



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan of Ohio, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 95348 Employer's ID Number 31-1154200
(Current) (Prior)

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 [☐] No [☒]

Incorporated/Organized 08/19/1985 Commenced Business 01/01/1986

Statutory Home Office 111 Merchant Street, Cincinnati, OH, US 45246
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 111 Merchant Street
(Street and Number)
Cincinnati, OH, US 45246, 513-784-5320
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 513-784-5320
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Amanda Nethery, 502-580-3026
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO	<u>Bruce Dale Broussard</u>	Chief Financial Officer	<u>Susan Marie Diamond #</u>
Associate VP, Asst Gen Counsel & Corporate Secretary	<u>Joseph Matthew Ruschell</u>	SVP, Chief Actuary	<u>Vanessa Marie Olson</u>

OTHER

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

DIRECTORS OR TRUSTEES

<u>Bruce Dale Broussard</u>	<u>Joseph Matthew Ruschell #</u>	<u>Timothy Alan Wheatley</u>
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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.

<u>Bruce Dale Broussard</u> President & CEO	<u>Joseph Matthew Ruschell</u> Assoc. VP, Asst. General Counsel & Corporate Secretary	<u>Alan James Bailey</u> VP & Treasurer
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Subscribed and sworn to before me this 8th day of November, 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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	37,083,683	0	37,083,683	34,684,753
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$2,012,836), cash equivalents (\$22,794,634) and short-term investments (\$0)	24,807,469	0	24,807,469	12,858,350
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	304,479	0	304,479	304,479
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	62,195,631	0	62,195,631	47,847,582
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	116,343	0	116,343	105,192
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	366,163	84,896	281,267	146,166
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$136,768) and contracts subject to redetermination (\$3,858,065)	3,994,833	0	3,994,833	1,496,453
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	866,543	0	866,543	807,501
18.1 Current federal and foreign income tax recoverable and interest thereon	15,289	0	15,289	1,100,483
18.2 Net deferred tax asset	2,087,720	146,136	1,941,584	1,941,584
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)	332,827	332,827	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	17,134,355	0	17,134,355	25,504,417
24. Health care (\$4,710,944) and other amounts receivable	5,745,057	977,371	4,767,686	3,516,363
25. Aggregate write-ins for other than invested assets	2,980,048	2,963,600	16,448	47,831
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	95,834,808	4,504,830	91,329,979	82,513,573
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	95,834,808	4,504,830	91,329,979	82,513,573
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses	2,183,475	2,183,475	0	0
2502. Deposits	457,393	457,393	0	0
2503. Prepaid Commissions	322,731	322,731	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	16,448	0	16,448	47,831
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	2,980,048	2,963,600	16,448	47,831

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	22,584,032	435,275	23,019,307	23,067,442
2. Accrued medical incentive pool and bonus amounts	1,966,004	0	1,966,004	1,031,944
3. Unpaid claims adjustment expenses	194,644	0	194,644	188,124
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	11,419,831	0	11,419,831	12,017,487
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	170,040	0	170,040	170,040
8. Premiums received in advance	2,814,490	0	2,814,490	2,820,233
9. General expenses due or accrued	2,026,580	0	2,026,580	1,985,014
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized 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	228,596	0	228,596	134,490
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	4,999,802	0	4,999,802	241,108
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	2,201,289	0	2,201,289	472,162
23. Aggregate write-ins for other liabilities (including \$42,525 current)	87,911	0	87,911	77,927
24. Total liabilities (Lines 1 to 23)	48,693,219	435,275	49,128,494	42,205,972
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
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	75,223,747
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	(33,023,263)	(34,917,146)
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	42,201,485	40,307,601
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	91,329,979	82,513,573
DETAILS OF WRITE-INS				
2301. Unclaimed Property	61,887	0	61,887	51,904
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 through 2303 plus 2398)(Line 23 above)	87,911	0	87,911	77,927
2501.	XXX	XXX	0	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	289,488	318,772	421,659
2. Net premium income (including \$0 non-health premium income).....	XXX	180,030,049	184,134,747	242,919,678
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	490,685	490,685
4. Fee-for-service (net of \$0 medical expenses).....	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	180,030,049	184,625,432	243,410,362
Hospital and Medical:				
9. Hospital/medical benefits	2,341,399	121,500,267	113,730,652	160,519,813
10. Other professional services	10,775	559,131	682,806	939,208
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	79,791	4,140,514	3,973,078	5,357,045
13. Prescription drugs	435,355	22,591,510	24,861,485	32,910,072
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	1,695,227	3,354,541	1,343,448
16. Subtotal (Lines 9 to 15)	2,867,320	150,486,648	146,602,561	201,069,586
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	2,867,320	150,486,648	146,602,561	201,069,586
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$4,768,267 cost containment expenses	0	5,583,370	5,541,528	7,486,658
21. General administrative expenses	0	18,680,738	23,156,233	30,929,752
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	0	7,270,040
23. Total underwriting deductions (Lines 18 through 22).....	2,867,320	174,750,756	175,300,321	246,756,036
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	5,279,293	9,325,110	(3,345,674)
25. Net investment income earned	0	370,263	462,100	598,901
26. Net realized capital gains (losses) less capital gains tax of \$44,546	0	167,578	314,714	249,449
27. Net investment gains (losses) (Lines 25 plus 26)	0	537,841	776,813	848,350
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)].....	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0	1
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	5,817,134	10,101,924	(2,497,323)
31. Federal and foreign income taxes incurred	XXX	685,430	2,966,443	1,759,230
32. Net income (loss) (Lines 30 minus 31)	XXX	5,131,704	7,135,481	(4,256,553)
DETAILS OF WRITE-INS				
0601.	XXX	0	0	0
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX	0	0	0
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.	0	0	0	0
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Miscellaneous Income	0	0	0	1
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	1

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	40,307,601	32,799,114	32,799,114
34. Net income or (loss) from Line 32	5,131,704	7,135,481	(4,256,553)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	1,554,617
39. Change in nonadmitted assets	(3,237,821)	(5,763)	210,424
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	5,000,000	10,000,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	1,893,883	12,129,717	7,508,487
49. Capital and surplus end of reporting period (Line 33 plus 48)	42,201,485	44,928,831	40,307,601
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	176,735,940	181,451,154	240,614,736
2. Net investment income	562,838	720,038	939,003
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	177,298,777	182,171,192	241,553,739
5. Benefit and loss related payments	151,720,715	139,252,940	197,023,873
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	22,501,684	28,923,831	38,831,711
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$149,047 tax on capital gains (losses)	(355,218)	(355,711)	209,336
10. Total (Lines 5 through 9)	173,867,181	167,821,060	236,064,920
11. Net cash from operations (Line 4 minus Line 10)	3,431,596	14,350,132	5,488,819
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	13,062,385	16,167,877	18,169,726
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	4,758,694	0	241,108
12.8 Total investment proceeds (Lines 12.1 to 12.7)	17,821,080	16,167,877	18,410,834
13. Cost of investments acquired (long-term only):			
13.1 Bonds	15,452,917	16,564,466	20,316,109
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	15,452,917	16,564,466	20,316,109
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	2,368,162	(396,588)	(1,905,275)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	5,000,000	10,000,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	6,149,360	4,514,080	(6,796,368)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	6,149,360	9,514,080	3,203,632
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) ..	11,949,119	23,467,624	6,787,175
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	12,858,350	6,071,174	6,071,174
19.2 End of period (Line 18 plus Line 19.1)	24,807,469	29,538,798	12,858,350

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		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
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	34,011	0	26,395	0	0	0	231	7,385	0	0
2. First Quarter	32,333	0	23,895	0	0	0	201	8,237	0	0
3. Second Quarter	31,789	0	23,253	0	0	0	204	8,332	0	0
4. Third Quarter	32,091	0	23,498	0	0	0	218	8,375	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	289,488	0	212,991	0	0	0	1,876	74,621	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	260,140	0	113,766	0	0	0	1,521	144,853	0	0
8. Non-Physician	129,635	0	52,801	0	0	0	763	76,071	0	0
9. Total	389,775	0	166,567	0	0	0	2,284	220,924	0	0
10. Hospital Patient Days Incurred	25,209	0	4,526	0	0	0	31	20,652	0	0
11. Number of Inpatient Admissions	2,693	0	626	0	0	0	5	2,062	0	0
12. Health Premiums Written (a)	180,030,049	4,092	98,149,291	0	0	0	1,199,585	80,677,081	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	180,030,049	4,092	98,149,291	0	0	0	1,199,585	80,677,081	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.....	151,716,133	(40,176)	74,646,609	0	0	0	1,525,834	75,583,865	0	0
18. Amount Incurred for Provision of Health Care Services	150,486,648	(44,744)	72,319,482	0	0	0	1,515,917	76,695,994	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 80,677,081

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	10,079,789	64,526,644	386,810	12,804,565	10,466,599	15,101,095
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	330,329	1,195,506	5,777	131,921	336,106	133,790
6. Title XVIII - Medicare	6,011,225	68,811,474	127,137	9,733,137	6,138,362	8,002,597
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)	16,421,342	134,533,624	519,725	22,669,622	16,941,067	23,237,483
10. Healthcare receivables (a)	0	5,688,315	0	0	0	3,572,906
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	761,167	0	1,397,668	568,335	2,158,836	1,031,944
13. Totals (Lines 9-10+11+12)	17,182,509	128,845,308	1,917,393	23,237,958	19,099,903	20,696,520

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

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the 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 #	2021	2020
Net Income/(Loss)					
1. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 5,131,704	\$ (4,256,553)
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	\$ 5,131,704	\$ (4,256,553)
Surplus					
5. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 42,201,485	\$ 40,307,601
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	\$ 42,201,485	\$ 40,307,601

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.

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.

NOTES TO THE FINANCIAL STATEMENTS

- (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.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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 September 30, 2021.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at September 30, 2021:

(a) The aggregate amount of unrealized losses:

1.	Less than Twelve Months	\$	(265,509)
2.	Twelve Months or Longer	\$	(1,468)

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

1.	Less than Twelve Months	\$	16,112,817
2.	Twelve Months or Longer	\$	39,181

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

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

(2) The Company has not pledged any of its assets as collateral.

(3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	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	513,647	1,008,972	(495,325)	-	513,647	0.54%	0.56%
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	\$ 513,647	\$ 1,008,972	\$ (495,325)	-	\$ 513,647	0.54%	0.56%

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

Not Applicable.

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

Not Applicable.

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

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

Not Applicable.

R. Share of Cash Pool by Asset Type

Not Applicable.

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.

NOTES TO THE FINANCIAL STATEMENTS

- 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

No material change since year-end December 31, 2020.

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, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

The Company has various related party agreements with no material change since year-end December 31, 2020.

No dividends or returns of capital were paid by the Company as of September 30, 2021.

- C. (1) Detail of Material Related Party Transactions

Not Applicable.

- (2) Detail of Material Related Party Transactions Involving Services

Not Applicable.

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

Not Applicable.

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

Not Applicable.

- D. At September 30, 2021, the Company reported \$17,134,355 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.

- O. SCA Loss Tracking

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

No material change since year-end December 31, 2020.

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. No material change since year-end 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. Not Applicable.

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

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.

NOTES TO THE FINANCIAL STATEMENTS

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 September 30, 2021.

15. Leases

No material change since year-end December 31, 2020.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

(1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.

(2) As of September 30, 2021, the Company has recorded a receivable from CMS of \$866,543 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at September 30, 2021.

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, 2020 and September 30, 2021.

(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, 2020 and September 30, 2021.

NOTES TO THE FINANCIAL STATEMENTS

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company’s analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company’s third party investment advisor. Based on the Company’s internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended September 30, 2021.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	\$ 60,359,849	\$ 59,878,317	\$ 13,003,107	\$ 47,356,742	\$ -	\$ -	\$ -

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, beginning in the first quarter of 2020 quarter has impacted the Company’s business. During periods of increased incidences of COVID-19, there was a reduction in non-COVID-19 hospital admissions and lower overall healthcare system consumption that decreased utilization. Likewise COVID-19 treatment and testing costs increased utilization. The significant disruption in utilization during 2020 also impacted the Company’s ability to implement clinical initiatives to manage health care costs and chronic conditions of its members, and appropriately document their risk profiles, and, as such, affecting 2021 revenue under the risk adjustment payment model for Medicare Advantage plans.

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.

NOTES TO THE FINANCIAL STATEMENTS

(3) Direct exposure through other investments:

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

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

The Company does not have sub-prime mortgage risk.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through November 8, 2021 for the Statutory Statement issued on November 8, 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 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.

NOTES TO THE FINANCIAL STATEMENTS

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 September 30, 2021 that are subject to retrospective rating features was \$180,030,049, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

Not Applicable.

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)	\$ 2,334,270
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 2,555
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 2,257,709
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 1,617,404
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 7,100
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenues & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9. ACA Reinsurance contributions – not reported as ceded premiums	\$ -
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expenses)	
3. Effect of ACA Risk Corridors on net premium income	\$ -
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

NOTES TO THE FINANCIAL STATEMENTS

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

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
				5	6	7	8		9	10
1	2	3	4	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high risk pool payments)	191,371	4,092		187,279		1,215,494		A.	1,402,773	
2. Premium adjustments (payables) (including high risk pool premium)	(3,094,704)	(1,366,581)		(1,728,123)		(529,586)		B.	(2,257,709)	
3. Subtotal ACA Permanent Risk Adjustment Program	191,371	(3,094,704)	4,092	(1,366,581)	187,279	(1,728,123)	1,215,494	(529,586)	1,402,773	(2,257,709)
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	-	-		-		-			-	
2. Amounts recoverable for claims unpaid (contra liability)	-	-		-		-			-	
3. Amounts receivable relating to uninsured plans	-	-		-		-			-	
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium		-	-		-		-			-
5. Ceded reinsurance premiums payable		-	-		-		-			-
6. Liability for amounts held under uninsured plans		-	-		-		-			-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	-	-		-		-			-	
2. Reserve for rate credits or policy experience rating refunds		-	-		-		-			-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-
d. Total for ACA Risk Sharing Provisions	191,371	(3,094,704)	4,092	(1,366,581)	187,279	(1,728,123)	1,215,494	(529,586)	1,402,773	(2,257,709)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2020 benefit year and the latest data from Wakely Consulting.

B. Adjustments related to updates received from CMS associated with 2020 benefit year and the latest data from Wakely Consulting.

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

Not Applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date

	1	2	3	4	5	6
Risk Corridors Program Year	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	\$ -	\$ -	\$ -

NOTES TO THE FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, net of health care receivables, as of December 31, 2020, were \$20,884,644. As of September 30, 2021, \$17,366,271 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,921,756 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,596,618 favorable prior-year development since December 31, 2020. 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 \$1,596,618 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2021	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2021	4,810,187	4,810,187	-	-	-
6/30/2021	5,462,417	5,470,399	5,404,377	-	-
3/31/2021	4,373,942	4,635,076	4,605,703	-	-
12/31/2020	3,570,162	3,570,162	3,566,688	-	2,733
9/30/2020	4,335,837	4,335,837	4,269,938	47,610	18,289
6/30/2020	4,970,616	4,970,616	4,944,424	-	26,192
3/31/2020	3,727,324	3,727,324	3,672,563	21,621	31,221
12/31/2019	2,658,492	2,658,492	2,627,019	-	29,423
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	45,019
3/31/2019	3,533,690	3,533,690	3,474,242	-	59,448

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

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒]
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒] No [☐]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☒] No [☐]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
Acquired remainder of Kindred at Home joint venture.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☒] No [☐]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000049071
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

If yes, complete and file the merger history data file with the NAIC.

Yes [☐] No [☒]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
NA		
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [☐] No [☒] N/A [☐]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2020
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2015
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/25/2017
- 6.4

By what department or departments?
Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☒] No [☐] N/A [☐]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒] No [☐] N/A [☐]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐] No [☒]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐] No [☒]
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(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.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
Ethics Every Day was amended in June 2021 to update content based on operational changes, clarify content where necessary and perform general document maintenance.
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$.....

17,134,355

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....304,479
13.

Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$.....0 | \$.....0 |
| 14.22 Preferred Stock | \$.....0 | \$.....0 |
| 14.23 Common Stock | \$.....0 | \$.....0 |
| 14.24 Short-Term Investments | \$.....0 | \$.....0 |
| 14.25 Mortgage Loans on Real Estate | \$.....0 | \$.....0 |
| 14.26 All Other | \$.....0 | \$.....0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$.....0 | \$.....0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$.....0 | \$.....0 |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$.....0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$.....0
- 16.3

Total payable for securities lending reported on the liability page.

\$.....0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

85.4 %

1.2 A&H cost containment percent

1.8 %

1.3 A&H expense percent excluding cost containment expenses

11.6 %

2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$0

2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$0

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE									

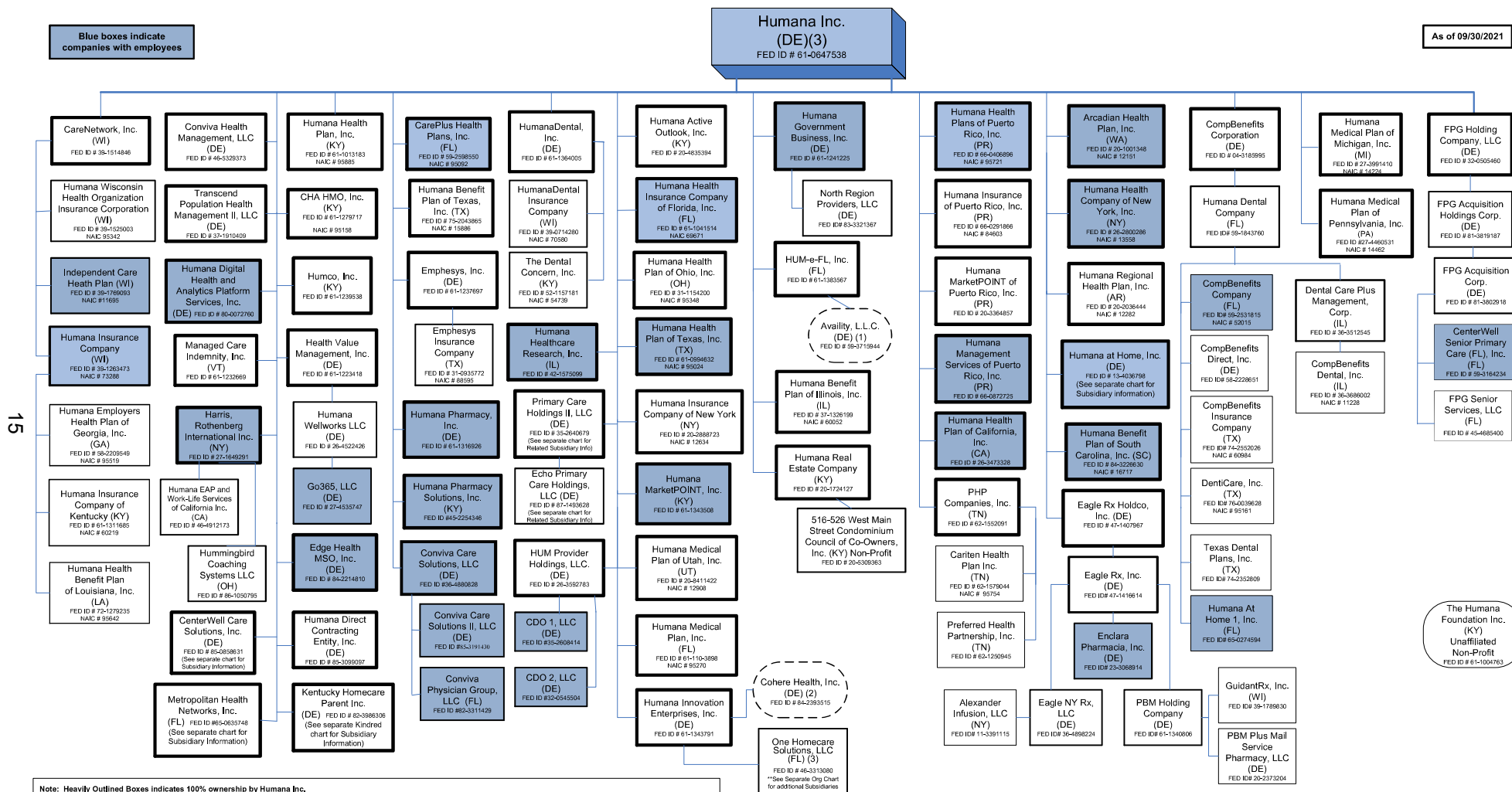
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
		Active Status (a)	2	3	4	5	6	7	8	9	10
States, etc.			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	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	80,878,185	.0	.0	.0	.0	80,878,185	.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	96,535,979	(201,103)	.0	1,199,585	.0	.0	97,534,461	.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 Aliens	OT	XXX	1,617,404	.0	.0	.0	.0	.0	1,617,404	.0
59.	Subtotal	XXX	98,153,383	80,677,081	.0	.0	1,199,585	.0	.0	180,030,049	.0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
61.	Totals (Direct Business)	XXX	98,153,383	80,677,081	0	0	1,199,585	0	0	180,030,049	0
DETAILS OF WRITE-INS											
58001.	ACA Support Programs	XXX	1,617,404	.0	.0	.0	.0	.0	.0	1,617,404	.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	.0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	1,617,404	0	0	0	0	0	0	1,617,404	0

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

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.



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

(1) Fully diluted ownership which includes Common and Preferred Units is as follows: HUM+FL, Inc. – 15.87%; Navigy, Inc. (an unaffiliated entity)+20.50%; Health Care Service Corporation (an unaffiliated entity)+20.50%; Seltrore, Inc. (an unaffiliated entity)+18.48%; Francisco Partners (an unaffiliated entity)+18.20%; AV Investor, L.L.C. (an unaffiliated entity)+1.16%; an Independent Director (unaffiliated person)+0.14%; and Incentive Units – Tier 1 & 2 (359,300 Class A Units per Tier)+2.53% per Tier.

(2) Of the 11,000 common shares authorized, Humana Insurance Enterprises, Inc. was granted 4,083,333 Common Shares and 850,000 Series A Preferred Shares; additional shares granted as follows: First Capital Partners, 1,500,000 Series A Preferred Shares; Define Ventures, 850,000 Series A Preferred Shares; and Stock Options to be awarded to Employees – 3,918,687 shares.

(3) Humana Insurance Enterprises, Inc. acquired 99% of the membership interest in One Homecare Solutions, LLC with Humana Inc. acquiring 1%. *See Separate Organizational Chart for additional subsidiaries acquired.

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

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

Companies with
Employees

Licensed Companies

As of 09.30.2021

Humana Inc.
(Delaware)
61-0647538

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

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

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

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

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

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

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

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

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

Care Partners Home
Care, LLC
26-0815856
(06/26/2009 - FL)

SeniorBridge-Florida,
LLC
59-2518701
(08/1/2008 - FL)

Naples Health Care
Specialists, LLC
65-0992582
(12/08/2008 - FL)

Nursing Solutions, LLC
65-0688221
(04/30/2009 - FL)

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

Management Service
Agreement
NO OWNERSHIP
INTEREST

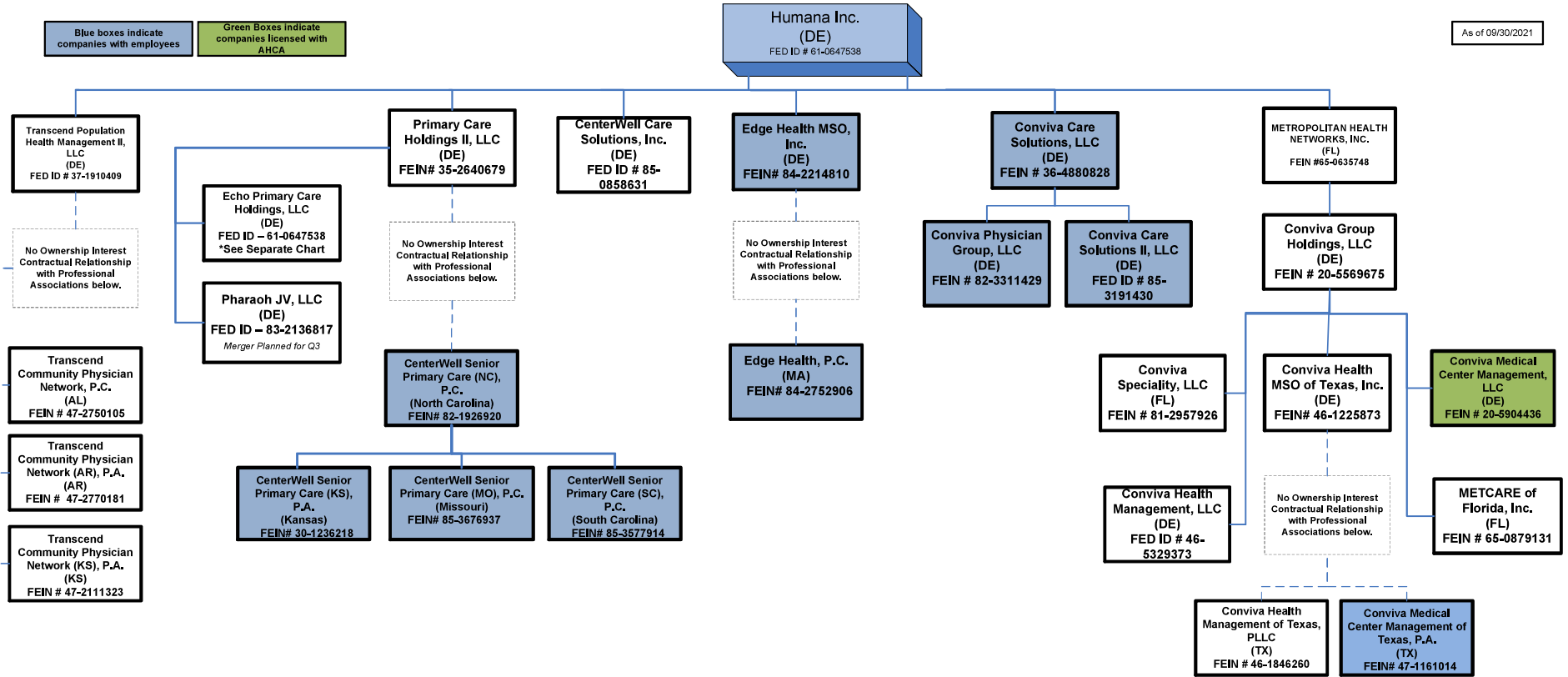
Humana Home Advantage (TX), P.A.
FEIN# 81-0789608
Created for Chronic Care Nurse Practitioner
Program. Incorporated in Texas on 12/04/2015.
Giridhar Chilukuri 100%

Contractual relationship between Humana
Home Advantage (TX), P.A. and Complex
Clinical Management, Inc.

15.1

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

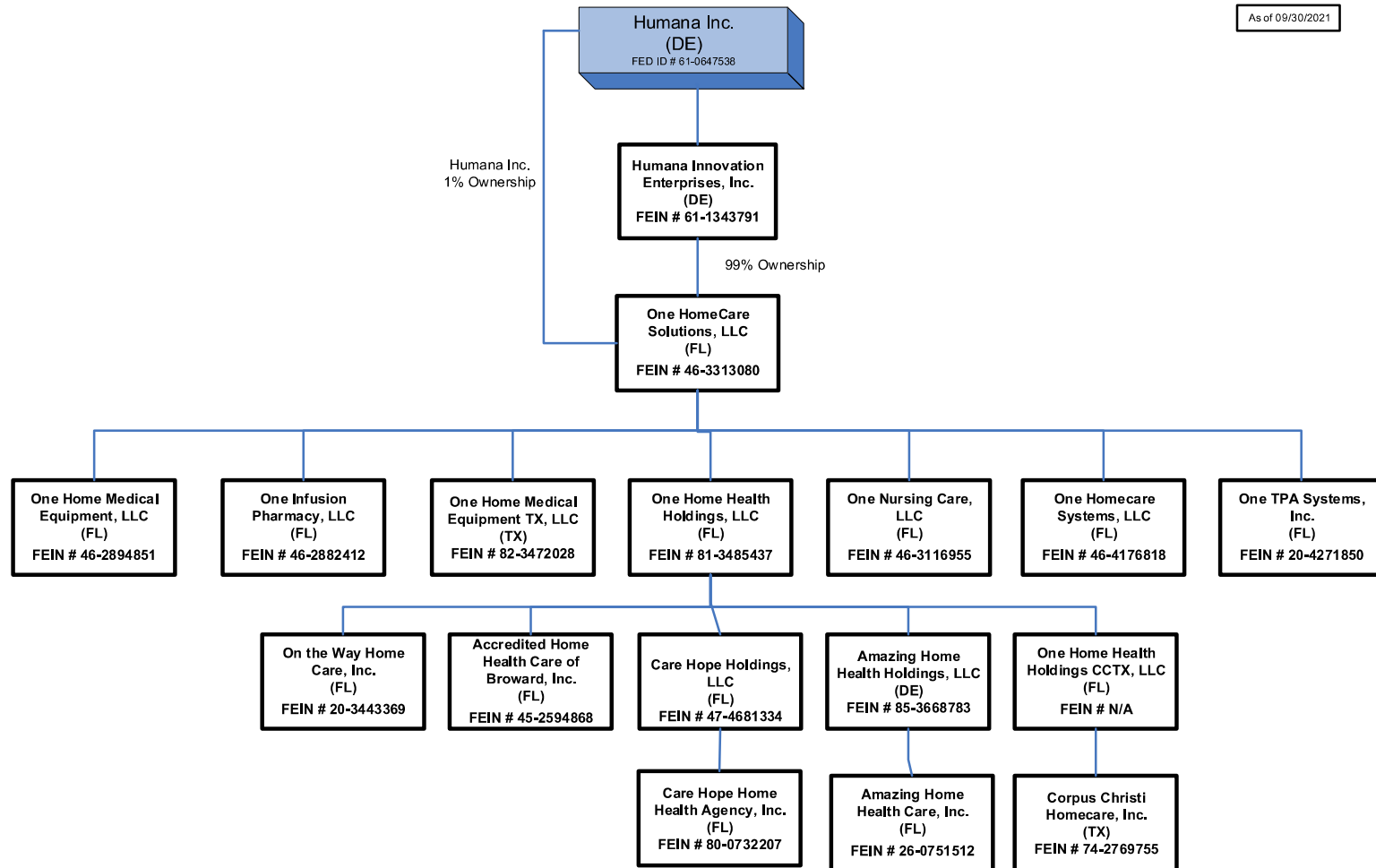
15.2



Physician Ownership of PAs and PCs

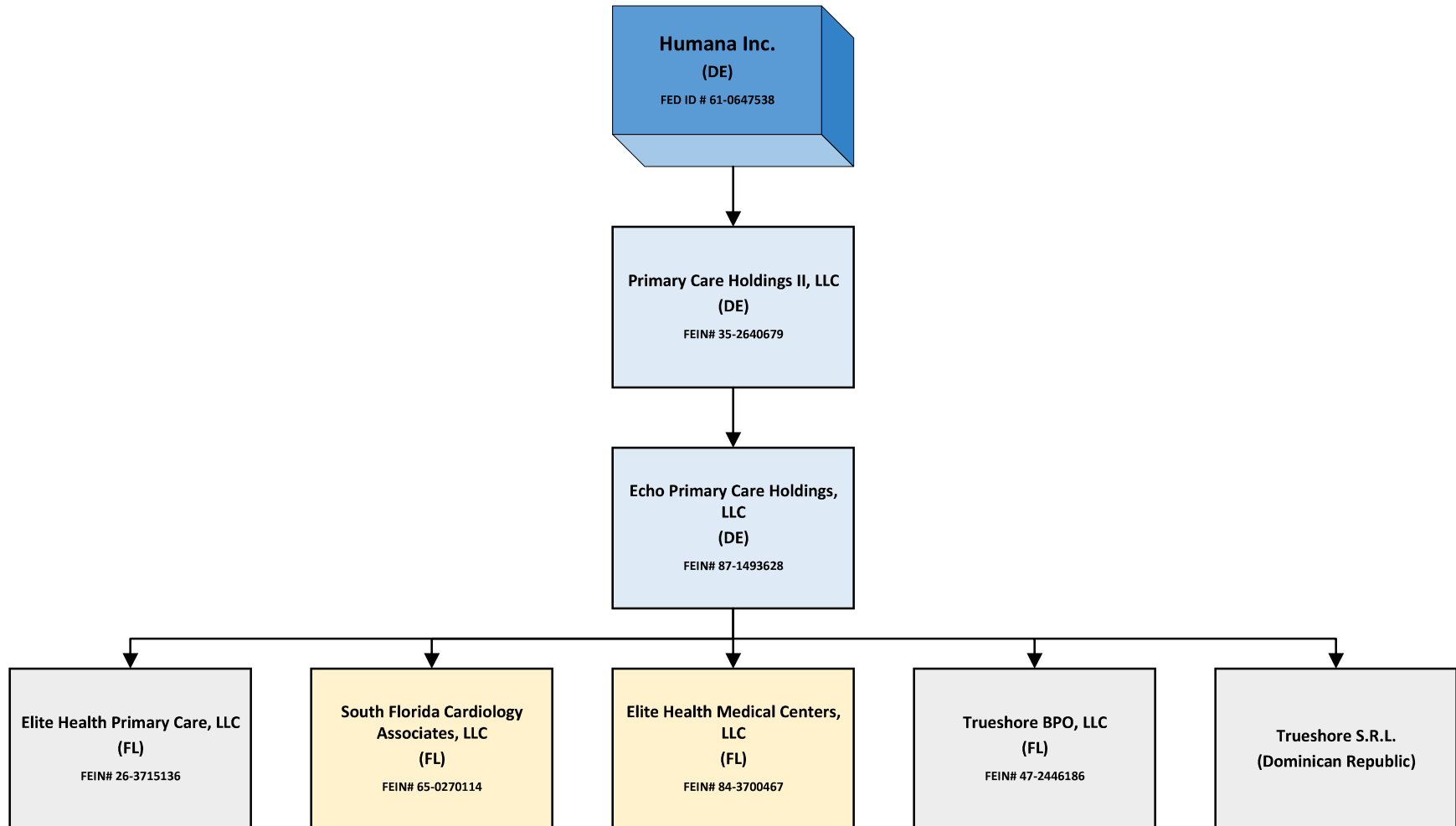
- 1) Conviva Health Management of Texas, PLLC – Nathan Newman, M.D. – 100%
- 2) Conviva Medical Center Management of Texas, P.A. – Nathan Newman, M.D. - 100%
- 3) Edge Health, P.C. - Richard Kalish – 50% - John Taylor – 50%
- 4) CenterWell Senior Primary Care (KS), P.A. - CenterWell Senior Primary Care (NC), P.C.- 100%
- 5) CenterWell Senior Primary Care (MO), P.C. - CenterWell Senior Primary Care (NC), P.C. – 100%
- 6) CenterWell Senior Primary Care (NC), P.C. - Erica Savage-Jeter, M.D – 100%.
- 7) CenterWell Senior Primary Care (SC), P.C. - CenterWell Senior Primary Care (NC), P.C. – 100%.
- 8) Transcend Community Physician Network, P.C.- John Pigott, M.D – 100%.
- 9) Transcend Community Physician Network (AR), P.A - Mariolga Mercado, D.O. - 100%
- 10) Transcend Community Physician Network (KS), P.A. - Elizabeth S. Peterson, M.D. - 100%

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

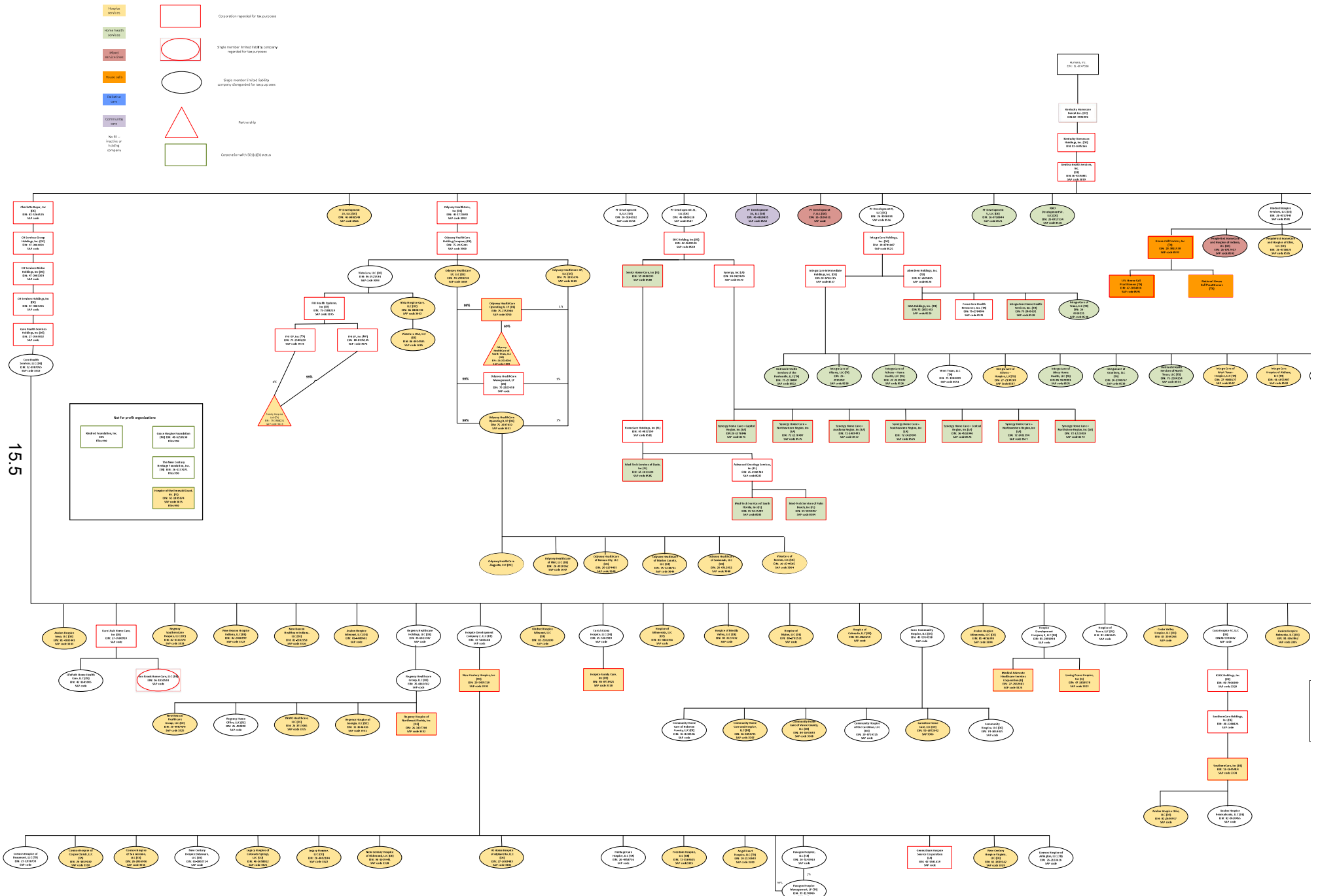


As of 09/30/2021

Echo Primary Care Holdings Organization Chart

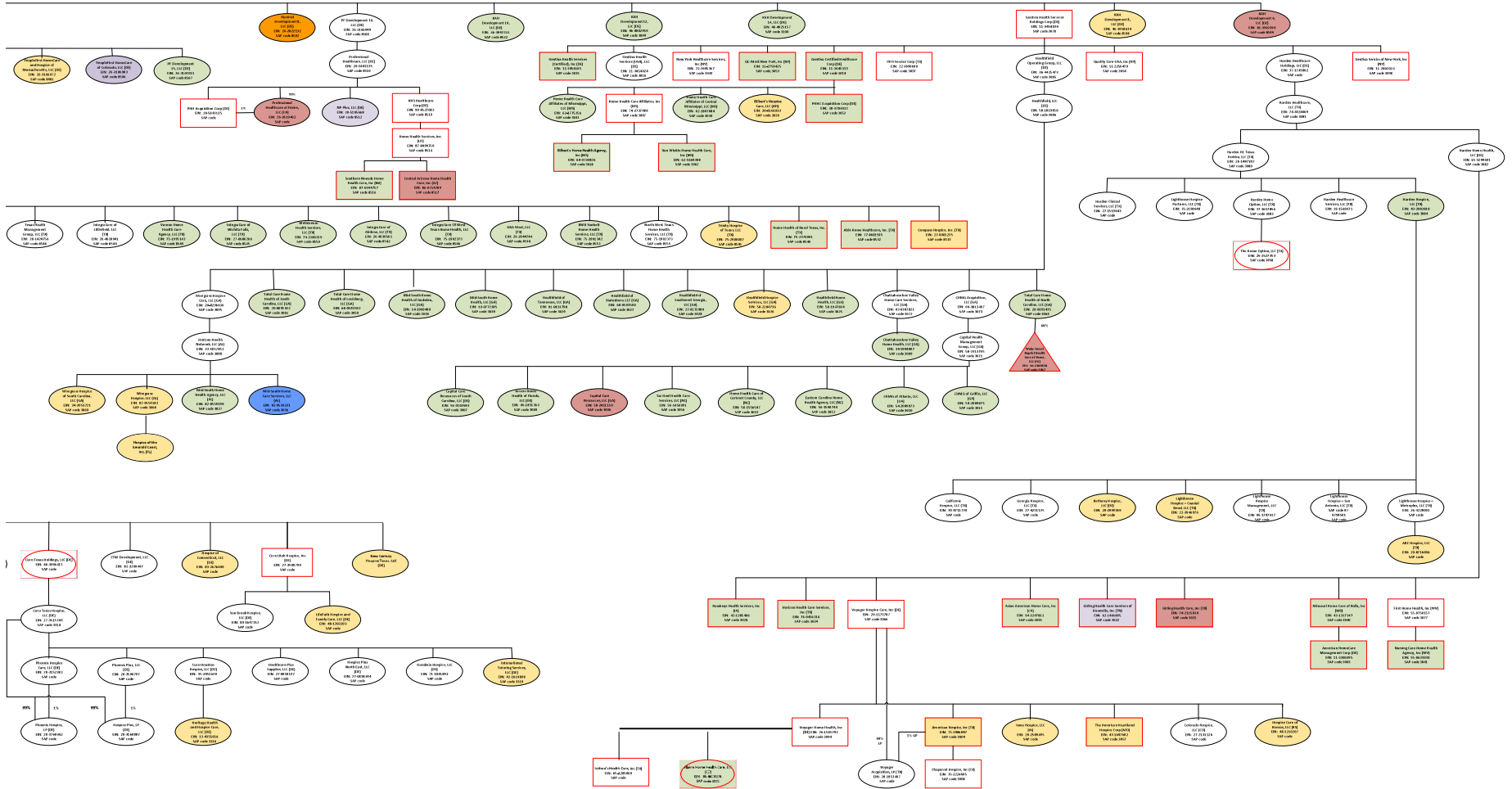


STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.



STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

Cont'd from previous page



STATEMENT AS OF SEPTEMBER 30, 2021 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 Location	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 Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	20-5309363				516-526 West Main Street Condomium Council of Co-Owners, Inc.	.KY.	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	.WA.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	.FL.	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	.WI.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	.FL.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	.TN.	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	35-2608414				CDO 1, LLC	.DE.	NIA	HUM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	32-0545504				CDO 2, LLC	.DE.	NIA	HUM Provider Holdings, LLC	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	.KY.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	.FL.	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	.IL.	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	.DE.	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	.TX.	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	.FL.	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	42-1575099				Humana Healthcare Research, Inc.	.IL.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.15886	75-2043965				Humana Benefit Plan of Texas, Inc.	.TX.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management, Corp.	.IL.	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	.TX.	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.88595	31-0935772				Emphesys Insurance Company	.TX.	IA	Emphesys, Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	61-1237697				Emphesys, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	59-3164234				CenterWell Senior Primary Care (FL), Inc.	.FL.	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	.DE.	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	.DE.	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	.FL.	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	.NY.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.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.	.N.	.0
.0119	Humana Inc.	.00000	26-3592783				HUM Provider Holdings, LLC	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	.KY.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	.TX.	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	.TX.	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	.FL.	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	.IL.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	.FL.	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	.GA.	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	.DE.	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	.LA.	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	.NY.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	.FL.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	.CA.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	.OH.	RE	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	.TX.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95885	61-1013183				Humana Health Plan, Inc.	.KY.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	.PR.	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N.	.0
.0119	Humana Inc.	.00000	61-0647538		0000049071	NYSE	Humana Inc.	.DE.	UDP	See Footnote 1	Other	0.000	See Footnote 1	.N.	.2

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 Location	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 Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	.DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.73288	39-1263473				Humana Insurance Company	.WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.60219	61-1311685				Humana Insurance Company of Kentucky	.KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	.NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	.PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	.PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	.KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	.MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	.PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	.UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.95270	61-1103898				Humana Medical Plan, Inc.	.FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	.KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	.DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	.AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	.DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	.WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.70580	39-0714280				HumanaDental Insurance Company	.WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	.DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	.DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	.KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	.FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	.OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	.WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	.VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-5569675				Conviva Group Holdings, LLC	.DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-5904436				Conviva Medical Center Management, LLC	.DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	81-2957926				Conviva Specialty, LLC	.FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	.FL	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	.FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	.FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	.FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	.TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	.TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-1724127				Humana Real Estate Company	.KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-1225873				Conviva Health MSO of Texas, Inc.	.DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	.TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	.FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	.IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	.NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	.TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	.FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	74-2352809				Texas Dental Plans, Inc.	.TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.54739	52-1157181				The Dental Concern, Inc.	.KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2600512				Humana At Home (TLC), Inc.	.TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	.DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-5329373				Conviva Health Management, LLC	.DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	.PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-3321367				North Region Providers, LLC	.DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	35-2640679				Primary Care Holdings II, LLC	.DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	37-1910409				Transcend Population Health Management II, LLC	.DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0

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 Location	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 Ownership Provide Perce-n-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	11-3391115				Alexander Infusion, LLC	NY	NIA	Eagle NY Rx, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	36-4898224				Eagle NY Rx, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	61-1340806				PBM Holding Company	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-3191430				Conviva Care Solutions II, LLC	DE	NIA	Conviva Care Solutions, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-3099097				Humana Direct Contracting Entity, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-0858631				CenterWell Care Solutions, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	87-1493628				Echo Primary Care Holdings, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	45-2594868				Accredited Home Health of Broward, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0751512				Amazing Home Health Care, Inc.	FL	NIA	Amazing Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-3668783				Amazing Home Health Holdings, LLC	DE	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	47-4681334				Care Hope Holdings, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	80-0732207				Care Hope Home Health Agency, Inc.	FL	NIA	Care Hope Holdings, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	74-2769755				Corpus Christi Home Care, Inc.	TX	NIA	One Home Health Holdings CCTX, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-3443369				On the Way Home Care, Inc.	FL	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-3485437				One Home Health Holdings, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-2018741				One Home Health Holdings CCTX, LLC	TX	NIA	One Home Health Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-2894851				One Home Medical Equipment, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-3472028				One Home Medical Equipment TX, LLC	TX	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-3116955				One Nursing Care, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-3313080				One Homecare Solutions, LLC	FL	NIA	Humana Innovation Enterprises, Inc. - 99%	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-4176818				One Homecare Systems, LLC	FL	NIA	Humana Inc. - 1%	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-2882412				One Infusion Pharmacy, LLC	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-4271850				One TPA Systems, Inc.	FL	NIA	One Homecare Solutions, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	83-2136817				Pharaoh JV, LLC	DE	NIA	Primary Care Holdings II, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-8716006				ABC Hospice, LLC	TX	NIA	Lighthouse Hospice-Metroplex, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	72-2695805				Aberdeen Holdings, Inc.	TX	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	77-0601595				Able Home Healthcare, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	06-1451363				Access Home Health of Florida, LLC	DE	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	65-0180784				Advanced Oncology Services, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	36-4473376				Alpine Home Health Care, LLC	CO	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	11-3306095				American Homecare Management Corp.	DE	NIA	Missouri Home Care of Rolla, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2486047				American Hospice, Inc.	TX	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-2170043				Angel Heart Hospice, LLC	TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	94-3247811				Asian American Home Care, Inc.	CA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-8803486				At Home Healthcare And Hospice, LLC	GA	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	27-1063483				At Home Hospice of Alpharetta, LLC	GA	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-4302441				Avalon Hospice Iowa, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-4016398				Avalon Hospice Minnesota, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-5480661				Avalon Hospice Missouri, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-3653862				Avalon Hospice Nebraska, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-0630557				Avalon Hospice Ohio, LLC	DE	NIA	Southerncare, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-0620455				Avalon Hospice Pennsylvania, LLC	DE	NIA	Southerncare, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-2999369				Bethany Hospice, LLC	DE	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-1901342				BWB Sunbelt Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	30-0711730				California Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	N	0

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	56-2102603				Capital Care Resources of South Carolina, LLC	.GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	58-2411159				Capital Care Resources, LLC	.GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	58-2313705				Capital Health Management Group, LLC	.GA	NIA	CHMG Acquisition LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	56-1872602				Carrollton Home Care, LLC	.DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-3399294				Cedar Valley Hospice, LLC	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	86-0714789				Central Arizona Home Health Care, Inc.	.AZ	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	47-3061031				CH Services Group Holdings, Inc.	.DE	NIA	Charlotte Buyer, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	47-3083265				CH Services Holdings, Inc.	.DE	NIA	CH Services Midco Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	47-3083393				CH Services Midco Holdings, Inc.	.DE	NIA	CH Services Group Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	35-2224605				Chaparral Hospice, Inc.	.TX	NIA	American Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	82-5266576				Charlotte Buyer, Inc.	.DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	03-0387821				Chattahoochee Valley Home Care Services, LLC	.GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	34-1994007				Chattahoochee Valley Home Health, LLC	.GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	04-3813487				CHMG Acquisition LLC	.GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	54-2089073				CHMG of Atlanta, LLC	.GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	54-2089075				CHMG of Griffin, LLC	.GA	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-0494731				Community Home Care & Hospice, LLC	.DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	36-4530146				Community Home Care of Robeson County, LLC	.DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	84-1642693				Community Home Care of Vance County, LLC	.DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-0724725				Community Hospice of The Carolinas, LLC	.DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	74-3059415				Community Hospice, LLC	.DE	NIA	Curo Community Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0001235				Compass Hospice, Inc.	.TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-2163626				Cosmos Hospice of Arlington, LLC	.TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-1936733				Cosmos Hospice of Beaumont, LLC	.TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1819030				Cosmos Hospice of Corpus Christi, LLC	.TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-2056906				Cosmos Hospice of San Antonio, LLC	.TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	81-3299447				CTW Development, LLC	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	45-5363989				Curo Arizona Hospice, LLC	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	45-5354338				Curo Community Hospice, LLC	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-3569032				Curo Health Services Holdings, Inc.	.DE	NIA	CH Services Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	32-0307955				Curo Health Services, LLC	.DE	NIA	Curo Health Services Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-5394442				Curo Hospice SC, LLC	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	35-2451630				Curo Houston Hospice, LLC	.DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-3096415				Curo Texas Holdings, LLC	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-3515749				Curo Texas Hospice, LLC	.DE	NIA	Curo Texas Holdings, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-3500910				Curo Utah Home Care, Inc.	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-3500790				Curo Utah Hospice, Inc.	.DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	56-1590744				Eastern Carolina Home Health Agency, LLC	.NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2588221				Family Hospice, Ltd.	.TX	NIA	FHI LP, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2588220				FHI GP, Inc.	.TX	NIA	FHI Health Systems, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2588219				FHI Health Systems, Inc.	.DE	NIA	Vistacare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	88-0335145				FHI LP, Inc.	.NV	NIA	FHI Health Systems, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2588222				FHI Management, Ltd.	.TX	NIA	FHI LP, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	55-0750157				First Home Health, Inc.	.WV	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2784006				Focus Care Health Resources, Inc.	.TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	72-1584635				Freedom Hospice, LLC	.OK	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2855493				GBA Holding, Inc.	.TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-2944774				GBA West, LLC	.TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	42-1581419				Generations Hospice Service Corporation	.LA	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	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 Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	11-2645333				Gentiva Certified Healthcare Corp.	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	11-3454105				Gentiva Health Services (Certified), Inc.	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	11-3414024				Gentiva Health Services (USA) LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	11-3454104				Gentiva Health Services Holding Corp.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	36-4335801				Gentiva Health Services, Inc.	DE	NIA	Kentucky Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	11-2802024				Gentiva Services of New York, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-4251135				Georgia Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	64-0730826				Gilbert's Home Health Agency, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-0566932				Gilbert's Hospice Care, LLC	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	62-1406895				Girling Health Care Services of Knoxville, Inc.	TN	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	74-2115034				Girling Health Care, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	71-1005892				Goodwin Hospice, LLC	DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-1519643				Harden Clinical Services, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1487182				Harden HC Texas Holdco, LLC	TX	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	37-1743802				Harden Healthcare Holdings, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1569071				Harden Healthcare Services, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	74-3024009				Harden Healthcare, LLC	TX	NIA	Harden Healthcare Holdings, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-1299601				Harden Home Health, LLC	DE	NIA	Harden Healthcare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	37-1657856				Harden Home Option, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	43-2083818				Harden Hospice, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	42-1285486				Hawkeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0810137				Healthcare Plus Supplies, LLC	DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	58-1947694				Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	58-2284736				Healthfield Hospice Services, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0131980				Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	68-0593590				Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	01-0831798				Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	36-4425473				Healthfield Operating Group, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	58-1819650				Healthfield, LLC	DE	NIA	Healthfield Operating Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-4958736				Heritage Care Hospice, LLC	TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	13-4355656				Heritage Health And Hospice Care, LLC	DE	NIA	Curo Houston Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	90-0527683				HHS Healthcare Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	62-1807084				Home Health Care Affiliates of Central Mississippi, L.L.C.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	62-1775256				Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	74-2737989				Home Health Care Affiliates, Inc.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	56-1556547				Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2374091				Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	87-0494759				Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-0837269				Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	76-0456316				Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	33-1017853				Horizon Health Network LLC	AL	NIA	Wiregrass Hospice Care, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	48-1210207				Hospice Care of Kansas, L.L.C.	KS	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	47-5666180				Hospice Development Company 2, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	81-2401094				Hospice Development Company 3, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	86-0710921				Hospice Family Care, Inc.	DE	NIA	Curo Arizona Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-4460659				Hospice of Colorado, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-2676049				Hospice of Connecticut, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-2701531				Hospice of Maine, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-3727632				Hospice of Mesilla Valley, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-4446356				Hospice of Minnesota, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	47-5585682				Hospice of Texas, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	62-1805874				Hospice of the Emerald Coast, Inc.	FL	NIA	Wiregrass Hospice LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0838344				Hospice Plus North East LLC	DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-3160887				Hospice Plus, L.P.	DE	NIA	Phoenix Plus, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-3811538				House Call Doctors, Inc.	TX	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-8781607				Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2865632				Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1655487				Integracare Hospice of Abilene, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-8781715				Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-4630561				Integracare of Abilene, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-2915050				Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-2139332				Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-2139269				Integracare of Athens-Hospice, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1908767				Integracare of Granbury, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-4618941				Integracare of Littlefield, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	81-0638801				Integracare of Olney Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-8768235				Integracare of Texas, LLC	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0686207				Integracare of West Texas-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0686137				Integracare of West Texas-Hospice, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0686266				Integracare of Wichita Falls, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	42-1619898				International Tutoring Services, LLC	DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-2589495				Iowa Hospice, L.L.C.	IA	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-1285069				Isidora's Health Care Inc.	TX	NIA	Voyager Home Health, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-3992741				KAH Development 10, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-4002959				KAH Development 12, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-4025157				KAH Development 14, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-3902994				KAH Development 4, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-3958634				KAH Development 8, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	82-3695166				Kentucky Homecare Holdings, Inc.	DE	NIA	Kentucky Homecare Parent Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	82-3986306				Kentucky Homecare Parent Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-2282690				Kindred Hospice Missouri, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-2282690				Kindred Hospice Services, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0717945				KND Development 50, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0717534				KSOC Holdings, Inc.	DE	NIA	Curo Hospice SC, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-8781607				Legacy Hospice of Colorado Springs, LLC	CO	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2865632				Legacy Hospice, LLC	CO	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1655487				Lifepath Hospice and Family Care, L.L.C.	DE	NIA	Curo Utah Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-8781715				Lighthouse Hospice - Coastal Bend, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-4630561				Lighthouse Hospice - Metroplex, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-2915050				Lighthouse Hospice Management, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-2139332				Lighthouse Hospice Partners, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-2139269				Lighthouse Hospice-San Antonio, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1908767				Loving Peace Hospice, Inc.	IL	NIA	Hospice Development Company 3, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-4618941				Med. Tech. Services of South Florida, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	81-0638801				Medical Advocate Healthcare Services Corporation	IL	NIA	Hospice Development Company 3, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-8768235				Med-Tech Services of Dade, Inc.	FL	NIA	Homecare Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0686207				Med-Tech Services of Palm Beach, Inc.	FL	NIA	Advanced Oncology Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0686137				Mid-South Home Care Services, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	27-0686266				Mid-South Home Health Agency, LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	42-1619898				Mid-South Home Health of Gadsden, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-2589495				Mid-South Home Health, LLC	DE	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	65-1285069				Missouri Home Care of Rolla, Inc.	MO	NIA	Harden Home Health, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-3992741				National House Call Practitioners	TX	NIA	House Call Doctors, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-4002959				New Beacon Healthcare Group, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	.N	.0

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	46-4025157				New Beacon Healthcare Indiana, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-3902994				New Beacon Hospice Indiana, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-3958634				New Century Hospice Delaware, LLC	DE	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	82-3695166				New Century Hospice of Richmond, LLC	DE	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-3461625				New Century Hospice Texas, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	61-1819142				New Century Hospice Virginia, LLC	DE	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	83-2282690				New Century Hospice, Inc.	DE	NIA	Hospice Development Company 2, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0717945				New York Healthcare Services, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0717534				North West Texas Home Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	80-0766080				NP Plus, LLC	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	55-0633030				Nursing Care-Home Health Agency, Inc.	WV	NIA	First Home Health, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2932676				Odyssey Healthcare GP, LLC	DE	NIA	Odyssey Healthcare Holding Company	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2925311				Odyssey Healthcare Holding Company	DE	NIA	Odyssey Healthcare, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	74-2998154				Odyssey Healthcare LP, LLC	DE	NIA	Odyssey Healthcare Holding Company	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2923658				Odyssey Healthcare Management, LP	DE	NIA	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0711782				Odyssey Healthcare of Augusta, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3920362				Odyssey Healthcare of Flint, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1174455				Odyssey Healthcare of Kansas City, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-3238731				Odyssey Healthcare of Marion County, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0712052				Odyssey Healthcare of Savannah, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-2529581				Odyssey Healthcare of South Texas, LLC	DE	NIA	Odyssey Healthcare Operating A, LP	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2752908				Odyssey Healthcare Operating A, LP	DE	NIA	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2937832				Odyssey Healthcare Operating B, LP	DE	NIA	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	43-1723043				Odyssey Healthcare, Inc.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	22-3690699				OHS Service Corp.	TX	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2284154				Outreach Health Services of North Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2378887				Outreach Health Services of the Panhandle, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2378887				Paragon Hospice Management, LP	TX	NIA	99% owned by New Century Hospice, Inc. and 1% owned by Paragon Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	33-1178066				Paragon Hospice, LLC	TX	NIA	New Century Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-5143963				Peoplefirst Homecare & Hospice of Indiana, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0717917				Peoplefirst Homecare & Hospice of Massachusetts, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3106972				Peoplefirst Homecare & Hospice of Ohio, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0718025				Peoplefirst Homecare of Colorado, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3106983				PF Development 10, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3106949				PF Development 15, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3107011				PF Development 16, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-0818835				PF Development 21, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-0860128				PF Development 23, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-0881549				PF Development 5, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-0718044				PF Development 7, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3106911				PF Development 9, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3106934				PHH Acquisition Corp.	DE	NIA	Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-5043135				PHHC Acquisition Corp.	DE	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	38-3784032				Phoenix Hospice Care, LLC	DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-3152383				Phoenix Hospice, L.P.	DE	NIA	Phoenix Hospice Care, LLC	Ownership	100.000	Humana Inc.	.N	.0

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 Location	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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	20-3768442				Phoenix Plus, LLC	DE	NIA	Curo Texas Hospice, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-3590797				Professional Healthcare at Home, LLC	CA	NIA	99% owned by Professional Healthcare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-5043143				Professional Healthcare, LLC	DE	NIA	and 1% owned by PHH Acquisition Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	11-2750425				QC-Medi New York, Inc.	NY	NIA	PF Development 10, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	11-2256479				Quality Care – USA, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	76-0810782				Regency Healthcare Group, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	45-0613347				Regency Healthcare Holdings, LLC	DE	NIA	Regency Healthcare Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-4540890				Regency Home Office, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	11-3646416				Regency Hospice of Georgia, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3437769				Regency Hospice of Northwest Florida, Inc.	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	82-3111370				Regency Southerncare Hospice, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	59-3080333				Senior Home Care, Inc.	FL	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	42-1699530				SHC Holding, Inc.	DE	NIA	PF Development 21, L.L.C.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	87-0494757				Southern Nevada Home Health Care, Inc.	NV	NIA	Home Health Services, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	48-1288826				Southerncare Holdings, Inc.	DE	NIA	KSOC Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	16-1645414				Southerncare, Inc.	DE	NIA	Southerncare Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	84-1697352				Sun Brook Hospice, LLC	DE	NIA	Curo Utah Hospice, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	72-1487473				Synergy Home Care-Acadiana Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-1376846				Synergy Home Care-Capitol Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	36-4516940				Synergy Home Care-Central Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	72-1178497				Synergy Home Care-Northeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	72-1223659				Synergy Home Care-Northshore Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	72-1431394				Synergy Home Care-Northwestern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	72-1429305				Synergy Home Care-Southeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	94-3419676				Synergy, Inc.	LA	NIA	SHC Holding, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	56-1456991				TAR Heel Health Care Services, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-1424756				Texas Health Management Group, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	43-1697602				The American Heartland Hospice Corp.	MO	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-2527353				The Home Option, LLC	TX	NIA	Harden Home Option, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-3713065				TNMO Healthcare, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	68-0593592				Total Care Home Health of Louisburg, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-0091435				Total Care Home Health of North Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-0091422				Total Care Home Health of South Carolina, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-2900007				Trinity Hospice of Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	47-2064816				U.S. House Call Practitioners, Inc.	TX	NIA	House Call Doctors, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	62-1669388				Van Winkle Home Health Care, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-1995143				Vernon Home Health Care Agency, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	86-0808230				Vista Hospice Care, LLC	DE	NIA	Vistacare, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1544595				Vistacare of Boston, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	86-0914505				Vistacare USA, LLC	DE	NIA	Vista Hospice Care, LLC	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	06-1521534				Vistacare, LLC	DE	NIA	Odyssey Healthcare Holding Company	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-1953497				Voyager Acquisition, L.P.	TX	NIA	1% by American Hospice, Inc. and 99% by	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	26-1501792				Voyager Home Health, Inc.	DE	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-1173787				Voyager Hospicecare, Inc.	DE	NIA	Voyager Hospicecare, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	46-2300938				Wake Forest Baptist Health Care at Home, LLC	NC	NIA	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	74-2380319				Wellstream Health Services, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	75-1900499				West Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.000	Humana Inc.	.N	.0
.0119	Humana Inc.	.00000	20-0296636				Wiregrass Hospice Care, LLC	GA	NIA	Healthfield, LLC	Ownership	100.000	Humana Inc.	.N	.0

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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	82-0559182				Wiregrass Hospice LLC	AL	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	34-2053721				Wiregrass Hospice of South Carolina, LLC	GA	NIA	Horizon Health Network LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	84-2214810				Elite Health Medical Centers, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	84-2752906				Elite Health Primary Care, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	65-0270114				South Florida Cardiology Associates, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000	47-2750105				Trueshore BPO, LLC	FL	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	N	0
.0119	Humana Inc.	.00000					Trueshore S.R. I.	DOM	NIA	Echo Primary Care Holdings, LLC	Ownership	100.000	Humana Inc.	N	0

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1. This type of business is not written.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
2504.	Federal Contingency Reserves	16,448	0	16,448	47,831
2597.	Summary of remaining write-ins for Line 25 from overflow page	16,448	0	16,448	47,831

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	304,479	304,479
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	304,479	304,479
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	304,479	304,479

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	34,684,753	32,363,864
2. Cost of bonds and stocks acquired	15,452,917	20,316,109
3. Accrual of discount	5,941	(3,010)
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	212,124	439,837
6. Deduct consideration for bonds and stocks disposed of	13,062,385	18,169,726
7. Deduct amortization of premium	209,667	262,321
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	37,083,683	34,684,753
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	37,083,683	34,684,753

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	41,766,203	71,666,004	64,421,989	(66,650)	48,163,683	41,766,203	48,943,568	36,532,166
2. NAIC 2 (a)	3,143,965	1,999,944	4,000,000	(4,125)	1,148,176	3,143,965	1,139,784	1,152,298
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	44,910,168	73,665,948	68,421,989	(70,775)	49,311,859	44,910,168	50,083,352	37,684,464
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	44,910,168	73,665,948	68,421,989	(70,775)	49,311,859	44,910,168	50,083,352	37,684,464

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$12,999,669 ; NAIC 2 \$0 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	9,429,256	3,808,034
2. Cost of cash equivalents acquired	327,148,563	438,111,480
3. Accrual of discount	2,502	12,709
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	313,785,688	432,502,966
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	22,794,634	9,429,256
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	22,794,634	9,429,256

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
3132DV-LV-5	FH SD7540 - RMBS .....		.07/29/2021	BARCLAYS CAPITAL INC FIXED INC		230,344	218,400	167	1.A
3133AS-KA-0	FEDERAL HOME LOAN MORTGAGE CORPORATION - .....		.09/17/2021	MORGAN STANLEY CO		181,951	179,000	199	1.A
3133KM-RT-4	FEDERAL HOME LOAN MORTGAGE CORPORATION - .....		.09/17/2021	MORGAN STANLEY CO		254,129	250,008	278	1.A
3140QE-YJ-5	FN CA7012 - RMBS .....		.09/14/2021	Bank of America Securities		358,649	349,688	291	1.A
3140OL-MY-9	FN CB1274 - RMBS .....		.07/29/2021	CITIGROUP GLOBAL MARKETS INC.		225,322	215,619	165	1.A
3140XB-X7-0	FN FM7901 - RMBS .....		.07/29/2021	BANK OF NEW YORK		118,350	113,067	86	1.A
3140XC-4Z-8	FN FM8939 - RMBS .....		.09/23/2021	JP MORGAN SECS INC., - FIXED INCOME		302,836	300,000	433	1.A
3140XC-YX-0	FEDERAL NATIONAL MORTGAGE ASSOCIATION - .....		.09/17/2021	MORGAN STANLEY CO		117,904	115,992	129	1.A
64988Y-KU-0	NEW YORK ST MTG AGY HOMEOWNER MTG REV .....		.07/01/2021	BARCLAYS CAPITAL INC FIXED INC		5,000	5,000	0	1.B FE
64988Y-KV-8	NEW YORK ST MTG AGY HOMEOWNER MTG REV .....		.07/01/2021	BARCLAYS CAPITAL INC FIXED INC		5,000	5,000	0	1.B FE
64988Y-KW-6	NEW YORK ST MTG AGY HOMEOWNER MTG REV .....		.07/01/2021	BARCLAYS CAPITAL INC FIXED INC		5,000	5,000	0	1.B FE
3199999. Subtotal - Bonds - U.S. Special Revenues						1,804,485	1,756,775	1,748	XXX
33852J-AE-8	FSMT 217 A5 - CMO/RMBS .....		.08/12/2021	MORGAN STANLEY CO		102,063	100,000	160	1.A FE
36254C-AU-4	GSMS 2017-GS7 A3 - CMBS .....		.07/13/2021	JP MORGAN SECS INC., - FIXED INCOME		107,941	100,000	123	1.A FE
36262W-AJ-5	GSMS 21PJ8 A8 - CMO/RMBS .....		.08/17/2021	GOLDMAN		102,328	100,000	208	1.A FE
46592W-AF-3	JPIMMT 2112 A4 - CMO/RMBS .....		.09/28/2021	JP MORGAN SECS INC., - FIXED INCOME		355,852	350,000	705	1.A FE
46648K-AT-3	JPIMDB 2017-C7 A4 - CMBS .....		.07/13/2021	JP MORGAN SECS INC., - FIXED INCOME		108,402	100,000	122	1.A FE
46653X-AE-0	JPIMMT 211NV5 A2A - CMO/RMBS .....		.09/29/2021	JP MORGAN SECS INC., - FIXED INCOME		202,281	200,000	403	1.A FE
63942E-AA-6	NAVSL 21E A - ABS .....		.07/19/2021	JP MORGAN SECS INC., - FIXED INCOME		119,974	120,000	0	1.A FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,098,841	1,070,000	1,721	XXX
8399997. Total - Bonds - Part 3						2,903,325	2,826,775	3,469	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						2,903,325	2,826,775	3,469	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						2,903,325	XXX	3,469	XXX

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident-ification	Description	For-ign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn-ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con-tractual Maturity Date	NAIC Desig-nation, NAIC Desig-nation Modifier and SVO Admini-strative Symbol
25477G-PG-4	DISTRICT COLUMBIA INCOME TAX REV		07/14/2021	CITIGROUP GLOBAL MARKETS INC.		72,206	55,000	69,683	68,258	.0	(756)	.0	(756)	.0	67,503	.0	4,704	4,704	2,406	03/01/2036	1.B FE
302987-AE-2	FRESB 2020-SB70 A1H - CMBS		06/01/2021	Paydown		(235)	(235)	(236)	(235)	.0	.0	.0	.0	.0	(235)	.0	.0	.0	(2)	10/25/2039	1.A
3131XX-WS-6	FH ZM4257 - RMBS		09/01/2021	Paydown		22,914	22,914	24,390	.0	.0	(1,475)	.0	(1,475)	.0	22,914	.0	.0	.0	464	09/01/2047	1.A
3132D6-N2-2	FH SB8509 - RMBS		09/01/2021	Paydown		4,685	4,685	4,906	.0	.0	(221)	.0	(221)	.0	4,685	.0	.0	.0	47	01/01/2036	1.A
3132DV-LA-1	FH S07521 - RMBS		09/01/2021	Paydown		13,296	13,296	14,232	14,194	.0	(898)	.0	(898)	.0	13,296	.0	.0	.0	223	07/01/2050	1.A
3132DV-LC-7	FH S07523 - RMBS		09/01/2021	Paydown		8,843	8,843	9,433	9,407	.0	(565)	.0	(565)	.0	8,843	.0	.0	.0	148	08/01/2050	1.A
3132DV-LV-5	FH S07540 - RMBS		09/01/2021	Paydown		1,937	1,937	2,043	.0	.0	(106)	.0	(106)	.0	1,937	.0	.0	.0	4	05/01/2051	1.A
31334Y-P5-0	FH QA2244 - RMBS		09/01/2021	Paydown		2,532	2,532	2,687	.0	.0	(155)	.0	(155)	.0	2,532	.0	.0	.0	31	07/01/2046	1.A
3133KK-3X-5	FH RA4414 - RMBS		09/01/2021	Paydown		29,051	29,051	30,874	.0	.0	(1,823)	.0	(1,823)	.0	29,051	.0	.0	.0	362	01/01/2051	1.A
3137BP-DW-6	FHR 4583 UP - CMO/RMBS		09/01/2021	Paydown		73,818	73,818	77,272	76,446	.0	(2,628)	.0	(2,628)	.0	73,818	.0	.0	.0	1,471	07/15/2045	1.A
3137BS-ZE-6	FHR 4631 GP - CMO/RMBS		09/01/2021	Paydown		29,635	29,635	31,738	31,274	.0	(1,639)	.0	(1,639)	.0	29,635	.0	.0	.0	697	03/15/2046	1.A
3140HD-7A-6	FN BK0888 - RMBS		09/01/2021	Paydown		16,401	16,401	17,713	17,923	.0	(1,523)	.0	(1,523)	.0	16,401	.0	.0	.0	441	07/01/2048	1.A
3140HK-LJ-8	FN BK5664 - RMBS		09/01/2021	Paydown		637	637	666	.0	.0	(29)	.0	(29)	.0	637	.0	.0	.0	8	10/01/2050	1.A
3140J8-UX-9	FN BM4197 - RMBS		09/01/2021	Paydown		957	957	1,015	.0	.0	(58)	.0	(58)	.0	957	.0	.0	.0	12	03/01/2047	1.A
3140JG-LQ-6	FN BNO334 - RMBS		09/01/2021	Paydown		1,288	1,288	1,345	1,371	.0	(83)	.0	(83)	.0	1,288	.0	.0	.0	35	12/01/2048	1.A
3140KP-MU-4	FN BQ3970 - RMBS		09/01/2021	Paydown		2,389	2,389	2,498	.0	.0	(105)	.0	(105)	.0	2,389	.0	.0	.0	32	10/01/2050	1.A
3140KQ-PH-8	FN BQ4923 - RMBS		09/01/2021	Paydown		1,661	1,661	1,737	1,734	.0	(73)	.0	(73)	.0	1,661	.0	.0	.0	22	10/01/2050	1.A
3140KV-EU-0	FN BQ9146 - RMBS		09/01/2021	Paydown		1,445	1,445	1,498	.0	.0	(53)	.0	(53)	.0	1,445	.0	.0	.0	17	12/01/2050	1.A
3140KV-F5-4	FN BQ9187 - RMBS		09/01/2021	Paydown		1,226	1,226	1,272	1,271	.0	(46)	.0	(46)	.0	1,226	.0	.0	.0	15	01/01/2051	1.A
3140KV-GN-4	FN BQ9204 - RMBS		09/01/2021	Paydown		3,929	3,929	4,075	4,075	.0	(146)	.0	(146)	.0	3,929	.0	.0	.0	53	01/01/2051	1.A
3140KX-SP-2	FN BR0525 - RMBS		09/01/2021	Paydown		1,028	1,028	1,071	1,070	.0	(42)	.0	(42)	.0	1,028	.0	.0	.0	14	12/01/2050	1.A
3140LO-C8-8	FN BR1894 - RMBS		09/01/2021	Paydown		1,645	1,645	1,708	.0	.0	(63)	.0	(63)	.0	1,645	.0	.0	.0	19	01/01/2051	1.A
3140LO-D4-6	FN BR1922 - RMBS		09/01/2021	Paydown		2,051	2,051	2,131	.0	.0	(80)	.0	(80)	.0	2,051	.0	.0	.0	23	01/01/2051	1.A
3140LO-DR-5	FN BR1911 - RMBS		09/01/2021	Paydown		3,213	3,213	3,332	.0	.0	(119)	.0	(119)	.0	3,213	.0	.0	.0	39	01/01/2051	1.A
3140QE-AP-7	FN CA6313 - RMBS		09/01/2021	Paydown		33,880	33,880	36,178	.0	.0	(2,298)	.0	(2,298)	.0	33,880	.0	.0	.0	433	07/01/2050	1.A
3140QE-DX-7	FN CA6417 - RMBS		09/01/2021	Paydown		25,307	25,307	27,055	.0	.0	(1,748)	.0	(1,748)	.0	25,307	.0	.0	.0	331	07/01/2050	1.A
3140QE-KY-7	FN CA6610 - RMBS		09/01/2021	Paydown		28,927	28,927	30,925	.0	.0	(1,998)	.0	(1,998)	.0	28,927	.0	.0	.0	366	08/01/2050	1.A
3140QF-ME-6	FN CA8020 - RMBS		09/01/2021	Paydown		7,306	7,306	7,756	.0	.0	(450)	.0	(450)	.0	7,306	.0	.0	.0	109	12/01/2050	1.A
3140QG-3C-9	FN CA8894 - RMBS		09/01/2021	Paydown		11,425	11,425	12,200	.0	.0	(775)	.0	(775)	.0	11,425	.0	.0	.0	140	02/01/2051	1.A
3140QG-U4-7	FN CA8702 - RMBS		09/01/2021	Paydown		17,198	17,198	18,373	.0	.0	(1,174)	.0	(1,174)	.0	17,198	.0	.0	.0	252	01/01/2036	1.A
3140QG-ZQ-3	FN CA8850 - RMBS		09/01/2021	Paydown		8,537	8,537	8,849	.0	.0	(312)	.0	(312)	.0	8,537	.0	.0	.0	85	02/01/2051	1.A
3140QH-E2-7	FN CA9152 - RMBS		09/01/2021	Paydown		13,518	13,518	14,437	.0	.0	(920)	.0	(920)	.0	13,518	.0	.0	.0	170	02/01/2036	1.A
3140QL-MY-9	FN CB1274 - RMBS		09/01/2021	Paydown		1,212	1,212	1,267	.0	.0	(55)	.0	(55)	.0	1,212	.0	.0	.0	3	08/01/2051	1.A
3140X7-3K-3	FN FIM4401 - RMBS		09/01/2021	Paydown		2,813	2,813	2,941	2,937	.0	(125)	.0	(125)	.0	2,813	.0	.0	.0	36	09/01/2050	1.A
3140X8-3F-2	FN FIM5297 - RMBS		09/01/2021	Paydown		12,727	12,727	13,606	.0	.0	(879)	.0	(879)	.0	12,727	.0	.0	.0	159	11/01/2050	1.A
3140X8-G6-8	FN FIM4720 - RMBS		09/01/2021	Paydown		36,260	36,260	38,742	.0	.0	(2,482)	.0	(2,482)	.0	36,260	.0	.0	.0	461	10/01/2050	1.A
3140X8-JJ-7	FN FIM4764 - RMBS		09/01/2021	Paydown		22,572	22,572	23,542	23,525	.0	(953)	.0	(953)	.0	22,572	.0	.0	.0	287	11/01/2050	1.A
3140X8-UU-9	FN FIM5094 - RMBS		09/01/2021	Paydown		104,574	104,574	111,780	.0	.0	(7,206)	.0	(7,206)	.0	104,574	.0	.0	.0	1,819	06/01/2049	1.A
3140X8-WR-4	FN FIM5155 - RMBS		09/01/2021	Paydown		1,615	1,615	1,679	.0	.0	(63)	.0	(63)	.0	1,615	.0	.0	.0	19	12/01/2050	1.A
3140X8-Y6-8	FN FIM5232 - RMBS		09/01/2021	Paydown		8,825	8,825	9,435	.0	.0	(610)	.0	(610)	.0	8,825	.0	.0	.0	105	06/01/2050	1.A
3140X8-Y7-6	FN FIM5233 - RMBS		09/01/2021	Paydown		4,088	4,088	4,357	.0	.0	(268)	.0	(268)	.0	4,088	.0	.0	.0	54	11/01/2050	1.A
3140X8-YK-7	FN FIM5213 - RMBS		09/01/2021	Paydown		2,096	2,096	2,182	2,182	.0	(86)	.0	(86)	.0	2,096	.0	.0	.0	28	12/01/2050	1.A
3140X9-AV-7	FN FIM5419 - RMBS		09/01/2021	Paydown		1,601	1,601	1,673	.0	.0	(72)	.0	(72)	.0	1,601	.0	.0	.0	20	01/01/2051	1.A
3140X9-JB-2	FN FIM5657 - RMBS		09/01/2021	Paydown		3,284	3,284	3,501	.0	.0	(217)	.0	(217)	.0	3,284	.0	.0	.0	39	12/01/2050	1.A
3140X9-UJ-2	FN FIM5984 - RMBS		09/01/2021	Paydown		13,155	13,155	13,590	.0	.0	(436)	.0	(436)	.0	13,155	.0	.0	.0	111	02/01/2051	1.A
3140X9-WD-3	FN FIM6043 - RMBS		09/01/2021	Paydown		80,704	80,704	85,987	.0	.0	(5,284)	.0	(5,284)	.0	80,704	.0	.0	.0	1,159	06/01/2049	1.A
3140XB-X7-0	FN FIM7901 - RMBS		09/01/2021	Paydown		968	968	1,013	.0	.0	(45)	.0	(45)	.0	968	.0	.0	.0	2	07/01/2051	1.A
31418C-MG-6	FN MA3058 - RMBS		09/01/2021	Paydown		55,050	55,050	59,511	6,679	.0	(4,588)	.0	(4,588)	.0	55,050	.0	.0	.0	960	07/01/2047	1.A
31418D-HL-9	FN MA3834 - RMBS		09/01/2021	Paydown		16,679	16,679	17,426	.0	.0	(748)	.0	(748)	.0	16,679	.0	.0	.0	209	11/01/2049	1.A
31418D-MD-1	FN MA3955 - RMBS		09/01/2021	Paydown		23,245	23,245	24,269	24,458	.0	(1,213)	.0	(1,213)	.0	23,245	.0	.0	.0	385	03/01/2035	1.A
31418D-XG-2	FN MA4278 - RMBS		09/01/2021	Paydown		19,722	19,722	20,174	.0	.0	(452)	.0	(452)	.0	19,722	.0	.0	.0	146	03/01/2036	1.A
31418D-XH-0	FN MA4279 - RMBS		09/01/2021	Paydown		5,199	5,199	5,432	.0	.0	(234)	.0	(234)	.0	5,199	.0	.0	.0	54	03/01/2036	1.A
35563P-LH-0	SCRT 2019-3 MA - CMO/RMBS		09/01/2021	Paydown		8,187	8,187	8,557	8,494	.0	(307)	.0	(307)	.0	8,187	.0	.0	.0	192	10/25/2058	1.A

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol	
35563P-NIL-0	SCRT 2019-4 MA - CMO/RMBS		09/01/2021	Paydown UBS FINANCIAL SERVICES INC.		5,821	5,821	5,949	5,934	0	(113)	0	(113)	0	5,821	0	0	0	118	02/25/2059	1.A	
646140-CR-2	NEW JERSEY ST TPK AUTH TPK REV		07/14/2021	BARCLAYS CAPITAL INC FIXED INC		43,821	35,000	42,804	41,877	0	(498)	0	(498)	0	41,379	0	2,442	2,442	1,823	01/01/2037	1.F FE	
64990F-KW-3	NEW YORK STATE DORMITORY AUTHORITY		07/14/2021			70,050	55,000	68,654	67,330	0	(745)	0	(745)	0	66,585	0	3,466	3,466	2,299	03/15/2039	1.C FE	
3199999. Subtotal - Bonds - U.S. Special Revenues						986,921	945,843	1,030,925	413,367	0	(50,036)	0	(50,036)	0	976,309	0	10,612	10,612	18,956	XXX	XXX	
056054-AA-7	BX 19XL A - CMBS		09/15/2021	Paydown		4,146	4,146	4,146	4,146	0	0	0	0	0	4,146	0	0	0	29	10/15/2036	1.A FE	
056070-AA-6	BX 2020-BXLP A - CMBS		09/15/2021	Paydown		4,889	4,889	4,889	4,889	0	0	0	0	0	4,889	0	0	0	30	12/15/2036	1.A FE	
05946X-BV-4	BAFC 2003-1 A1 - CMO/RMBS		09/01/2021	Paydown		16	16	16	16	0	0	0	0	0	16	0	0	0	1	05/20/2033	1.D FE	
302987-AE-2	FRESB 2020-SB70 A1H - CMBS		09/01/2021	Paydown		1,585	1,585	1,593	1,583	0	2	0	2	0	1,585	0	0	0	24	10/25/2039	1.A FE	
33852J-AE-8	FSMT 217 A5 - CMO/RMBS		09/01/2021	Paydown		1,350	1,350	1,378	0	0	(28)	0	(28)	0	1,350	0	0	0	3	08/25/2051	1.A FE	
36262W-AJ-5	GSMB 21PJ8 A8 - CMO/RMBS		09/01/2021	Paydown		1,597	1,597	1,634	0	0	(37)	0	(37)	0	1,597	0	0	0	3	01/25/2052	1.A FE	
46590M-AQ-3	JPMCC 2016-JP2 A3 - CMBS		09/01/2021	Paydown		51	51	53	0	0	(3)	0	(3)	0	51	0	0	0	0	08/17/2049	1.A FE	
61772C-AH-4	MSRM 213 A4 - CMO/RMBS		09/01/2021	Paydown		3,223	3,223	3,289	0	0	(66)	0	(66)	0	3,223	0	0	0	15	06/25/2051	1.A FE	
63941K-AA-3	NAVSL 2020-C A1 - ABS		09/15/2021	Paydown		15,060	15,060	15,060	15,060	0	0	0	0	0	15,060	0	0	0	88	11/15/2068	1.A FE	
63942C-AA-0	NAVSL 2021-D A - ABS		09/15/2021	Paydown		14,928	14,928	14,928	0	0	0	0	0	0	14,928	0	0	0	38	04/15/2060	1.A FE	
63942E-AA-6	NAVSL 2021-E A - ABS		09/15/2021	Paydown		2,120	2,120	2,119	0	0	0	0	0	0	2,120	0	0	0	3	12/16/2069	1.A FE	
64034Q-AA-6	NSLT 21B AFL - ABS		09/20/2021	Paydown		6,309	6,309	6,309	0	0	0	0	0	0	6,309	0	0	0	10	04/20/2062	1.A FE	
64034Q-AB-4	NSLT 21B AFX - ABS		09/20/2021	Paydown		6,309	6,309	6,308	0	0	1	0	1	0	6,309	0	0	0	16	04/20/2062	1.A FE	
64035D-AA-4	NSLT 21A A1 - ABS		09/20/2021	Paydown		13,848	13,848	13,835	0	0	13	0	13	0	13,848	0	0	0	31	04/20/2062	1.A FE	
64035D-AD-8	NSLT 21A AP2 - ABS		09/20/2021	Paydown		8,843	8,843	8,833	0	0	10	0	10	0	8,843	0	0	0	29	04/20/2062	1.A FE	
69335P-DG-7	PFSFC 2019-B A - ABS		09/15/2021	Paydown		500,000	500,000	500,000	500,000	0	0	0	0	0	500,000	0	0	0	2,507	09/15/2023	1.A FE	
74936R-AE-4	RCKT 212 A5 - CMO/RMBS		09/01/2021	Paydown		1,414	1,414	1,443	0	0	(30)	0	(30)	0	1,414	0	0	0	5	06/25/2051	1.A FE	
78449F-AC-5	SMB 2016-A A2B - ABS		09/15/2021	Paydown		10,833	10,833	10,870	10,868	0	(35)	0	(35)	0	10,833	0	0	0	119	05/15/2031	1.A FE	
78449V-AA-4	SMB 2020-PT-A A1 - ABS		09/22/2021	Various		85,160	85,160	84,665	84,799	0	360	0	360	0	85,160	0	0	0	218	09/15/2054	1.A FE	
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						681,680	681,680	681,368	621,362	0	189	0	189	0	681,680	0	0	0	3,167	XXX	XXX	
8399997. Total - Bonds - Part 4						1,668,601	1,627,523	1,712,293	1,034,730	0	(49,847)	0	(49,847)	0	1,657,989	0	10,612	10,612	22,124	XXX	XXX	
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999. Total - Bonds						1,668,601	1,627,523	1,712,293	1,034,730	0	(49,847)	0	(49,847)	0	1,657,989	0	10,612	10,612	22,124	XXX	XXX	
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						1,668,601	XXX	1,712,293	1,034,730	0	(49,847)	0	(49,847)	0	1,657,989	0	10,612	10,612	22,124	XXX	XXX	

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

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

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

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

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

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

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US BANK St. Louis,MO		0.000	0	0	(304,266)	(469,580)	(362,631)	XXX
WELLS FARGO Atlanta, GA		0.000	0	0	(827)	(827)	(827)	XXX
JP MORGAN CHASE New York, NY		0.000	0	0	(56,008)	17,530	3,635	XXX
PNC BANK Louisville, KY		0.000	0	0	914,934	1,975,602	996,695	XXX
JP Morgan Time Deposit New York, NY		0.050	1	0	1,930,657	2,288,159	1,375,963	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	1	0	2,484,490	3,810,884	2,012,836	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	1	0	2,484,490	3,810,884	2,012,836	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash	XXX	XXX	1	0	2,484,490	3,810,884	2,012,836	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]