



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 95885 Employer's ID Number 61-1013183
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 08/23/1982 Commenced Business 09/23/1983

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

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

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

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

Internet Website Address www.humana.com

Statutory Statement Contact Bryan Oberholtzer, 502-580-1077
(Name) (Area Code) (Telephone Number)
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OFFICERS

President & CEO Bruce Dale Broussard Chief Financial Officer Susan Marie Diamond
VP, Associate General Counsel & Corporate Secretary Joseph Matthew Ruschell VP & Treasurer Robert Martin Marcoux Jr.

OTHER

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

DIRECTORS OR TRUSTEES

Bruce Dale Broussard George Renaudin II Joseph Matthew Ruschell

State of Kentucky SS
County of Jefferson

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

Bruce Dale Broussard
President & CEO

Joseph Matthew Ruschell
VP, Associate General Counsel & Corporate Secretary

Robert Martin Marcoux, Jr.
VP & Treasurer

Subscribed and sworn to before me this 19th day of February, 2024

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

Julia Wentworth
Notary Public
January 10, 2025

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	480,762,084	0	480,762,084	468,449,701
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	27,600,000	0	27,600,000	27,600,000
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$27,288,919 , Schedule E - Part 1), cash equivalents (\$39,422,314 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	66,711,233	0	66,711,233	68,965,867
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	575,073,316	0	575,073,316	565,015,569
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	3,829,021	0	3,829,021	3,322,279
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	42,938,264	267,287	42,670,977	35,173,723
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$2,671,096) and contracts subject to redetermination (\$9,062,302)	11,733,397	0	11,733,397	16,152,339
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	35,648,052	30,839	35,617,213	32,272,796
18.1 Current federal and foreign income tax recoverable and interest thereon	3,387,488	0	3,387,488	4,049,837
18.2 Net deferred tax asset	10,582,229	5,051,787	5,530,442	3,652,059
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	1,002,017	1,002,017	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	78,440,518
24. Health care (\$30,903,322) and other amounts receivable	34,623,551	3,097,517	31,526,034	29,628,761
25. Aggregate write-ins for other than invested assets	2,975,680	2,419,634	556,046	556,046
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	721,793,015	11,869,081	709,923,934	768,263,926
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	721,793,015	11,869,081	709,923,934	768,263,926
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Deposits	1,889,127	1,889,127	0	0
2502. Prepaid Expenses	428,402	428,402	0	0
2503. Federal Contingency Reserves	556,046	0	556,046	556,046
2598. Summary of remaining write-ins for Line 25 from overflow page	102,105	102,105	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,975,680	2,419,634	556,046	556,046

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	204,706,505	9,629,007	214,335,512	236,419,952
2. Accrued medical incentive pool and bonus amounts	37,980	0	37,980	83,973
3. Unpaid claims adjustment expenses.....	1,656,274	0	1,656,274	1,575,806
4. Aggregate health policy reserves, including the liability of \$ 1,553,365 for medical loss ratio rebate per the Public Health Service Act	51,849,664	0	51,849,664	23,286,623
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	235,342	0	235,342	266,718
8. Premiums received in advance.....	3,198,558	0	3,198,558	8,556,292
9. General expenses due or accrued.....	35,822,206	0	35,822,206	29,028,520
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	16
13. Remittances and items not allocated.....	195,859	0	195,859	2,900,501
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	55,288,363	0	55,288,363	0
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	64,874	0	64,874	61,127
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$8,023 unauthorized reinsurers and \$0 certified reinsurers).....	8,023	0	8,023	1,477,724
20. Reinsurance in unauthorized and certified (\$0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans.....	79,734,970	0	79,734,970	58,362,102
23. Aggregate write-ins for other liabilities (including \$189,317 current).....	18,822,137	0	18,822,137	29,094,661
24. Total liabilities (Lines 1 to 23).....	451,620,754	9,629,007	461,249,761	391,114,016
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	2,248,000	2,248,000
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	262,187,779	337,187,779
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(15,761,606)	37,714,131
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$0).....	XXX	XXX	0	0
32.20 shares preferred (value included in Line 27 \$0).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	248,674,173	377,149,910
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	709,923,934	768,263,926
DETAILS OF WRITE-INS				
2301. Premium Payable	18,338,025	0	18,338,025	28,204,842
2302. Unclaimed Property	469,503	0	469,503	540,449
2303. OPM Contract Reserves	14,609	0	14,609	349,370
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	18,822,137	0	18,822,137	29,094,661
2501.	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	3,634,061	3,891,683
2. Net premium income (including \$0 non-health premium income)	XXX	2,277,202,909	2,310,865,566
3. Change in unearned premium reserves and reserve for rate credits	XXX	(787,663)	(8,744)
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	(197,146)	(300,480)
8. Total revenues (Lines 2 to 7)	XXX	2,276,218,100	2,310,556,343
Hospital and Medical:			
9. Hospital/medical benefits	63,616,299	1,468,910,671	1,425,471,982
10. Other professional services	383,246	8,849,205	8,489,544
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	4,205,408	97,103,548	94,029,706
13. Prescription drugs	21,395,618	494,028,327	444,220,882
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	(45,991)	21,845
16. Subtotal (Lines 9 to 15)	89,600,571	2,068,845,759	1,972,233,959
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	89,600,571	2,068,845,759	1,972,233,959
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$87,291,254 cost containment expenses	0	106,241,239	121,751,825
21. General administrative expenses	0	159,562,772	173,913,019
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	25,786,237	(79,825)
23. Total underwriting deductions (Lines 18 through 22).....	89,600,571	2,360,436,008	2,267,818,978
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(84,217,908)	42,737,364
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	21,607,562	14,149,345
26. Net realized capital gains (losses) less capital gains tax of \$653,166	0	(1,875,035)	(1,227,451)
27. Net investment gains (losses) (Lines 25 plus 26)	0	19,732,527	12,921,893
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	(2,638)	275
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(64,488,019)	55,659,533
31. Federal and foreign income taxes incurred	XXX	(7,289,658)	5,523,004
32. Net income (loss) (Lines 30 minus 31)	XXX	(57,198,360)	50,136,528
DETAILS OF WRITE-INS			
0601.	XXX	0	0
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. Loss on Disposal	XXX	(197,146)	(300,480)
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	(197,146)	(300,480)
1401.	0	0	0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous Income(Expense)	0	(2,638)	275
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	(2,638)	275

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	377,149,910	279,950,632
34. Net income or (loss) from Line 32	(57,198,360)	50,136,528
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	1,278,381	(2,859,017)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	6,930,170	(7,100,105)
39. Change in nonadmitted assets	(4,485,928)	12,021,871
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	(75,000,000)	45,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(128,475,738)	97,199,278
49. Capital and surplus end of reporting period (Line 33 plus 48)	248,674,173	377,149,910
DETAILS OF WRITE-INS		
4701.	0	0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,260,893,774	2,271,734,004
2. Net investment income	22,586,262	14,246,914
3. Miscellaneous income	(197,146)	(300,480)
4. Total (Lines 1 through 3)	2,283,282,890	2,285,680,438
5. Benefit and loss related payments	2,095,306,064	1,993,369,911
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	240,578,286	313,557,618
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ (418,717) tax on capital gains (losses)	(7,298,842)	1,755,333
10. Total (Lines 5 through 9)	2,328,585,508	2,308,682,862
11. Net cash from operations (Line 4 minus Line 10)	(45,302,618)	(23,002,424)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	75,211,695	89,135,865
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	302	298
12.7 Miscellaneous proceeds	3,747	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	75,215,744	89,136,163
13. Cost of investments acquired (long-term only):		
13.1 Bonds	88,953,310	158,295,751
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	9,938,403
13.7 Total investments acquired (Lines 13.1 to 13.6)	88,953,310	168,234,154
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(13,737,565)	(79,097,992)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	(75,000,000)	45,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	131,785,549	30,307,472
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	56,785,549	75,307,472
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,254,635)	(26,792,944)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	68,965,867	95,758,811
19.2 End of year (Line 18 plus Line 19.1)	66,711,233	68,965,867

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	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											
1. Net premium income	2,277,202,909	20,684	530,834,639	3,245,427	0	0	53,916,530	309,552,426	1,379,633,202	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	(787,663)	0	(787,663)	0	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	(197,146)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(197,146)
7. Total revenues (Lines 1 to 6)	2,276,218,100	20,684	530,046,976	3,245,427	0	0	53,916,530	309,552,426	1,379,633,202	0	0	0	0	(197,146)
8. Hospital/medical benefits	1,468,910,671	116,210	339,520,706	2,602,875	0	0	36,453,739	234,636,634	855,580,507	0	0	0	0	XXX
9. Other professional services	8,849,205	0	14,433	0	0	0	1,107	8,545,669	287,996	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	97,103,548	0	23,480,143	18,315	0	0	0	7,053,079	66,552,011	0	0	0	0	XXX
12. Prescription drugs	494,028,327	53,793	94,604,380	(245)	0	0	10,596,022	18,197,350	370,577,027	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	(45,991)	0	0	0	0	0	0	(45,991)	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	2,068,845,759	170,003	457,619,661	2,620,945	0	0	47,050,868	268,386,740	1,292,997,541	0	0	0	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	2,068,845,759	170,003	457,619,661	2,620,945	0	0	47,050,868	268,386,740	1,292,997,541	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 87,291,254 cost containment expenses	106,241,239	414	16,863,381	74,752	0	0	998,916	9,744,764	44,429,769	0	0	0	34,129,244	0
20. General administrative expenses	159,562,772	(616)	81,890,687	462,720	0	0	4,643,550	14,899,402	94,204,586	0	0	0	(36,537,557)	0
21. Increase in reserves for accident and health contracts	25,786,237	39,840	9,519,925	0	0	0	0	377,737	15,848,735	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	2,360,436,008	209,640	565,893,654	3,158,417	0	0	52,693,334	293,408,643	1,447,480,631	0	0	0	(2,408,312)	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(84,217,908)	(188,956)	(35,846,678)	87,010	0	0	1,223,196	16,143,783	(67,847,429)	0	0	0	2,408,312	(197,146)
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. Loss on Disposal	(197,146)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(197,146)
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	(197,146)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(197,146)
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	20,684	0	0	20,684
2. Comprehensive (hospital and medical) group	530,834,639	0	0	530,834,639
3. Medicare Supplement	3,245,427	0	0	3,245,427
4. Vision only	0	0	0	0
5. Dental only	0	0	0	0
6. Federal Employees Health Benefits Plan	53,916,530	0	0	53,916,530
7. Title XVIII - Medicare	309,552,426	0	0	309,552,426
8. Title XIX - Medicaid	1,379,616,946	0	(16,255)	1,379,633,202
9. Credit A&H	0	0	0	0
10. Disability Income	0	0	0	0
11. Long-Term Care	0	0	0	0
12. Other health	0	0	0	0
13. Health subtotal (Lines 1 through 12)	2,277,186,654	0	(16,255)	2,277,202,909
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	2,277,186,654	0	(16,255)	2,277,202,909

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	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											
1. Payments during the year:														
1.1 Direct	2,092,997,716	170,414	476,138,181	2,700,883	0	0	49,419,777	259,767,068	1,304,801,393	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	2,092,997,716	170,414	476,138,181	2,700,883	0	0	49,419,777	259,767,068	1,304,801,393	0	0	0	0	0
2. Paid medical incentive pools and bonuses	3	0	0	0	0	0	0	3	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	214,335,512	5,342	49,359,417	271,240	0	0	5,222,756	62,971,531	96,505,226	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	214,335,512	5,342	49,359,417	271,240	0	0	5,222,756	62,971,531	96,505,226	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	235,342	0	235,342	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	235,342	0	235,342	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	37,980	0	75	0	0	0	0	37,905	0	0	0	0	0	0
6. Net health care receivables (a)	1,990,150	2,858	1,525,661	65	0	0	514,751	(218,879)	165,694	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	236,419,953	2,894	66,320,901	351,113	0	0	7,076,914	54,524,747	108,143,384	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	236,419,953	2,894	66,320,901	351,113	0	0	7,076,914	54,524,747	108,143,384	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	266,718	0	266,718	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	266,718	0	266,718	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	83,973	0	75	0	0	0	0	83,898	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:														
12.1 Direct	2,068,891,750	170,003	457,619,661	2,620,945	0	0	47,050,868	268,432,731	1,292,997,541	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	2,068,891,750	170,003	457,619,661	2,620,945	0	0	47,050,868	268,432,731	1,292,997,541	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	(45,991)	0	0	0	0	0	0	(45,991)	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	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											
1. Reported in Process of Adjustment:														
1.1 Direct	24,037,387	2,825	6,968,080	23,656	0	0	1,226,273	4,571,942	11,244,611	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	24,037,387	2,825	6,968,080	23,656	0	0	1,226,273	4,571,942	11,244,611	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	170,812,030	2,516	41,781,576	247,584	0	0	3,990,709	44,248,593	80,541,052	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	170,812,030	2,516	41,781,576	247,584	0	0	3,990,709	44,248,593	80,541,052	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	19,486,095	0	609,762	0	0	0	5,774	14,150,996	4,719,563	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	19,486,095	0	609,762	0	0	0	5,774	14,150,996	4,719,563	0	0	0	0	0
4. TOTALS:														
4.1 Direct	214,335,512	5,342	49,359,417	271,240	0	0	5,222,756	62,971,531	96,505,226	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	214,335,512	5,342	49,359,417	271,240	0	0	5,222,756	62,971,531	96,505,226	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	170,414	0	5,342	0	175,756	2,894
2. Comprehensive (hospital and medical) group	49,454,800	426,683,381	1,129,043	48,465,717	50,583,843	66,587,619
3. Medicare Supplement	293,340	2,407,543	2,253	268,987	295,593	351,113
4. Vision Only	0	0	0	0	0	0
5. Dental Only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	1,217,123	48,202,654	190,034	5,032,722	1,407,157	7,076,914
7. Title XVIII - Medicare	25,157,125	234,609,942	10,176,255	52,795,276	35,333,380	54,524,747
8. Title XIX - Medicaid	96,995,866	1,207,805,527	1,789,837	94,715,389	98,785,703	108,143,384
9. Credit A&H	0	0	0	0	0	0
10. Disability Income	0	0	0	0	0	0
11. Long-Term Care	0	0	0	0	0	0
12. Other health	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12)	173,288,669	1,919,709,047	13,292,764	201,278,090	186,581,432	236,686,670
14. Health care receivables (a)	333,211	33,667,628	0	0	333,211	32,010,690
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	3	0	37,980	0	37,982	83,973
17. Totals (Lines 13 - 14 + 15 + 16)	172,955,460	1,886,041,419	13,330,744	201,278,090	186,286,204	204,759,954

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	54,077	55,113	55,290	54,777	54,722
2. 2019	623,421	685,425	686,405	686,054	686,049
3. 2020	XXX	639,686	704,474	705,540	708,721
4. 2021	XXX	XXX	592,473	638,641	642,345
5. 2022	XXX	XXX	XXX	490,653	533,453
6. 2023	XXX	XXX	XXX	XXX	426,683

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	55,816	55,257	55,290	54,777	54,722
2. 2019	699,886	687,211	686,649	686,054	686,049
3. 2020	XXX	730,916	706,021	708,087	708,721
4. 2021	XXX	XXX	668,454	641,771	642,380
5. 2022	XXX	XXX	XXX	551,567	534,553
6. 2023	XXX	XXX	XXX	XXX	475,149

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	809,483	686,049	6,524	1.0	692,573	85.6	0	0	692,573	85.6
2. 2020	813,041	708,721	6,740	1.0	715,461	88.0	0	0	715,461	88.0
3. 2021	733,955	642,345	6,109	1.0	648,454	88.4	34	0	648,489	88.4
4. 2022	635,105	533,453	5,073	1.0	538,526	84.8	1,100	12	539,639	85.0
5. 2023	530,855	426,683	4,058	1.0	430,741	81.1	48,466	530	479,737	90.4

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	78	78	78	78	78
2. 2019	1,743	1,997	1,996	1,996	1,996
3. 2020	XXX	2,534	2,883	2,884	2,883
4. 2021	XXX	XXX	2,651	2,943	2,940
5. 2022	XXX	XXX	XXX	2,506	2,802
6. 2023	XXX	XXX	XXX	XXX	2,408

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	78	78	78	78	78
2. 2019	2,029	1,998	1,997	1,996	1,996
3. 2020	XXX	2,933	2,893	2,885	2,883
4. 2021	XXX	XXX	2,991	2,945	2,941
5. 2022	XXX	XXX	XXX	2,854	2,804
6. 2023	XXX	XXX	XXX	XXX	2,677

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	2,071	1,996	19	1.0	2,015	97.3	0	0	2,015	97.3
2. 2020	3,445	2,883	27	1.0	2,911	84.5	0	0	2,911	84.5
3. 2021	3,437	2,940	28	1.0	2,968	86.4	1	0	2,969	86.4
4. 2022	3,395	2,802	27	1.0	2,829	83.3	2	0	2,831	83.4
5. 2023	3,245	2,408	23	1.0	2,430	74.9	269	4	2,703	83.3

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid									
	1 2019	2 2020	3 2021	4 2022	5 2023					
1. Prior	NONE									
2. 2019										
3. 2020						XXX				
4. 2021						XXX	XXX			
5. 2022						XXX	XXX	XXX		
6. 2023						XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year									
	1 2019	2 2020	3 2021	4 2022	5 2023					
1. Prior	NONE									
2. 2019										
3. 2020						XXX				
4. 2021						XXX	XXX			
5. 2022						XXX	XXX	XXX		
6. 2023						XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent	5 Claim and Claim Adjustment Expense Payments (Col. 4/3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	NONE									
2. 2020										
3. 2021										
4. 2022										
5. 2023										

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	NONE				
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	NONE				
2. 2019					
3. 2020					
4. 2021					
5. 2022					
6. 2023					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2) Percent	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 4/2) Percent	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	NONE									
2. 2020										
3. 2021										
4. 2022										
5. 2023										

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UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)**

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	8,099	8,099	8,099	8,099	8,099
2. 2019	70,457	74,822	74,822	74,822	74,822
3. 2020	XXX	62,644	64,200	64,200	64,200
4. 2021	XXX	XXX	52,288	55,487	55,487
5. 2022	XXX	XXX	XXX	45,625	46,842
6. 2023	XXX	XXX	XXX	XXX	48,203

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	8,258	8,099	8,099	8,099	8,099
2. 2019	76,493	75,012	74,822	74,822	74,822
3. 2020	XXX	67,250	64,425	64,200	64,200
4. 2021	XXX	XXX	56,965	55,776	55,487
5. 2022	XXX	XXX	XXX	52,413	47,032
6. 2023	XXX	XXX	XXX	XXX	53,235

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	85,527	74,822	712	1.0	75,534	88.3	0	0	75,534	88.3
2. 2020	77,284	64,200	611	1.0	64,811	83.9	0	0	64,811	83.9
3. 2021	68,737	55,487	528	1.0	56,015	81.5	0	0	56,015	81.5
4. 2022	55,874	46,842	445	1.0	47,288	84.6	190	0	47,478	85.0
5. 2023	53,917	48,203	458	1.0	48,661	90.3	5,033	0	53,694	99.6

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	220,429	222,113	220,277	219,998	219,934
2. 2019	88,899	101,447	101,471	101,462	101,432
3. 2020	XXX	108,369	116,881	117,472	117,493
4. 2021	XXX	XXX	137,543	157,319	158,428
5. 2022	XXX	XXX	XXX	215,333	239,455
6. 2023	XXX	XXX	XXX	XXX	234,610

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	227,420	222,437	220,277	219,998	219,934
2. 2019	123,764	105,556	101,485	101,462	101,432
3. 2020	XXX	133,763	117,059	117,505	117,493
4. 2021	XXX	XXX	193,693	163,523	158,502
5. 2022	XXX	XXX	XXX	263,575	249,595
6. 2023	XXX	XXX	XXX	XXX	287,405

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	157,132	101,432	965	1.0	102,397	65.2	0	0	102,397	65.2
2. 2020	152,997	117,493	1,117	1.0	118,610	77.5	0	0	118,610	77.5
3. 2021	196,310	158,428	1,507	1.0	159,935	81.5	74	1	160,009	81.5
4. 2022	315,306	239,455	2,277	1.0	241,732	76.7	10,140	72	251,944	79.9
5. 2023	309,552	234,610	2,231	1.0	236,841	76.5	52,795	375	290,012	93.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior	9,985	10,491	10,483	10,465	10,452
2.	2019	54,765	64,286	64,404	64,420	64,415
3.	2020	XXX	843,315	942,039	935,972	936,332
4.	2021	XXX	XXX	968,921	1,082,721	1,082,332
5.	2022	XXX	XXX	XXX	1,061,543	1,158,585
6.	2023	XXX	XXX	XXX	XXX	1,207,806

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior	10,729	10,491	10,483	10,465	10,452
2.	2019	64,073	64,519	64,405	64,420	64,415
3.	2020	XXX	946,303	942,474	936,103	936,332
4.	2021	XXX	XXX	1,090,805	1,086,401	1,082,543
5.	2022	XXX	XXX	XXX	1,166,004	1,160,164
6.	2023	XXX	XXX	XXX	XXX	1,302,521

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	63,961	64,415	613	1.0	65,028	101.7	0	0	65,028	101.7
2. 2020	1,066,603	936,332	8,905	1.0	945,237	88.6	0	0	945,237	88.6
3. 2021	1,203,994	1,082,332	10,293	1.0	1,092,625	90.8	211	1	1,092,838	90.8
4. 2022	1,301,185	1,158,585	11,018	1.0	1,169,603	89.9	1,579	11	1,171,193	90.0
5. 2023	1,379,633	1,207,806	11,486	1.0	1,219,292	88.4	94,715	649	1,314,657	95.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior	292,669	295,893	294,227	293,417	293,285
2.	2019	839,285	927,977	929,098	928,755	928,714
3.	2020	XXX	1,656,549	1,830,477	1,826,068	1,829,629
4.	2021	XXX	XXX	1,753,876	1,937,111	1,941,533
5.	2022	XXX	XXX	XXX	1,815,660	1,981,137
6.	2023	XXX	XXX	XXX	XXX	1,919,709

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2019	2 2020	3 2021	4 2022	5 2023
1.	Prior	302,302	296,361	294,227	293,417	293,285
2.	2019	966,244	934,296	929,358	928,755	928,714
3.	2020	XXX	1,881,164	1,832,872	1,828,780	1,829,629
4.	2021	XXX	XXX	2,012,908	1,950,415	1,941,853
5.	2022	XXX	XXX	XXX	2,036,414	1,994,148
6.	2023	XXX	XXX	XXX	XXX	2,120,987

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	1,118,173	928,714	8,832	1.0	937,547	83.8	0	0	937,547	83.8
2. 2020	2,113,370	1,829,629	17,400	1.0	1,847,028	87.4	0	0	1,847,028	87.4
3. 2021	2,206,433	1,941,533	18,464	1.0	1,959,997	88.8	320	2	1,960,320	88.8
4. 2022	2,310,865	1,981,137	18,841	1.0	1,999,978	86.5	13,011	95	2,013,083	87.1
5. 2023	2,277,203	1,919,709	18,256	1.0	1,937,965	85.1	201,278	1,559	2,140,803	94.0

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	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
		2 Individual	3 Group										
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	25,817,613	39,840	9,551,301	0	0	0	0	377,737	15,848,735	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0 for investment income) ..	2,971,574	0	1,553,365	0	0	0	1,019,475	398,734	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	23,060,477	0	141,246	0	0	0	12,529	22,904,436	2,266	0	0	0	0
6. Totals (gross)	51,849,664	39,840	11,245,912	0	0	0	1,032,004	23,680,907	15,851,001	0	0	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	51,849,664	39,840	11,245,912	0	0	0	1,032,004	23,680,907	15,851,001	0	0	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	235,342	0	235,342	0	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	235,342	0	235,342	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	235,342	0	235,342	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Risk Adjustment Premium Payable	23,060,477	0	141,246	0	0	0	12,529	22,904,436	2,266	0	0	0	0
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	23,060,477	0	141,246	0	0	0	12,529	22,904,436	2,266	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$25,817,613 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$0 for occupancy of own building)	496,167	111,100	1,297,630	1,180	1,906,076
2. Salary, wages and other benefits	46,002,032	9,173,083	117,388,586	105,313	172,669,014
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	51,703,501	1,246	51,704,747
4. Legal fees and expenses	812,084	181,900	3,590,103	1,967	4,586,053
5. Certifications and accreditation fees	9,575	8,529	101,533	90	119,726
6. Auditing, actuarial and other consulting services ...	1,100,628	258,630	2,900,337	2,518	4,262,113
7. Traveling expenses	465,803	106,675	1,217,459	1,087	1,791,023
8. Marketing and advertising	7,719,243	1,706,424	19,806,244	18,136	29,250,048
9. Postage, express and telephone	3,159,761	707,957	8,437,581	7,563	12,312,862
10. Printing and office supplies	212,328	48,193	1,327,773	1,198	1,589,492
11. Occupancy, depreciation and amortization	521,205	116,712	1,412,567	10	2,050,494
12. Equipment	28,670	6,423	76,854	67	112,014
13. Cost or depreciation of EDP equipment and software	7,535,176	1,687,097	19,711,985	5,362	28,939,620
14. Outsourced services including EDP, claims, and other services	13,690,186	3,135,520	64,513,139	48,956	81,387,802
15. Boards, bureaus and association fees	188,409	42,739	500,722	447	732,317
16. Insurance, except on real estate	300,181	67,216	803,554	726	1,171,676
17. Collection and bank service charges	453,741	101,599	1,213,992	1,099	1,770,430
18. Group service and administration fees	2,516,156	1,025,978	1,936,582	325	5,479,041
19. Reimbursements by uninsured plans	0	0	(173,321,418)	0	(173,321,418)
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	646,134	144,679	2,039,058	1,846	2,831,718
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	(640,541)	0	(640,541)
23.2 State premium taxes	0	0	766,634	0	766,634
23.3 Regulatory authority licenses and fees	0	0	19,214,444	1,141	19,215,584
23.4 Payroll taxes	0	0	6,699,882	5,994	6,705,876
23.5 Other (excluding federal income and real estate taxes)	0	0	2,372,407	72	2,372,479
24. Investment expenses not included elsewhere	1,385,239	310,178	3,461,569	246,742	5,403,727
25. Aggregate write-ins for expenses	48,537	9,355	1,030,597	39	1,088,528
26. Total expenses incurred (Lines 1 to 25)	87,291,254	18,949,986	159,562,772	453,124	(a) 266,257,135
27. Less expenses unpaid December 31, current year	0	1,656,274	35,822,206	0	37,478,480
28. Add expenses unpaid December 31, prior year	0	1,575,806	29,028,520	0	30,604,326
29. Amounts receivable relating to uninsured plans, prior year	0	0	32,272,796	0	32,272,796
30. Amounts receivable relating to uninsured plans, current year	0	0	35,617,213	0	35,617,213
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	87,291,254	18,869,518	156,113,503	453,124	262,727,398
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	48,537	9,355	1,030,597	39	1,088,528
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	48,537	9,355	1,030,597	39	1,088,528

(a) Includes management fees of \$324,388,482 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 957,461	1,207,965
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 14,954,507	14,893,999
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	1,333,233
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 4,556,751	4,624,490
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	998
10. Total gross investment income	20,468,719	22,060,686
11. Investment expenses		(g) 445,917
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 7,207
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		453,124
17. Net investment income (Line 10 minus Line 16)		21,607,562
DETAILS OF WRITE-INS		
0901. Misc Income	0	998
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	998
1501.		0
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 204,721 accrual of discount less \$ 1,690,162 amortization of premium and less \$ 255,581 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 3,469,008 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	101,024	0	101,024	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	(1,323,196)	0	(1,323,196)	1,278,381	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	302	0	302	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(1,221,870)	0	(1,221,870)	1,278,381	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	267,287	303,251	35,963
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	30,839	39,000	8,160
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	5,051,787	0	(5,051,787)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	1,002,017	571,758	(430,259)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	3,097,517	2,959,972	(137,545)
25. Aggregate write-ins for other than invested assets	2,419,634	3,509,173	1,089,539
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	11,869,081	7,383,153	(4,485,928)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	11,869,081	7,383,153	(4,485,928)
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Deposits	1,889,127	2,475,841	586,713
2502. Prepaid Expenses	428,402	797,863	369,461
2503. Prepaid Commissions	102,105	235,470	133,365
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,419,634	3,509,173	1,089,539

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	219,260	218,487	216,017	211,960	206,468	2,575,869
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	14,411	12,948	12,626	11,702	9,180	143,430
4. Point of Service	87,706	86,540	77,080	67,531	57,775	898,989
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	1,495	1,351	1,315	1,293	1,265	15,773
7. Total	322,872	319,326	307,038	292,486	274,688	3,634,061
DETAILS OF WRITE-INS						
0601. Medicare Supplemental	1,495	1,351	1,315	1,293	1,265	15,773
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	1,495	1,351	1,315	1,293	1,265	15,773

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

In February 2023, Humana announced the planned exit from the Employer Group Commercial Medical Products business, which includes all fully insured, self-funded and Federal Employee Health Benefit medical plans, as well as associated wellness and rewards programs. No other Humana health plan offerings are materially affected. Following a strategic review, Humana determined the Employer Group Commercial Medical Products business was no longer positioned to sustainably meet the needs of commercial members over the long term or support Humana’s long-term strategic plans. The exit from this line of business will be phased over the 18 to 24 months following the February 2023 announcement.

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

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

	SSAP #	F/S Page	F/S Line #	<u>2023</u>	<u>2022</u>
Net (Loss)/Income					
1. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ (57,198,360)	\$ 50,136,528
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
4. NAIC SSAP	xxx	xxx	xxx	<u>\$ (57,198,360)</u>	<u>\$ 50,136,528</u>
Surplus					
5. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ 248,674,173	\$ 377,149,910
6. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
8. NAIC SSAP	xxx	xxx	xxx	<u>\$ 248,674,173</u>	<u>\$ 377,149,910</u>

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

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

C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

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

NOTES TO THE FINANCIAL STATEMENTS

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

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

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

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

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

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

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

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

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

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

D. Going Concern

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

NOTES TO THE FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

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

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

(1) The maximum and minimum lending rates for the mortgage loan in 2023 were 5.75% and 5.75%.

(2) The maximum percentage of the loan to the value of the security at any time of the loan, exclusive of insured or guaranteed or purchase-money mortgages was 100 percent.

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total	<u>Current Year</u>	<u>Prior Year</u>
	\$ -	\$ -

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (4) Age analysis of mortgage loans and identification of mortgage loans in which the insurer is a participant or co-lender in a mortgage loan agreement:

	Farm	Residential Insured	All Other	Commercial Insured	All Other	Mezzanine	Total
a. Current Year							
1. Recorded							
Investment (All)							
(a) Current	\$ -	\$ -	\$ -	\$ -	\$ 27,600,000	\$ -	\$ 27,600,000
(b) 30-59 Days Past Due	-	-	-	-	-	-	-
(c) 60-89 Days Past Due	-	-	-	-	-	-	-
(d) 90-179 Days Past Due	-	-	-	-	-	-	-
(e) 180+ Days Past Due	-	-	-	-	-	-	-
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
4. Interest Reduced							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Number of Loans	-	-	-	-	-	-	-
(c) Percent Reduced	-%	-%	-%	-%	-%	-%	-%
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Prior Year							
1. Recorded							
Investment (All)							
(a) Current	\$ -	\$ -	\$ -	\$ -	\$ 27,600,000	\$ -	\$ 27,600,000
(b) 30-59 Days Past Due	-	-	-	-	-	-	-
(c) 60-89 Days Past Due	-	-	-	-	-	-	-
(d) 90-179 Days Past Due	-	-	-	-	-	-	-
(e) 180+ Days Past Due	-	-	-	-	-	-	-
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
4. Interest Reduced							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Number of Loans	-	-	-	-	-	-	-
(c) Percent Reduced	-%	-%	-%	-%	-%	-%	-%
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- (5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan

Not Applicable.

- (6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting

Not Applicable.

- (7) Allowance for Credit Losses

Not Applicable.

- (8) Mortgage Loans Derecognized as a Result of Foreclosure:

Not Applicable.

- (9) Not Applicable.

B. Debt Restructuring

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

- (1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from industry market sources.
- (2) Not Applicable.
- (3) Not Applicable.
- (4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 2023.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at December 31, 2023:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(409,433)
2. Twelve Months or Longer	\$	(21,836,067)

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

1. Less than Twelve Months	\$	35,797,404
2. Twelve Months or Longer	\$	153,471,819

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company has no repurchase agreements or securities lending transactions.
- (2) The Company has not pledged any of its assets as collateral.
- (3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	15,415,944	15,272,125	143,819	-	15,415,944	2.14%	2.17%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 15,415,944	\$ 15,272,125	\$ 143,819	-	\$ 15,415,944	2.14%	2.17%

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

Not Applicable.

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

Not Applicable.

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

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

Not Applicable.

R. Share of Cash Pool by Asset Type

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

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

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

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

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

Interest Income Due and Accrued		Amount
1. Gross	\$	3,829,021
2. Nonadmitted	\$	-
3. Admitted	\$	3,829,021

- D. The aggregate deferred interest.

		Amount
Aggregate Deferred Interest	\$	-

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

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

8. Derivative Instruments

Not Applicable.

9. Income Taxes

The Inflation Reduction Act (Act) was enacted on August 16, 2022 and included a new corporate alternative minimum tax (CAMT). The Act and the CAMT went into effect for tax years beginning after 2022. The Company is an applicable corporation for 2023 as the average adjusted financial statement income for Humana Inc. and Subsidiaries for the applicable three-tax-year period exceeds the \$1 billion income-based threshold. However, the Company does not expect to incur a CAMT liability in 2023 as its regular tax liability is expected to exceed the tentative minimum tax. Further, no other taxable entities or taxable groups within the Company's structure are expected to exceed the average adjusted financial statement income threshold. The Company has not made an accounting policy election to disregard CAMT when evaluating the need for a valuation allowance for its non-CAMT DTAs.

- A. Deferred Tax Assets/(Liabilities)

- (1) The components of the net admitted deferred tax asset/(liability) by tax character were as follows:

	December 31, 2023		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 10,847,517	\$ 344,427	\$ 11,191,944
b. Statutory valuation allowance adjustments	-	(344,427)	(344,427)
c. Adjusted gross deferred tax assets	10,847,517	-	10,847,517
d. Deferred tax assets nonadmitted	(5,051,786)	-	(5,051,786)
e. Net admitted deferred tax assets	5,795,731	-	5,795,731
f. Deferred tax liabilities	(265,288)	-	(265,288)
g. Net admitted deferred tax asset/(liability)	\$ 5,530,443	\$ -	\$ 5,530,443

	December 31, 2022		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 5,325,623	\$ 612,887	\$ 5,938,510
b. Statutory valuation allowance adjustments	-	(612,887)	(612,887)
c. Adjusted gross deferred tax assets	5,325,623	-	5,325,623
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	5,325,623	-	5,325,623
f. Deferred tax liabilities	(1,673,564)	-	(1,673,564)
g. Net admitted deferred tax asset/(liability)	\$ 3,652,059	\$ -	\$ 3,652,059

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	Ordinary	Change Capital	Total
a. Gross deferred tax assets	\$ 5,521,894	\$ (268,460)	\$ 5,253,434
b. Statutory valuation allowance adjustments	-	268,460	268,460
c. Adjusted gross deferred tax assets	5,521,894	-	5,521,894
d. Deferred tax assets nonadmitted	(5,051,786)	-	(5,051,786)
e. Net admitted deferred tax assets	470,108	-	470,108
f. Deferred tax liabilities	1,408,276	-	1,408,276
g. Net admitted deferred tax asset/(liability)	\$ 1,878,384	\$ -	\$ 1,878,384

(2) The amount of admitted adjusted gross deferred tax assets under SSAP No. 101 were as follows:

	Ordinary	December 31, 2023 Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 5,530,443	\$ -	\$ 5,530,443
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	36,471,560
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	265,288	-	265,288
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 5,795,731	\$ -	\$ 5,795,731

	Ordinary	December 31, 2022 Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 5,038,298	\$ -	\$ 5,038,298
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	29,596	-	29,596
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	29,596
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	56,024,678
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	257,729	-	257,729
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 5,325,623	\$ -	\$ 5,325,623

	Ordinary	Change Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 492,145	\$ -	\$ 492,145
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	(29,596)	-	(29,596)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(29,596)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	(19,553,118)
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	7,559	-	7,559
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 470,108	\$ -	\$ 470,108

(3) The ratio percentage used to determine recovery period and threshold limitation amount was as follows:

	December 31, 2023	December 31, 2022
a. Ratio percentage used to determine recovery period and threshold limitation amount	329%	484%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	243,143,731	373,497,851

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(4) The impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs was as follows:

		December 31, 2023	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 10,847,517	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 5,795,731	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
		December 31, 2022	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 5,325,623	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 5,325,623	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
		Change	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 5,521,894	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 470,108	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

b. Does the Company's tax planning strategies include the use of reinsurance? Yes [] No []

B. There are no temporary differences for which a DTL has not been established.

C. Current and deferred income taxes

(1) Current income taxes incurred consist of the following major components:

		December 31, 2023	December 31, 2022	Change
a.	Federal	\$ (7,303,063)	\$ 5,517,038	\$ (12,820,101)
b.	Foreign	-	-	-
c.	Subtotal	(7,303,063)	5,517,038	(12,820,101)
d.	Federal income tax on net capital gains	653,166	(326,285)	979,451
e.	Utilization of capital loss carryforwards	-	-	-
f.	Other	13,405	5,966	7,439
g.	Federal and foreign income taxes incurred	<u>\$ (6,636,492)</u>	<u>\$ 5,196,719</u>	<u>\$ (11,833,211)</u>

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(2-3) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

DTAs resulting from Book/Tax Differences in:

	December 31, 2023	December 31, 2022	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 8,291,242	\$ 2,478,878	\$ 5,812,364
2. Unearned premium reserve	132,787	357,685	(224,898)
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	260,276	216,215	44,061
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	188,487	130,287	58,200
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	15	(15)
14. Bad debts	577,235	564,781	12,454
15. Accrued litigation	306,822	163,562	143,260
16. CMS Rx reserve	86,413	-	86,413
17. CMS risk corridor -ACA	-	-	-
18. Medicare risk adjustment data	-	-	-
19. Miscellaneous reserves	842,886	550,614	292,272
20. Accrued lease	161,369	-	161,369
21. Section 197 intangible	-	863,586	(863,586)
22. Premium rebates MER	-	-	-
23. Provider contracts	-	-	-
24. Premium acquisition expense	-	-	-
99. Subtotal	10,847,517	5,325,623	5,521,894
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	(5,051,786)	-	(5,051,786)
d. Admitted Ordinary DTAs	5,795,731	5,325,623	470,108
e. Capital			
1. Investments	344,427	612,887	(268,460)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	344,427	612,887	(268,460)
f. Statutory valuation allowance adjustment	(344,427)	(612,887)	268,460
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	\$ 5,795,731	\$ 5,325,623	\$ 470,108

DTLs resulting from Book/Tax Differences in:

	December 31, 2023	December 31, 2022	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(14,837)	(18,214)	3,377
7. CMS Rx reserve	-	(1,279,673)	1,279,673
8. Reserve transition adjustment	(250,451)	(375,677)	125,226
9. Accrued lease	-	-	-
99. Subtotal	(265,288)	(1,673,564)	1,408,276
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
c. DTLs	\$ (265,288)	\$ (1,673,564)	\$ 1,408,276

(4) Net deferred tax asset/(liability)	\$ 5,530,443	\$ 3,652,059	\$ 1,878,384
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STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2023 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ (63,834,853)	\$ (13,405,319)	21.00%
Tax-exempt interest	(444,448)	(93,334)	0.15%
Dividends received deduction	-	-	0.00%
Proration	111,112	23,334	(0.04%)
Meals & entertainment, lobbying expenses, etc.	(1,053,734)	(221,284)	0.35%
Statutory valuation allowance adjustment	-	-	0.00%
Change to nonadmitted assets & deferred tax true-up	565,862	118,831	(0.19%)
Other, including prior year true-up	52,905	11,110	(0.02%)
Total	\$ (64,603,156)	\$ (13,566,662)	21.25%
Federal income taxes incurred [expense/(benefit)]		\$ (7,289,658)	11.42%
Tax on capital gains/(losses)		653,166	(1.02%)
Change in net deferred income tax [charge/(benefit)]		(6,930,170)	10.85%
Total statutory income taxes		\$ (13,566,662)	21.25%

E. Operating loss and tax credit carry-forwards and protective tax deposits

(1) At December 31, 2023, the Company had no net operating loss carry-forwards.

At December 31, 2023, the Company had no capital loss carry-forwards.

At December 31, 2023, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2022 and 2023 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2022	5,530,443	(326,285)	5,204,158
2023	-	-	-
Total	\$ 5,530,443	\$ (326,285)	\$ 5,204,158

(3) There are no deposits admitted under IRC § 6603.

F. The Company is included in a consolidated federal income tax return with its parent Company, Humana Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to be paid for any future net losses it may incur. The Company has no contingent income tax liabilities. The Company has not adjusted gross deferred tax assets due to changes in judgment about the realizability of the related deferred tax asset. The Company has no deposits under Section 6603 of the Internal Revenue Code.

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2023 CONSOLIDATED FEDERAL INCOME TAX RETURN

**CALENDAR YEAR ENDED DECEMBER 31, 2023
AFFILIATIONS SCHEDULE**

**CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201**

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
3	A & A HOMECARE INC.	03-0523544
4	ABERDEEN HOLDINGS, INC.	72-2695805
5	ABLE HOME HEALTHCARE, INC.	77-0601595
6	ADVANCED ONCOLOGY SERVICES, INC.	65-0180784
7	ALPINE HOME HEALTH CARE, LLC	36-4473376
8	AMERICAN HOMECARE MANAGEMENT CORP.	11-3306095
9	AMICUS MEDICAL CENTER, LLC	45-4020797

NOTES TO THE FINANCIAL STATEMENTS

10	AMICUS MEDICAL GROUP, INC.	27-3974953
11	AMICUS MEDICAL SERVICES ORGANIZATION, LLC	27-1085323
12	ARCADIAN HEALTH PLAN, INC.	20-1001348
13	ASIAN AMERICAN HOME CARE, INC.	94-3247811
14	BALANCED HOME HEALTHCARE, INC.	27-0287186
15	BRIDGES HOME HEALTH, INC.	20-1903568
16	CARENETWORK, INC.	39-1514846
17	CAREPLUS HEALTH PLANS, INC.	59-2598550
18	CARITEN HEALTH PLAN INC.	62-1579044
19	CENTERWELL CARE SOLUTIONS, INC.	85-0858631
20	CENTERWELL CERTIFIED HEALTHCARE CORP.	11-2645333
21	CENTERWELL HEALTH SERVICES (CERTIFIED), INC.	11-3454105
22	CENTERWELL HEALTH SERVICES HOLDING CORP.	11-3454104
23	CENTERWELL HEALTH SERVICES, INC.	36-4335801
24	CENTERWELL PHARMACY, INC.	61-1316926
25	CENTERWELL SENIOR PRIMARY CARE (AZ) CS, P.C.	93-2245383
26	CENTERWELL SENIOR PRIMARY CARE (FL), INC.	59-3164234
27	CENTERWELL SENIOR PRIMARY CARE (KS), P.A.	30-1236218
28	CENTERWELL SENIOR PRIMARY CARE (MO), P.C.	85-3676937
29	CENTERWELL SENIOR PRIMARY CARE (NC), P.C.	82-1926920
30	CENTERWELL SENIOR PRIMARY CARE (SC), P.C.	85-3577914
31	CENTERWELL SERVICES OF NEW YORK, INC.	11-2802024
32	CHA HMO, INC.	61-1279717
33	COMPBENEFITS COMPANY	59-2531815
34	COMPBENEFITS CORPORATION	04-3185995
35	COMPBENEFITS DENTAL, INC.	36-3686002
36	COMPBENEFITS DIRECT, INC.	58-2228851
37	COMPBENEFITS INSURANCE COMPANY	74-2552026
38	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
39	CONVIVA HEALTH MANAGEMENT, LLC	46-5329373
40	CONVIVA HEALTH MSO OF TEXAS, INC.	46-1225873
41	CONVIVA MEDICAL CENTER MANAGEMENT OF TEXAS, P.A.	47-1161014
42	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
43	DENTICARE, INC.	76-0039628
44	EAGLE RX HOLDCO, INC.	47-1407967
45	EAGLE RX, INC.	47-1416614
46	EDGE HEALTH MSO, INC.	84-2214810
47	EDGE HEALTH, P.C.	84-2752906
48	EMPHEYSYS INSURANCE COMPANY	31-0935772
49	EMPHEYSYS, INC.	61-1237697
50	ENCLARA PHARMACIA, INC.	23-3068914
51	FIRST HOME HEALTH, INC.	55-0750157
52	FOCUS CARE HEALTH RESOURCES, INC.	75-2784006
53	FPG ACQUISITION CORP.	81-3802918
54	FPG ACQUISITION HOLDINGS CORP.	81-3819187
55	FPG HOLDING COMPANY, LLC	32-0505460
56	GBA HOLDING, INC.	75-2855493
57	GILBERT'S HOME HEALTH AGENCY, INC.	64-0730826
58	GUIDANTRX, INC.	39-1789830
59	HARRIS, ROTHENBERG INTERNATIONAL INC.	27-1649291
60	HAWKEYE HEALTH SERVICES, INC.	42-1285486
61	HEALTH VALUE MANAGEMENT, INC.	61-1223418
62	HHS HEALTHCARE CORP.	90-0527683
63	HOME HEALTH CARE AFFILIATES OF MISSISSIPPI, INC.	62-1775256
64	HOME HEALTH CARE AFFILIATES, INC.	74-2737989
65	HOME HEALTH OF RURAL TEXAS, INC.	75-2374091
66	HOME HEALTH SERVICES, INC.	87-0494759
67	HOMECARE HOLDINGS, INC.	65-0837269
68	HORIZON HEALTH CARE SERVICES, INC.	76-0456316
69	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
70	HUMANA AT HOME (DALLAS), INC.	75-2739333
71	HUMANA AT HOME (HOUSTON), INC.	76-0537878
72	HUMANA AT HOME (SAN ANTONIO), INC	01-0766084
73	HUMANA AT HOME (TLC), INC.	75-2600512
74	HUMANA AT HOME 1, INC.	65-0274594
75	HUMANA AT HOME, INC.	13-4036798
76	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
77	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
78	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

79	HUMANA DENTAL COMPANY	59-1843760
80	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.	80-0072760
81	HUMANA DIRECT CONTRACTING ENTITY, INC.	85-3099097
82	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC.	46-4912173
83	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
84	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
85	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
86	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
87	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
88	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
89	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
90	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
91	HUMANA HEALTH PLAN, INC.	61-1013183
92	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
93	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
94	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
95	HUMANA INSURANCE COMPANY	39-1263473
96	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
97	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
98	HUMANA MARKETPOINT, INC.	61-1343508
99	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
100	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
101	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
102	HUMANA MEDICAL PLAN, INC.	61-1103898
103	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
104	HUMANA REAL ESTATE COMPANY	20-1724127
105	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
106	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
107	HUMANADENTAL INSURANCE COMPANY	39-0714280
108	HUMANADENTAL, INC.	61-1364005
109	HUMCO, INC.	61-1239538
110	HUM-E-FL, INC.	61-1383567
111	INDEPENDENT CARE HEALTH PLAN	39-1769093
112	INTEGRACARE HOLDINGS, INC.	20-8781607
113	INTEGRACARE HOME HEALTH SERVICES, INC.	75-2865632
114	INTEGRACARE INTERMEDIATE HOLDINGS, INC.	20-8781715
115	KENTUCKY HOMECARE HOLDINGS, INC.	82-3695166
116	KENTUCKY HOMECARE PARENT INC.	82-3986306
117	MANAGED CARE INDEMNITY, INC.	61-1232669
118	MED. TECH. SERVICES OF SOUTH FLORIDA, INC.	65-0277280
119	MEDICAL GROUP AT SUN CITY (IQBAL), P.C.	88-0386657
120	MEDICAL GROUP AT SUN CITY HOSPITALISTS (NAJMI), P.C.	84-3377726
121	MED-TECH SERVICES OF DADE, INC.	65-1033439
122	MED-TECH SERVICES OF PALM BEACH, INC.	65-0644307
123	METCARE OF FLORIDA, INC.	65-0879131
124	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
125	MISSOURI HOME CARE OF ROLLA, INC.	43-1317147
126	M-SAC, INC.	20-5123865
127	NEW YORK HEALTHCARE SERVICES, INC.	22-2695367
128	NURSING CARE-HOME HEALTH AGENCY, INC.	55-0633030
129	PBM HOLDING COMPANY	61-1340806
130	PBM PLUS MAIL SERVICE PHARMACY, LLC	20-2373204
131	PHH ACQUISITION CORP.	20-5043135
132	PHHC ACQUISITION CORP.	38-3784032
133	PHP COMPANIES, INC.	62-1552091
134	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
135	QC-MEDI NEW YORK, INC.	11-2750425
136	QUALITY CARE - USA, INC.	11-2256479
137	QUALITY LIVING HOME HEALTH CARE, LLC	45-2823888
138	ROHC, L.L.C.	75-2844854
139	SENIOR HOME CARE, INC.	59-3080333
140	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
141	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
142	SHC HOLDING, INC.	42-1699530
143	SOUTHERN NEVADA HOME HEALTH CARE, INC.	87-0494757
144	SYNERGY HOME CARE-ACADIANA REGION, INC.	72-1487473
145	SYNERGY HOME CARE-CAPITOL REGION, INC.	20-1376846
146	SYNERGY HOME CARE-CENTRAL REGION, INC.	36-4516940

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

147	SYNERGY HOME CARE-NORTHEASTERN REGION, INC.	72-1178497
148	SYNERGY HOME CARE-NORTHSHORE REGION, INC.	72-1223659
149	SYNERGY HOME CARE-NORTHWESTERN REGION, INC.	72-1431394
150	SYNERGY HOME CARE-SOUTHEASTERN REGION, INC.	72-1429305
151	SYNERGY, INC.	93-3419676
152	TEXAS DENTAL PLANS, INC.	74-2352809
153	THE DENTAL CONCERN, INC.	52-1157181
154	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
155	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
156	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
157	TRILOGY HOME HEALTHCARE NE FL, INC	81-3442232
158	TRILOGY HOME HEALTHCARE SW FL, INC	81-4466479
159	VAN WINKLE HOME HEALTH CARE, INC.	62-1669388
160	VITALITY HHS HOLDINGS, INC.	81-2022629
161	VITALITY HOME CARE, INC	81-2019673
162	VOYAGER HOME HEALTH, INC.	26-1501792
163	VOYAGER HOSPICECARE, INC.	20-1173787

- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

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

In the ordinary course of business, the Company also directly contracts with related parties to provide services that are routine in nature to its members. The administrative services, access fees, and cost of care services provided are determined within each individual agreement. The following table identifies the amount for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2023 and 2022, which meet the disclosure requirements pursuant to SSAP No. 25, *Affiliate and Other Related Parties* (SSAP No. 25):

	<u>2023</u>	<u>2022</u>
SeniorBridge and Humana At Home	\$ 8,422,280	\$ 7,977,707
Total	<u>\$ 8,422,280</u>	<u>\$ 7,977,707</u>

In addition to the related parties above, the Company also has a contracted relationship with Humana Pharmacy Solutions, Inc. (HPS). HPS is responsible for designing pharmacy benefits, including defining member co-share responsibilities, determining formulary listings, contracting with retail pharmacies, confirming member eligibility, reviewing drug utilization, and processing claims for Humana entities. HPS has various contracts with pharmacy manufacturers to provide the Company with purchase discounts and volume rebates on certain prescription drugs utilized by its members. The Company has an agreement with HPS to collect pharmacy rebates on its behalf and remit them to the Company on a monthly basis. The Company had \$655,195,753 and \$711,367,403 of administrative service and prescription costs in 2023 and 2022, respectively, with HPS. The prescription costs included in fees paid to HPS are gross of the pharmacy rebates that the Company receives, see Footnote 28, and also includes payments for Medicare Part D claims that CMS reimburses the Company for through the Coverage Gap, Low Income and Reinsurance subsidies.

Included in the payments to HPS are also costs incurred from Humana Pharmacy, Inc. Humana Pharmacy, Inc. provides covered members with prescription services through use of the mail order as well as brick and mortar locations. These services are limited to maintenance medication prescription drug and allied services and supplies normally provided to the general public in the ordinary course of pharmacy business. The Company had \$195,484,736 and \$242,388,148 of prescription costs in 2023 and 2022, respectively, with Humana Pharmacy, Inc.

Total returns of capital of \$75,000,000 were paid to Humana Inc. on May 1, 2023 and December 19, 2023. The Commonwealth of Kentucky Department of Insurance was notified prior to the payment of these returns of capital.

C. (1) Detail of Material Related Party Transactions

Not Applicable.

(2) Detail of Material Related Party Transactions Involving Services

Not Applicable.

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

Not Applicable.

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

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

- D. At December 31, 2023, the Company reported \$55,288,363 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.
- E. Not Applicable.
- F. The Company has a parental guarantee with Humana Inc. in accordance with certain regulatory requirements.
- G. All outstanding shares of the Company are owned by the Parent Company.
- H. Not Applicable.
- I. Not Applicable.
- J. Not Applicable.
- K. Not Applicable.
- L. Not Applicable.
- M. All SCA Investments
Not Applicable.
- N. Investment in Insurance SCA
Not Applicable.
- O. SCA Loss Tracking
Not Applicable.

11. Debt

- A. Debt Including Capital Notes
The Company has no debentures outstanding.
The Company has no capital notes outstanding.
The Company does not have any reverse repurchase agreements.
- B. Federal Home Loan Bank (FHLB) Agreements
The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

The Company employees are eligible to participate in the Humana Retirement and Savings Plan (“the Plan”), a defined contribution plan, sponsored by Humana Inc. The Plan maintains two accounts, the Savings Account and the Retirement Account.

Humana Inc.’s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$276,415,225 and \$270,539,838 for the years ended December 31, 2023 and 2022, respectively. As of December 31, 2023 and 2022, the fair market value of the Humana Retirement Savings Plan’s assets was \$7,361,090,600 and \$6,432,021,537, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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

- A. The Company has \$1.00 par value common stock with 5,000,000 shares authorized and 2,248,000 shares issued and 2,248,000 outstanding. All shares are common stock shares.
- B. The Company has no preferred stock outstanding.
- C.-E. Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the lesser of 10% of total surplus or net income from the prior year. All ordinary dividends are limited to available and accumulated surplus funds. Any dividends paid in the twelve months preceding a proposed dividend are considered in determining whether a dividend is extraordinary. Based on these restrictions, the Company could have paid a maximum dividend or return of capital to shareholders of approximately \$37,713,000 in 2023 without prior regulatory approval.

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

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

	<u>Dividend or Return of Capital Amount</u>		<u>Date Paid</u>
	<u>Ordinary</u>	<u>Extraordinary</u>	
Return of Capital	\$ -	\$ 50,000,000	May 1, 2023
Return of Capital	-	25,000,000	December 19, 2023
Total paid in 2023	<u>\$ -</u>	<u>\$ 75,000,000</u>	

- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. Not Applicable.
- H. Not Applicable.
- I. Not Applicable.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$1,278,381.
- K. Not Applicable.
- L. Not Applicable.
- M. Not Applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments
Not Applicable.
- B. Assessments
Not Applicable.
- C. Gain Contingencies
Not Applicable.
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits
Not Applicable.
- E. Joint and Several Liabilities
Not Applicable.
- F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of December 31, 2023.

15. Leases

- A. Lessee Operating Lease
 - (1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to five years. Operating lease rental payments charged to expenses for the years ended December 31, 2023 and 2022 were \$1,339,283 and \$2,537,877, respectively.

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(2) Noncancelable Lease Terms:

- a) At January 1, 2024, the minimum aggregate rental commitments are as follows:

Year ending December 31,

2024	\$	1,179,477
2025		1,179,477
2026		1,179,477
2027		1,179,477
2028		67,387
Thereafter		-
Total Minimum Lease Payments	\$	<u>4,785,295</u>

- b) Certain rental commitments have renewal options extending through the year 2028. Some of these renewals are subject to adjustments in future periods.

- (3) The Company is not involved in any sales-leaseback transactions.

B. Lessor Leases

Not Applicable.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows for the year ended December 31, 2023:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ (34,129,244)	\$ -	\$ (34,129,244)
b. Total net other income or expenses (including interest paid to or received from plans)	\$ 36,582,532	\$ -	\$ 36,582,532
c. Net gain or (loss) from operations	\$ 2,453,288	\$ -	\$ 2,453,288
d. Total claim payment volume	1,334,286,128	-	1,334,286,128

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of December 31, 2023, the Company has recorded a receivable from CMS of \$16,120,822 related to the cost share and reinsurance components of administered Medicare products and a receivable from ASO customers of \$19,391,967. The Company has recorded receivables from the following payors whose account balance are greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000:

NORTHSIDE HOSPITAL ATLANTA

\$ 2,843,478

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company’s Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The fair value of financial assets at December 31, 2023 were as follows:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
U.S. governments	\$ -	\$ -	\$ -	\$ -	\$ -
Tax-exempt municipal	-	-	-	-	-
Residential mortgage and other-backed	-	-	-	-	-
Corporate debt securities	-	10,978,664	-	-	10,978,664
Total bonds	-	10,978,664	-	-	10,978,664
Total assets at fair value/NAV	\$ -	\$ 10,978,664	\$ -	\$ -	\$ 10,978,664
b. Liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2022 and December 31, 2023.

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

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2022 and December 31, 2023.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company’s analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company’s third party investment advisor. Based on the Company’s internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2023.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	\$ 482,632,076	\$ 520,184,398	\$ 39,422,314	\$ 443,209,762	\$ -	\$ -	\$ -
Mortgage Loans	27,600,000	27,600,000	-	-	27,600,000	-	-
Total	\$ 510,232,076	\$ 547,784,398	\$ 39,422,314	\$ 443,209,762	\$ 27,600,000	\$ -	\$ -

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

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

21. Other Items

A. Extraordinary Items

The emergence and spread of the novel coronavirus, or COVID-19, beginning in the first quarter of 2020 has impacted the Company's business. During periods of increased incidences of COVID-19, there was a reduction in non-COVID-19 hospital admissions and lower overall healthcare system consumption that decreased utilization. Likewise COVID-19 treatment and testing costs increased utilization. During 2022, the Company experienced lower overall utilization of the healthcare system than anticipated, as the reduction in COVID-19 utilization following the increased incidence associated with the Omicron variant outpaced the increase in non-COVID-19 utilization. The significant disruption in utilization during 2020 also impacted the Company's ability to implement clinical initiatives to manage health care costs and chronic conditions of its members, and appropriately document their risk profiles, and, as such, affecting 2021 revenue under the risk adjustment payment model for Medicare Advantage plans. Finally, changes in utilization patterns and actions taken in 2021 as a result of the COVID-19 pandemic, including the suspension of certain financial recovery programs for a period of time and shifting the timing of claim payments and provider capitation surplus payments, impacted claim reserve development and operating cash flows for 2021.

The COVID-19 National Emergency declared in 2020 was terminated on April 10, 2023 and the Public Health Emergency expired on May 11, 2023.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

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

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

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

(3) Direct exposure through other investments:

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

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

The Company does not have sub-prime mortgage risk.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 27, 2024 for the Statutory Statement issued on February 27, 2024.

NOTES TO THE FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

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

- C. The amount of net premiums written by the Company at December 31, 2023 that are subject to retrospective rating features was \$2,273,957,481, or 99.86% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ -	\$ 641,686	\$ 12,963	\$ -	\$ 654,649
Medical loss ratio rebates paid	-	645,905	-	-	645,905
Medical loss rebates unpaid	-	752,739	12,963	-	765,702
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 765,702
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ 898,692	\$ 642,134	\$ -	\$ 1,540,826
Medical loss ratio rebates paid	-	753,163	-	-	753,163
Medical loss rebates unpaid	-	898,268	655,097	-	1,553,365
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 1,553,365

E. Risk Sharing Provisions of the Affordable Care Act

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

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) \$ 4,235,567

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 24,413

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 153,775

Operations (Revenue & Expenses)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ 5,052,047

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 26,817

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance \$ -

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$ -

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$ -

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$ -

5. Ceded reinsurance premiums payable due to ACA Reinsurance \$ -

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance \$ -

Operations (Revenues & Expenses)

7. Ceded reinsurance premiums due to ACA Reinsurance \$ -

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$ -

9. ACA Reinsurance contributions – not reported as ceded premiums \$ -

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors \$ -

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$ -

Operations (Revenue & Expenses)

3. Effect of ACA Risk Corridors on net premium income \$ -

4. Effect of ACA Risk Corridors on change in reserves for rate credits \$ -

STATEMENT AS OF December 31, 2023 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					1	2	3	4	5	6	7
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	3,985,922		5,416,386		(1,430,464)		1,520,753		A.	90,289	
2. Premium adjustments (payables) (including high risk pool premium)		(574,305)		(1,034,514)		460,209		(601,455)	B.		(141,246)
3. Subtotal ACA Permanent Risk Adjustment Program	3,985,922	(574,305)	5,416,386	(1,034,514)	(1,430,464)	460,209	1,520,753	(601,455)		90,289	(141,246)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	-		-		-		-			-	
2. Amounts recoverable for claims unpaid (contra liability)	-		-		-		-			-	
3. Amounts receivable relating to uninsured plans	-		-		-		-			-	
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium		-		-		-		-			-
5. Ceded reinsurance premiums payable		-		-		-		-			-
6. Liability for amounts held under uninsured plans		-		-		-		-			-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-		-	-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-		-		-		-			-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-		-	-
d. Total for ACA Risk Sharing Provisions	3,985,922	(574,305)	5,416,386	(1,034,514)	(1,430,464)	460,209	1,520,753	(601,455)		90,289	(141,246)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2022 benefit year and the latest data from Wakely Consulting.

B. Adjustments related to updates received from CMS associated with 2022 benefit year and the latest data from Wakely Consulting.

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

Not Applicable.

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

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, net of health care receivables, as of December 31, 2022, were \$206,335,760. As of December 31, 2023, \$174,428,658 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$13,433,350 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$18,473,750 favorable prior-year development since December 31, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$18,518,453 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

NOTES TO THE FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2023	\$ 44,588,562	\$ 44,588,562	\$ -	\$ -	\$ -
9/30/2023	47,082,518	47,323,367	6,458,424	36,978,982	-
6/30/2023	65,473,326	64,316,682	23,668,584	38,882,939	52,132
3/31/2023	62,975,877	62,127,880	20,244,090	37,920,442	(92,456)
12/31/2022	29,232,780	28,562,397	14,226,797	14,304,918	-
9/30/2022	27,700,903	27,906,079	28,326,596	(420,517)	-
6/30/2022	29,822,324	30,003,741	30,188,419	(184,678)	-
3/31/2022	27,810,360	26,743,641	25,970,708	772,933	-
12/31/2021	30,994,760	30,642,637	31,100,133	(458,904)	1,408
9/30/2021	21,649,163	22,647,799	13,428,485	9,219,314	-
6/30/2021	24,243,244	25,717,102	16,370,484	9,230,359	116,259
3/31/2021	22,308,003	23,061,516	13,613,225	8,973,487	474,804

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

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

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Kentucky
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000049071
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2018
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/02/2020
- 3.4 By what department or departments?
Commonwealth of Kentucky Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
Not Applicable
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain.
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Steven Jones, Appointed Actuary, 500 West Main Street, Louisville, KY 40202
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company ...
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$0
- 12.2 If yes, provide explanation
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
Not Applicable.
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Ethics Every Day was amended in June 2023 to update content based on operational changes, clarify content where necessary and perform general document maintenance.
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [X] No []
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
122238200	Pacific Western Bank	Contractor provider fails to pay	20,000
122234149	Citizens Business Bank	Contracted provider fails to pay.	100,000
064009487	Studio Bank	Contracted provider fails to pay.	584,822

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$0
 - 20.12 To stockholders not officers.....\$0
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$0
 - 20.22 To stockholders not officers.....\$0
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$0
 - 21.22 Borrowed from others.....\$0
 - 21.23 Leased from others\$0
 - 21.24 Other\$0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [X] No []
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$0
 - 22.22 Amount paid as expenses\$5,143,093
 - 22.23 Other amounts paid\$0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [X] No []

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 25.093 Total payable for securities lending reported on the liability page. \$ 0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ 0
- 26.22 Subject to reverse repurchase agreements \$ 0
- 26.23 Subject to dollar repurchase agreements \$ 0
- 26.24 Subject to reverse dollar repurchase agreements \$ 0
- 26.25 Placed under option agreements \$ 0
- 26.26 Letter stock or securities restricted as to sale -
excluding FHLB Capital Stock \$ 0
- 26.27 FHLB Capital Stock \$ 0
- 26.28 On deposit with states \$ 15,415,944
- 26.29 On deposit with other regulatory bodies \$ 0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
- 27.42 Permitted accounting practice Yes [] No []
- 27.43 Other accounting guidance Yes [] No []
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [X] No []
- 29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

GENERAL INTERROGATORIES

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

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

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

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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107105	BLACKROCK FINANCIAL MANAGEMENT, INC	549300LVXY1VJKE13M84	The SEC	DS.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	511,197,908	473,645,586	(37,552,322)
31.2 Preferred stocks	0	0	0
31.3 Totals	511,197,908	473,645,586	(37,552,322)

31.4 Describe the sources or methods utilized in determining the fair values:

Fair value of actively traded debt and equity securities are based on quoted market prices. Fair value of inactive traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

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

33.2 If no, list exceptions:
.....

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

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

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

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
 39.21 Held directly Yes [] No []
 39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

41.1 Amount of payments for legal expenses, if any? \$ 4,370,534

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
SQUIRE SANDERS (US) LLP	2,383,592

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes No

1.2 If yes, indicate premium earned on U.S. business only. \$ 3,245,427

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ 2,620,945

1.6 Individual policies: Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 3,245,427

1.65 Total incurred claims \$ 2,620,945

1.66 Number of covered lives 1,265

1.7 Group policies: Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

		1	2	
		Current Year	Prior Year	
2.1	Premium Numerator	2,277,202,909	2,310,865,566	
2.2	Premium Denominator	2,277,202,909	2,310,865,566	
2.3	Premium Ratio (2.1/2.2)	1.000	1.000	
2.4	Reserve Numerator	266,458,498	260,057,267	
2.5	Reserve Denominator	266,458,498	260,057,267	
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000	

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes No

3.2 If yes, give particulars:
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes No

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No

5.1 Does the reporting entity have stop-loss reinsurance? Yes No

5.2 If no, explain:
Stop-Loss Reinsurance is not required

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 0

5.32 Medical Only \$ 0

5.33 Medicare Supplement \$ 0

5.34 Dental & Vision \$ 0

5.35 Other Limited Benefit Plan \$ 0

5.36 Other \$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Provider contracts include hold harmless and continuation of benefits provisions. Insurer has an indemnity agreement with the parent company.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?..... Yes No

7.2 If no, give details
.....

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year 462,446

8.2 Number of providers at end of reporting year 494,379

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months.. \$..... 12,010,879

9.22 Business with rate guarantees over 36 months \$..... 0

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- | | | |
|--|----|--------|
| 10.21 Maximum amount payable bonuses..... | \$ | 37,980 |
| 10.22 Amount actually paid for year bonuses..... | \$ | 3 |
| 10.23 Maximum amount payable withholds..... | \$ | 0 |
| 10.24 Amount actually paid for year withholds..... | \$ | 0 |
- 11.1 Is the reporting entity organized as:
- | | | |
|---|---------|----------|
| 11.12 A Medical Group/Staff Model, | Yes [] | No [X] |
| 11.13 An Individual Practice Association (IPA), or, | Yes [] | No [X] |
| 11.14 A Mixed Model (combination of above)? | Yes [] | No [X] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Kentucky
- 11.4 If yes, show the amount required. \$ 1,250,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
See state regulation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
AL - Medicare - Baldwin, Bibb, Clarke, Escambia, Fayette, Jefferson, Lauderdale, Lawrence, Limestone, Madison, Mobile, Shelby, Tuscaloosa, Walker
AZ - Medicare - Statewide
AR - Medicare - Baxter, Benton, Boone, Carroll, Cleburne, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Hempstead, Howard, Independence, IZard, Jefferson, Johnson, Little River, Logan, Lonoke, Madison, Marion, Miller, Perry, Pope, Pulaski, Randolph, Saline, Searcy, Sebastian, Sevier, Sharp, Van Buren, Washington
CO - Medicare - Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Fremont, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld
ID - Medicare - Ada, Bonner, Canyon, Kootenai, Payette
IL - Medicare - Adams, Alexander, Bond, Calhoun, Carroll, Champaign, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Greene, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Lawrence, Macon, Macoupin, Marion, Mason, Massac, Menard, Monroe, Montgomery, Morgan, Moultrie, Perry, Piatt, Pike, Pope, Pulaski, Randolph, Richland, Rock Island, Saline, Scott, Shelby, Union, Vermillion, Wabash, Washington, Wayne, White, Williamson, Boone, Brown, Bureau, Cass, Cook, Dekalb, Dewitt, Dupage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Madison, Marshall, McDonough, McHenry, McLean, Mercer, Ogle, Peoria, Putnam, Sangamon, Schuyler, St. Clair, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago, Woodford
IN - Medicare - Adams, Allen, Boone, Clark, DeKalb, Floyd, Gibson, Hamilton, Hancock, Hendricks, Huntington, Johnson, Kosciusko, Lake, Madison, Marion, Marshall, Morgan, Posey, St. Joseph, Vanderburgh, Wells, Whitley, Delaware, Elkhart, Howard, LaPorte, Monroe, Montgomery, Noble, Porter, Tippecanoe, Warrick. Commercial - Boone, Clark, Crawford, Dearborn, Delaware, Dubois, Floyd, Franklin, Gibson, Hamilton, Hancock, Harrison, Hendricks, Howard, Jackson, Jefferson, Jennings, Johnson, Knox, Lake, LaPorte, Madison, Marion, Morgan, Ohio, Orange, Pike, Porter, Posey, Ripley, Scott, Shelby, Spencer, Tipton, Union, Vanderburgh, Warrick, Washington
KS - Medicare - Butler, Douglas, Harvey, Jefferson, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, Sumner, Wyandotte
KY - Medicare - Statewide Commercial - Statewide
MO - Medicare - Audrain, Barry, Barton, Benton, Boone, Callaway, Cass, Cedar, Christian, Clay, Cole, Cooper, Crawford, Dade, Dallas, Douglas, Franklin, Gasconade, Greene, Henry, Hickory, Howard, Howell, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lincoln, McDonald, Moniteau, Monroe, Montgomery, Newton, Ozark, Pettis, Platte, Polk, Pulaski, Ray, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Stone, Taney, Warren, Washington, Webster, Wright Commercial - Bates, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Henry, Jackson, Johnson, Lafayette, Platte, Ray
NE - Medicare - Cass, Dakota, Dodge, Douglas, Lancaster, Sarpy, Saunders, Washington
NV - Medicare - Carson City, Clark, Douglas (partial), Lyon (partial), Nye, Storey, Washoe Commercial - Carson City, Clark, Douglas (partial), Lyon (partial), Nye, Storey, Washoe
NM - Medicare - Bernalillo, San Miguel, Sandoval, Santa Fe, Torrance, Valencia
OH - Medicare - Allen, Butler, Carroll, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Erie, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Mahoning, Medina, Montgomery, Muskingum, Ottawa, Portage, Preble, Sandusky, Seneca, Stark, Summit, Trumbull, Union, Warren, Wayne, Wood
SC - Medicare - Anderson, Berkeley, Calhoun, Charleston, Cherokee, Colleton, Dorchester, Greenville, Laurens, Lexington, Pickens, Richland, Spartanburg, York
TN - Medicare - Statewide Commercial - Statewide

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

1 Name of Service Area
TX - Medicare - Statewide
VA - Medicare - Albemarle, Alexandria City, Arlington, Bedford, Bedford City, Bland, Botetourt, Bristol City, Buchanan, Buckingham, Charlottesville City, Chesapeake City, Chesterfield, Colonial Heights City, Craig, Dickenson, Dinwiddie, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Goochland, Grayson, Greene, Hampton City, Hanover, Henrico, Hopewell City, Isle of Wight, James City, Lee, Loudoun, Louisa, Manassas City, Manassas Park City, Montgomery, Nelson, Newport News City, Norfolk City, Norton City, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince William, Pulaski, Radford City, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Suffolk City, Tazewell, Virginia Beach City, Washington, Williamsburg City, Wise, Wythe, York
WA - Medicare - Statewide

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$0
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written \$0
- 15.2 Total Incurred Claims \$0
- 15.3 Number of Covered Lives0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan Inc.

FIVE-YEAR HISTORICAL DATA

	1 2023	2 2022	3 2021	4 2020	5 2019
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	709,923,934	768,263,926	756,680,861	666,977,916	641,023,093
2. Total liabilities (Page 3, Line 24)	461,249,761	391,114,016	476,730,229	411,402,618	390,217,229
3. Statutory minimum capital and surplus requirement	1,250,000	1,250,000	1,250,000	218,451,297	106,465,485
4. Total capital and surplus (Page 3, Line 33)	248,674,173	377,149,910	279,950,632	255,575,298	250,805,864
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,276,218,100	2,310,556,343	2,206,424,945	2,114,079,252	1,123,991,903
6. Total medical and hospital expenses (Line 18)	2,068,845,759	1,972,233,959	1,951,731,350	1,838,170,834	927,898,561
7. Claims adjustment expenses (Line 20)	106,241,239	121,751,825	114,460,183	119,240,262	80,561,028
8. Total administrative expenses (Line 21)	159,562,772	173,913,019	205,799,470	236,040,040	73,981,017
9. Net underwriting gain (loss) (Line 24)	(84,217,908)	42,737,364	(54,305,545)	(90,322,940)	43,488,297
10. Net investment gain (loss) (Line 27)	19,732,527	12,921,893	13,121,175	8,951,603	13,338,320
11. Total other income (Lines 28 plus 29)	(2,638)	275	274	(71,365)	(306,990)
12. Net income or (loss) (Line 32)	(57,198,360)	50,136,528	(30,320,443)	(71,453,210)	44,321,177
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(45,302,618)	(23,002,424)	31,185,587	89,101,285	(130,885,119)
Risk-Based Capital Analysis					
14. Total adjusted capital	248,674,173	377,149,910	279,950,632	255,575,298	250,805,864
15. Authorized control level risk-based capital	73,981,177	77,261,955	76,754,489	72,817,099	35,488,820
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	274,688	322,872	341,239	345,726	337,962
17. Total members months (Column 6, Line 7)	3,634,061	3,891,683	4,035,412	4,068,347	4,120,152
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	90.9	85.3	88.5	86.9	82.6
20. Cost containment expenses	3.8	4.4	4.3	4.6	5.9
21. Other claims adjustment expenses	0.8	0.9	0.9	1.1	1.3
22. Total underwriting deductions (Line 23)	103.7	98.1	102.5	104.3	96.1
23. Total underwriting gain (loss) (Line 24)	(3.7)	1.8	(2.5)	(4.3)	3.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	186,286,204	193,674,175	176,035,180	98,391,177	302,301,943
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	204,759,954	225,857,730	201,381,741	111,676,398	315,731,965
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
 If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		Direct Business Only									
1		2	3	4	5	6	7	8	9	10	
States, etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts	
1. Alabama	AL	L	0	(61,459)	0	0	0	0	(61,459)	0	
2. Alaska	AK	N	0	0	0	0	0	0	0	0	
3. Arizona	AZ	L	32,884,630	(340,137)	0	3,712,099	0	0	36,256,592	0	
4. Arkansas	AR	L	0	(66,531)	0	0	0	0	(66,531)	0	
5. California	CA	N	0	0	0	0	0	0	0	0	
6. Colorado	CO	L	16,985,984	(95,297)	0	3,327,335	0	0	20,218,021	0	
7. Connecticut	CT	N	0	0	0	0	0	0	0	0	
8. Delaware	DE	N	0	0	0	0	0	0	0	0	
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0	
10. Florida	FL	N	0	0	0	0	0	0	0	0	
11. Georgia	GA	N	0	0	0	0	0	0	0	0	
12. Hawaii	HI	N	0	0	0	0	0	0	0	0	
13. Idaho	ID	L	0	(10,337)	0	0	0	0	(10,337)	0	
14. Illinois	IL	L	31,896,794	312,102,936	176,359,633	30,668,551	0	0	551,027,915	0	
15. Indiana	IN	L	45,615,138	(71,499)	0	0	0	0	45,543,638	0	
16. Iowa	IA	N	0	0	0	0	0	0	0	0	
17. Kansas	KS	L	522,488	(127,827)	0	11,781,526	0	0	12,176,186	0	
18. Kentucky	KY	L	399,458,268	(56,632)	1,203,257,314	3,923,025	0	0	1,606,581,974	0	
19. Louisiana	LA	N	0	0	0	0	0	0	0	0	
20. Maine	ME	N	0	0	0	0	0	0	0	0	
21. Maryland	MD	N	0	0	0	0	0	0	0	0	
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0	
23. Michigan	MI	N	0	0	0	0	0	0	0	0	
24. Minnesota	MN	N	0	0	0	0	0	0	0	0	
25. Mississippi	MS	N	0	0	0	0	0	0	0	0	
26. Missouri	MO	L	149,537	(241,362)	0	0	0	0	(91,824)	0	
27. Montana	MT	N	0	0	0	0	0	0	0	0	
28. Nebraska	NE	L	0	(11,472)	0	0	0	0	(11,472)	0	
29. Nevada	NV	L	863,272	(407,800)	0	0	0	0	455,473	0	
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0	
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0	
32. New Mexico	NM	L	0	(41,124)	0	0	0	0	(41,124)	0	
33. New York	NY	N	0	0	0	0	0	0	0	0	
34. North Carolina	NC	N	0	0	0	0	0	0	0	0	
35. North Dakota	ND	N	0	0	0	0	0	0	0	0	
36. Ohio	OH	L	0	0	0	0	0	0	0	0	
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0	
38. Oregon	OR	N	0	0	0	0	0	0	0	0	
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0	
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0	
41. South Carolina	SC	L	0	(115,648)	0	0	0	0	(115,648)	0	
42. South Dakota	SD	N	0	0	0	0	0	0	0	0	
43. Tennessee	TN	L	5,724,640	0	0	503,995	0	0	6,228,635	0	
44. Texas	TX	L	0	(542,984)	0	0	0	0	(542,984)	0	
45. Utah	UT	N	0	0	0	0	0	0	0	0	
46. Vermont	VT	N	0	0	0	0	0	0	0	0	
47. Virginia	VA	L	0	(292,347)	0	0	0	0	(292,347)	0	
48. Washington	WA	L	0	(68,054)	0	0	0	0	(68,054)	0	
49. West Virginia	WV	N	0	0	0	0	0	0	0	0	
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0	
51. Wyoming	WY	N	0	0	0	0	0	0	0	0	
52. American Samoa	AS	N	0	0	0	0	0	0	0	0	
53. Guam	GU	N	0	0	0	0	0	0	0	0	
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0	
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0	
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0	
57. Canada	CAN	N	0	0	0	0	0	0	0	0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	534,100,751	309,552,426	1,379,616,946	0	53,916,530	0	0	2,277,186,654	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0	
61. Totals (Direct Business)	XXX	534,100,751	309,552,426	1,379,616,946	0	53,916,530	0	0	2,277,186,654	0	
DETAILS OF WRITE-INS											
58001.	XXX	0	0	0	0	0	0	0	0	0	
58002.	XXX	0	0	0	0	0	0	0	0	0	
58003.	XXX	0	0	0	0	0	0	0	0	0	
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	

(a) Active Status Counts:

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

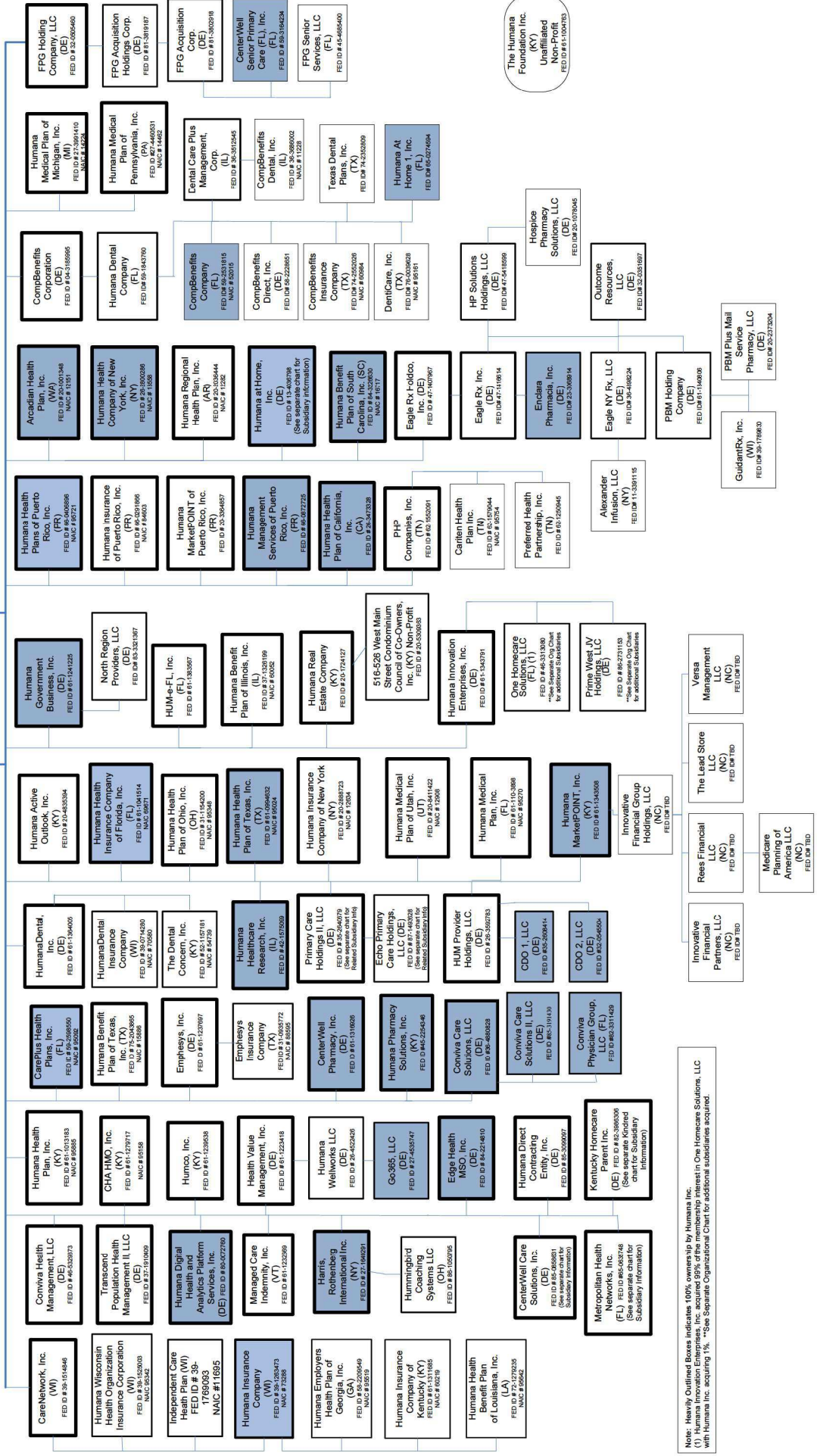
(b) Explanation of basis of allocation by states, premiums by state, etc.

The Company reports premium based on the situs of the contract

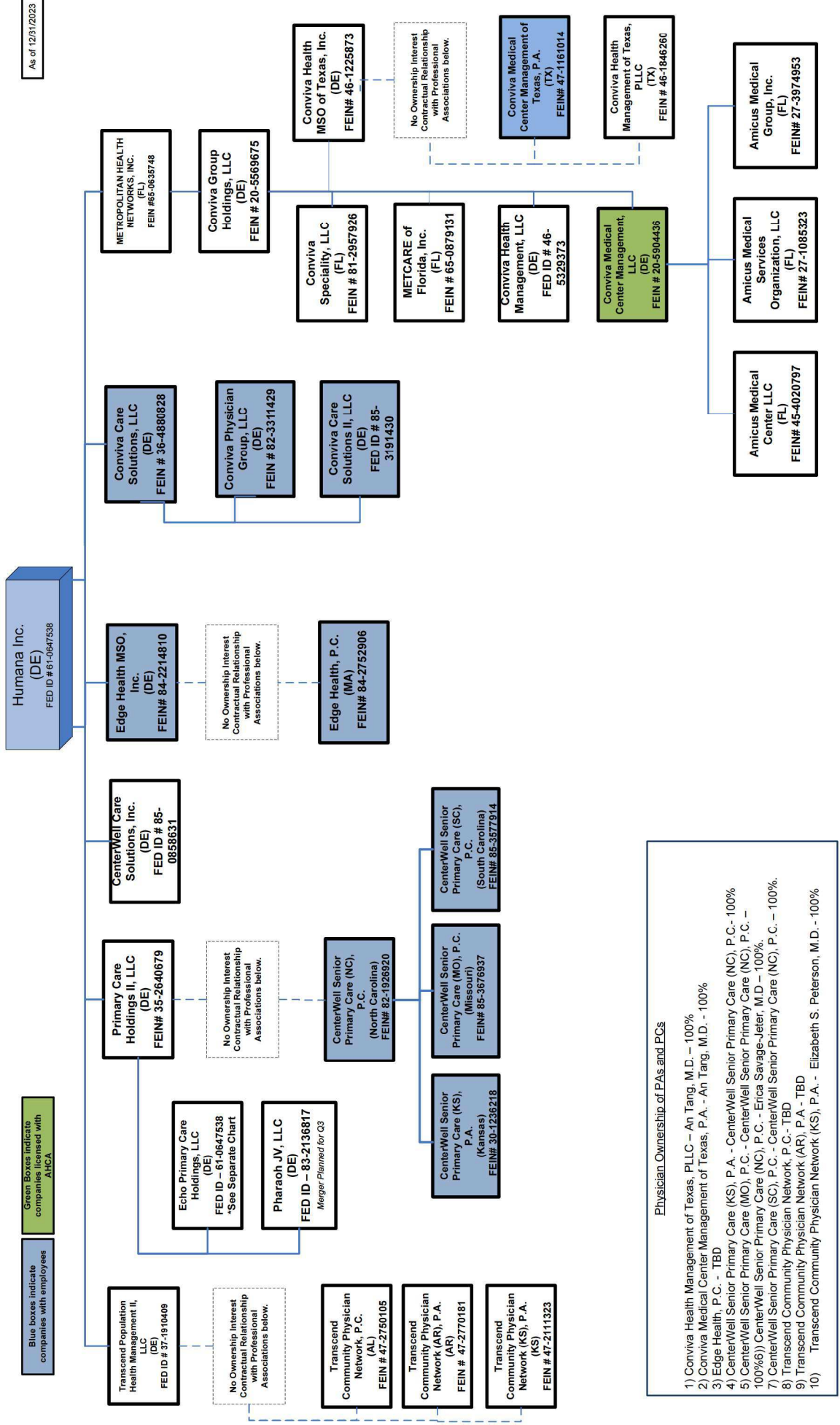
Humana Inc. (DE)(1)
FED ID # 61-0647538

Blue boxes indicate companies with employees

As of 12/31/2023



Note: Heavily Outlined Boxes indicates 100% ownership by Humana Inc. (1) Humana Innovation Enterprises, Inc. acquires 9% of the membership interest in One-Homestead Solutions, LLC with Humana Inc. acquiring 1%. *See Separate Organizational Chart for additional Subsidiaries required.

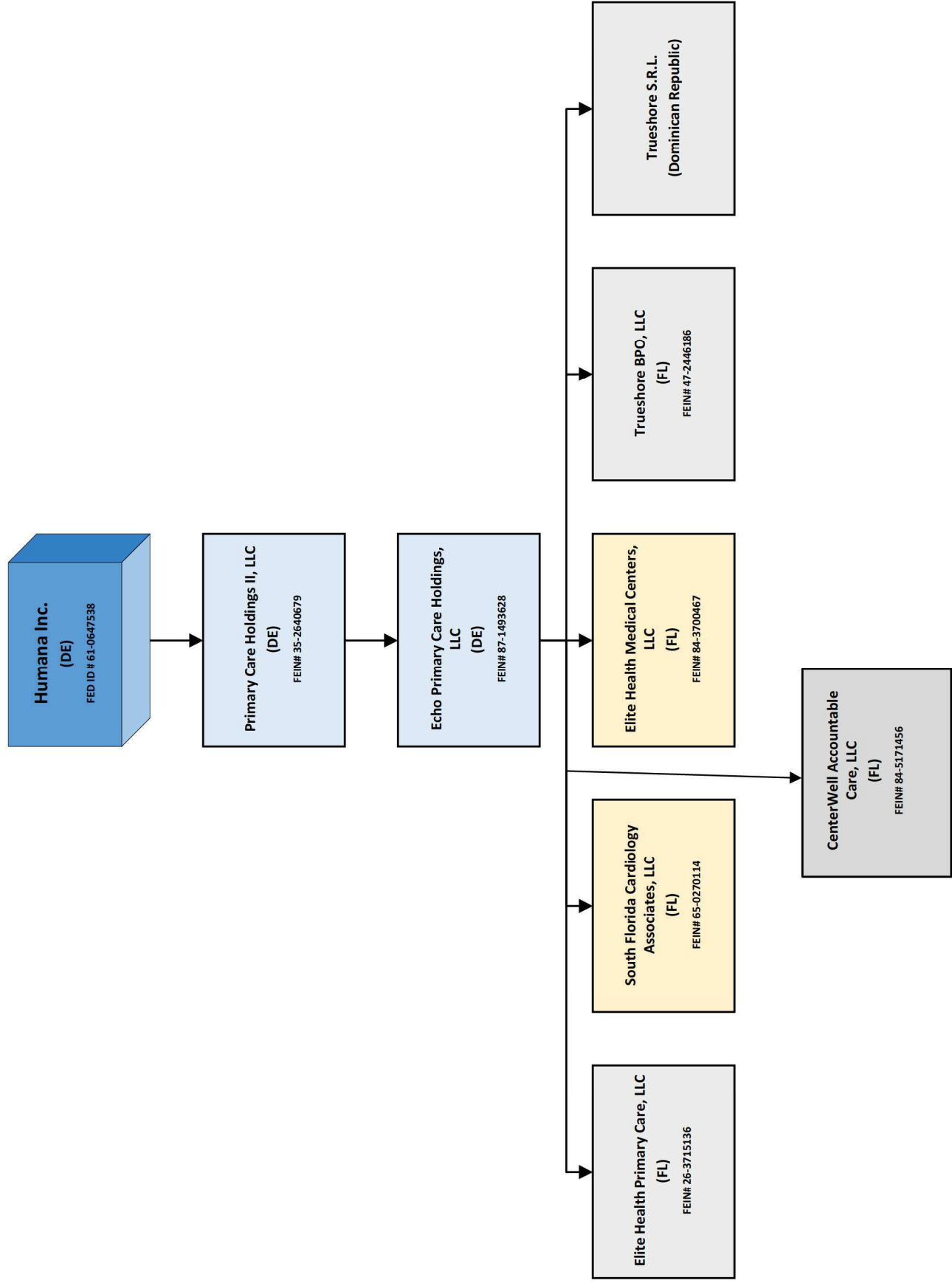


- Physician Ownership of PAs and PCs**
- 1) Conviva Health Management of Texas, PLLC – An Tang, M.D. – 100%
 - 2) Conviva Medical Center Management of Texas, P.A. - An Tang, M.D. - 100%
 - 3) Edge Health, P.C. - TBD
 - 4) CenterWell Senior Primary Care (KS), P.A. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 5) CenterWell Senior Primary Care (MO), P.C. - CenterWell Senior Primary Care (NC), P.C. - 100% (66%)
 - 6) CenterWell Senior Primary Care (NC), P.C. - Erica Savage-Jeter, M.D. – 100%.
 - 7) CenterWell Senior Primary Care (SC), P.C. - CenterWell Senior Primary Care (NC), P.C. – 100%.
 - 8) Transcend Community Physician Network, P.C. - TBD
 - 9) Transcend Community Physician Network (AR), P.A. - TBD
 - 10) Transcend Community Physician Network (KS), P.A. - Elizabeth S. Peterson, M.D. - 100%

Green Boxes indicate companies licensed with AHCA

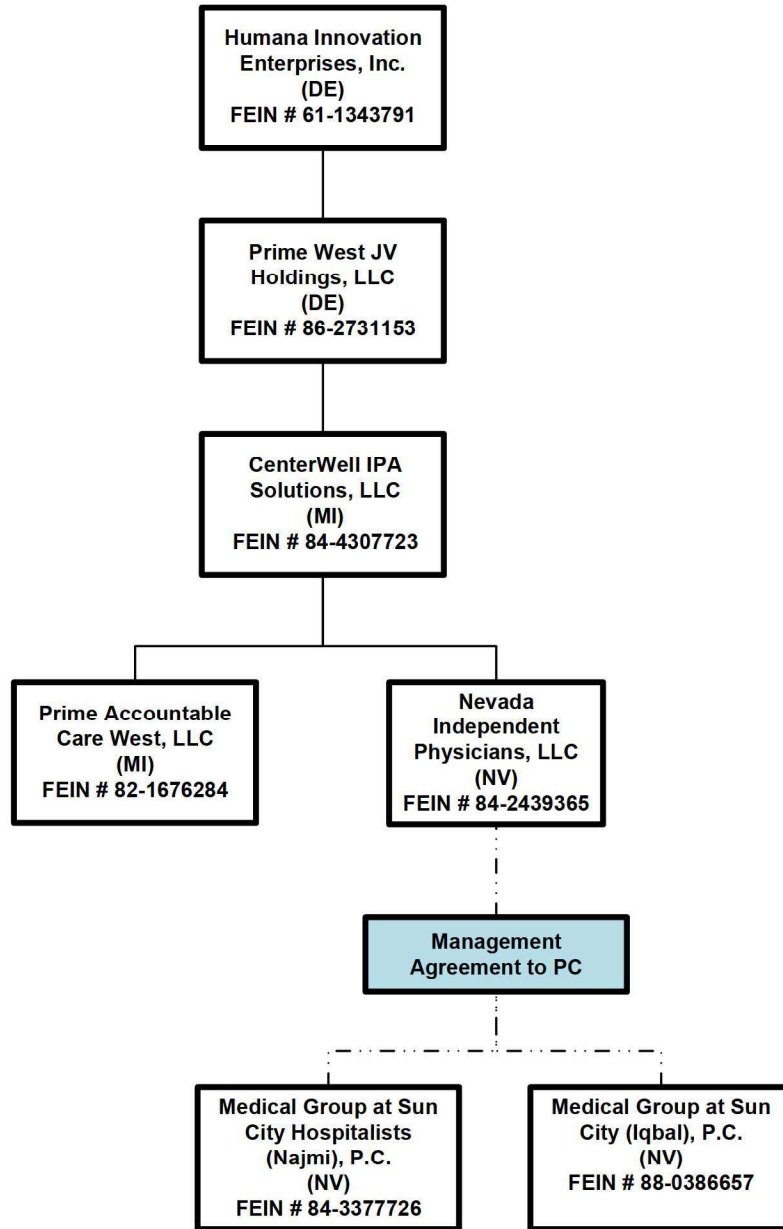
Blue boxes indicate companies with employees

Echo Primary Care Holdings Organization Chart



Prime West Organizational Chart

As of 12/31/2023



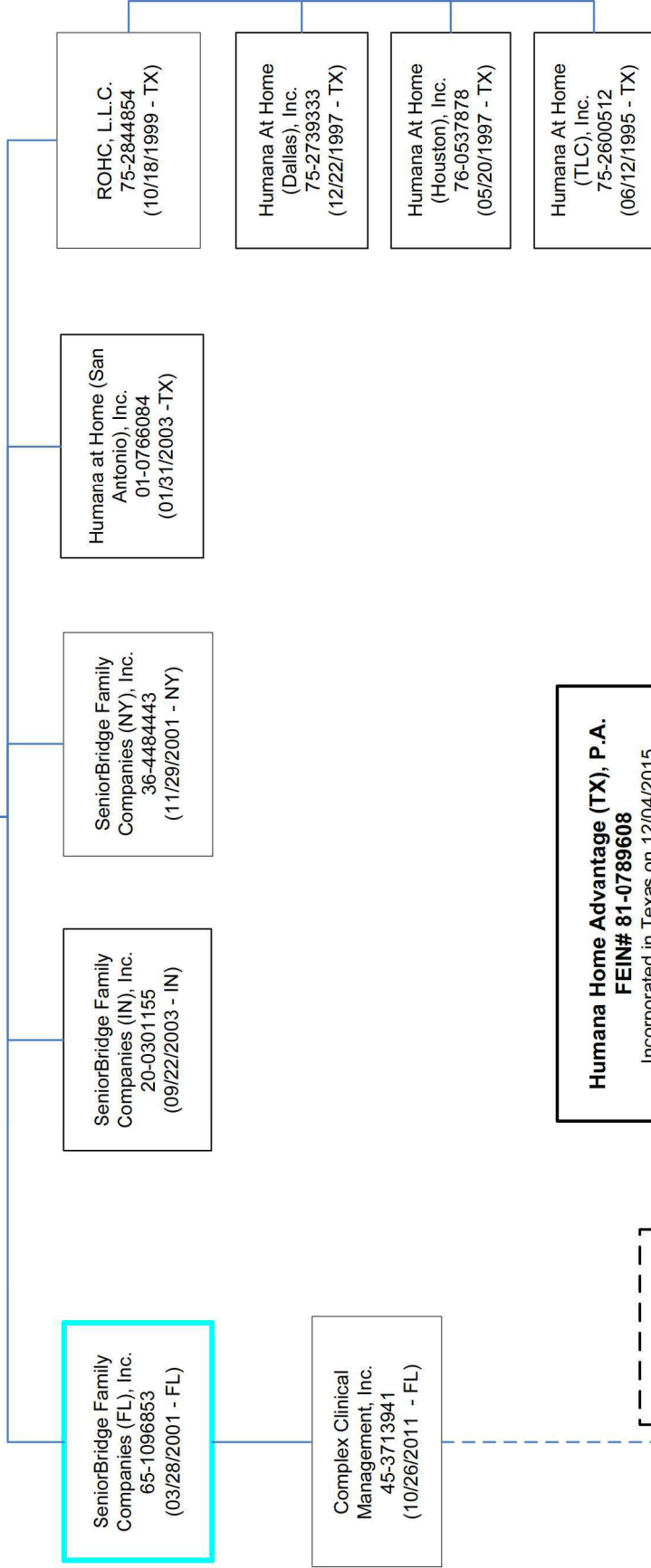
TBD Ownership

Companies with Employees

Humana Inc.
(Delaware)
61-0647538

As of 12.31.2023

Humana at Home, Inc.
(f/k/a SeniorBridge Family Companies, Inc.)
13-4036798 (01/21/2000 - DE)
Acq. 07/06/2012



SeniorBridge Family Companies (FL), Inc.
65-1096853
(03/28/2001 - FL)

Complex Clinical Management, Inc.
45-3713941
(10/26/2011 - FL)

SeniorBridge Family Companies (IN), Inc.
20-0301155
(09/22/2003 - IN)

SeniorBridge Family Companies (NY), Inc.
36-4484443
(11/29/2001 - NY)

Humana at Home (San Antonio), Inc.
01-0766084
(01/31/2003 -TX)

ROHC, L.L.C.
75-2844854
(10/18/1999 - TX)

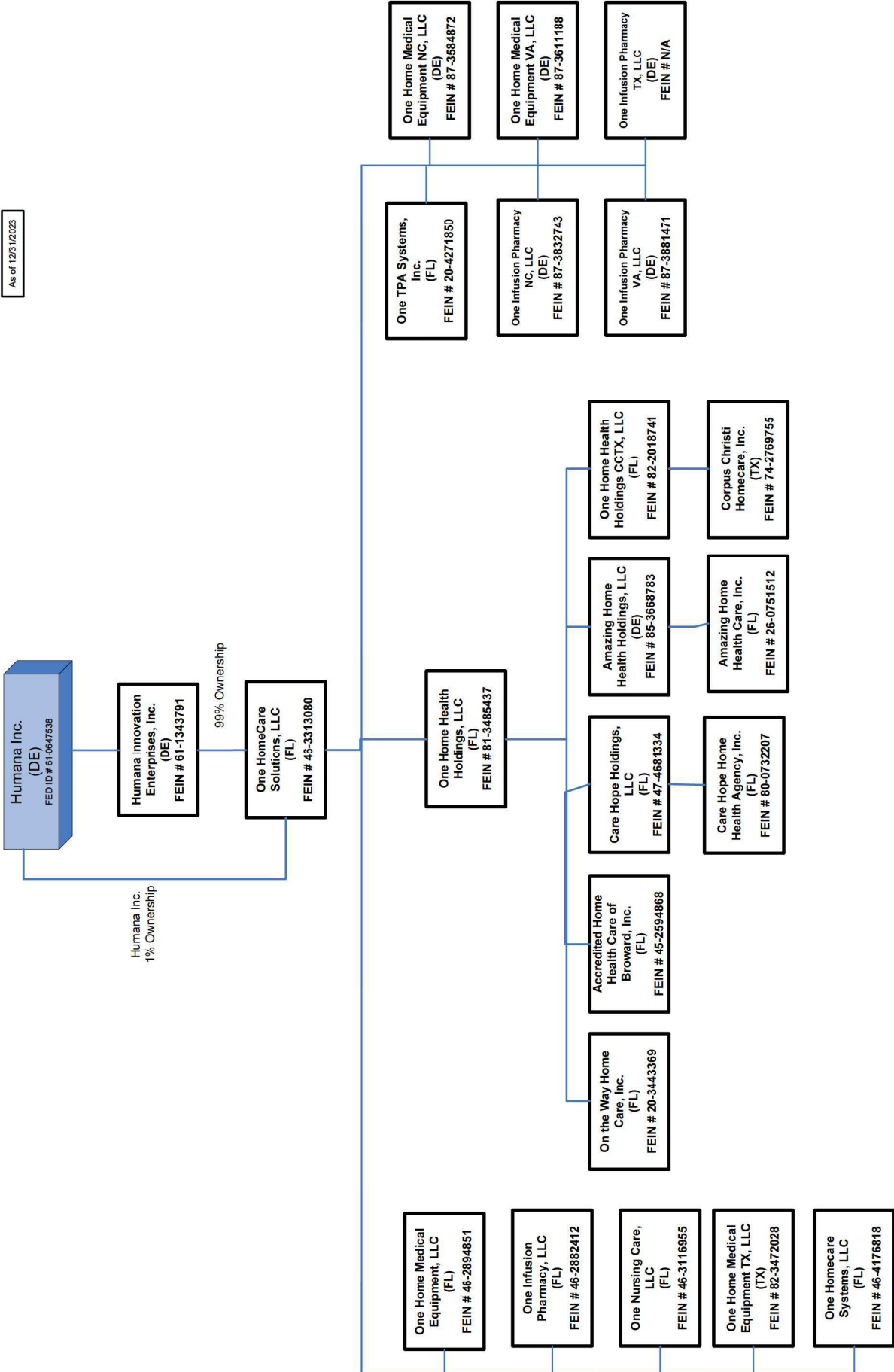
Humana At Home (Dallas), Inc.
75-2739333
(12/22/1997 - TX)

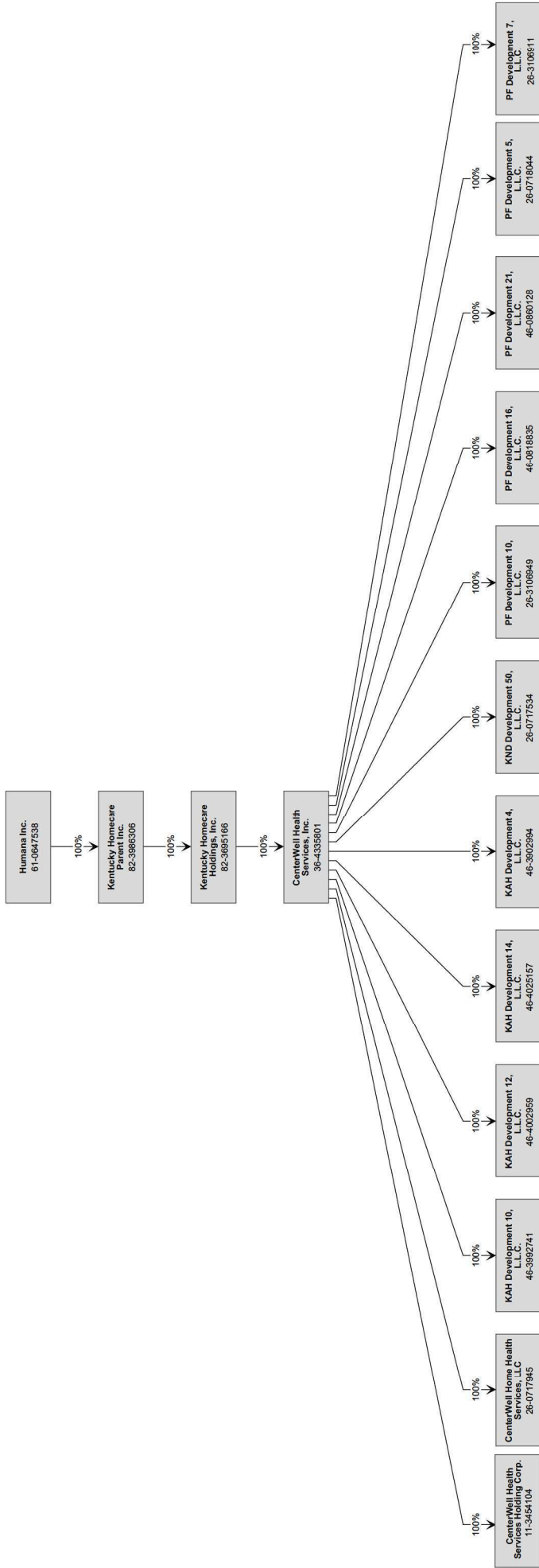
Humana At Home (Houston), Inc.
76-0537878
(05/20/1997 - TX)

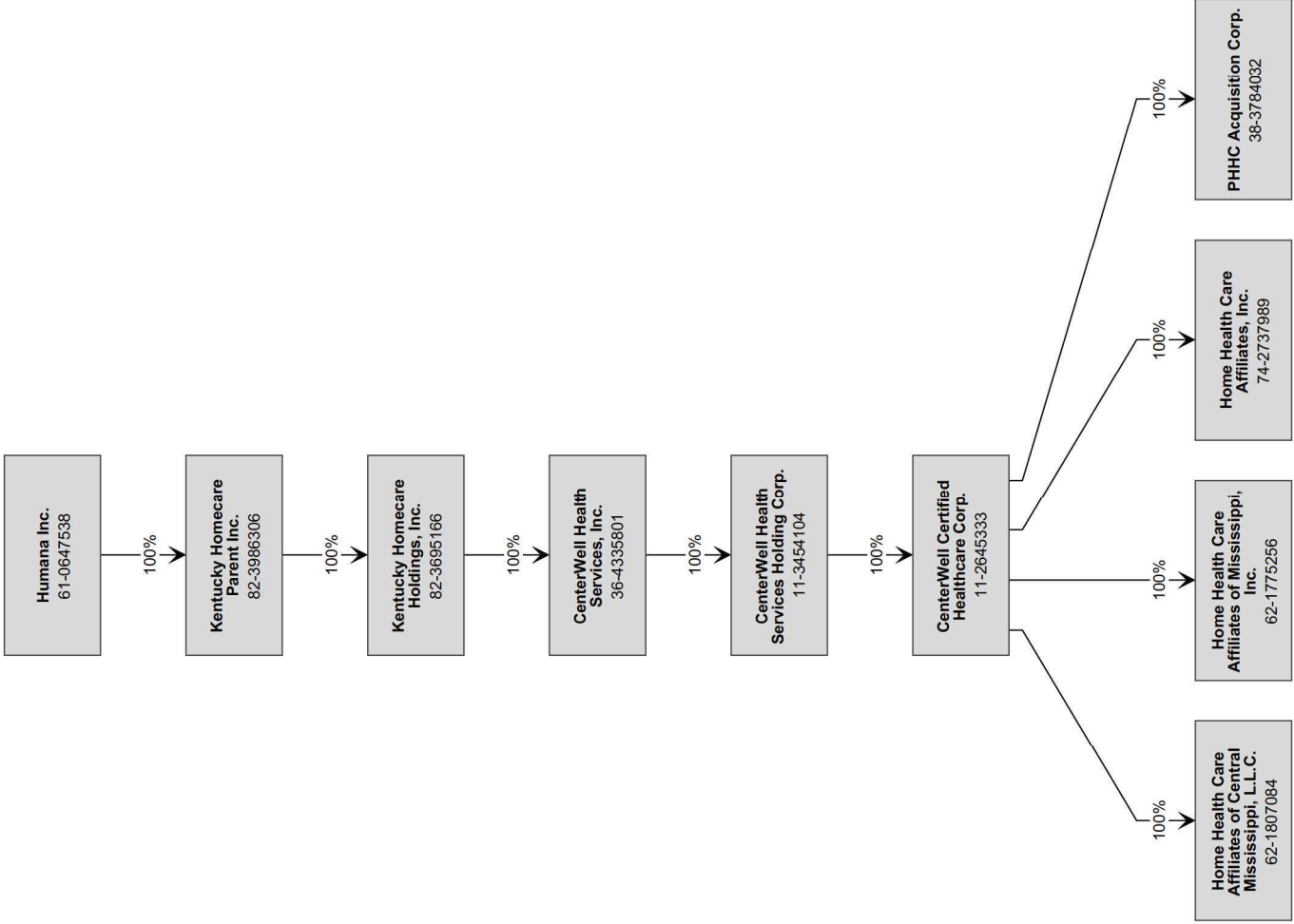
Humana At Home (TLC), Inc.
75-2600512
(06/12/1995 - TX)

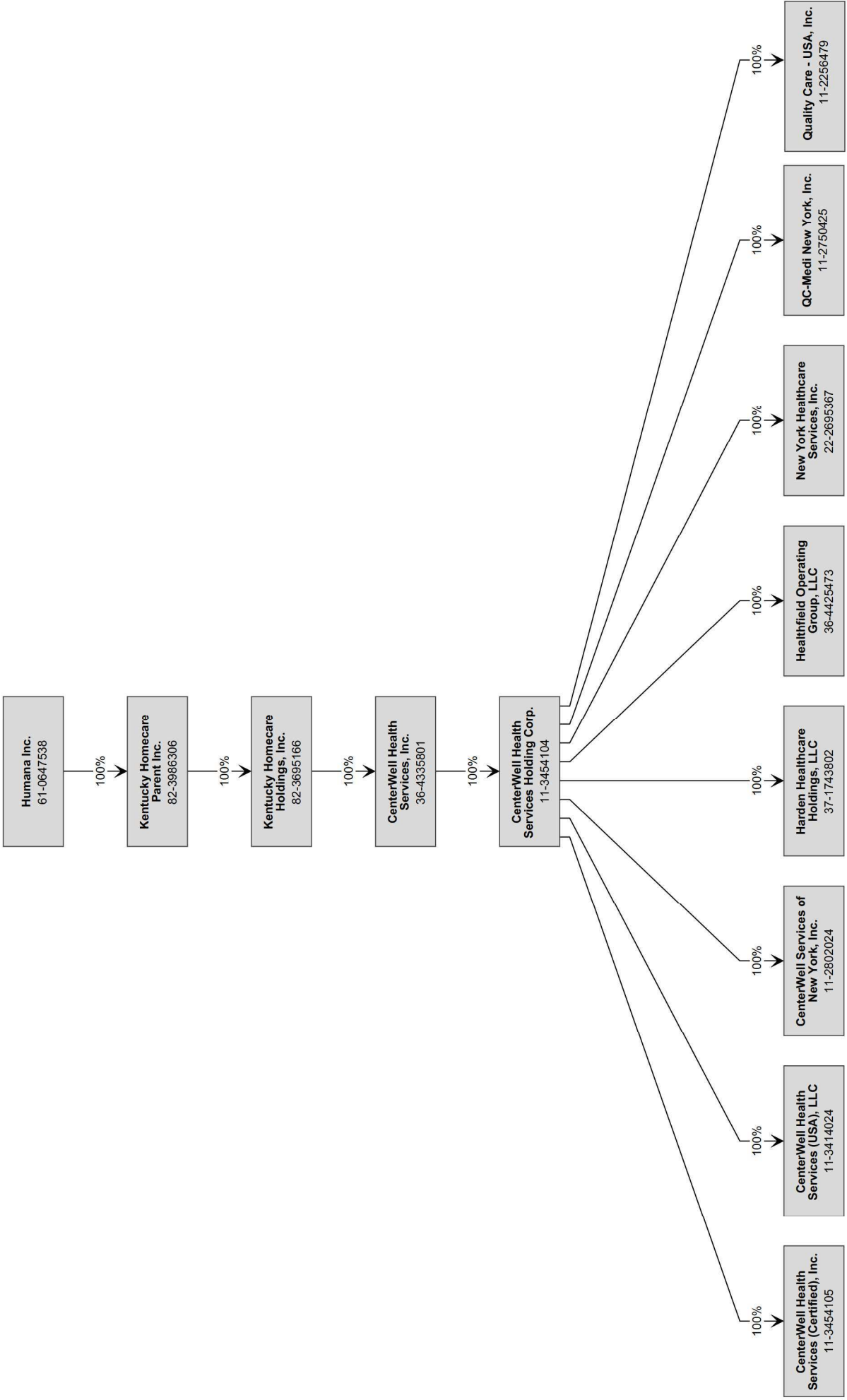
Humana Home Advantage (TX), P.A.
FEIN# 81-0789608
Incorporated in Texas on 12/04/2015.
TBD
Contractual relationship between Humana Home Advantage (TX), P.A. and Complex Clinical Management, Inc.

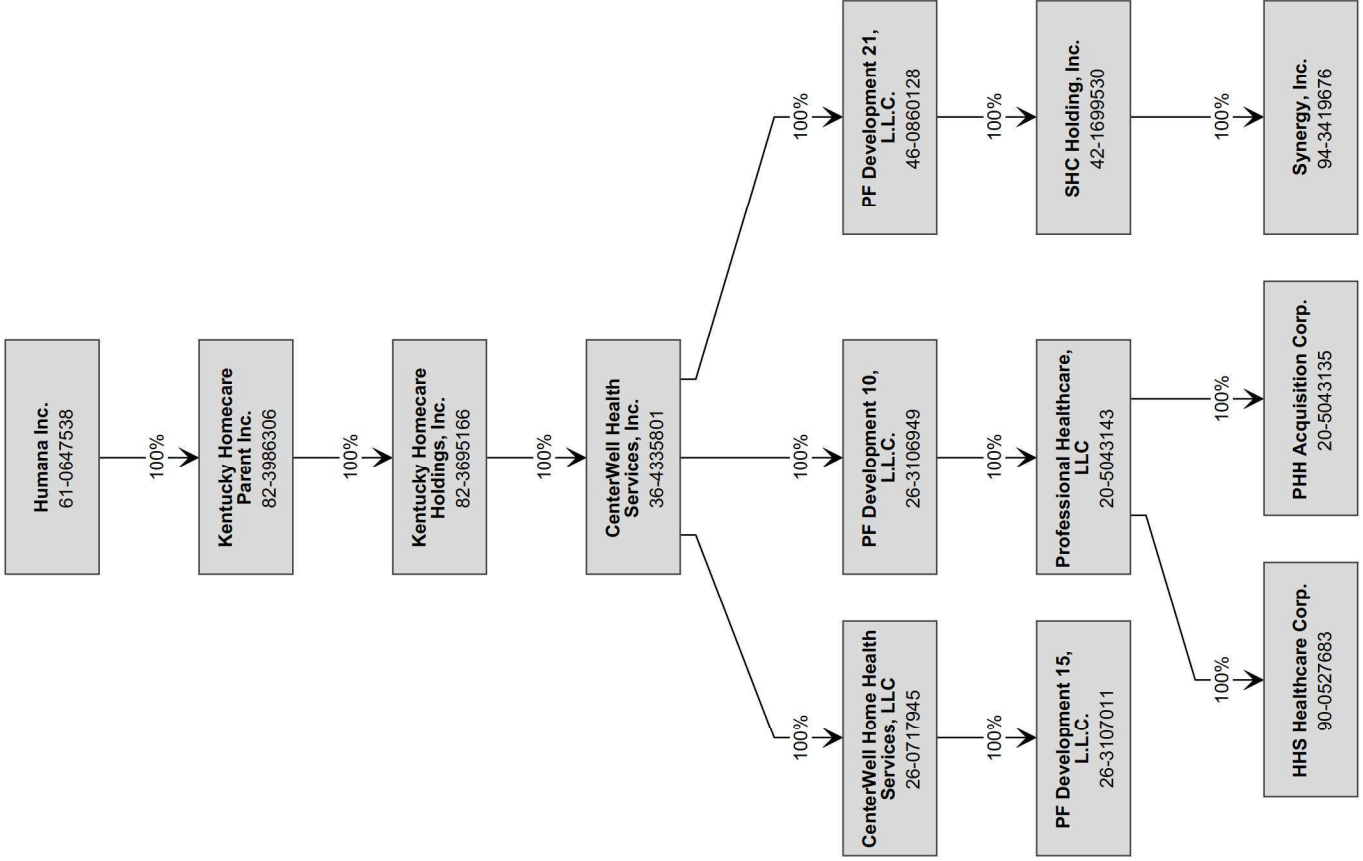
Management Service Agreement
NO OWNERSHIP INTEREST

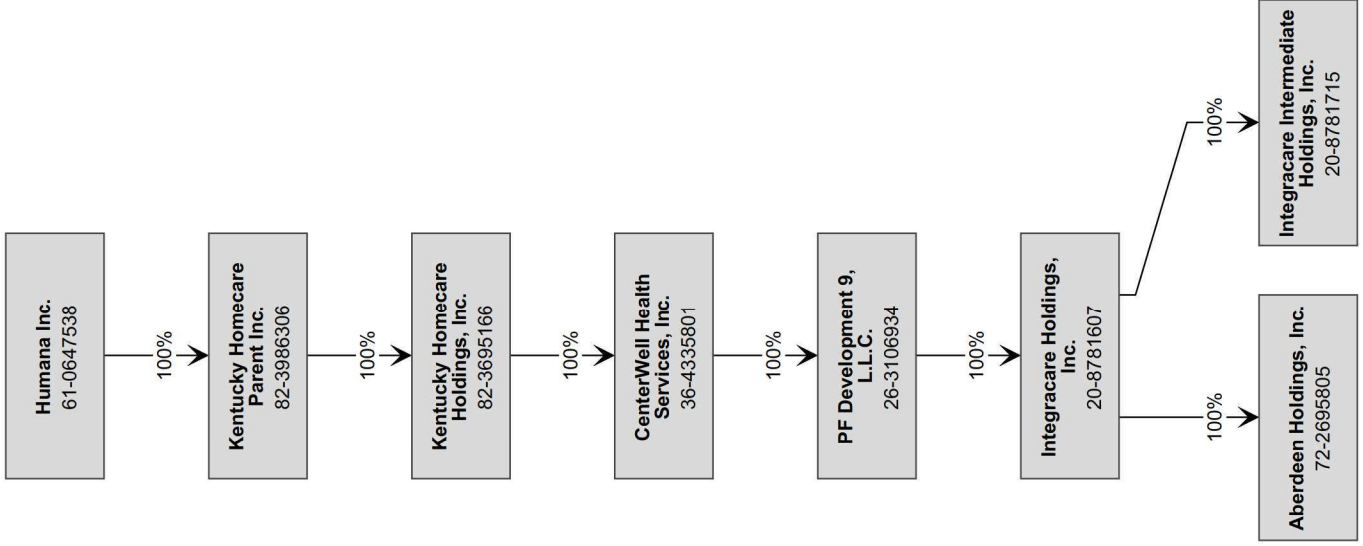


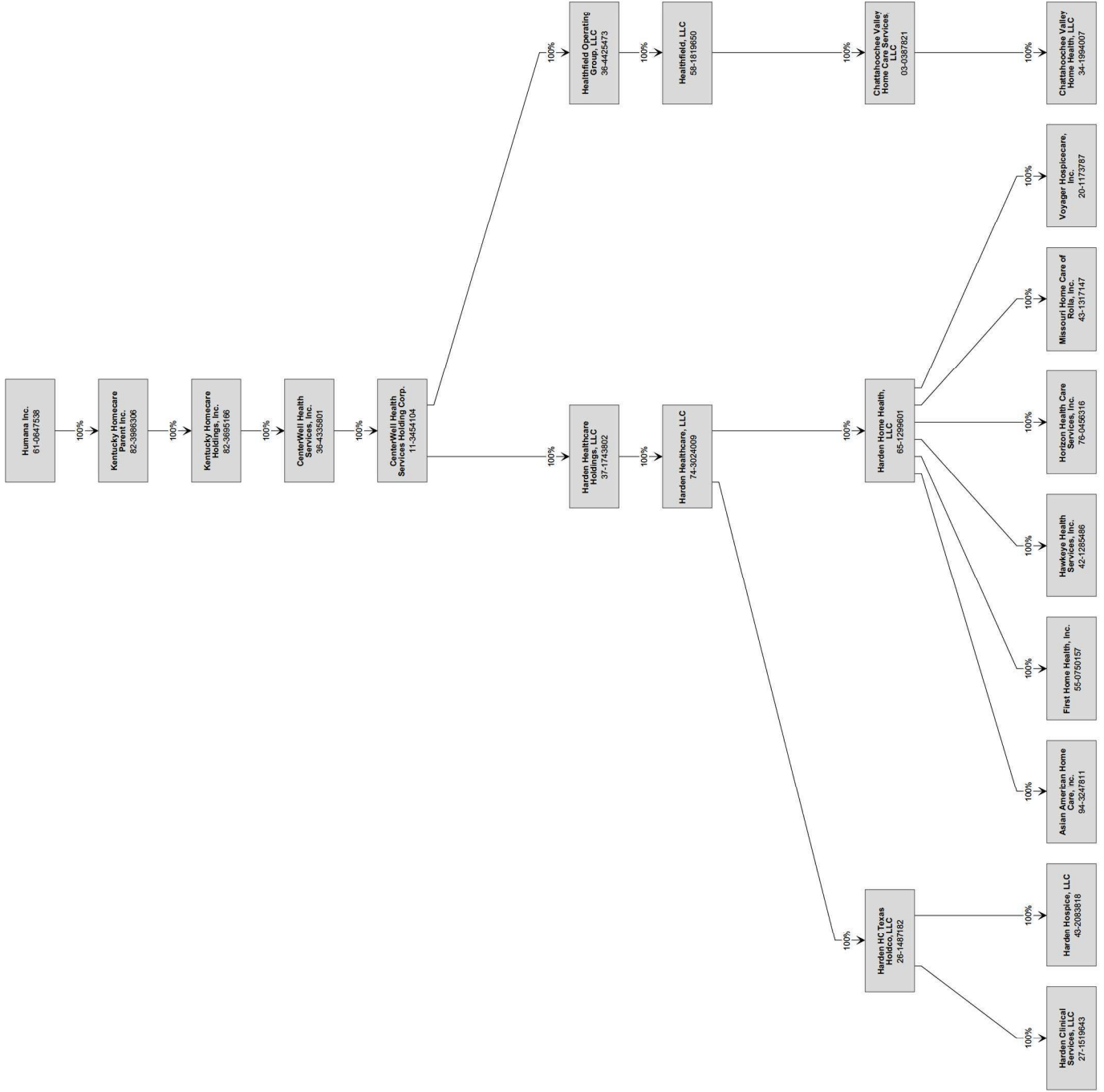


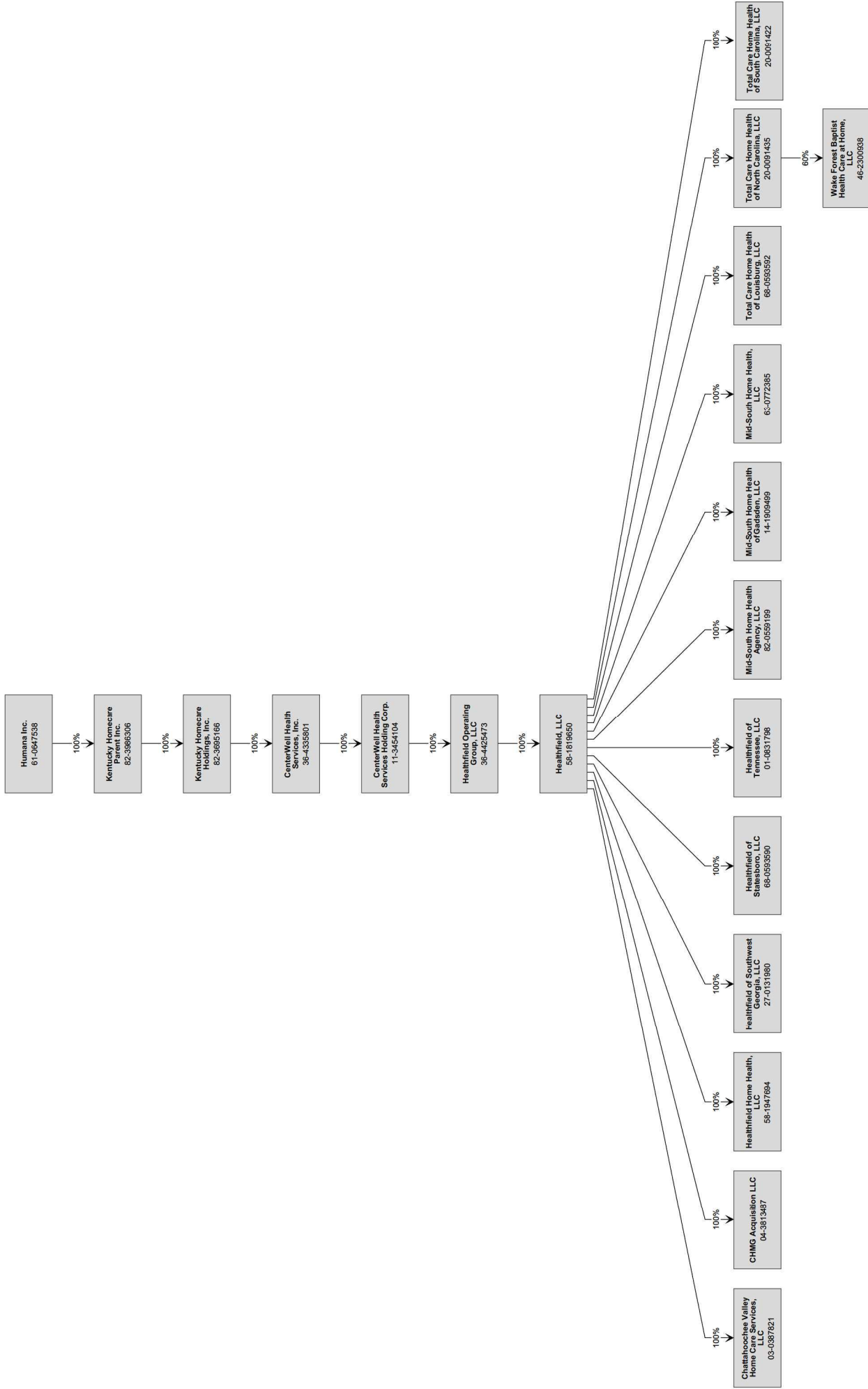


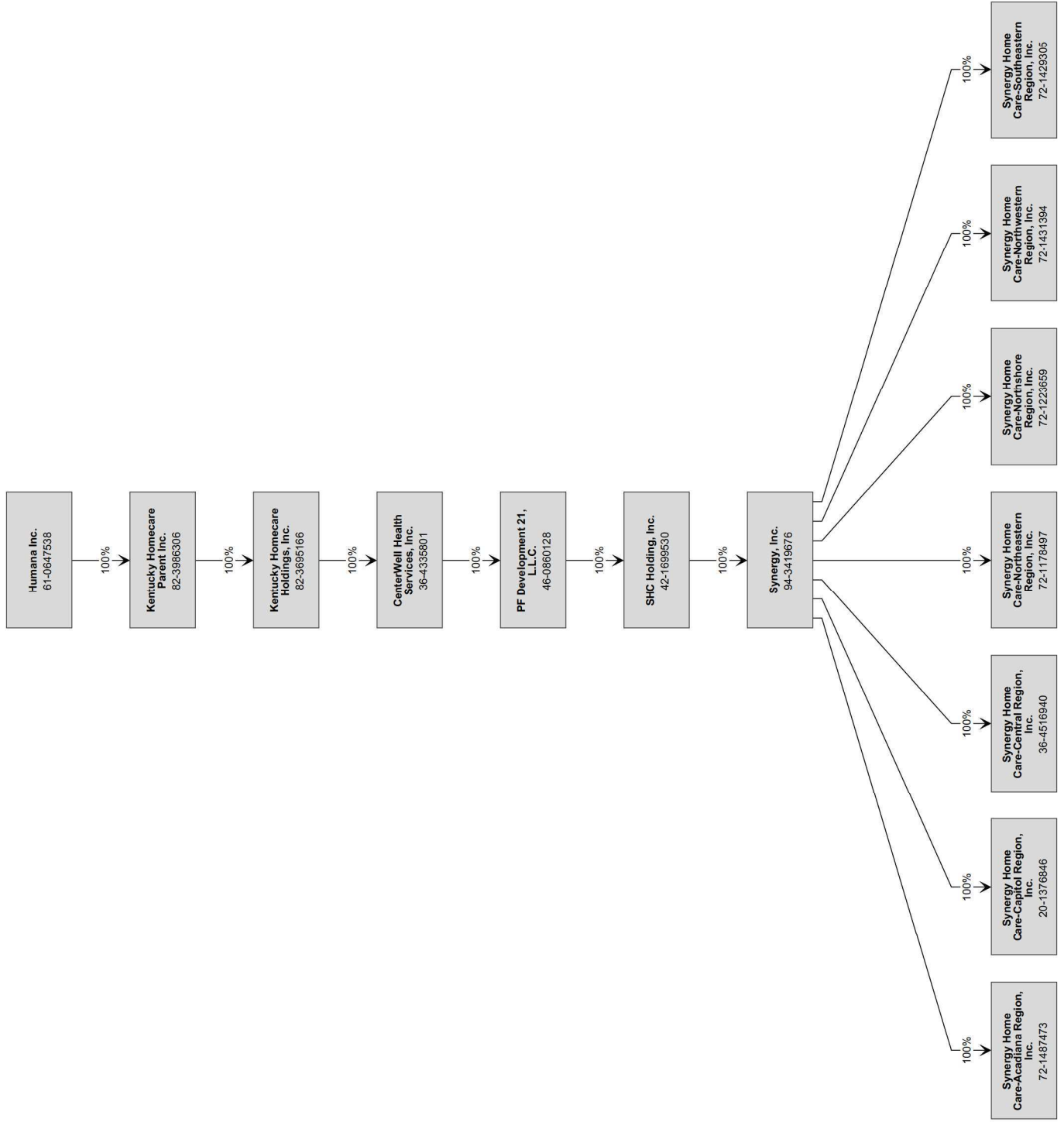


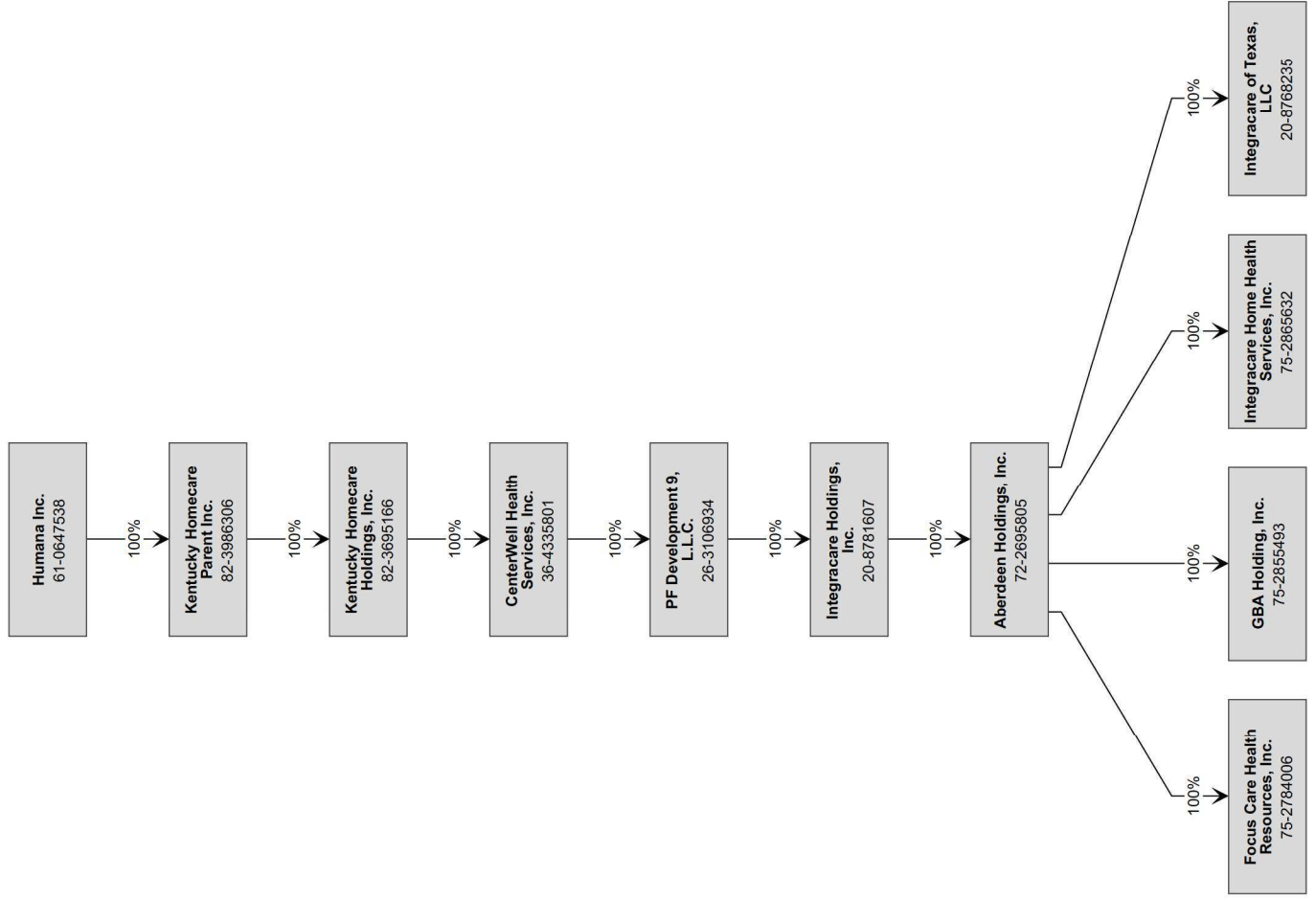


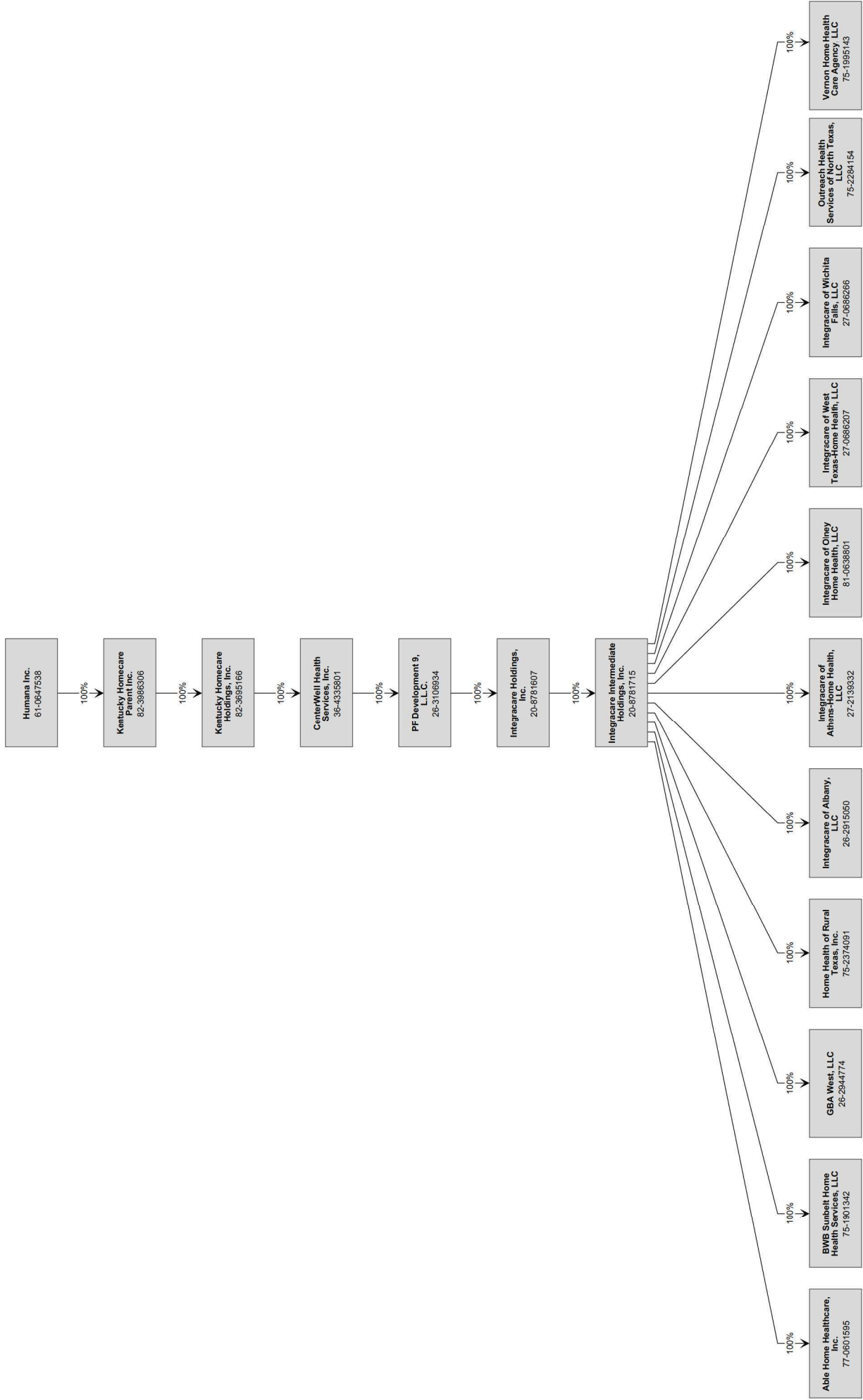


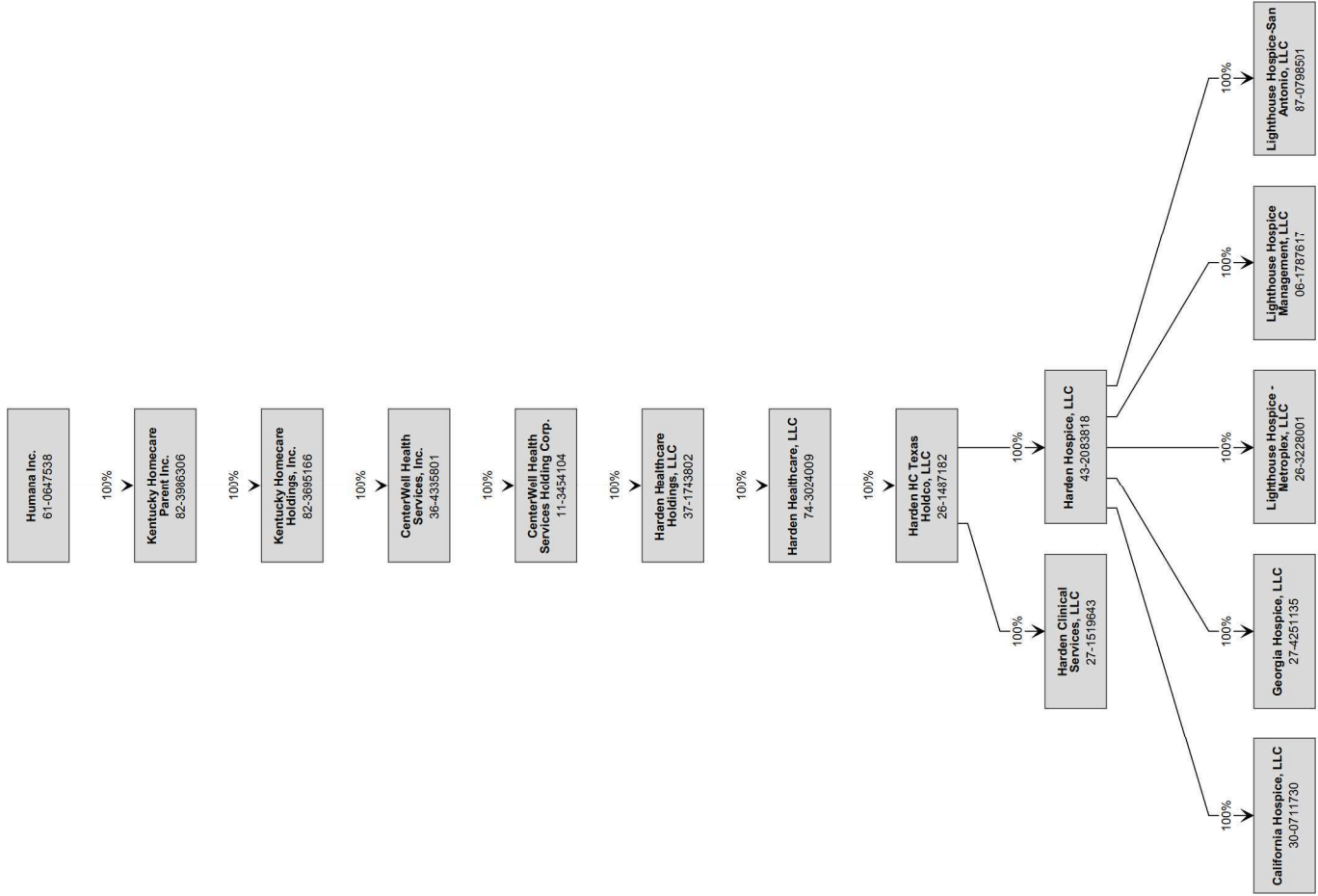


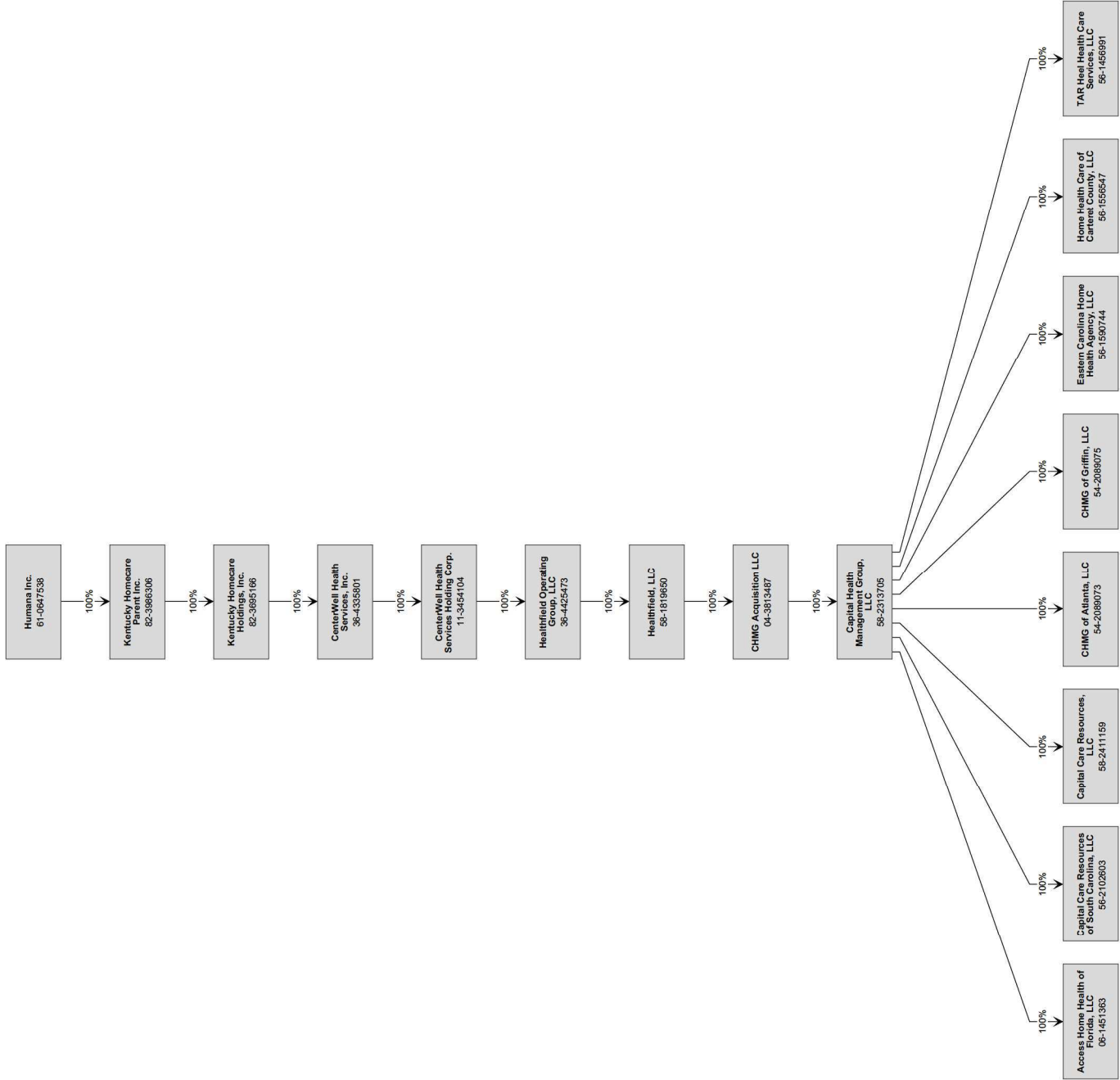


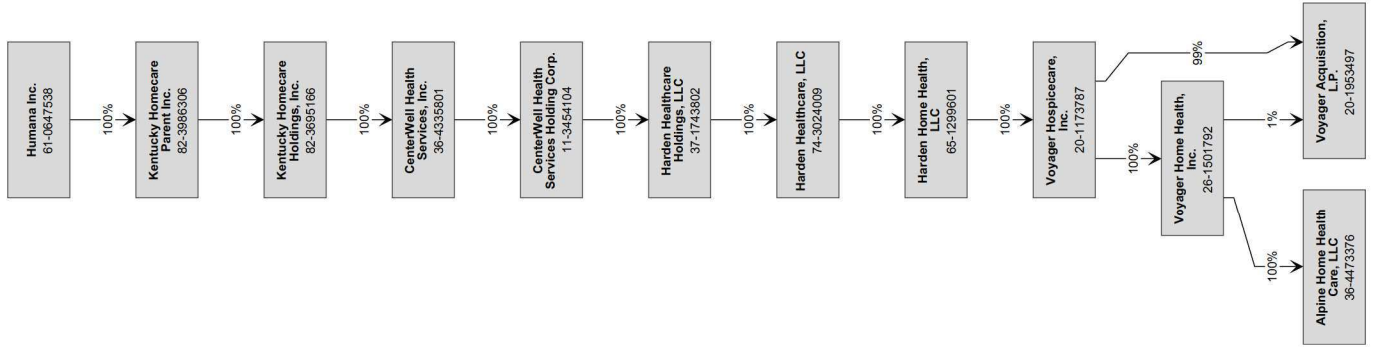


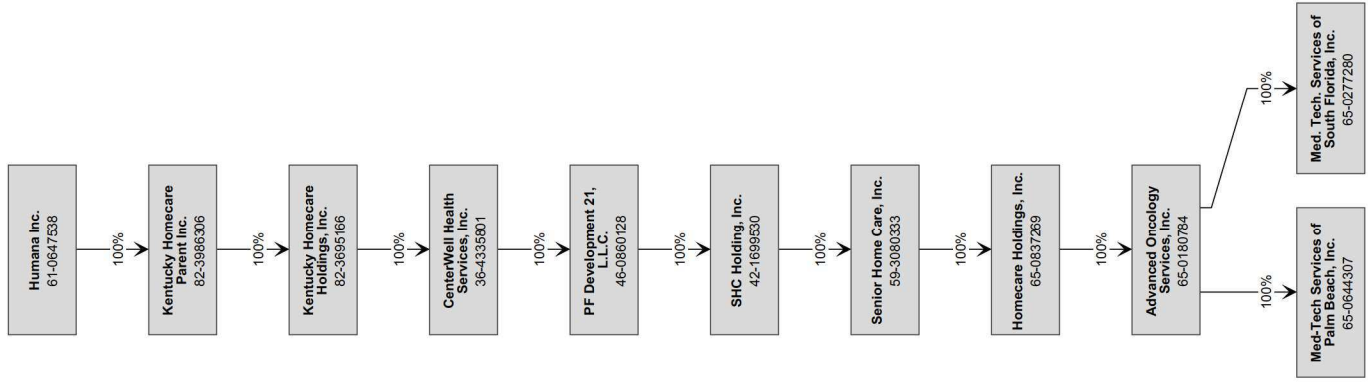












OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols: 1 - 2)	4 Net Admitted Assets
2504. Prepaid Commissions	102,105	102,105	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	102,105	102,105	0	0