

Adding Actuarial Opinion



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
Humana Health Plan of Ohio, Inc.

NAIC Group Code	0119 (Current)	0119 (Prior)	NAIC Company Code	95348	Employer's ID Number	31-1154200
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		OH
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]					
Incorporated/Organized	08/19/1985		Commenced Business	01/01/1986		
Statutory Home Office	111 Merchant Street (Street and Number)		Cincinnati, OH, US 45246 (City or Town, State, Country and Zip Code)			
Main Administrative Office	111 Merchant Street (Street and Number)		Cincinnati, OH, US 45246 (City or Town, State, Country and Zip Code) 513-784-5320 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)		Louisville, KY, US 40201-7436 (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 (City or Town, State, Country and Zip Code) 513-784-5320 (Area Code) (Telephone Number)			
Internet Website Address	www.humana.com					
Statutory Statement Contact	Stephenie Warren (Name)		502-580-2050 (Area Code) (Telephone Number)			
	DOIINQUIRIES@humana.com (E-mail Address)		502-580-2099 (FAX Number)			

OFFICERS

OTHER

Alan James Bailey, VP & Treasurer Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor	John Edward Barger III #, SVP, Medicaid President Douglas Allen Edwards, Senior Vice President, Workplace Experience	Andrew Joseph Besendorf III, Appointed Actuary Christopher Howal Hunter, Segment President, Group & Military Business
Steven Edward McCulley, SVP, Medicare Richard Donald Remmers, SVP, Employer Group Sales	Sean Joseph O'Reilly, SVP, Enterprise Compliance & Chief Compliance Officer George Renaudin II, SVP, Medicare East & Provider Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader	William Mark Preston, VP, Investments Donald Hank Robinson, SVP, Tax
Susan Draney Schick #, SVP, Employer Group Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller	Timothy Alan Wheatley, Segment President, Retail

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Brian Andrew Kane Timothy Alan Wheatley

State of Kentucky SS: _____
County of Jefferson _____

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

Bruce Dale Broussard
President & CEO

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

Alan James Bailey
VP & Treasurer

February, 2021

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

Julia Wentworth
Notary Public
January 10, 2025

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)	34,684,753	0	34,684,753	32,363,863
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	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 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 (\$ 3,429,094 , Schedule E - Part 1), cash equivalents (\$ 9,429,256 , Schedule E - Part 2) and short-term investments (\$ 0 , Schedule DA)	12,858,350	0	12,858,350	6,071,174
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)	304,479	0	304,479	304,479
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)	47,847,582	0	47,847,582	38,739,517
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	105,192	0	105,192	179,963
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	173,833	27,667	146,166	221,440
15.2 Deferred premiums and 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 (\$ 413,297) and contracts subject to redetermination (\$ 1,083,156)	1,496,453	0	1,496,453	549,366
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	807,501	0	807,501	679,400
18.1 Current federal and foreign income tax recoverable and interest thereon	1,100,483	0	1,100,483	2,840,765
18.2 Net deferred tax asset	2,087,720	146,136	1,941,584	533,103
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)	403,136	403,136	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	25,504,417	0	25,504,417	18,926,433
24. Health care (\$ 3,427,502) and other amounts receivable	3,661,768	145,404	3,516,363	2,764,312
25. Aggregate write-ins for other than invested assets	592,496	544,665	47,831	58,280
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	83,780,581	1,267,009	82,513,573	65,492,580
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	83,780,581	1,267,009	82,513,573	65,492,580
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	344,317	344,317	0	0
2502. Prepaid Commissions	190,292	190,292	0	0
2503. Federal Contingency Reserves	47,831	0	47,831	58,280
2598. Summary of remaining write-ins for Line 25 from overflow page	10,056	10,056	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	592,496	544,665	47,831	58,280

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	22,679,688	387,754	23,067,442	19,016,142
2. Accrued medical incentive pool and bonus amounts	1,031,944	0	1,031,944	350,095
3. Unpaid claims adjustment expenses	188,124	0	188,124	141,475
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	12,017,487	0	12,017,487	7,226,126
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	170,040	0	170,040	87,000
8. Premiums received in advance	2,820,233	0	2,820,233	2,365,685
9. General expenses due or accrued	1,985,014	0	1,985,014	3,028,052
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	0
13. Remittances and items not allocated	134,490	0	134,490	66,382
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	0	0	0	0
16. Derivatives	0	0	0	0
17. Payable for securities	241,108	0	241,108	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	472,162	0	472,162	321,063
23. Aggregate write-ins for other liabilities (including \$ 44,280 current)	77,927	0	77,927	91,446
24. Total liabilities (Lines 1 to 23)	41,818,218	387,754	42,205,972	32,693,466
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	4,172,844
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	75,223,747	65,223,747
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	(34,917,146)	(36,598,477)
32. Less treasury stock, at cost:				
32.1. 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2. 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	40,307,601	32,799,114
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	82,513,573	65,492,580
DETAILS OF WRITE-INS				
2301. Unclaimed Property	51,904	0	51,904	65,423
2302. Premium Payable	26,023	0	26,023	26,023
2303.				
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)	77,927	0	77,927	91,446
2501. Special Surplus – Projected HCRL Assessment for the Upcoming Year	XXX	XXX	0	4,172,844
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	4,172,844
3001.	XXX	XXX	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 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.....	421,659	458,657
2. Net premium income (including \$ 0 non-health premium income).....	XXX.....	242,919,678	210,411,135
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	490,685	(490,685)
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.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	243,410,362	209,920,451
Hospital and Medical:			
9. Hospital/medical benefits.....	2,698,269	160,519,813	152,593,938
10. Other professional services.....	15,788	939,208	689,178
11. Outside referrals.....	0	0	0
12. Emergency room and out-of-area.....	.90,050	5,357,045	5,906,280
13. Prescription drugs.....	553,204	.32,910,072	32,831,038
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0	1,343,448	428,180
16. Subtotal (Lines 9 to 15).....	3,357,311	201,069,586	192,448,613
Less:			
17. Net reinsurance recoveries.....	0	0	14,545
18. Total hospital and medical (Lines 16 minus 17).....	3,357,311	201,069,586	192,434,068
19. Non-health claims (net).....	0	0	0
20. Claims adjustment expenses, including \$ 6,252,551 cost containment expenses.....	0	7,486,658	7,078,754
21. General administrative expenses.....	0	.30,929,752	26,439,141
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....	0	7,270,040	(256,000)
23. Total underwriting deductions (Lines 18 through 22).....	3,357,311	246,756,036	225,695,963
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(3,345,674)	(15,775,512)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0	.598,901	1,502,199
26. Net realized capital gains (losses) less capital gains tax of \$ 190,388.....	0	249,449	(195,462)
27. Net investment gains (losses) (Lines 25 plus 26).....	0	.848,350	1,306,737
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	.1	(10,869)
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.....	(2,497,323)	(14,479,644)
31. Federal and foreign income taxes incurred.....	XXX.....	1,759,230	(2,716,827)
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(4,256,553)	(11,762,817)
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.....	XXX.....	0	0
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.....	0	0
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.....	0	.1	0
2902. Loss on Disposal.....	0	0	(10,869)
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	1	(10,869)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	32,799,114	61,786,123
34. Net income or (loss) from Line 32	(4,256,553)	(11,762,817)
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	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax	1,554,617	358,662
39. Change in nonadmitted assets	210,424	(204,708)
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	10,000,000	(17,378,146)
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).....	7,508,487	(28,987,009)
49. Capital and surplus end of reporting period (Line 33 plus 48)	40,307,601	32,799,114
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
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 2020 OF THE Humana Health Plan of Ohio Inc.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	240,614,736	221,534,229
2. Net investment income	939,003	1,950,763
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	241,553,739	223,484,992
5. Benefit and loss related payments	197,023,873	189,415,844
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	38,831,711	32,260,126
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 100,440 tax on capital gains (losses)	209,336	(1,335,153)
10. Total (Lines 5 through 9)	236,064,920	220,340,817
11. Net cash from operations (Line 4 minus Line 10)	5,488,819	3,144,175
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	18,169,726	32,206,304
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	0	0
12.7 Miscellaneous proceeds	241,108	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	18,410,834	32,206,304
13. Cost of investments acquired (long-term only):		
13.1 Bonds	20,316,109	7,610,815
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	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	20,316,109	7,610,815
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)	(1,905,275)	24,595,489
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	10,000,000	(17,500,000)
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)	(6,796,368)	(11,007,895)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	3,203,632	(28,507,895)
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)	6,787,175	(768,231)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	6,071,174	6,839,406
19.2 End of year (Line 18 plus Line 19.1)	12,858,350	6,071,174

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

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio 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)	151,040,940	.0	0	151,040,940
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	1,946,062	0	0	1,946,062
6. Title XVIII - Medicare	89,932,676	0	0	89,932,676
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	242,919,678	0	0	242,919,678
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	242,919,678	0	0	242,919,678

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

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	196,349,171	120,719,250	0	0	0	1,550,389	74,079,532	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	196,349,171	120,719,250	0	0	0	1,550,389	74,079,532	0	0	0
2. Paid medical incentive pools and bonuses	661,599	0	0	0	0	0	661,599	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	23,067,442	14,931,055	0	0	0	133,790	8,002,597	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	23,067,442	14,931,055	0	0	0	133,790	8,002,597	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	170,040	170,040	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	170,040	170,040	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,031,944	0	0	0	0	0	1,031,944	0	0	0
6. Net healthcare receivables (a)	757,374	407,283	0	0	0	45,273	304,818	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	19,016,142	14,811,476	0	0	0	305,975	3,898,690	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	19,016,142	14,811,476	0	0	0	305,975	3,898,690	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	87,000	87,000	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	87,000	87,000	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	350,095	0	0	0	0	0	350,095	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	199,726,137	120,514,586	0	0	0	1,332,931	77,878,620	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	199,726,137	120,514,586	0	0	0	1,332,931	77,878,620	0	0	0
13. Incurred medical incentive pools and bonuses	1,343,448	0	0	0	0	0	1,343,448	0	0	0

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

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

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	7,633,621	4,376,321	0	0	0	37,955	3,219,345	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	7,633,621	4,376,321	0	0	0	37,955	3,219,345	0	0	0
2. Incurred but Unreported:										
2.1 Direct	14,859,323	10,427,079	0	0	0	95,835	4,336,408	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
2.4 Net	14,859,323	10,427,079	0	0	0	95,835	4,336,408	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	574,499	127,655	0	0	0	0	446,844	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	574,499	127,655	0	0	0	0	446,844	0	0	0
4. TOTALS:										
4.1 Direct	23,067,442	14,931,055	0	0	0	133,790	8,002,597	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	23,067,442	14,931,055	0	0	0	133,790	8,002,597	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio 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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	10,897,851	109,821,399	328,741	14,772,354	11,226,592	14,898,476
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	220,315	1,330,074	5,742	128,049	226,056	305,975
6. Title XVIII - Medicare	2,445,092	71,634,440	31,491	7,971,106	2,476,582	3,898,690
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	13,563,257	182,785,913	365,973	22,871,509	13,929,231	19,103,142
10. Healthcare receivables (a)	32,049	3,540,857	0	0	32,049	2,815,532
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	344,331	317,269	0	1,031,944	344,331	350,095
13. Totals (Lines 9 - 10 + 11 + 12)	13,875,539	179,562,325	365,973	23,903,453	14,241,512	16,637,705

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

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

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	15,373	15,224	15,057	15,022	14,685
2. 2016	168,645	181,591	181,811	182,077	182,071
3. 2017	XXX	171,331	186,443	186,777	186,701
4. 2018	XXX	XXX	168,097	184,704	184,586
5. 2019	XXX	XXX	XXX	124,859	136,294
6. 2020	XXX	XXX	XXX	XXX	109,821

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	15,578	15,252	15,057	15,022	14,685
2. 2016	186,724	181,861	181,832	182,077	182,071
3. 2017	XXX	188,353	186,749	186,799	186,701
4. 2018	XXX	XXX	184,004	185,291	184,592
5. 2019	XXX	XXX	XXX	139,148	136,616
6. 2020	XXX	XXX	XXX	XXX	124,594

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	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)					
1. 2016	226,047	182,071	1,732	1.0	183,803	81.3	0	0	183,803	81.3
2. 2017	226,679	186,701	1,776	1.0	188,476	83.1	0	0	188,476	83.1
3. 2018	222,590	184,586	1,755	1.0	186,341	83.7	7	0	186,348	83.7
4. 2019	155,053	136,294	1,296	1.0	137,590	88.7	322	3	137,914	88.9
5. 2020	151,041	109,821	1,044	1.0	110,866	73.4	14,772	119	125,757	83.3

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

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	XXX

NONE**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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	XXX

NONE**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 Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	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. 2016										
2. 2017										
3. 2018										
4. 2019										
5. 2020										

NONE

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

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	XXX

NONE**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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior					
2. 2016					
3. 2017	XXX				
4. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	XXX

NONE**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 Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	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. 2016										
2. 2017										
3. 2018										
4. 2019										
5. 2020										

NONE

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

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	275	275	275	275	275
2. 2016	5,071	5,453	5,453	5,453	5,453
3. 2017	XXX	2,520	2,616	2,616	2,616
4. 2018	XXX	XXX	3,348	3,508	3,508
5. 2019	XXX	XXX	XXX	2,477	2,697
6. 2020	XXX	XXX	XXX	XXX	1,330

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	278	275	275	275	275
2. 2016	5,352	5,456	5,453	5,453	5,453
3. 2017	XXX	2,690	2,620	2,616	2,616
4. 2018	XXX	XXX	3,551	3,516	3,508
5. 2019	XXX	XXX	XXX	2,775	2,703
6. 2020	XXX	XXX	XXX	XXX	1,458

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. 2016	5,665	5,453	52	1.0	5,505	97.2	0	0	5,505	97.2
2. 2017	3,730	2,616	25	1.0	2,641	70.8	0	0	2,641	70.8
3. 2018	2,588	3,508	33	1.0	3,541	136.8	0	0	3,541	136.8
4. 2019	2,453	2,697	26	1.0	2,723	111.0	6	0	2,728	111.2
5. 2020	1,946	1,330	13	1.0	1,343	69.0	128	0	1,471	75.6

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

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	27,929	27,332	27,160	27,162	27,120
2. 2016	408,003	436,201	435,481	435,619	435,395
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	107	107
5. 2019	XXX	XXX	XXX	44,680	47,736
6. 2020	XXX	XXX	XXX	XXX	71,952

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	28,231	27,342	27,160	27,162	27,120
2. 2016	449,458	437,153	435,710	435,619	435,395
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	107	107
5. 2019	XXX	XXX	XXX	48,929	47,767
6. 2020	XXX	XXX	XXX	XXX	80,955

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. 2016	508,452	435,395	4,141	1.0	439,535	86.4	0	0	439,535	86.4
2. 2017	369	0	0	0.0	0	0.0	0	0	0	0.0
3. 2018	84	107	1	0.9	108	128.0	0	0	108	128.0
4. 2019	52,905	47,736	454	1.0	48,190	91.1	31	0	48,222	91.1
5. 2020	89,933	71,952	684	1.0	72,636	80.8	9,003	66	81,705	90.9

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

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	43,577	42,831	42,492	42,460	42,081
2. 2016	581,719	623,245	622,745	623,149	622,919
3. 2017	XXX	173,851	189,059	189,393	189,317
4. 2018	XXX	XXX	171,445	188,318	188,200
5. 2019	XXX	XXX	XXX	172,016	186,727
6. 2020	XXX	XXX	XXX	XXX	183,103

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	44,087	42,869	42,492	42,460	42,081
2. 2016	641,534	624,470	622,995	623,149	622,919
3. 2017	XXX	191,043	189,369	189,415	189,317
4. 2018	XXX	XXX	187,555	188,913	188,207
5. 2019	XXX	XXX	XXX	190,851	187,086
6. 2020	XXX	XXX	XXX	XXX	207,007

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. 2016	740,164	622,919	5,924	1.0	628,843	85.0	0	0	628,843	85.0
2. 2017	230,778	189,317	1,800	1.0	191,117	82.8	0	0	191,117	82.8
3. 2018	225,262	188,200	1,790	1.0	189,990	84.3	7	0	189,997	84.3
4. 2019	210,411	186,727	1,776	1.0	188,502	89.6	359	3	188,864	89.8
5. 2020	242,920	183,103	1,741	1.0	184,844	76.1	23,903	185	208,933	86.0

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	7,187,000	777,000	0	0	0	0	6,410,000	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	205,515	0	0	0	0	0	205,515	0	0
5. Aggregate write-ins for other policy reserves	4,624,973	3,094,703	0	0	0	0	1,530,269	0	0
6. Totals (gross)	12,017,487	3,871,703	0	0	0	0	8,145,784	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	12,017,487	3,871,703	0	0	0	0	8,145,784	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	170,040	170,040	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	170,040	170,040	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	170,040	170,040	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Risk Adjustment Premium Payable	4,624,973	3,094,703	0	0	0	0	1,530,269	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
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	4,624,973	3,094,703	0	0	0	0	1,530,269	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
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$7,187,000 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio 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)	41,118	9,965	166,047	310	217,441
2. Salary, wages and other benefits	3,035,252	511,656	7,622,936	14,127	11,183,971
3. Commissions (less \$ ceded plus \$ 0 assumed)	0	0	7,483,502	281	7,483,784
4. Legal fees and expenses	34,514	9,616	617,098	115	661,343
5. Certifications and accreditation fees	510	372	6,204	11	7,098
6. Auditing, actuarial and other consulting services	112,351	28,172	399,627	738	540,888
7. Traveling expenses	13,154	3,208	46,294	85	62,741
8. Marketing and advertising	335,354	81,213	1,341,684	2,507	1,760,759
9. Postage, express and telephone	212,553	48,903	759,137	1,402	1,021,995
10. Printing and office supplies	88,306	20,510	312,584	581	421,982
11. Occupancy, depreciation and amortization	27,854	6,750	116,194	(1)	150,796
12. Equipment	23,356	5,660	94,329	176	123,522
13. Cost or depreciation of EDP equipment and software	101,488	24,597	410,296	(707)	535,674
14. Outsourced services including EDP, claims, and other services	1,962,796	408,085	4,643,387	8,328	7,022,596
15. Boards, bureaus and association fees	24,301	6,840	37,046	59	68,246
16. Insurance, except on real estate	12,521	3,034	49,174	92	64,820
17. Collection and bank service charges	27,250	6,603	110,040	206	144,099
18. Group service and administration fees	140,896	44,631	62,939	28	248,494
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	44,929	10,887	181,448	339	237,603
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	177,514	0	177,514
23.2 State premium taxes	0	0	878,527	0	878,527
23.3 Regulatory authority licenses and fees	0	0	118,963	126	119,089
23.4 Payroll taxes	0	0	457,245	847	458,093
23.5 Other (excluding federal income and real estate taxes)	0	0	4,724,076	27	4,724,102
24. Investment expenses not included elsewhere	4,915	1,191	19,924	(33)	25,997
25. Aggregate write-ins for expenses	9,132	2,213	93,537	19	104,901
26. Total expenses incurred (Lines 1 to 25)	6,252,551	1,234,107	30,929,752	29,664	(a) 38,446,074
27. Less expenses unpaid December 31, current year	0	188,124	1,985,014	0	2,173,137
28. Add expenses unpaid December 31, prior year	0	141,475	3,028,052	0	3,169,527
29. Amounts receivable relating to uninsured plans, prior year	0	0	679,400	0	679,400
30. Amounts receivable relating to uninsured plans, current year	0	0	807,501	0	807,501
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	6,252,551	1,187,459	32,100,891	29,664	39,570,565
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	9,132	2,213	93,537	19	104,901
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)	9,132	2,213	93,537	19	104,901

(a) Includes management fees of \$ 21,086,415 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) 24,503	21,338
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 590,339	534,947
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	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 87,642	71,429
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	852	852
10. Total gross investment income	703,336	628,565
11. Investment expenses	(g) 28,664	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) 1,000	
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)	29,664	
17. Net investment income (Line 10 minus Line 16)	598,901	
DETAILS OF WRITE-INS		
0901. Miscellaneous Investment Income	852	852
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)	852	852
1501.		
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 \$ (3,010) accrual of discount less \$ 262,321 amortization of premium and less \$ 23,434 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 \$ 12,708 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 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	439,837	0	439,837	0	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	0	0	0	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)	439,837	0	439,837	0	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

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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	27,667	44,945	17,278
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	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	146,136	0	(146,136)
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	403,136	496,882	93,746
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	145,404	308,739	163,334
25. Aggregate write-ins for other than invested assets	544,665	626,867	82,202
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,267,009	1,477,432	210,424
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	1,267,009	1,477,432	210,424
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	344,317	247,014	(97,303)
2502. Prepaid Commissions	190,292	369,877	179,585
2503. Prepaid Expenses	10,056	9,976	(81)
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)	544,665	626,867	82,202

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

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	5,831	7,629	7,730	7,902	7,963	93,013
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	117	134	165	193	1,703
4. Point of Service	31,522	28,482	27,254	26,103	25,855	326,943
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	37,353	36,228	35,118	34,170	34,011	421,659
DETAILS OF WRITE-INS						
0601.....						
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)	0	0	0	0	0	0

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

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 Ohio Department of Insurance.

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

	SSAP #	F/S Page	F/S Line #	2020	2019
Net Loss					
1. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ (4,256,553)	\$ (11,762,817)
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	\$ (4,256,553)	\$ (11,762,817)
Surplus					
5. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 40,307,601	\$ 32,799,114
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	\$ 40,307,601	\$ 32,799,114

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

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

C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

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

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, 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.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

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

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.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. 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, 2020.

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, 2020:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(8,131)
2. Twelve Months or Longer	\$	-

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

1. Less than Twelve Months	\$	2,938,189
2. Twelve Months or Longer	\$	-

(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

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	1,008,972	1,009,940	(968)	-	1,008,972	1.20%	1.22%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 1,008,972	\$ 1,009,940	\$ (968)	-	\$ 1,008,972	1.20%	1.22%

(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.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Q. Prepayment Penalty and Acceleration Fees

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

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

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

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

8. Derivative Instruments

Not Applicable.

9. Income Taxes

A. Deferred Tax Assets/(Liabilities)

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

	December 31, 2020		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 2,125,611	\$ 44,331	\$ 2,169,942
b. Statutory valuation allowance adjustments	-	(44,331)	(44,331)
c. Adjusted gross deferred tax assets	2,125,611	-	2,125,611
d. Deferred tax assets nonadmitted	(146,136)	-	(146,136)
e. Net admitted deferred tax assets	1,979,475	-	1,979,475
f. Deferred tax liabilities	(37,891)	-	(37,891)
g. Net admitted deferred tax asset/(liability)	\$ 1,941,584	\$ -	\$ 1,941,584

	December 31, 2019		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 591,319	\$ 44,331	\$ 635,650
b. Statutory valuation allowance adjustments	-	(44,331)	(44,331)
c. Adjusted gross deferred tax assets	591,319	-	591,319
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	591,319	-	591,319
f. Deferred tax liabilities	(58,216)	-	(58,216)
g. Net admitted deferred tax asset/(liability)	\$ 533,103	\$ -	\$ 533,103

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 1,534,292	\$ -	\$ 1,534,292
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	1,534,292	-	1,534,292
d. Deferred tax assets nonadmitted	(146,136)	-	(146,136)
e. Net admitted deferred tax assets	1,388,156	-	1,388,156
f. Deferred tax liabilities	20,325	-	20,325
g. Net admitted deferred tax asset/(liability)	\$ 1,408,481	\$ -	\$ 1,408,481

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

	December 31, 2020		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,941,584	\$ -	\$ 1,941,584
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	5,754,903
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	37,891	-	37,891
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 1,979,475	\$ -	\$ 1,979,475

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	December 31, 2019		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	538,117	-	538,117
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	538,117
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	4,839,902
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	53,202	-	53,202
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 591,319	\$ -	\$ 591,319

	Change		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,941,584	\$ -	\$ 1,941,584
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	(538,117)	-	(538,117)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(538,117)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	915,001
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(15,311)	-	(15,311)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 1,388,156	\$ -	\$ 1,388,156

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

	December 31, 2020	December 31, 2019
a. Ratio percentage used to determine recovery period and threshold limitation amount	494%	407%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	38,366,017	32,266,011

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

	December 31, 2020	
	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)	\$ 2,125,611	\$ -
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)	\$ 1,979,475	\$ -
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, 2019	
	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)	\$ 591,319	\$ -
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)	\$ 591,319	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	Ordinary	Change	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)	\$ 1,534,292	\$ -	-
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 1,388,156	\$ -	-
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%

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

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, 2020	December 31, 2019	Change
a. Federal	\$ 1,751,196	\$ (2,600,448)	\$ 4,351,644
b. Foreign	-	-	-
c. Subtotal	1,751,196	(2,600,448)	4,351,644
d. Federal income tax on net capital gains	190,388	(51,958)	242,346
e. Utilization of capital loss carryforwards	-	-	-
f. Other	8,034	(116,379)	124,413
g. Federal and foreign income taxes incurred	<u>\$ 1,949,618</u>	<u>\$ (2,768,785)</u>	<u>\$ 4,718,403</u>

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, 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, 2020	December 31, 2019	Change
a. Ordinary				
1. Discounting of unpaid losses	\$ 1,769,365	\$ 258,287	\$ 1,511,078	
2. Unearned premium reserve	118,450	99,358	19,092	
3. Policyholder reserves	-	-	-	
4. Investments and other	-	-	-	
5. Deferred acquisition costs	-	-	-	
6. Policyholder dividends accrual	-	-	-	
7. Fixed assets	74,017	76,003	(1,986)	
8. Compensation and benefit accruals	-	-	-	
9. Pension accruals	-	-	-	
10. Receivables – nonadmitted	-	-	-	
11. Net operating loss carry-forward	-	-	-	
12. Tax credit carry-forward	-	-	-	
13. Other	-	-	-	
14. Bad debts	13,703	40,573	(26,870)	
15. Accrued litigation	-	-	-	
16. CMS Rx reserve	77,769	65,225	12,544	
17. CMS risk corridor -ACA	-	-	-	
18. Medicare risk adjustment data	-	-	-	
19. Miscellaneous reserves	72,307	51,873	20,434	
20. Accrued lease	-	-	-	
21. Section 197 intangible	-	-	-	
22. Reinsurance fee	-	-	-	
23. Provider contracts	-	-	-	
24. Premium acquisition expense	-	-	-	
99. Subtotal	2,125,611	591,319	1,534,292	
b. Statutory valuation allowance adjustment	-	-	-	
c. Nonadmitted	(146,136)	-	(146,136)	
d. Admitted Ordinary DTAs	1,979,475	591,319	1,388,156	
e. Capital				
1. Investments	44,331	44,331	-	
2. Net capital loss carry-forward	-	-	-	
3. Real estate	-	-	-	
4. Other	-	-	-	
99. Subtotal	44,331	44,331	-	
f. Statutory valuation allowance adjustment	(44,331)	(44,331)	-	
g. Nonadmitted	-	-	-	
h. Admitted capital DTAs	-	-	-	
i. Admitted DTAs	\$ 1,979,475	\$ 591,319	\$ 1,388,156	

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

DTLs resulting from Book/Tax Differences in:

		December 31, 2020	December 31, 2019	Change
a. Ordinary				
1. Investments	\$ -	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-	-
3. Deferred and uncollected premium	-	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-	-
5. Other	-	-	-	-
6. Premium acquisition reserve	(4,368)	(12,402)		8,034
7. CMS Rx reserve	-	-	-	-
8. Reserve transition adjustment	(16,664)	(19,996)		3,332
9. Accrued lease	(16,859)	(25,818)		8,959
99. Subtotal	(37,891)	(58,216)		20,325
b. Capital				
1. Investments	-	-	-	-
2. Real estate	-	-	-	-
3. Other	-	-	-	-
99. Subtotal	-	-	-	-
c. DTLs	\$ (37,891)	\$ (58,216)	\$ 20,325	
(4) Net deferred tax asset/(liability)	\$ 1,941,584	\$ 533,103	\$ 1,408,481	

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, 2020 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ (2,306,935)	\$ (484,456)	21.00%
Tax-exempt interest	(88,271)	(18,537)	0.80%
Dividends received deduction	-	-	0.00%
Proration	22,068	4,634	(0.20%)
Meals & entertainment, lobbying expenses, etc.	-	-	0.00%
Statutory valuation allowance adjustment	-	-	0.00%
ACA Fee	3,897,610	818,498	(35.48%)
Change to nonadmitted assets & deferred tax true-up	356,562	74,878	(3.25%)
Other, including prior year true-up	(76)	(16)	0.01%
Total	\$ 1,880,958	\$ 395,001	(17.12%)
 Federal income taxes incurred [expense/(benefit)]			
	\$ 1,759,230		(76.26%)
Tax on capital gains/(losses)	190,388		(8.25%)
Change in net deferred income tax [charge/(benefit)]	(1,554,617)		67.39%
Total statutory income taxes	\$ 395,001		(17.12%)

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

(1) At December 31, 2020, the Company had no net operating loss carry-forwards.

At December 31, 2020, the Company had no capital loss carry-forwards.

At December 31, 2020, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2019 and 2020 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2019	-	-	-
2020	1,751,196	190,388	1,941,584
Total	\$ 1,751,196	\$ 190,388	\$ 1,941,584

(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

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 2020 CONSOLIDATED FEDERAL INCOME TAX RETURN

**CALENDAR YEAR ENDED DECEMBER 31, 2020
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	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	ARCADIAN HEALTH PLAN, INC.	20-1001348
6	CAC MEDICAL CENTER HOLDINGS, INC.	30-0117876
7	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
8	CARENTEWORK, INC.	39-1514846
9	CAREPLUS HEALTH PLANS, INC.	59-2598550
10	CARITEN HEALTH PLAN INC.	62-1579044
11	CHA HMO, INC.	61-1279717
12	COMPBENEFITS COMPANY	59-2531815
13	COMPBENEFITS CORPORATION	04-3185995
14	COMPBENEFITS DENTAL, INC.	36-3686002
15	COMPBENEFITS DIRECT, INC.	58-2228851
16	COMPBENEFITS INSURANCE COMPANY	74-2552026
17	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
18	CONTINUCARE CORPORATION	59-2716023
19	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
20	CONVIVA HEALTH MANAGEMENT, LLC (f/k/a TRANSCEND POPULATION HEALTH MANAGEMENT, LLC)	46-5329373
21	CONVIVA HEALTH MSO OF TEXAS, INC. (f/k/a PRIMARY CARE HOLDINGS, INC.)	46-1225873
22	CONVIVA MEDICAL CENTER MANAGEMENT OF TEXAS, P.A. (f/k/a PARTNERS IN PRIMARY CARE, P.A.)	47-1161014
23	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
24	DENTICARE, INC.	76-0039628
25	EAGLE RX HOLDCO, INC.	47-1407967
26	EAGLE RX, INC.	47-1416614
27	EDGE HEALTH MSO, INC.	84-2214810
28	EDGE HEALTH, P.C.	84-2752906
29	EMPHESYS INSURANCE COMPANY	31-0935772
30	EMPHESYS, INC.	61-1237697
31	ENCLARA PHARMACIA, INC.	23-3068914
32	FAMILY PHYSICIANS OF WINTER PARK, INC.	59-3164234
33	FPG ACQUISITION CORP.	81-3802918
34	FPG ACQUISITION HOLDINGS CORP.	81-3819187
35	FPG HOLDING COMPANY, LLC	32-0505460
36	GUIDANTRX, INC.	39-1789830
37	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
38	HEALTH VALUE MANAGEMENT, INC.	61-1223418
39	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
40	HUMANA AT HOME (DALLAS), INC.	75-2739333
41	HUMANA AT HOME (HOUSTON), INC.	76-0537878
42	HUMANA AT HOME (SAN ANTONIO), INC.	01-0766084
43	HUMANA AT HOME (TLC), INC.	75-2600512
44	HUMANA AT HOME 1, INC.	65-0274594
45	HUMANA AT HOME, INC.	13-4036798
46	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
47	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
48	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

49	HUMANA DENTAL COMPANY	59-1843760
50	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.	80-0072760
51	HUMANA DIRECT CONTRACTING ENTITY, INC.	85-3099097
52	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC.	46-4912173
53	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
54	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
55	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
56	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
57	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
58	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
59	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
60	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
61	HUMANA HEALTH PLAN, INC.	61-1013183
62	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
63	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
64	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
65	HUMANA INSURANCE COMPANY	39-1263473
66	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
67	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
68	HUMANA MARKETPOINT, INC.	61-1343508
69	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
70	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
71	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
72	HUMANA MEDICAL PLAN, INC.	61-1103898
73	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
74	HUMANA PHARMACY, INC.	61-1316926
75	HUMANA REAL ESTATE COMPANY	20-1724127
76	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
77	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
78	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
79	HUMANADENTAL INSURANCE COMPANY	39-0714280
80	HUMANADENTAL, INC.	61-1364005
81	HUMCO, INC.	61-1239538
82	HUM-e-FL, INC.	61-1383567
83	MANAGED CARE INDEMNITY, INC.	61-1232669
84	MEDICAL CARE CONSORTIUM INCORPORATED OF TEXAS	27-4379634
85	METCARE OF FLORIDA, INC.	65-0879131
86	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
87	PARTNERS IN INTEGRATED CARE, INC.	47-2905609
88	PARTNERS IN PRIMARY CARE (GA), P.C.	83-2624178
89	PARTNERS IN PRIMARY CARE (KS), P.A.	30-1236218
90	PARTNERS IN PRIMARY CARE (KS), P.C.	85-0733589
91	PARTNERS IN PRIMARY CARE (MO), P.C.	85-3676937
92	PARTNERS IN PRIMARY CARE (NC), P.C.	82-1926920
93	PARTNERS IN PRIMARY CARE (SC), P.C.	85-3577914
94	PBM HOLDING COMPANY	61-1340806
95	PBM PLUS MAIL SERVICE PHARMACY, LLC	20-2373204
96	PHP COMPANIES, INC.	62-1552091
97	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
98	PRIMARY CARE MANAGEMENT, INC.	85-0858631
99	ROHC, LLC	75-2844854
100	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
101	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
102	TEXAS DENTAL PLANS, INC.	74-2352809
103	THE DENTAL CONCERN, INC.	52-1157181
104	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
105	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
106	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105

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, 2020 and 2019 were \$23,022,985 and \$16,328,974, respectively. As a part of this agreement,

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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, 2020 and 2019, which meet the disclosure requirements pursuant to *SSAP No. 25, Affiliate and Other Related Parties* (SSAP No. 25):

	<u>2020</u>	<u>2019</u>
Go365, LLC	\$ 1,331,916	\$ 1,434,625
Total	<u>\$ 1,331,916</u>	<u>\$ 1,434,625</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 \$55,576,652 and \$50,090,076 of administrative service and prescription costs in 2020 and 2019, 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 \$18,530,150 and \$15,605,283 of prescription costs in 2020 and 2019, respectively, with Humana Pharmacy, Inc.

No dividends or returns of capital were paid by the Company as of December 31, 2020.

The Company received a \$5,000,000 capital contribution from Humana Inc. on both March 31, 2020 and December 30, 2020.

C. (1) Detail of Material Related Party Transactions

Not Applicable.

(2) Detail of Material Related Party Transactions Involving Services

Not Applicable.

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

Not Applicable.

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

Not Applicable.

D. At December 31, 2020, the Company reported \$25,504,417 due from Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. Not Applicable.

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

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 \$233,856,665 and \$219,268,247 for the years ended December 31, 2020 and 2019, respectively. As of December 31, 2020 and 2019, the fair market value of the Humana Retirement Savings Plan’s assets was \$6,280,051,531 and \$5,344,599,370, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

A. The Company has \$0 par value common stock with 1,000 shares authorized and 200 shares issued and 200 outstanding. All shares are common stock shares.

B. The Company has no preferred stock outstanding.

C.-E. Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the greater of 10% of total surplus or net income from the prior year. All ordinary dividends are limited to available and accumulated surplus funds. Based on these restrictions, no dividend was available without prior 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.

No dividends or returns of capital were paid by the Company as of December 31, 2020.

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. Changes in balances of special surplus funds from the prior year is due to the health insurance industry fee having been permanently repealed beginning calendar year 2021.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

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

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of December 31, 2020.

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 four years. Operating lease rental payments charged to expenses for the years ended December 31, 2020 and 2019 was \$73,189 and \$114,433, respectively.

(2) Noncancelable Lease Terms:

a) At January 1, 2021, the minimum aggregate rental commitments are as follows:

Year ending December 31,

2021	\$	75,037
2022		76,925
2023		78,855
2024		19,835
2025		-
Thereafter		-
Total Minimum Lease Payments	\$	<u>250,652</u>

b) Certain rental commitments have renewal options extending through the year 2024. 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.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of December 31, 2020, the Company has recorded a receivable from CMS of \$807,501 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at December 31, 2020.

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, 2019 and December 31, 2020.

(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, 2019 and December 31, 2020.

(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, 2020.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	\$ 45,302,433	\$ 44,114,009	\$ 2,999,711	\$ 42,302,722	\$ -	\$ -	\$ -

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

Not Applicable.

21. Other Items

A. Extraordinary Items

The emergence and spread of the novel coronavirus, or COVID-19, has impacted the Company's business. Beginning in the second half of March 2020, the implementation of stay-at-home and physical distancing orders and other restrictions on movement and economic activity resulted in the temporary deferral of non-essential care and significant reduction in hospital admissions and overall healthcare system utilization during April 2020. Non-COVID utilization then began to increase during May and June 2020 and continued to rebound throughout the third quarter and early in the fourth quarter of 2020. Then, in the latter half of November and accelerating throughout the month of December, the Company experienced a significant increase in COVID-19 admissions in nearly all of the markets in which it operates across the Company's lines of business resulting in higher COVID-19 treatment and testing costs.

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

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Not Applicable.

22. Events Subsequent

On January 1, 2020 the Company was subject to the annual fee under Section 9010 of the Federal Affordable Care Act (ACA). The Consolidated Appropriations Act enacted on December 18, 2015, included a one-time one year suspension in 2017 of the health insurer fee. The Continuing Resolution bill, H.R. 195, enacted on January 22, 2018, included a one year suspension in 2019 of the health insurer fee, but the fee has resumed for calendar year 2020. A segregation was recorded within special surplus for the annual health insurance industry fee related to the 2019 data year for the 2020 fee. This annual fee was allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that was written during the preceding calendar year. The 2020 fee was paid September 30, 2020. The impact of the annual health insurance industry fee on the Company's operations as of December 31, 2020 and 2019 were as follows:

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	No	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 4,172,844
C. ACA fee assessment paid	\$ 3,897,610	\$ -
D. Premiums written subject to ACA 9010 assessment	\$ -	\$ 209,922,521
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 40,307,601	\$ 32,799,114
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 40,307,601	\$ 28,626,270
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 7,766,378	\$ 7,936,806
H. Would reporting the ACA assessment as of December 31, 2020, have triggered an RBC action level (YES/NO)	No	

The further consolidated Appropriations Act 2020, enacted on December 20, 2019, permanently repealed the health insurance industry fee for calendar years 2021 and thereafter.

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 24, 2021 for the Statutory Statement issued on February 24, 2021.

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

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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, 2020 that are subject to retrospective rating features was \$242,919,678, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ -	\$ -	\$ 490,685	\$ -	\$ 490,685
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	-	\$ 490,685	-	\$ 490,685
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	\$ 490,685
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ -	\$ (490,685)	\$ -	\$ (490,685)
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	-	-	-	-
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	-

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) \$ 191,371

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 6,796
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 3,094,704

Operations (Revenue & Expenses)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ 284,634
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 10,617

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 \$ -

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	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							\$	8,672,326
4.	Effect of ACA Risk Corridors on change in reserves for rate credits							\$	-

(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	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	2,296		721,906		(719,610)		722,144		A.	2,535	
2. Premium adjustments (payables) (including high risk pool premium)			(5,134,730)		(2,666,374)		(2,468,356)		(626,348)	B. (3,094,704)	
3. Subtotal ACA Permanent Risk Adjustment Program	2,296	(5,134,730)	721,906	(2,666,374)	(719,610)	(2,468,356)	722,144	(626,348)		2,535 (3,094,704)	
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	-		8,672,326		(8,672,326)		8,672,326		C.	-	
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	
3. Subtotal ACA Risk Corridors Program	-	-	8,672,326	-	(8,672,326)	-	8,672,326	-	-	-	
d. Total for ACA Risk Sharing Provisions	2,296	(5,134,730)	9,394,232	(2,666,374)	(9,391,936)	(2,468,356)	9,394,470	(626,348)	2,535	(3,094,704)	

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2019 benefit year and the latest data

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

from Wakely Consulting.

- B. Small Group estimate changes for unfinalized years, based on latest data from Wakely Consulting.
- C. Adjustment recorded for additional risk corridor payments received in 2020 that had been previously written off.

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

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 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	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a. 2014											
1. Accrued retrospective premium	-		7,712,510		(7,712,510)		7,712,510		A.		
2. Reserve for rate credits or policy experience rating refunds	-		-		-		-		-	-	-
b. 2015											
1. Accrued retrospective premium	-		959,816		(959,816)		959,816		A.		
2. Reserve for rate credits or policy experience rating refunds	-		-		-		-		-	-	-
c. 2016											
1. Accrued retrospective premium	-		-		-		-		A.		
2. Reserve for rate credits or policy experience rating refunds	-		-		-		-		-	-	-
d. Total for Risk Corridors	-	-	8,672,326	-	(8,672,326)	-	8,672,326	-	-	-	-

Explanations of adjustments

- A. Adjustment recorded for additional risk corridor payments received in 2020 that had been previously written off.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1	2	3	4	5	6
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Assets Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ 9,264,546	\$ -	\$ 9,264,546	\$ -	\$ -	\$ -
b. 2015	\$ 959,816	\$ -	\$ 959,816	\$ -	\$ -	\$ -
c. 2016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total (a+b+c)	\$ 10,224,362	\$ -	\$ 10,224,362	\$ -	\$ -	\$ -

On April 27, 2020, the U.S. Supreme Court ruled that the government is obligated to pay the losses under this risk corridor program, and that Congress did not impliedly repeal the obligation under its appropriations riders. In September 2020, the Company received \$8,672,326 from the U.S. Government pursuant to the judgement issued by the Court of Federal Claims on July 7, 2020. The \$8,672,326 payment received from the U.S. Government and \$433,485 in related fees and expenses are reflected in net premium income and general administrative expenses, respectively.

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, net of health care receivables, as of December 31, 2019 were \$16,779,180. As of December 31, 2020, \$14,014,051 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$368,936 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,396,193 favorable prior-year development since December 31, 2019. 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 \$2,396,193 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

STATEMENT AS OF December 31, 2020 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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
12/31/2020	\$ 3,570,162	\$ 3,570,162	\$ -	\$ -	\$ -
9/30/2020	4,335,837	4,335,837	4,269,938	-	-
6/30/2020	4,970,616	4,970,616	4,944,424	-	-
3/31/2020	3,727,324	3,727,324	3,672,563	21,621	24,034
12/31/2019	2,658,492	2,658,492	2,627,019	-	14,727
9/30/2019	2,785,680	2,785,680	2,751,865	10,874	22,941
6/30/2019	5,041,359	5,041,359	4,972,628	23,712	23,251
3/31/2019	3,533,690	3,533,690	3,474,242	-	59,448
12/31/2018	2,446,746	2,446,746	2,373,085	50,963	17,005
9/30/2018	3,119,103	3,119,103	3,089,869	29,234	-
6/30/2018	3,973,311	3,973,311	3,927,986	45,325	-
3/31/2018	3,457,196	3,457,196	3,457,196	-	-

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 \$ 7,187,000
2. Date of the most recent evaluation of this liability December 31, 2020
3. Was anticipated investment income utilized in the calculation? Yes () No (X)

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.12%.

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 and 2
- 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? Ohio
- 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. 12/31/2020
- 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. 12/31/2015
- 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). 05/25/2017
- 3.4 By what department or departments?
Ohio 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 or government, manager or attorney in fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
| | |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 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

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?
 Drew Besendorf, 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 2020 to update content based on operational and regulatory 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).

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio Inc.
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 [] No [X]
- 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

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 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 [] No [X]
- 22.2 If answer is yes:
- | | |
|---|------------|
| 22.21 Amount paid as losses or risk adjustment \$ | 0 |
| 22.22 Amount paid as expenses | \$ 0 |
| 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 [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 25,504,417

INVESTMENT

- 24.01 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 24.03)..... Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
- 24.03 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
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0
- 24.06 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]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.08 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]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.093 Total payable for securities lending reported on the liability page.	\$ 0

25.1 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 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 1,008,972
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

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

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 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 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No []

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	<input type="checkbox"/> Yes [] <input type="checkbox"/> No []
26.42 Permitted accounting practice	<input type="checkbox"/> Yes [] <input type="checkbox"/> No []
26.43 Other accounting guidance	<input type="checkbox"/> Yes [] <input type="checkbox"/> No []

26.5 By responding YES to 26.41 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.

27.1 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]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. 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 []

28.01 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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

- 28.02 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)
.....

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No [X]

- 28.04 If yes, give full and complete information relating thereto:

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

- 28.05 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.....
W. Mark Preston	I.....

- 28.0597 For those firms/individuals listed in the table for Question 28.05, 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 []

- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

- 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 29.1 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]

- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total	0

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

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

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

GENERAL INTERROGATORIES

30. 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	37,684,463	38,872,887	1,188,424
30.2 Preferred stocks	0	0	0
30.3 Totals	37,684,463	38,872,887	1,188,424

- 30.4 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 inactively 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.

- 31.1 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]
- 31.2 If the answer to 31.1 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 []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:
.....
33. 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]
34. 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]
35. 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]
36. 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 36.a - 36.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**OTHER**

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

37.2 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
.....

38.1 Amount of payments for legal expenses, if any?\$549,289

38.2 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
CROWELL & MORING LLP	433,485
SQUIRE SANDERS (US) LLP	115,804

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

39.2 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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0				
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.	\$ 0				
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 \$ 0 1.65 Total incurred claims \$ 0 1.66 Number of covered lives 0				
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:	<table border="0"> <tr> <td style="width: 50px;">1</td> <td style="width: 50px;">2</td> </tr> <tr> <td>Current Year</td> <td>Prior Year</td> </tr> </table>	1	2	Current Year	Prior Year
1	2					
Current Year	Prior Year					
2.1	Premium Numerator	242,919,678 210,411,135				
2.2	Premium Denominator	242,919,678 210,411,135				
2.3	Premium Ratio (2.1/2.2)1.0001.000				
2.4	Reserve Numerator	36,286,914 26,679,363				
2.5	Reserve Denominator	36,286,914 26,679,363				
2.6	Reserve Ratio (2.4/2.5)1.0001.000				
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
7.2	If no, give details					
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 49,651 8.2 Number of providers at end of reporting year 51,434				
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months...\$ 423,305 9.22 Business with rate guarantees over 36 months \$ 0				

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

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..... \$ 1,031,944
10.22 Amount actually paid for year bonuses..... \$ 661,599
10.23 Maximum amount payable withholds..... \$ 0
10.24 Amount actually paid for year withholds..... \$ 011.1 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. Ohio 3929.011 & 3929.01; 3903.8311.4 If yes, show the amount required. \$ 23,299,134
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 RBC calculation or state regulation.

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

1 Name of Service Area	
IN - Statewide	
KY - Statewide	
OH - 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 [X] N/A []

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 Lives 0

*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 guarantee)	
Universal Life (with or without secondary guarantee)	
Variable Universal Life (with or without secondary guarantee)	

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 []

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	82,513,573	65,492,580	91,558,733	160,919,407	180,472,772
2. Total liabilities (Page 3, Line 24)	42,205,972	32,693,466	29,772,610	47,733,768	77,948,528
3. Statutory minimum capital and surplus requirement	23,299,134	23,810,418	23,942,904	22,741,989	66,742,875
4. Total capital and surplus (Page 3, Line 33)	40,307,601	32,799,114	61,786,123	113,185,639	102,524,244
Income Statement (Page 4)					
5. Total revenues (Line 8)	243,410,362	209,920,451	225,262,228	230,778,300	728,822,893
6. Total medical and hospital expenses (Line 18)	201,069,586	192,434,068	184,224,826	179,359,493	631,725,188
7. Claims adjustment expenses (Line 20)	7,486,658	7,078,754	7,731,988	8,617,649	28,444,693
8. Total administrative expenses (Line 21)	30,929,752	26,439,141	31,985,614	27,262,807	82,244,541
9. Net underwriting gain (loss) (Line 24)	(3,345,674)	(15,775,512)	3,114,800	13,673,351	6,253,471
10. Net investment gain (loss) (Line 27)	848,350	1,306,737	1,408,723	2,257,454	3,014,529
11. Total other income (Lines 28 plus 29)	1	(10,869)	(1,473)	(1,079,352)	(43,246)
12. Net income or (loss) (Line 32)	(4,256,553)	(11,762,817)	5,396,656	8,801,510	8,418,518
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	5,488,819	3,144,175	(9,948,495)	(9,256,946)	14,137,141
Risk-Based Capital Analysis					
14. Total adjusted capital	40,307,601	32,799,114	61,786,123	113,185,639	102,524,244
15. Authorized control level risk-based capital	7,766,378	7,936,806	7,980,968	7,580,663	22,247,625
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	34,011	37,353	44,017	51,137	105,184
17. Total members months (Column 6, Line 7)	421,659	458,657	574,700	612,655	1,242,547
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)	82.6	91.7	81.8	77.7	86.7
20. Cost containment expenses	2.6	2.8	2.8	3.2	3.3
21. Other claims adjustment expenses	0.5	0.5	0.6	0.5	0.6
22. Total underwriting deductions (Line 23)	101.4	107.5	98.6	94.1	99.1
23. Total underwriting gain (loss) (Line 24)	(1.4)	(7.5)	1.4	5.9	0.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	14,241,512	18,196,172	14,929,817	42,043,262	40,053,786
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	16,637,705	13,797,739	15,387,938	50,659,465	44,285,679
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

States, etc.	1 Active Status (a)	Direct Business Only								9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	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	N	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0
15. Indiana	IN	L	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	L	0	90,073,776	0	0	0	90,073,776	0	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	N	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	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	N	0	0	0	0	0	0	0	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	142,083,980	(141,100)	0	1,946,062	0	143,888,941	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	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	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	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	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 alien	OT	XXX	8,956,960	0	0	0	0	8,956,960	0	0
59. Subtotal		XXX	151,040,940	89,932,676	0	1,946,062	0	242,919,678	0	0
60. Reporting entity contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)		XXX	151,040,940	89,932,676	0	1,946,062	0	242,919,678	0	0
DETAILS OF WRITE-INS										
58001. ACA Support Premiums		XXX	8,956,960	0	0	0	0	8,956,960	0	0
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	8,956,960	0	0	0	0	8,956,960	0	0

(a) Active Status Counts:

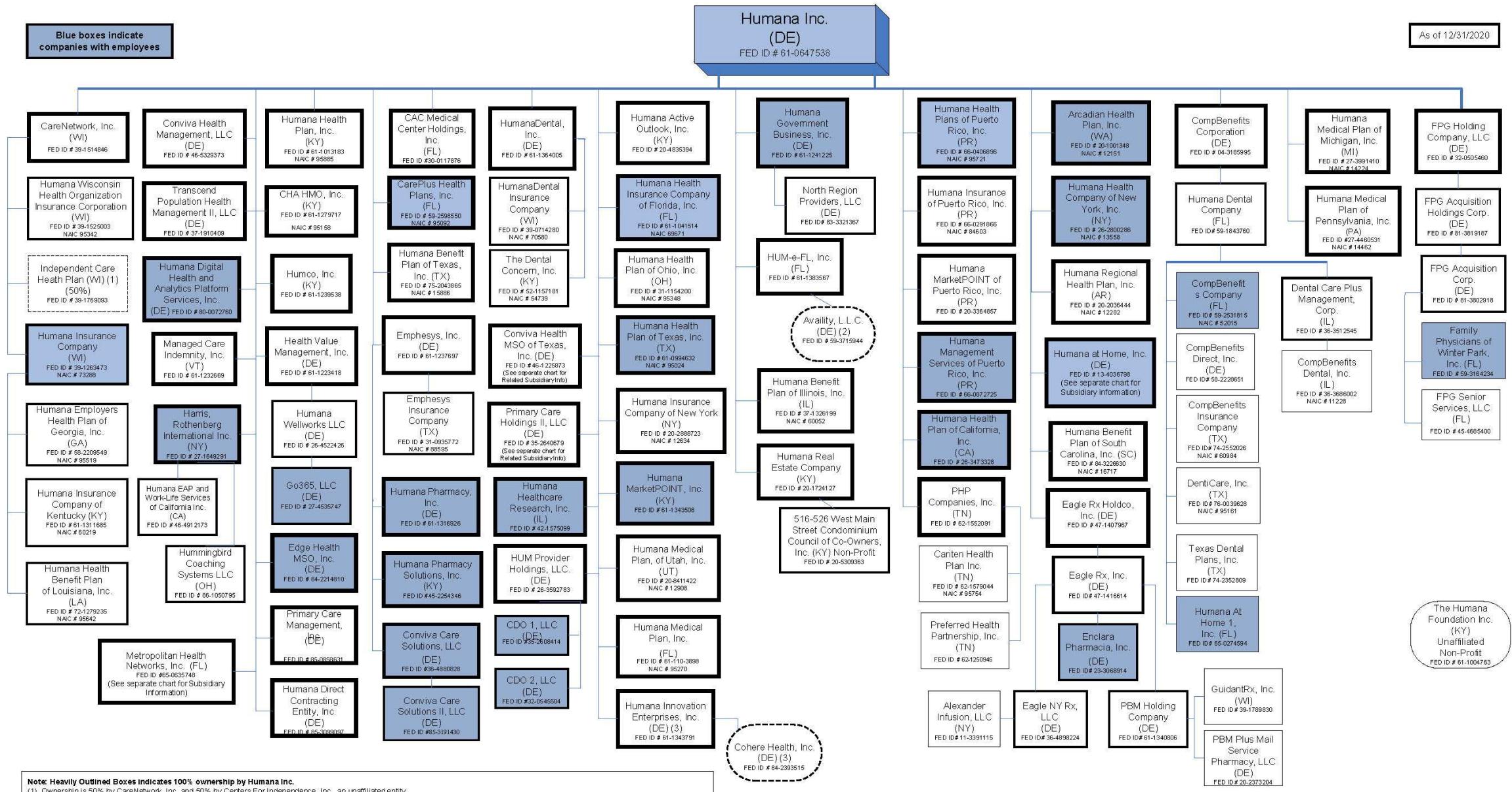
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....3 R - Registered - Non-domiciled RRGs.....0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0
 N - None of the above - Not allowed to write business in the state.....54

(b) Explanation of basis of allocation by states, premiums by state, etc.
 The Company reports premium based on the situs of the contract

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Humana Health Plan of Ohio Inc.**

Blue boxes indicate companies with employees

As of 12/31/2020



Note: Heavily Outlined Boxes indicates 100% ownership by Humana Inc.

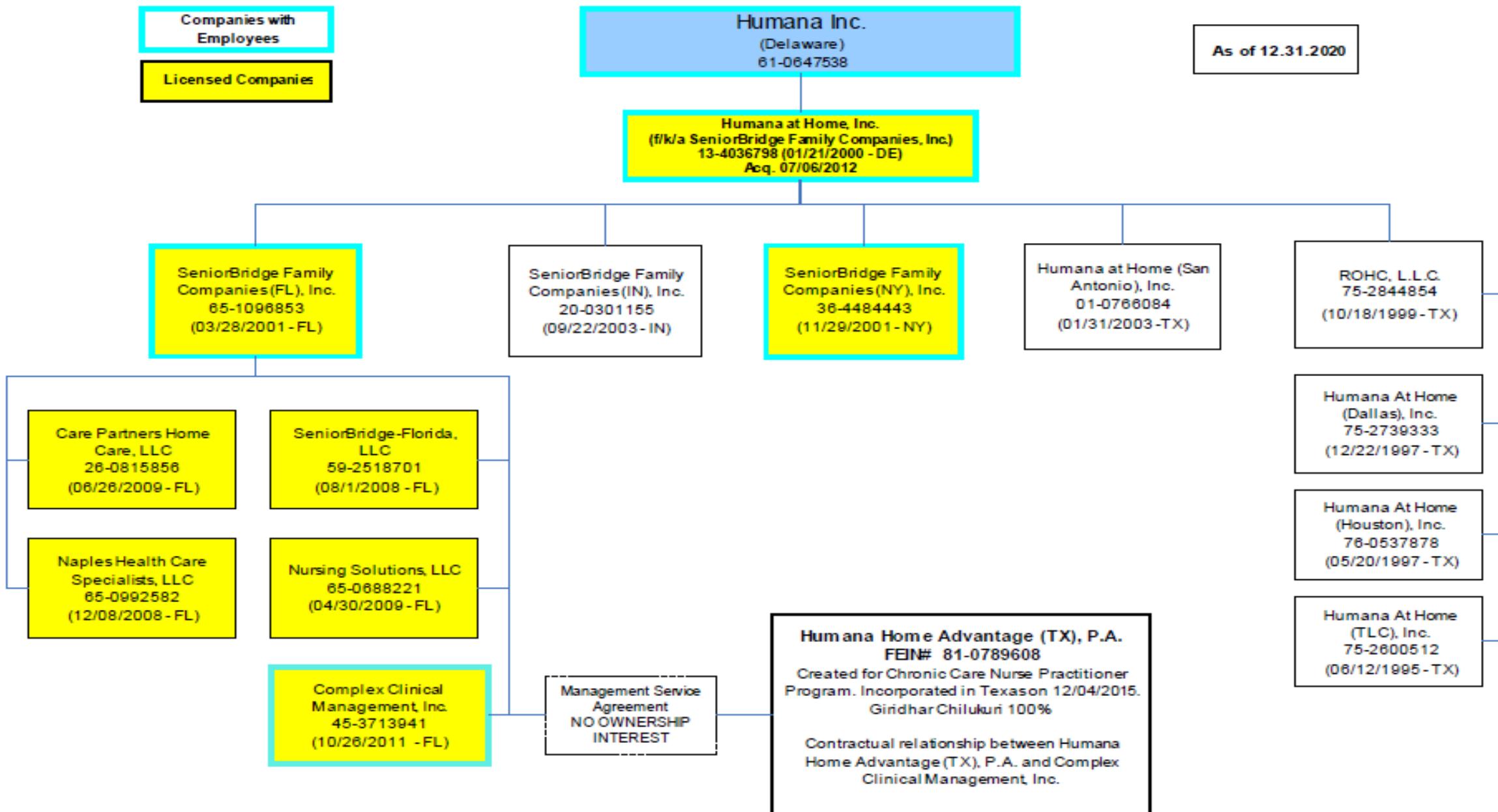
(1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.

(2) Fully diluted ownership which includes Common and Preferred Units is as follows: HUM-e-FL, Inc. – 16.587%; Navify, Inc. (an unaffiliated entity)-23.843%; Health Care Service Corporation (an unaffiliated entity)-23.843%; Selcore, Inc. (an unaffiliated entity)-14.474%; MII Services, Inc. (an unaffiliated entity)-2.238%; and AV Investor, L.L.C. (an unaffiliated entity)-19.013%.

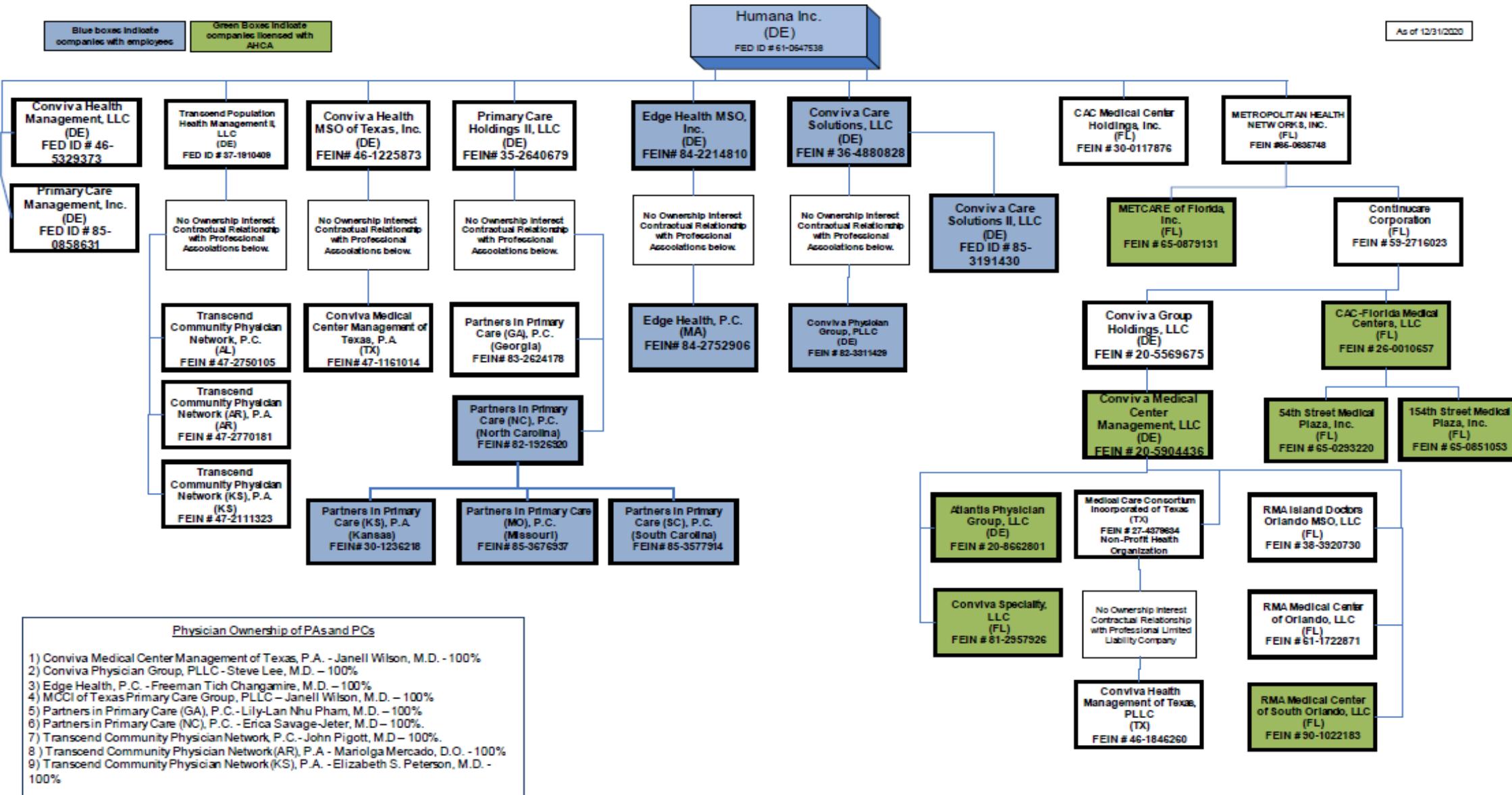
(3) Of the 11,000,000 shares authorized, Humania Innovation Enterprises, Inc. was granted 4,083,333 Common Shares and 850,000 Series A Preferred Shares; additional shares granted as follows: Flare Capital Partners, 1,500,000 Series A Preferred Shares; Define Ventures, 650,000 Series A Preferred Shares; and Stock Options to be awarded to Employees - 3,916,667 shares. NOTE: See joint venture organizational chart for information on the company's ownership in several joint ventures.

NOTE: See joint venture organizational chart for information on the company's ownership in several joint ventures.

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



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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio Inc.
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)	
2504. Prepaid Expenses	10,056	10,056	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	10,056	10,056	0	0