

## **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**

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Bruce Dale Broussard      Brian Andrew Kane      Timothy Alan Wheatley

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State of Kentucky SS: \_\_\_\_\_  
County of Jefferson

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

Bruce Dale Broussard  
President & CEO

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

Alan James Bailey  
VP & Treasurer

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.....

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Julia Wentworth  
Notary Public  
January 10, 2025

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

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	0	0	0	14,494	14,494	0
Group Subscribers:						
CINCINNATI SPORTS MALL .....	10,737	0	0	0	0	10,737
LIMA MEDICAL .....	11,849	0	0	0	0	11,849
0299997. Group subscriber subtotal	22,586	0	0	0	0	22,586
0299998. Premiums due and unpaid not individually listed	60,576	5,832	0	13,173	13,173	66,408
0299999. Total group	83,162	5,832	0	13,173	13,173	88,994
0399999. Premiums due and unpaid from Medicare entities	57,171	0	0	0	0	57,171
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	140,333	5,832	0	27,667	27,667	146,166

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

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	3,424,758	0	0	145,404	145,404	3,424,758
0199999. Total Pharmaceutical Rebate Receivables	3,424,758	0	0	145,404	145,404	3,424,758
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	8	0	0	0	0	8
0299999. Total Claim Overpayment Receivables	8	0	0	0	0	8
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	2,736	0	0	0	0	2,736
0699999. Total Other Receivables	2,736	0	0	0	0	2,736
0799999 Gross health care receivables	3,427,502	0	0	145,404	145,404	3,427,502

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

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	2,583,201	9,209,956	32,049	3,538,113	2,615,250	2,658,492
2. Claim overpayment receivables .....	0	0	0	.8	0	0
3. Loans and advances to providers .....	0	0	0	0	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	157,040	0	0	0	157,040	157,040
6. Other health care receivables .....	0	0	0	2,736	0	0
7. Totals (Lines 1 through 6)	2,740,240	9,209,956	32,049	3,540,857	2,772,290	2,815,532

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

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)****Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	69,954	5,176	1,750	51	621	77,551
0399999. Aggregate accounts not individually listed-covered	3,045,232	225,312	76,172	2,201	27,013	3,375,931
0499999. Subtotals	3,115,186	230,488	77,922	2,251	27,634	3,453,481
0599999. Unreported claims and other claim reserves						19,613,961
0699999. Total amounts withheld						0
0799999. Total claims unpaid						23,067,442
0899999 Accrued medical incentive pool and bonus amounts						1,031,944

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

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Humana Inc. ....	0	0	25,504,417	0	0	25,504,417	0
0199999. Individually listed receivables	0	0	25,504,417	0	0	25,504,417	0
0299999. Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	0	0	25,504,417	0	0	25,504,417	0

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

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

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	48,649,652	24.7	34,011	100.0	0	48,649,652
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	48,649,652	24.7	34,011	100.0	0	48,649,652
<b>Other Payments:</b>						
5. Fee-for-service .....	40,356,720	20.5	XXX	XXX	0	40,356,720
6. Contractual fee payments .....	108,004,398	54.8	XXX	XXX	0	108,004,398
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	148,361,118	75.3	XXX	XXX	0	148,361,118
13. TOTAL (Line 4 plus Line 12)	197,010,770	100%	XXX	XXX	0	197,010,770

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

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
99999999 Totals				XXX	XXX

**NONE**

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

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	189,743	0	32,356	157,387	157,387	0
2. Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	368,623	0	122,874	245,749	245,749	0
6. Total	558,366	0	155,230	403,136	403,136	0



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

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

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

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

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

and number of persons insured under indemnity only products .....

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



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Kentucky		DURING THE YEAR				2020	NAIC Company Code	95348
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year .....		4,843	0	0	0	0	0	0	4,843	0	0
2. First Quarter .....		6,862	0	0	0	0	0	0	6,862	0	0
3. Second Quarter .....		7,014	0	0	0	0	0	0	7,014	0	0
4. Third Quarter .....		7,246	0	0	0	0	0	0	7,246	0	0
5. Current Year .....		7,385	0	0	0	0	0	0	7,385	0	0
6. Current Year Member Months .....		84,708	0	0	0	0	0	0	84,708	0	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician .....		152,728	0	0	0	0	0	0	152,728	0	0
8. Non-Physician .....		81,926	0	0	0	0	0	0	81,926	0	0
9. Total .....		234,654	0	0	0	0	0	0	234,654	0	0
10. Hospital Patient Days Incurred .....		18,320	0	0	0	0	0	0	18,320	0	0
11. Number of Inpatient Admissions .....		2,196	0	0	0	0	0	0	2,196	0	0
12. Health Premiums Written (b) .....		90,073,776	0	0	0	0	0	0	90,073,776	0	0
13. Life Premiums Direct .....		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....		90,073,776	0	0	0	0	0	0	90,073,776	0	0
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....		74,825,051	0	0	0	0	0	0	74,825,051	0	0
18. Amount Incurred for Provision of Health Care Services .....		79,303,747	0	0	0	0	0	0	79,303,747	0	0

(a) For health business: number of persons insured under PPO managed care products ..... 193 and number of persons insured under indemnity only products ..... 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 90,073,776

30.KY



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR						NAIC Company Code	95348	
				1	2	3	4	5	6	7	8	9
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		10
<b>Total Members at end of:</b>												
1. Prior Year		32,510	0	32,187	0	0	323	0	0	0	0	0
2. First Quarter		29,366	0	29,132	0	0	234	0	0	0	0	0
3. Second Quarter		28,104	0	27,869	0	0	235	0	0	0	0	0
4. Third Quarter		26,924	0	26,697	0	0	227	0	0	0	0	0
5. Current Year		26,626	0	26,395	0	0	231	0	0	0	0	0
6. Current Year Member Months		336,951	0	334,182	0	0	2,769	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>												
7 Physician		185,134	0	183,353	0	0	1,781	0	0	0	0	0
8. Non-Physician		63,482	0	62,691	0	0	791	0	0	0	0	0
9. Total		248,616	0	246,044	0	0	2,572	0	0	0	0	0
10. Hospital Patient Days Incurred		7,182	0	7,119	0	0	63	0	0	0	0	0
11. Number of Inpatient Admissions		1,069	0	1,066	0	0	3	0	0	0	0	0
12. Health Premiums Written (b)		143,888,941	(240)	142,084,220	0	0	1,946,062	(141,100)	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		144,379,626	(240)	142,574,905	0	0	1,946,062	(141,100)	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		122,185,719	(6,425)	120,725,675	0	0	1,550,389	(83,920)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		121,765,838	(8,753)	120,523,340	0	0	1,332,931	(81,679)	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 25,855 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (141,100)



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Other Aliens		DURING THE YEAR				2020	NAIC Company Code	95348	
			1	Comprehensive (Hospital & Medical)	4	5	6	7				
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>												
1. Prior Year		0	0	0	0	0	0	0	0	0	0	0
2. First Quarter		0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter		0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter		0	0	0	0	0	0	0	0	0	0	0
5. Current Year		0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months		0	0	0	0	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician		0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0
9. Total		0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		8,956,960	8,672,326	284,634	0	0	0	0	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		8,956,960	8,672,326	284,634	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		0	0	0	0	0	0	0	0	0	0	0

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

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



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

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

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	95348	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year		37,353	0	32,187	0	0	0	323	4,843	0	0
2. First Quarter		36,228	0	29,132	0	0	0	234	6,862	0	0
3. Second Quarter		35,118	0	27,869	0	0	0	235	7,014	0	0
4. Third Quarter		34,170	0	26,697	0	0	0	227	7,246	0	0
5. Current Year		34,011	0	26,395	0	0	0	231	7,385	0	0
6. Current Year Member Months		421,659	0	334,182	0	0	0	2,769	84,708	0	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician		337,862	0	183,353	0	0	0	1,781	152,728	0	0
8. Non-Physician		145,408	0	62,691	0	0	0	791	81,926	0	0
9. Total		483,270	0	246,044	0	0	0	2,572	234,654	0	0
10. Hospital Patient Days Incurred		25,502	0	7,119	0	0	0	63	18,320	0	0
11. Number of Inpatient Admissions		3,265	0	1,066	0	0	0	3	2,196	0	0
12. Health Premiums Written (b)		242,919,678	8,672,086	142,368,854	0	0	0	1,946,062	89,932,676	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		243,410,362	8,672,086	142,859,538	0	0	0	1,946,062	89,932,676	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		197,010,770	(6,425)	120,725,675	0	0	0	1,550,389	74,741,131	0	0
18. Amount Incurred for Provision of Health Care Services		201,069,586	(8,753)	120,523,340	0	0	0	1,332,931	79,222,068	0	0

(a) For health business: number of persons insured under PPO managed care products 26,048 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 89,932,676

Schedule S - Part 1 - Section 2

**N O N E**

Schedule S - Part 2

**N O N E**

Schedule S - Part 3 - Section 2

**N O N E**

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	.0	0	0	.0	371
2. Title XVIII - Medicare .....	.0	0	0	.0	0
3. Title XIX - Medicaid .....	.0	0	0	.0	0
4. Commissions and reinsurance expense allowance .....	.0	0	0	.0	0
5. Total hospital and medical expenses .....	.0	15	0	465	429
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	.0	0	0	.0	0
7. Claims payable .....	.0	0	0	.0	112
8. Reinsurance recoverable on paid losses .....	.0	0	0	275	1,683
9. Experience rating refunds due or unpaid .....	.0	0	0	.0	0
10. Commissions and reinsurance expense allowances due .....	.0	0	0	.0	0
11. Unauthorized reinsurance offset .....	.0	0	0	.0	0
12. Offset for reinsurance with Certified Reinsurers .....	.0	0	0	.0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	.0	0	0	.0	0
14. Letters of credit (L) .....	.0	0	0	.0	0
15. Trust agreements (T) .....	.0	0	0	.0	0
16. Other (O) .....	.0	0	0	.0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	.0	0	0	.0	0
18. Funds deposited by and withheld from (F) .....	.0	0	0	.0	0
19. Letters of credit (L) .....	.0	0	0	.0	0
20. Trust agreements (T) .....	.0	0	0	.0	0
21. Other (O) .....	0	0	0	0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	47,847,582	0	47,847,582
2. Accident and health premiums due and unpaid (Line 15) .....	1,642,619	0	1,642,619
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	33,023,371	0	33,023,371
6. Total assets (Line 28) .....	82,513,573	0	82,513,573
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	23,067,442	0	23,067,442
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,031,944	0	1,031,944
9. Premiums received in advance (Line 8) .....	2,820,233	0	2,820,233
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	15,286,353	0	15,286,353
15. Total liabilities (Line 24) .....	42,205,972	0	42,205,972
16. Total capital and surplus (Line 33) .....	40,307,601	XXX	40,307,601
17. Total liabilities, capital and surplus (Line 34) .....	82,513,573	0	82,513,573
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance .....	0		

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

Allocated by States and Territories

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

NONE

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

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

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	26-3473328			Humana Health Plan of California, Inc.	.CA.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	95348	31-1154200			Humana Health Plan of Ohio, Inc.	.OH.	.RE.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	95024	61-0994632			Humana Health Plan of Texas, Inc.	.TX.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	95885	61-1013183			Humana Health Plan, Inc.	.KY.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	95721	66-0406896			Humana Health Plans of Puerto Rico, Inc.	.PR.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	61-0647538	0000049071	NYSE	Humana Inc.	.DE.	.UDP.	See Footnote 1	Other.	0.00	See Footnote 1		2	
.0119	Humana Inc.	.00000	61-1343791			Humana Innovation Enterprises, Inc.	.DE.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	73288	39-1263473			Humana Insurance Company	.WI.	.IA.	CareNetwork, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	60219	61-1311685			Humana Insurance Company of Kentucky	.KY.	.IA.	Humana Insurance Company	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	12634	20-2888723			Humana Insurance Company of New York	.NY.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	84603	66-0291866			Humana Insurance of Puerto Rico, Inc.	.PR.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	20-3364857			Humana MarketPOINT of Puerto Rico, Inc.	.PR.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	61-1343508			Humana MarketPOINT, Inc.	.KY.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	14224	27-3991410			Humana Medical Plan of Michigan, Inc.	.MI.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	14462	27-4660531			Humana Medical Plan of Pennsylvania, Inc.	.PA.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	12908	20-8411422			Humana Medical Plan of Utah, Inc.	.UT.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	95270	61-1103898			Humana Medical Plan, Inc.	.FL.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	45-2254346			Humana Pharmacy Solutions, Inc.	.KY.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	61-1316926			Humana Pharmacy, Inc.	.DE.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	12282	20-2036444			Humana Regional Health Plan, Inc.	.AR.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	26-4522426			Humana WellWorks LLC	.DE.	.NIA.	Health Value Management, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	95342	39-1525003			Humana Wisconsin Health Organization	.WI.	.IA.	CareNetwork, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	70580	39-0714280			Insurance Corporation	.WI.	.IA.	HumanaDental, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	61-1364005			HumanaDental, Inc.	.DE.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	27-4535747			Go365, LLC	.DE.	.NIA.	HumanaWellworks LLC	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	61-1239538			Humco, Inc.	.KY.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	61-1383567			HUM-e-FL, Inc.	.FL.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	86-1050795			Hummingbird Coaching Systems LLC	.OH.	.NIA.	Harris, Rothenberg International Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	39-1769093			Independent Care Health Plan	.WI.	.OTH.	See Footnote 2	Other.	50.00	Humana Inc.		3	
.0119	Humana Inc.	.00000	61-1232669			Managed Care Indemnity, Inc.	.VT.	.IA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	20-5569675			Conviva Group Holdings, LLC	.DE.	.NIA.	Continucare Corporation	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	20-5904436			Conviva Medical Center Management, LLC	.DE.	.NIA.	Conviva Group Holdings, LLC	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	81-2957926			Conviva Speciality, LLC	.FL.	.NIA.	Conviva Medical Center Management, LLC	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	27-4379634			Medical Care Consortium Incorporated of Texas	.TX.	.NIA.	Conviva Medical Center Management, LLC	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	65-0879131			METCARE of Florida, Inc.	.FL.	.NIA.	Metropolitan Health Networks, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	65-0635728			Metropolitan Health Networks, Inc.	.FL.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	65-0992582			Naples Health Care Specialists, LLC	.FL.	.NIA.	SeniorBridge Family Companies (FL), Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	65-0688221			Nursing Solutions, LLC	.FL.	.NIA.	SeniorBridge Family Companies (FL), Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	62-1552091			PHP Companies, Inc.	.TN.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	62-1250945			Preferred Health Partnership, Inc.	.TN.	.NIA.	PHP Companies, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	20-1724127			Humana Real Estate Company	.KY.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	46-1225873			Conviva Health MSO of Texas, Inc.	.DE.	.NIA.	Humana Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	38-3920730			RMA Island Doctors Orlando MSO, LLC	.FL.	.NIA.	Conviva Medical Center Management, LLC	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	90-1022183			RMA Medical Center of South Orlando, LLC	.FL.	.NIA.	Conviva Medical Center Management, LLC	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	61-1722871			RMA Medical Center of Orlando, LLC	.FL.	.NIA.	Conviva Medical Center Management, LLC	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	75-2844854			ROHC, L.L.C.	.TX.	.NIA.	Humana at Home, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	65-1096853			SeniorBridge Family Companies (FL), Inc.	.FL.	.NIA.	Humana at Home, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	20-0301155			SeniorBridge Family Companies (IN), Inc.	.IN.	.NIA.	Humana at Home, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	36-4484443			SeniorBridge Family Companies (NY), Inc.	.NY.	.NIA.	Humana at Home, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	01-0766084			Humana at Home (San Antonio), Inc.	.TX.	.NIA.	Humana at Home, Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	59-2518701			SeniorBridge-Florida, LLC	.FL.	.NIA.	SeniorBridge Family Companies (FL), Inc.	Ownership.	100.00	Humana Inc.		0	
.0119	Humana Inc.	.00000	74-2352809			Texas Dental Plans, Inc.	.TX.	.NIA.	Humana Dental Company	Ownership.	100.00	Humana Inc.		0	

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
.0119	Humana Inc. ....	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	11-3391115				Alexander Infusion, LLC	NY	NIA	Eagle NY Rx, LLC	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	36-4898224				Eagle NY Rx, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	61-1340806				PBM Holding Company	DE	NIA	Eagle Rx, Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	
.0119	Humana Inc. ....	00000	85-0858631				Primary Care Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc. ....	0	

41.2

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

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

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

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

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

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

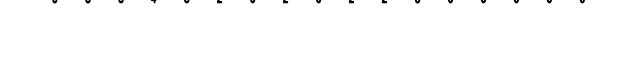
## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Humana Health Plan of Ohio Inc.

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

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

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

	Responses
	<b>MARCH FILING</b>
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	<b>APRIL FILING</b>
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	<b>JUNE FILING</b>
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	<b>AUGUST FILING</b>
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing <b>if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.</b> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
	<b>MARCH FILING</b>
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	<b>APRIL FILING</b>
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
	<b>AUGUST FILING</b>
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11. This type of business is not written.	
12. This type of business is not written.	
13. This type of business is not written.	
14. This type of business is not written.	
15. This type of business is not written.	
16. This type of business is not written.	
17. No relief will be requested.	
18. No relief will be requested.	
19. No relief will be requested.	
20. This type of business is not written.	
21. This type of business is not written.	
Bar Codes:	
11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 9 5 3 4 8 2 0 2 0 3 6 0 0 0 0 0 0
12. Life Supplement [Document Identifier 205]	 9 5 3 4 8 2 0 2 0 2 0 5 0 0 0 0 0
13. SIS Stockholder Information Supplement [Document Identifier 420]	 9 5 3 4 8 2 0 2 0 4 2 0 0 0 0 0 0
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	 9 5 3 4 8 2 0 2 0 3 7 1 0 0 0 0 0
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 9 5 3 4 8 2 0 2 0 3 7 0 0 0 0 0 0
16. Medicare Part D Coverage Supplement [Document Identifier 365]	 9 5 3 4 8 2 0 2 0 3 8 5 0 0 0 0 0
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 9 5 3 4 8 2 0 2 0 2 2 4 0 0 0 0 0
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 9 5 3 4 8 2 0 2 0 2 2 5 0 0 0 0 0

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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



9 5 3 4 8 2 0 2 0 2 2 6 0 0 0 0 0 0

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



9 5 3 4 8 2 0 2 0 3 0 6 0 0 0 0 0 0

21. Life Supplement [Document Identifier 211]



9 5 3 4 8 2 0 2 0 2 1 1 0 0 0 0 0 0