,233,772	0	0	0	0	0	0	1,666,881,572	1,319,352,200	0	0	0	0	0	
18. Amount incurred for provision of health care services	2,975,573,945	0	0	0	0	0	0	1,672,047,868	1,303,526,077	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 43,560 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,978,433,136

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Kentucky		2025										NAIC Company Code			
		12151		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13	14
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	35,542	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter	36,854	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second quarter	38,739	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third quarter	38,977	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current year	39,251	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current year member months	445,521	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																	
7. Physician	1,272,577	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-physician	766,857	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	2,039,434	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	165,751	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	15,901	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b)	823,739,668	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	823,739,668	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	708,429,544	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	710,368,885	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 824 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 823,739,668

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		Maine		2025										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1.	Prior year	8,824	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	First quarter	8,745	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Second quarter	8,749	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Third quarter	8,910	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Current year	8,990	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	Current year member months	105,977	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																												
7.	Physician	172,554	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Non-physician	177,256	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Total	349,810	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital patient days incurred	32,752	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Number of inpatient admissions	2,762	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Health premiums written (b)	168,650,407	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.	Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.	Health premiums earned	168,650,407	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Amount paid for provision of health care services	137,621,981	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.	Amount incurred for provision of health care services	134,230,752	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 168,650,407

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Missouri			DURING THE YEAR 2025										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior year															
2. First quarter															
3. Second quarter															
4. Third quarter															
5. Current year															
6. Current year member months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-physician															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b)															
13. Life premiums direct															
14. Property/casualty premiums written															
15. Health premiums earned															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services															
18. Amount incurred for provision of health care services															

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119		BUSINESS IN THE STATE OF		Nebraska		DURING THE YEAR							2025		(LOCATION)		NAIC Company Code		12151	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health								
Total Members at end of:																					
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
2. First quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
3. Second quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
4. Third quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
5. Current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
6. Current year member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
Total Member Ambulatory Encounters for Year:																					
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
8. Non-physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
12. Health premiums written (b)	(15,356)	0	0	0	0	0	0	(15,356)	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	(15,356)	0	0	0	0	0	0	(15,356)	0	0	0	0	0	0							
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
17. Amount paid for provision of health care services	1,049	0	0	0	0	0	0	1,049	0	0	0	0	0	0							
18. Amount incurred for provision of health care services	(2)	0	0	0	0	0	0	(2)	0	0	0	0	0	0							

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (15,356)

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		(LOCATION)										
		New Hampshire		2025										
		Comprehensive (Hospital & Medical)		NAIC Company Code 12151										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior year	2,398	0	0	0	0	0	0	2,398	0	0	0	0	0	0
2. First quarter	2,187	0	0	0	0	0	0	2,187	0	0	0	0	0	0
3. Second quarter	2,146	0	0	0	0	0	0	2,146	0	0	0	0	0	0
4. Third quarter	2,198	0	0	0	0	0	0	2,198	0	0	0	0	0	0
5. Current year	2,326	0	0	0	0	0	0	2,326	0	0	0	0	0	0
6. Current year member months	26,484	0	0	0	0	0	0	26,484	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	47,637	0	0	0	0	0	0	47,637	0	0	0	0	0	0
8. Non-physician	34,306	0	0	0	0	0	0	34,306	0	0	0	0	0	0
9. Total	81,943	0	0	0	0	0	0	81,943	0	0	0	0	0	0
10. Hospital patient days incurred	6,748	0	0	0	0	0	0	6,748	0	0	0	0	0	0
11. Number of inpatient admissions	656	0	0	0	0	0	0	656	0	0	0	0	0	0
12. Health premiums written (b)	34,084,311	0	0	0	0	0	0	34,084,311	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	34,084,311	0	0	0	0	0	0	34,084,311	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	29,587,117	0	0	0	0	0	0	29,587,117	0	0	0	0	0	0
18. Amount incurred for provision of health care services	29,861,372	0	0	0	0	0	0	29,861,372	0	0	0	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 34,084,311

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Oklahoma		2025										NAIC Company Code			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14		
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	841	0	0	0	0	0	0	841	0	0	0	0	0	0			
2. First quarter	978	0	0	0	0	0	0	978	0	0	0	0	0	0			
3. Second quarter	967	0	0	0	0	0	0	967	0	0	0	0	0	0			
4. Third quarter	953	0	0	0	0	0	0	953	0	0	0	0	0	0			
5. Current year	970	0	0	0	0	0	0	970	0	0	0	0	0	0			
6. Current year member months	11,602	0	0	0	0	0	0	11,602	0	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:																	
7. Physician	8,923	0	0	0	0	0	0	8,923	0	0	0	0	0	0			
8. Non-physician	4,629	0	0	0	0	0	0	4,629	0	0	0	0	0	0			
9. Total	13,552	0	0	0	0	0	0	13,552	0	0	0	0	0	0			
10. Hospital patient days incurred	1,185	0	0	0	0	0	0	1,185	0	0	0	0	0	0			
11. Number of inpatient admissions	121	0	0	0	0	0	0	121	0	0	0	0	0	0			
12. Health premiums written (b)	15,038,436	0	0	0	0	0	0	15,038,436	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	15,038,436	0	0	0	0	0	0	15,038,436	0	0	0	0	0	0			
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount paid for provision of health care services	10,452,177	0	0	0	0	0	0	10,452,177	0	0	0	0	0	0			
18. Amount incurred for provision of health care services	10,292,444	0	0	0	0	0	0	10,292,444	0	0	0	0	0	0			

(a) For health business: number of persons insured under PPO managed care products 970 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 15,038,436

30 OK



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)														
		South Carolina		2025										NAIC Company Code														
		1		2		3		4		5		6		7		8		9		10		11		12		13		14
Comprehensive (Hospital & Medical)		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health						
Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan		Title XVIII Medicare		Title XIX Medicaid		Credit A&H		Disability Income		Long-Term Care		Other Health		Other Non-Health		
Total Members at end of:																												
1.	Prior year	73,199	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	First quarter	68,735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	Second quarter	69,182	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Third quarter	70,123	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Current year	70,615	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	Current year member months	834,057	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																												
7.	Physician	1,756,313	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Non-physician	1,016,119	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	Total	2,772,432	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital patient days incurred	278,412	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Number of inpatient admissions	20,430	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Health premiums written (b)	1,198,248,356	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13.	Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.	Health premiums earned	1,198,248,356	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.	Amount paid for provision of health care services	1,017,022,408	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18.	Amount incurred for provision of health care services	1,015,360,751	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,198,248,356

30.SC



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119		BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2025										(LOCATION)	
	1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	Total	2	3	Medicare Supplement												Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:																
1. Prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current year member months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health premiums written (b)	(207)	0	0	0	0	0	0	0	(207)	0	0	0	0	0	0	
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned	(207)	0	0	0	0	0	0	0	(207)	0	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18. Amount incurred for provision of health care services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (207)

30.TX



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Virginia		2025										NAIC Company Code			
		12151		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan												Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
	Total	Individual	Group														
Total Members at end of:																	
1. Prior year	33,033	0	0	0	0	0	0	0	33,033	0	0	0	0	0	0		
2. First quarter	27,245	0	0	0	0	0	0	0	27,245	0	0	0	0	0	0		
3. Second quarter	26,857	0	0	0	0	0	0	0	26,857	0	0	0	0	0	0		
4. Third quarter	26,731	0	0	0	0	0	0	0	26,731	0	0	0	0	0	0		
5. Current year	26,503	0	0	0	0	0	0	0	26,503	0	0	0	0	0	0		
6. Current year member months	324,031	0	0	0	0	0	0	0	324,031	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																	
7. Physician	667,794	0	0	0	0	0	0	0	667,794	0	0	0	0	0	0		
8. Non-physician	376,242	0	0	0	0	0	0	0	376,242	0	0	0	0	0	0		
9. Total	1,044,036	0	0	0	0	0	0	0	1,044,036	0	0	0	0	0	0		
10. Hospital patient days incurred	118,798	0	0	0	0	0	0	0	118,798	0	0	0	0	0	0		
11. Number of inpatient admissions	8,292	0	0	0	0	0	0	0	8,292	0	0	0	0	0	0		
12. Health premiums written (b)	486,463,892	0	0	0	0	0	0	0	486,463,892	0	0	0	0	0	0		
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health premiums earned	486,463,892	0	0	0	0	0	0	0	486,463,892	0	0	0	0	0	0		
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount paid for provision of health care services	400,476,827	0	0	0	0	0	0	0	400,476,827	0	0	0	0	0	0		
18. Amount incurred for provision of health care services	395,125,710	0	0	0	0	0	0	0	395,125,710	0	0	0	0	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$486,463,892

30 VA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		Washington		2025										NAIC Company Code			
		Washington		2025										12151			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																	
1. Prior year	54,144	0	0	0	0	0	0	54,144	0	0	0	0	0	0			
2. First quarter	69,034	0	0	0	0	0	0	69,034	0	0	0	0	0	0			
3. Second quarter	70,156	0	0	0	0	0	0	70,156	0	0	0	0	0	0			
4. Third quarter	70,802	0	0	0	0	0	0	70,802	0	0	0	0	0	0			
5. Current year	71,032	0	0	0	0	0	0	71,032	0	0	0	0	0	0			
6. Current year member months	838,063	0	0	0	0	0	0	838,063	0	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:																	
7. Physician	1,231,629	0	0	0	0	0	0	1,231,629	0	0	0	0	0	0			
8. Non-physician	610,001	0	0	0	0	0	0	610,001	0	0	0	0	0	0			
9. Total	1,841,630	0	0	0	0	0	0	1,841,630	0	0	0	0	0	0			
10. Hospital patient days incurred	350,635	0	0	0	0	0	0	350,635	0	0	0	0	0	0			
11. Number of inpatient admissions	13,516	0	0	0	0	0	0	13,516	0	0	0	0	0	0			
12. Health premiums written (b)	1,196,334,215	0	0	0	0	0	0	1,196,334,215	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	1,196,334,215	0	0	0	0	0	0	1,196,334,215	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	987,932,897	0	0	0	0	0	0	987,932,897	0	0	0	0	0	0			
18. Amount incurred for provision of health care services	1,016,307,711	0	0	0	0	0	0	1,016,307,711	0	0	0	0	0	0			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,196,334,215

30.WA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)			
		West Virginia		2025										NAIC Company Code			
		12151		Comprehensive (Hospital & Medical)		2	3	4	5	6	7	8	9	10	11	12	13	14
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health				
Total Members at end of:																	
1. Prior year	12,635	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First quarter	10,563	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second quarter	10,301	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third quarter	10,082	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current year	10,073	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current year member months	123,787	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:																	
7. Physician	275,315	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-physician	234,816	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	510,131	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	51,700	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	4,307	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b)	215,142,787	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life premiums direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned	215,142,787	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services	184,386,985	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	190,959,977	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products5,937 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$215,142,787

30100



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Wyoming			DURING THE YEAR 2025										(LOCATION) NAIC Company Code	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior year															
2. First quarter															
3. Second quarter															
4. Third quarter															
5. Current year															
6. Current year member months															
Total Member Ambulatory Encounters for Year:															
7. Physician															
8. Non-physician															
9. Total															
10. Hospital patient days incurred															
11. Number of inpatient admissions															
12. Health premiums written (b)															
13. Life premiums direct															
14. Property/casualty premiums written															
15. Health premiums earned															
16. Property/casualty premiums earned															
17. Amount paid for provision of health care services															
18. Amount incurred for provision of health care services															

NONE

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

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Arcadian Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)			
		2025			2025										NAIC Company Code			
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health					
Total Members at end of:																		
1. Prior year	548,020	0	0	0	0	0	0	513,030	34,990	0	0	0	0	0				
2. First quarter	529,593	0	0	0	0	0	0	495,048	34,545	0	0	0	0	0				
3. Second quarter	531,729	0	0	0	0	0	0	496,600	35,129	0	0	0	0	0				
4. Third quarter	531,183	0	0	0	0	0	0	497,144	34,039	0	0	0	0	0				
5. Current year	529,990	0	0	0	0	0	0	497,409	32,581	0	0	0	0	0				
6. Current year member months	6,346,746	0	0	0	0	0	0	5,935,765	410,981	0	0	0	0	0				
Total Member Ambulatory Encounters for Year:																		
7. Physician	12,757,475	0	0	0	0	0	0	11,610,260	1,147,215	0	0	0	0	0				
8. Non-physician	9,633,291	0	0	0	0	0	0	6,424,012	3,209,279	0	0	0	0	0				
9. Total	22,390,766	0	0	0	0	0	0	18,034,272	4,356,494	0	0	0	0	0				
10. Hospital patient days incurred	4,080,724	0	0	0	0	0	0	1,748,948	2,331,776	0	0	0	0	0				
11. Number of inpatient admissions	252,297	0	0	0	0	0	0	138,131	114,166	0	0	0	0	0				
12. Health premiums written (b)	10,560,641,794	0	0	0	0	0	0	9,254,660,118	1,305,981,676	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	10,600,295,698	0	0	0	0	0	0	9,254,660,118	1,345,635,580	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	9,269,822,917	0	0	0	0	0	0	7,950,470,718	1,319,352,200	0	0	0	0	0				
18. Amount incurred for provision of health care services	9,293,132,273	0	0	0	0	0	0	7,989,606,196	1,303,526,077	0	0	0	0	0				

(a) For health business: number of persons insured under PPO managed care products 75,132 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 9,254,660,118

30 GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,741,972,431	0	1,741,972,431
2. Accident and health premiums due and unpaid (Line 15)	459,661,543	0	459,661,543
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	299,019,258	0	299,019,258
6. Total assets (Line 28)	2,500,653,233	0	2,500,653,233
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	874,878,370	0	874,878,370
8. Accrued medical incentive pool and bonus payments (Line 2)	74,293,734	0	74,293,734
9. Premiums received in advance (Line 8)	8,329,679	0	8,329,679
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	298,206,284	0	298,206,284
15. Total liabilities (Line 24)	1,255,708,066	0	1,255,708,066
16. Total capital and surplus (Line 33)	1,244,945,167	XXX	1,244,945,167
17. Total liabilities, capital and surplus (Line 34)	2,500,653,233	0	2,500,653,233
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN 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	..RE	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 Company of New York, Inc.	..NY	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	..FL	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	16280	26-3473328				Humana Health Plan of California, Inc.	..CA	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	..OH	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	..TX	..IA	Humana Inc.	Ownership	100.000	Humana Inc.	..NO	..0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	..KY	..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	..KY	..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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN 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	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	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.	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
.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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN 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	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	46-2882412				One Infusion Pharmacy, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-4271850				One TPA Systems, Inc.	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	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
.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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN 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	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
.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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

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

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.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 Heal 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	88-3715136				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	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	03-0523544				A and A Homecare, Inc	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2401497				All About Home Care Management, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	11-3836040				Altercare of Palm Beach County, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0110337				Altercare, LLC	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-7287186				Balanced Home Healthcare, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1903568				Bridges Home Health, Inc.	FL	NIA	Vitality Home Care, Inc	Ownership	100.000	Humana Inc.	NO	0

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

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.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
.0119	Humana Inc.	00000	39-4752410				CenterWell Primary Care Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	17961	41-2623363				First Crown Insurance, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	NO	0
.0119	Humana Inc.	00000	41-2931599				Marvel Merger Sub, LLC	DE	NIA	Primary Care Holdings II, 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.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	03-0523544	A and A Homecare, Inc	0	0	0	0	(6,778)	0		0	(6,778)	0
00000	72-2695805	Aberdeen Holdings, Inc.	0	0	0	0	10,994	0		0	10,994	0
00000	77-0601595	Able Home Healthcare, Inc.	0	0	0	0	(130,476)	0		0	(130,476)	0
00000	06-1451363	Access Home Health of Florida, LLC	0	0	0	0	(2,515,555)	0		0	(2,515,555)	0
00000	45-2594868	Accredited Home Health of Broward, Inc.	0	0	0	0	(795,410)	0		0	(795,410)	0
00000	65-0180784	Advanced Oncology Services, Inc.	0	0	0	0	150	0		0	150	0
00000	45-2401497	All About Home Care Management, LLC	0	0	0	0	1,166	0		0	1,166	0
00000	36-4473376	Alpine Home Health Care, LLC	0	0	0	0	(535,696)	0		0	(535,696)	0
00000	11-3836040	Altercare of Palm Beach County, LLC	0	0	0	0	145	0		0	145	0
00000	20-0110337	Altercare, LLC	0	0	0	0	(24,999)	0		0	(24,999)	0
00000	11-3306095	American Homecare Management Corp.	0	0	0	0	(1,478,675)	0		0	(1,478,675)	0
00000	45-4020797	Amicus Medical Center LLC	0	0	0	0	(491,252)	0		0	(491,252)	0
00000	27-3974953	Amicus Medical Group, Inc.	0	0	0	0	150	0		0	150	0
00000	27-1085323	Amicus Medical Services Organization, LLC	0	0	0	0		0		0		0
			0	0	0	0	672,741	0		0	672,741	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	0	0	0	(4,243,720,705)	0		0	(4,243,720,705)	0
00000	94-3247811	Asian American Home Care, Inc.	0	0	0	0	(5,441,056)	0		0	(5,441,056)	0
00000	20-7287186	Balanced Home Healthcare, Inc.	0	0	0	0	(107,568)	0		0	(107,568)	0
00000	20-1903568	Bridges Home Health, Inc.	0	0	0	0	(997,287)	0		0	(997,287)	0
00000	75-1901342	BWB Sunbelt Home Health Services, LLC	0	0	0	0	(500,704)	0		0	(500,704)	0
00000	56-2102603	Capital Care Resources of South Carolina, LLC	0	0	0	0	(21,623,681)	0		0	(21,623,681)	0
00000	58-2411159	Capital Care Resources, LLC	0	0	0	0	(11,937,731)	0		0	(11,937,731)	0
00000	58-2313705	Capital Health Management Group, LLC	0	0	0	0	55	0		0	55	0
00000	47-4681334	Care Hope Holdings, Inc.	0	0	0	0	150	0		0	150	0
00000	80-0732207	Care Hope Home Health Agency, Inc.	0	0	0	0	6,820,841	0		0	6,820,841	0
00000	33-2731074	Care Solutions ACO, LLC	0	0	0	0	300	0		0	300	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	0	0		0	0	0
95092	59-2598550	CarePlus Health Plans, Inc.	120,000,000	0	0	0	(1,411,254,575)	0		0	(1,291,254,575)	0
95754	62-1579044	Cariten Health Plan Inc.	60,000,000	0	0	0	(1,077,270,338)	0		0	(1,017,270,338)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	116,838,156	0		0	116,838,156	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	215,746,225	0		0	215,746,225	0
00000	84-5171456	CenterWell Accountable Care, LLC	0	0	0	0	120,531	0		0	120,531	0
00000	85-0858631	CenterWell Care Solutions, Inc.	0	0	0	0	(65,429,981)	0		0	(65,429,981)	0
00000	11-2645333	CenterWell Certified Healthcare Corp.	0	0	0	0	(107,074,175)	0		0	(107,074,175)	0
00000	11-3454105	CenterWell Health Services (Certified), Inc.	0	0	0	0	(44,547,564)	0		0	(44,547,564)	0
00000	11-3414024	CenterWell Health Services (USA), LLC	0	0	0	0	450,033,850	0		0	450,033,850	0
00000	11-3454104	CenterWell Health Services Holding Corp.	0	0	0	0	(7,718,698)	0		0	(7,718,698)	0
00000	36-4335801	CenterWell Health Services, Inc.	0	0	0	0	840,871	0		0	840,871	0
00000	26-0717945	CenterWell Home Health Services, LLC	0	0	0	0	146,748	0		0	146,748	0
00000	84-4307723	CenterWell IPA Solutions, LLC	0	0	0	0	(247,078)	0		0	(247,078)	0
00000	61-1316926	CenterWell Pharmacy, Inc.	0	0	0	0	9,913,614,199	0		0	9,913,614,199	0
00000	39-4752410	CenterWell Primary Care Holdings, LLC	0	0	0	0	0	0		0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	59-3164234	CenterWell Senior Primary Care (FL), Inc.	0	0	0	0	209,918,225	0		0	209,918,225	0
00000	39-2720728	CenterWell Senior Primary Care (Vitality), Inc.	0	0	0	0	6,577,460	0		0	6,577,460	0
00000	33-3124105	CenterWell Therapy Services, LLC	0	0	0	0	(847)	0		0	(847)	0
95158	61-1279717	CHA HMO, Inc.	100,000,000	0	0	0	(3,319,966,848)	0		0	(3,219,966,848)	0
00000	03-0387821	Chattahoochee Valley Home Care Services, LLC	0	0	0	0	55	0		0	55	0
00000	34-1994007	Chattahoochee Valley Home Health, LLC	0	0	0	0	(2,084,506)	0		0	(2,084,506)	0
00000	04-3813487	CHMG Acquisition LLC	0	0	0	0	55	0		0	55	0
00000	54-2089073	CHMG of Atlanta, LLC	0	0	0	0	(1,322,347)	0		0	(1,322,347)	0
00000	54-2089075	CHMG of Griffin, LLC	0	0	0	0	(5,325,830)	0		0	(5,325,830)	0
52015	59-2531815	CompBenefits Company	2,500,000	9,000,000	0	0	(10,890,365)	0		0	609,635	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	390,994	0		0	390,994	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(881,849)	0		0	(881,849)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(67,011)	0		0	(67,011)	0
60984	74-2552026	CompBenefits Insurance Company	0	100,000,000	0	0	(2,158,216)	0		0	97,841,784	0
00000	85-3191430	Conviva Care Solutions II, LLC	0	0	0	0	43,880,538	0		0	43,880,538	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	250,806,457	0		0	250,806,457	0
00000	20-5569675	Conviva Group Holdings, LLC	0	0	0	0	139	0		0	139	0
00000	46-5329373	Conviva Health Management, LLC	0	0	0	0	546,440,118	0		0	546,440,118	0
00000	46-1225873	Conviva Health MSO of Texas, Inc.	0	0	0	0	(7,542,012)	0		0	(7,542,012)	0
00000	20-5904436	Conviva Medical Center Management, LLC	0	0	0	0	2,128,415,759	0		0	2,128,415,759	0
00000	82-3311429	Conviva Physician Group, LLC	0	0	0	0	160,560,232	0		0	160,560,232	0
00000	81-2957926	Conviva Speciality, LLC	0	0	0	0	4,088	0		0	4,088	0
00000	74-2769755	Corpus Christi Home Care, Inc.	0	0	0	0	2,246,454	0		0	2,246,454	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	(62,779)	0		0	(62,779)	0
95161	76-0039628	DentiCare, Inc.	1,500,000	0	0	0	(2,369,530)	0		0	(869,530)	0
00000	56-1590744	Eastern Carolina Home Health Agency, LLC	0	0	0	0	(6,611,842)	0		0	(6,611,842)	0
00000	87-1493628	Echo Primary Care Holdings, LLC	0	0	0	0	2,075,915	0		0	2,075,915	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	233	0		0	233	0
00000	84-3700467	Elite Health Medical Centers, LLC	0	0	0	0	182,207	0		0	182,207	0
00000	26-3715136	Elite Health Primary Care, LLC	0	0	0	0	(30,742)	0		0	(30,742)	0
88595	31-0935772	Empesys Insurance Company	0	100,000,000	0	0	(85,760,182)	0		0	14,239,818	0
00000	61-1237697	Empesys, Inc.	0	0	0	0	(62,554)	0		0	(62,554)	0
17961	41-2623363	First Crown Insurance, Inc.	0	250,000	0	0	(45)	0		0	249,955	0
00000	55-0750157	First Home Health, Inc.	0	0	0	0	25	0		0	25	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	225	0		0	225	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	225	0		0	225	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	300	0		0	300	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	39	0		0	39	0
00000	75-2855493	GBA Holding, Inc.	0	0	0	0	5,793	0		0	5,793	0
00000	26-2944774	GBA West, LLC	0	0	0	0	(287,646)	0		0	(287,646)	0
00000	64-0730826	Gilbert's Home Health Agency, Inc.	0	0	0	0	(5,576,514)	0		0	(5,576,514)	0
00000	27-4535747	Go365, LLC	0	0	0	0	41,667,838	0		0	41,667,838	0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	37-1743802	Harden Healthcare Holdings, LLC	0	0	0	0	300	0		0	300	0
00000	74-3024009	Harden Healthcare, LLC	0	0	0	0	0	0		0	0	0
00000	65-1299601	Harden Home Health, LLC	0	0	0	0	300	0		0	300	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	7,126,216	0		0	7,126,216	0
00000	42-1285486	Hawkeye Health Services, Inc.	0	0	0	0	(799,762)	0		0	(799,762)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	(557,831)	0		0	(557,831)	0
00000	58-1947694	Healthfield Home Health, LLC	0	0	0	0	(7,239,851)	0		0	(7,239,851)	0
00000	27-0131980	Healthfield of Southwest Georgia, LLC	0	0	0	0	(2,297,289)	0		0	(2,297,289)	0
00000	68-0593590	Healthfield of Statesboro, LLC	0	0	0	0	(3,891,552)	0		0	(3,891,552)	0
00000	01-0831798	Healthfield of Tennessee, LLC	0	0	0	0	(662,092)	0		0	(662,092)	0
00000	36-4425473	Healthfield Operating Group, LLC	0	0	0	0	300	0		0	300	0
00000	58-1819650	Healthfield, LLC	0	0	0	0	300	0		0	300	0
00000	90-0527683	HHS Healthcare Corp.	0	0	0	0	225	0		0	225	0
00000	62-1807084	Home Health Care Affiliates of Central Mississippi, L.L.C.	0	0	0	0	(4,717,327)	0		0	(4,717,327)	0
00000	62-1775256	Home Health Care Affiliates of Mississippi, Inc.	0	0	0	0	(3,641,585)	0		0	(3,641,585)	0
00000	74-2737989	Home Health Care Affiliates, Inc.	0	0	0	0	28	0		0	28	0
00000	56-1556547	Home Health Care of Carteret County, LLC	0	0	0	0	(1,100,859)	0		0	(1,100,859)	0
00000	75-2374091	Home Health of Rural Texas, Inc.	0	0	0	0	1,379	0		0	1,379	0
00000	87-0494759	Home Health Services, Inc.	0	0	0	0	18	0		0	18	0
00000	65-0837269	Homecare Holdings, Inc.	0	0	0	0	150	0		0	150	0
00000	76-0456316	Horizon Health Care Services, Inc.	0	0	0	0	(851,427)	0		0	(851,427)	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	73,131,557	0		0	73,131,557	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	52	0		0	52	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	294,092,845	0		0	294,092,845	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	1,906,722	0		0	1,906,722	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	200,000,000	20,000,000	0	0	(2,217,857,152)	0		0	(1,997,857,152)	0
16717	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	10,000,000	0	0	(69,508,840)	0		0	(59,508,840)	0
15886	75-2043865	Humana Benefit Plan of Texas, Inc.	7,000,000	0	0	0	(6,827,953)	0		0	172,047	0
00000	33-2663918	Humana Care Holdings, Inc.	0	0	0	0	0	0		0	0	0
00000	59-1843760	Humana Dental Company	0	0	0	0	(43,357)	0		0	(43,357)	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	1,112,015	0		0	1,112,015	0
00000	85-3099097	Humana Direct Contracting Entity, Inc.	0	0	0	0	(8,404,610)	0		0	(8,404,610)	0
95519	58-2209549	Humana Employers Health Plan of Georgia, Inc.	0	0	0	0	(639,805,778)	0		0	(639,805,778)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(52,136,051)	0		0	(52,136,051)	0
95642	72-1279235	Humana Health Benefit Plan of Louisiana, Inc.	0	0	0	0	(1,553,622,642)	0		0	(1,553,622,642)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	0	0	0	(203,154,053)	0		0	(203,154,053)	0
69671	61-1041514	Humana Health Insurance Company of Florida, Inc.	0	0	0	0	(102,929,648)	0		0	(102,929,648)	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

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

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16280	26-3473328	Humana Health Plan of California, Inc.	7,000,000	0	0	0	1,645,211	0		0	8,645,211	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	15,000,000	0	0	(177,718,237)	0		0	(162,718,237)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	0	0	0	23,447,231	0		0	23,447,231	0
95885	61-1013183	Humana Health Plan, Inc.	0	50,000,000	0	0	(299,258,649)	0		0	(249,258,649)	0
95721	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	85,000,000	0	0	(159,554,734)	0		0	(74,554,734)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	1,965,845	0		0	1,965,845	0
00000	61-0647538	Humana Inc.	(1,069,000,000)	(1,022,250,000)	0	0	4,430,442,409	0		0	2,339,192,409	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	66,331,875	0		0	66,331,875	0
73288	39-1263473	Humana Insurance Company	0	335,000,000	0	0	(26,700,297,655)	(20,705,902)		0	(26,386,003,557)	0
60219	61-1311685	Humana Insurance Company of Kentucky	0	65,000,000	0	0	(116,989,242)	20,705,902		0	(31,283,340)	0
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(854,266,268)	0		0	(854,266,268)	0
84603	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(5,943,004)	0		0	(5,943,004)	0
00000	33-2023109	Humana Life Insurance Company of New York, Inc.	0	0	0	0	0	0		0	0	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	41,481,473	0		0	41,481,473	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	730	0		0	730	0
00000	61-1343508	Humana MarketPOINT, Inc.	0	0	0	0	886,100,716	0		0	886,100,716	0
14224	27-3991410	Humana Medical Plan of Michigan, Inc.	0	50,000,000	0	0	(318,351,671)	0		0	(268,351,671)	0
14462	27-4460531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	(5,352,250)	0		0	(5,352,250)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	2,000,000	0	0	0	(37,135,198)	0		0	(35,135,198)	0
95270	61-1103898	Humana Medical Plan, Inc.	510,000,000	0	0	0	(8,637,845,230)	0		0	(8,127,845,230)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	35,854,106,254	0		0	35,854,106,254	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	30,223,622	0		0	30,223,622	0
12282	20-2036444	Humana Regional Health Plan, Inc.	7,000,000	0	0	0	(91,614,855)	0		0	(84,614,855)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	300	0		0	300	0
95342	39-1525003	Humana Wisconsin Health Organization Insurance Corporation	0	135,000,000	0	0	(2,957,020,878)	0		0	(2,822,020,878)	0
70580	39-0714280	HumanaDental Insurance Company	50,000,000	0	0	0	(24,071,113)	0		0	25,928,887	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	(62,554)	0		0	(62,554)	0
00000	61-1239538	Humco, Inc.	0	0	0	0	9	0		0	9	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(7,995,244)	0		0	(7,995,244)	0
11695	39-1769093	Independent Care Health Plan	0	0	0	0	(188,278,342)	0		0	(188,278,342)	0
00000	88-3465849?	Innovative Financial Group Holdings, LLC	0	0	0	0	1,513,291	0		0	1,513,291	0
00000	83-2232570	Innovative Financial Partners, LLC	0	0	0	0	45,223,644	0		0	45,223,644	0
00000	20-8781607	Integracare Holdings, Inc.	0	0	0	0	3,883	0		0	3,883	0
00000	75-2865632	Integracare Home Health Services, Inc.	0	0	0	0	(5,529,328)	0		0	(5,529,328)	0
00000	20-8781715	Integracare Intermediate Holdings, Inc.	0	0	0	0	(13,969)	0		0	(13,969)	0
00000	26-2915050	Integracare of Albany, LLC	0	0	0	0	(166,288)	0		0	(166,288)	0
00000	27-2139332	Integracare of Athens-Home Health, LLC	0	0	0	0	(210,438)	0		0	(210,438)	0
00000	81-0638801	Integracare of Olney Home Health, LLC	0	0	0	0	(358,235)	0		0	(358,235)	0
00000	20-8768235	Integracare of Texas, LLC	0	0	0	0	(513,604)	0		0	(513,604)	0
00000	27-0686207	Integracare of West Texas-Home Health, LLC	0	0	0	0	(630,498)	0		0	(630,498)	0
00000	27-0686266	Integracare of Wichita Falls, LLC	0	0	0	0	1,209	0		0	1,209	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	46-3992741	KAH Development 10, L.L.C.	0	0	0	0	(1,125,187)	0		0	(1,125,187)	0
00000	46-4002959	KAH Development 12, L.L.C.	0	0	0	0	(981,461)	0		0	(981,461)	0
00000	46-4025157	KAH Development 14, L.L.C.	0	0	0	0	(1,374,894)	0		0	(1,374,894)	0
00000	46-3902994	KAH Development 4, L.L.C.	0	0	0	0	(4,220,646)	0		0	(4,220,646)	0
00000	82-3695166	Kentucky Homecare Holdings, Inc.	0	0	0	0	225	0		0	225	0
00000	82-3986306	Kentucky Homecare Parent Inc.	0	0	0	0	(1,880)	0		0	(1,880)	0
00000	26-0717534	KND Development 50, L.L.C.	0	0	0	0	(279,759)	0		0	(279,759)	0
00000	61-1232669	Managed Care Indemnity, Inc.	0	45,000,000	0	0	(33,808,268)	0		0	11,191,732	0
00000	41-2931599	Marvel Merger Sub, LLC	0	0	0	0	0	0		0	0	0
00000	65-0277280	Med. Tech. Services of South Florida, Inc.	0	0	0	0	13,261	0		0	13,261	0
00000	84-5189010?	Medicare Planning of America LLC	0	0	0	0	1,512	0		0	1,512	0
00000	46-3433197	Medstar Home Health, LLC	0	0	0	0	(1,719)	0		0	(1,719)	0
00000	65-1033439	Med-Tech Services of Dade, Inc.	0	0	0	0	10,148	0		0	10,148	0
00000	65-0644307	Med-Tech Services of Palm Beach, Inc.	0	0	0	0	(997,912)	0		0	(997,912)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(12,867,070)	0		0	(12,867,070)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	2,997	0		0	2,997	0
00000	82-0559199	Mid-South Home Health Agency, LLC	0	0	0	0	(1,074,875)	0		0	(1,074,875)	0
00000	14-1909499	Mid-South Home Health of Gadsden, LLC	0	0	0	0	(2,307,778)	0		0	(2,307,778)	0
00000	63-0772385	Mid-South Home Health, LLC	0	0	0	0	(14,737,406)	0		0	(14,737,406)	0
00000	65-1285069	Missouri Home Care of Rolla, Inc.	0	0	0	0	(2,196,410)	0		0	(2,196,410)	0
00000	20-5123865	M-SAC, Inc.	0	0	0	0	(1,250,235)	0		0	(1,250,235)	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	300	0		0	300	0
00000	55-0633030	Nursing Care-Home Health Agency, Inc.	0	0	0	0	(467,590)	0		0	(467,590)	0
00000	20-3443369	On the Way Home Care, Inc.	0	0	0	0	8,223,802	0		0	8,223,802	0
00000	82-2018741	One Home Health Holdings CCTX, LLC	0	0	0	0	0	0		0	0	0
00000	81-3485437	One Home Health Holdings, LLC	0	0	0	0	5,856,429	0		0	5,856,429	0
00000	82-3472028	One Home Medical Equipment TX, LLC	0	0	0	0	208,132	0		0	208,132	0
00000	46-2894851	One Home Medical Equipment, LLC	0	0	0	0	82,236,433	0		0	82,236,433	0
00000	46-3313080	One Homecare Solutions, LLC	0	0	0	0	(53,962,765)	0		0	(53,962,765)	0
00000	46-2882412	One Infusion Pharmacy, LLC	0	0	0	0	(1,215,779)	0		0	(1,215,779)	0
00000	46-3116955	One Nursing Care, LLC	0	0	0	0	114,043,058	0		0	114,043,058	0
00000	20-4271850	One TPA Systems, Inc.	0	0	0	0	(40,151)	0		0	(40,151)	0
00000	75-2284154	Outreach Health Services of North Texas, LLC	0	0	0	0	(560,137)	0		0	(560,137)	0
00000	26-3106949	PF Development 10, L.L.C.	0	0	0	0	300	0		0	300	0
00000	26-3107011	PF Development 15, L.L.C.	0	0	0	0	(2,710,990)	0		0	(2,710,990)	0
00000	46-0818835	PF Development 16, L.L.C.	0	0	0	0	(578,243)	0		0	(578,243)	0
00000	46-0860128	PF Development 21, L.L.C.	0	0	0	0	300	0		0	300	0
00000	26-0718044	PF Development 5, L.L.C.	0	0	0	0	(2,193,930)	0		0	(2,193,930)	0
00000	26-3106911	PF Development 7, L.L.C.	0	0	0	0	(611,220)	0		0	(611,220)	0
00000	26-3106934	PF Development 9, L.L.C.	0	0	0	0	300	0		0	300	0
00000	33-1178066	PHHC Acquisition Corp.	0	0	0	0	(1,320,596)	0		0	(1,320,596)	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	(690,548)	0		0	(690,548)	0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	20,710,708	0		0	20,710,708	0
00000	33-2315131	Prime Healthcare Home Care and Hospice, LLC	0	0	0	0	(304,286)	0		0	(304,286)	0
00000	33-2015136	Prime Healthcare Home Care Holdings, LLC	0	0	0	0	77	0		0	77	0
00000	86-2731153	Prime West JV Holdings, LLC	0	0	0	0	10,729	0		0	10,729	0
00000	20-5143963	Professional Healthcare at Home, LLC	0	0	0	0	15,836	0		0	15,836	0
00000	20-5043143	Professional Healthcare, LLC	0	0	0	0	300	0		0	300	0
00000	11-2750425	QC-Medi New York, Inc.	0	0	0	0	(12,950,718)	0		0	(12,950,718)	0
00000	45-2823888	Quality Living Home Health Care, LLC	0	0	0	0	(26,333)	0		0	(26,333)	0
00000	47-4085710?	Rees Financial LLC	0	0	0	0	1,754	0		0	1,754	0
00000	59-3080333	Senior Home Care, Inc.	0	0	0	0	(12,539,735)	0		0	(12,539,735)	0
00000	42-1699530	SHC Holding, Inc.	0	0	0	0	225	0		0	225	0
00000	65-0270114	South Florida Cardiology Associates, LLC	0	0	0	0	1,013,468	0		0	1,013,468	0
00000	87-0494757	Southern Nevada Home Health Care, Inc.	0	0	0	0	(922,179)	0		0	(922,179)	0
00000	72-1487473	Synergy Home Care-Acadiana Region, Inc.	0	0	0	0	(600,788)	0		0	(600,788)	0
00000	20-1376846	Synergy Home Care-Capitol Region, Inc.	0	0	0	0	(349,284)	0		0	(349,284)	0
00000	36-4516940	Synergy Home Care-Central Region, Inc.	0	0	0	0	(868,650)	0		0	(868,650)	0
00000	72-1178497	Synergy Home Care-Northeastern Region, Inc.	0	0	0	0	(327,676)	0		0	(327,676)	0
00000	72-1223659	Synergy Home Care-Northshore Region, Inc.	0	0	0	0	(196,697)	0		0	(196,697)	0
00000	72-1431394	Synergy Home Care-Northwestern Region, Inc.	0	0	0	0	(1,601,035)	0		0	(1,601,035)	0
00000	72-1429305	Synergy Home Care-Southeastern Region, Inc.	0	0	0	0	(203,061)	0		0	(203,061)	0
00000	94-3419676	Synergy, Inc.	0	0	0	0	35	0		0	35	0
00000	56-1456991	TAR Heel Health Care Services, LLC	0	0	0	0	(5,431,101)	0		0	(5,431,101)	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(20,742)	0		0	(20,742)	0
54739	52-1157181	The Dental Concern, Inc.	2,000,000	3,000,000	0	0	(5,837,082)	0		0	(837,082)	0
00000	84-2258899?	The Lead Store LLC	0	0	0	0	8,421	0		0	8,421	0
00000	68-0593592	Total Care Home Health of Louisburg, LLC	0	0	0	0	(720,472)	0		0	(720,472)	0
00000	20-0091435	Total Care Home Health of North Carolina, LLC	0	0	0	0	(15,888,894)	0		0	(15,888,894)	0
00000	20-0091422	Total Care Home Health of South Carolina, LLC	0	0	0	0	(3,674,829)	0		0	(3,674,829)	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	1,975	0		0	1,975	0
00000	35-2486995	Trident Home Health, LLC	0	0	0	0	139	0		0	139	0
00000	81-4466479	Trilogy Home Health Care SW FL, Inc	0	0	0	0	(510,483)	0		0	(510,483)	0
00000	47-2446186	Trueshore BPO, LLC	0	0	0	0	17,977,528	0		0	17,977,528	0
00000	00-0000000	Trueshore S.R. L.	0	0	0	0	23,822,491	0		0	23,822,491	0
00000	62-1669388	Van Winkle Home Health Care, Inc.	0	0	0	0	(308,519)	0		0	(308,519)	0
00000	75-1995143	Vernon Home Health Care Agency, LLC	0	0	0	0	(713,891)	0		0	(713,891)	0
00000	82-4202700	Versa Management LLC	0	0	0	0	1,708	0		0	1,708	0
00000	81-2022629	Vitality HHS Holdings, Inc	0	0	0	0	225	0		0	225	0

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....00000	81-2019673	Vitality Home Care, Inc .....	.....0	.....0	.....0	.....0	(1,640,251)	.....0	.....0	.....0	(1,640,251)	.....0
.....00000	26-1501792	Voyager Home Health, Inc. ....	.....0	.....0	.....0	.....0	243	.....0	.....0	.....0	243	.....0
.....00000	20-1173787	Voyager Hospicecare, Inc. ....	.....0	.....0	.....0	.....0	2,263	.....0	.....0	.....0	2,263	.....0
.....00000	46-2300938	Wake Forest Baptist Health Care at Home, LLC .....	.....0	.....0	.....0	.....0	(753,132)	.....0	.....0	.....0	(753,132)	.....0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
ARCADIAN HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CAREPLUS HEALTH PLANS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CARITEN HEALTH PLAN INC.	PHP COMPANIES, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
CHA HMO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS DENTAL, INC.	DENTAL CARE PLUS MANAGEMENT, CORP.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
COMPBENEFITS INSURANCE COMPANY	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
DENTICARE, INC.	HUMANA DENTAL COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
EMPHEYSYS INSURANCE COMPANY	EMPHEYSYS, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
FIRST CROWN INSURANCE, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF ILLINOIS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA BENEFIT PLAN SOUTH CAROLINA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF OHIO, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN OF TEXAS, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA HEALTH PLANS OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF KENTUCKY	HUMANA INSURANCE COMPANY	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE COMPANY OF NEW YORK	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA INSURANCE OF PUERTO RICO, INC.	HUMANA INC.	99.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF MICHIGAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN OF UTAH, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA MEDICAL PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA REGIONAL HEALTH PLAN, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
HUMANADENTAL INSURANCE COMPANY	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
MANAGED CARE INDEMNITY, INC.	HUMANA INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
INDEPENDENT CARE HEALTH PLAN	CARENENETWORK, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO
THE DENTAL CONCERN, INC.	HUMANADENTAL, INC.	100.000	NO	Humana Inc.	HUMANA GRP	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE ARCADIAN HEALTH PLAN INC.
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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










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

SUPPLEMENTAL FILINGS

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
10. This type of business is not written.	
11. This type of business is not written.	
12. This type of business is not written.	
13. This type of business is not written.	
14. This type of business is not written.	
15. This type of business is not written.	
16. No relief will be requested.	
17. No relief will be requested.	
18. No relief will be requested.	
19. This type of business is not written.	
20. This type of business is not written.	
21. This type of business is not written.	

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year
[Document Identifier 600]



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



21. Life Supplement [Document Identifier 211]

