



# 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 (Current)	0119 (Prior)	NAIC Company Code	95348	Employer's ID Number	31-1154200
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
Incorporated/Organized	08/19/1985		Commenced Business	01/01/1986		
Statutory Home Office	111 Merchant Street (Street and Number)		Cincinnati, OH, US 45246 (City or Town, State, Country and Zip Code)			
Main Administrative Office	111 Merchant Street (Street and Number)		Cincinnati, OH, US 45246 513-784-5320 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)			
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)		Louisville, KY, US 40201-7436 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	500 West Main Street (Street and Number)		Louisville, KY, US 40202 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 (Name)		502-580-3026 (Area Code) (Telephone Number)			
	DOIINQUIRIES@humana.com (E-mail Address)		502-580-2099 (FAX Number)			
<b>OFFICERS</b>						
President & CEO	Bruce Dale Broussard		Chief Financial Officer	Susan Marie Diamond #		
Associate VP, Asst Gen Counsel & Corporate Secretary	Joseph Matthew Ruschell		SVP, Chief Actuary	Vanessa Marie Olson		
<b>OTHER</b>						
Alan James Bailey, VP & Treasurer	John Edward Barger III, SVP, Medicaid President		Andrew Joseph Besendorf III, Appointed Actuary			
Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor	Douglas Allen Edwards, Senior Vice President, Workplace Experience		Jeremy Leon Gaskill #, Vice President, Employer Group Regional President			
Steven Edward McCulley, SVP, Medicare	Sean Joseph O'Reilly, SVP, Enterprise Compliance & Chief Compliance Officer		William Mark Preston, VP, Investments			
George Renaudin II, SVP, Medicare Markets, Economics and Provider Experience	Donald Hank Robinson, SVP, Tax		Susan Draney Schick #, Segment President, Group and Military Business			
Michael Poul Tilton #, Vice President, Employer Group Regional President	Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader		Timothy Alan Wheatley, Segment President, Retail			
Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller					
<b>DIRECTORS OR TRUSTEES</b>						
Bruce Dale Broussard	Joseph Matthew Ruschell #		Timothy Alan Wheatley			

State of Kentucky  
County of Jefferson SS:

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

Bruce Dale Broussard  
President & CEO

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

Alan James Bailey  
VP & Treasurer

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 \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ 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 \$ 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
<b>DETAILS OF WRITE-INS</b>				
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)	XXX	XXX	0	0
32.2 \$ 0 shares preferred (value included in Line 27)	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
<b>DETAILS OF WRITE-INS</b>				
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
<b>Hospital and Medical:</b>				
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
<b>Less:</b>				
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)
<b>DETAILS OF WRITE-INS</b>				
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
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
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
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
<b>DETAILS OF WRITE-INS</b>			
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
<b>Cash from Operations</b>			
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
<b>Cash from Investments</b>			
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)
<b>Cash from Financing and Miscellaneous Sources</b>			
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
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
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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## STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

## 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							
<b>Total Members at end of:</b>										
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
<b>Total Member Ambulatory Encounters for Period:</b>										
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)

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
0299999 Aggregate accounts not individually listed-uncovered	66,745	9,717	8,211	1,927	456	87,055
0399999 Aggregate accounts not individually listed-covered	2,926,743	426,075	360,041	84,511	19,976	3,817,347
0499999 Subtotals	2,993,487	435,792	368,252	86,439	20,432	3,904,402
0599999 Unreported claims and other claim reserves						19,114,905
0699999 Total amounts withheld						0
0799999 Total claims unpaid						23,019,307
0899999 Accrued medical incentive pool and bonus amounts						1,966,004

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

**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	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.

## STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

### NOTES TO THE FINANCIAL STATEMENTS

#### 1. Summary of Significant Accounting Policies and Going Concern

##### A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2021	2020
Net Income/(Loss)					
1. Humana Health Plan of Ohio, Inc.	xxx	xxx	xxx	\$ 5,131,704	\$ (4,256,553)
Ohio basis					
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
4. NAIC SSAP	xxx	xxx	xxx	\$ <u>5,131,704</u>	\$ <u>(4,256,553)</u>
Surplus					
5. Humana Health Plan of Ohio, Inc.	xxx	xxx	xxx	\$ 42,201,485	\$ 40,307,601
Ohio basis					
6. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
8. NAIC SSAP	xxx	xxx	xxx	\$ <u>42,201,485</u>	\$ <u>40,307,601</u>

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

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

##### C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

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

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.

## STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

### 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.

## STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

### 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.

**STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

**L. Restricted Assets**

**(1) Restricted Assets (Including Pledged)**

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 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	-	-	-	-	-	-	-
<b>o. Total Restricted Assets</b>	<b>\$ 513,647</b>	<b>\$ 1,008,972</b>	<b>\$ (495,325)</b>	<b>-</b>	<b>\$ 513,647</b>	<b>0.54%</b>	<b>0.56%</b>

**(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.**

## **STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.**

### **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.

**STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.**

**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.

## STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

### 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.

## STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

### 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.

## STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

### 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.

# STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

## 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	\$ -

# STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

				Differences		Adjustments		Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
				1	2	3	4	5	6
				Receivable	(Payable)	Receivable	(Payable)	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	
2. Premium adjustments (payables) (including high risk pool premium)			(3,094,704)		(1,366,581)		(1,728,123)		(529,586)
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)
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)

### 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

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

# STATEMENT AS OF September 30, 2021 OF Humana Health Plan of Ohio, Inc.

## 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.

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.  
**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 [ X ]

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 [ X ]

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? ..... Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ X ] 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 [ X ] 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? ..... Yes [ ] No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.

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 Name of Entity	2 NAIC Company Code	3 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? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.

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 [ X ] No [ ] N/A [ ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] 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 [ X ]

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 [ X ]

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 [ X ]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.  
**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? ..... Yes [ X ] No [ ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

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 Prior Year-End Book/Adjusted Carrying Value	2 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

**STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.**  
**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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105 .....	BLACKROCK FINANCIAL MANAGEMENT, INC .....	549300LVXYIVJKE13M84 .....	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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.
- 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.
- 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 [ ]

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

## **SCHEDULE S - CEDDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

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

# NON E

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 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	0	1,199,585	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	180,030,049	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	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	180,030,049	0
DETAILS OF WRITE-INS										
58001. ACA Support Programs		XXX	1,617,404	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	1,617,404	0	0	0	0	0	1,617,404	0

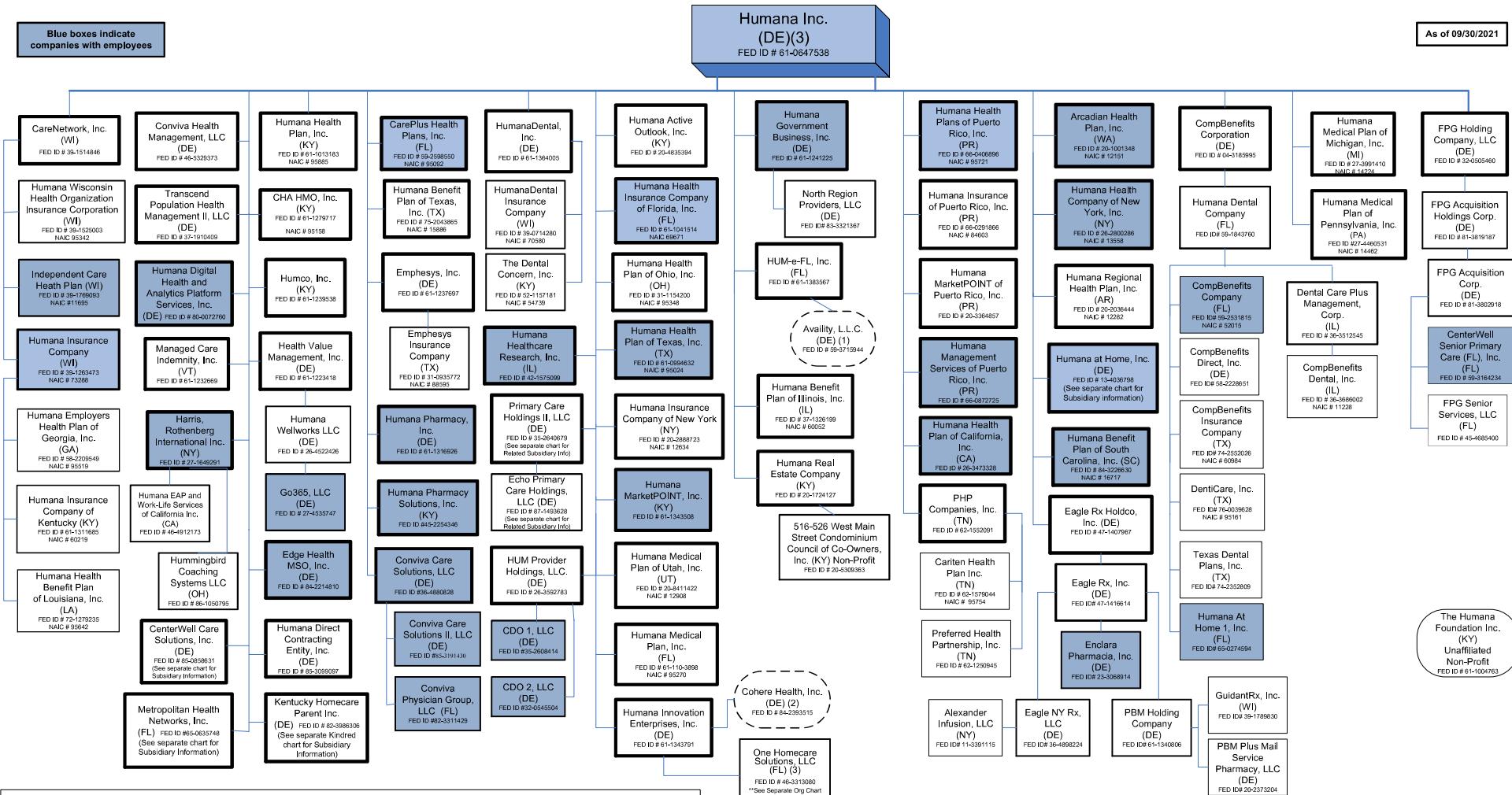
(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....3 R - Registered - Non-domiciled RRGs.....0

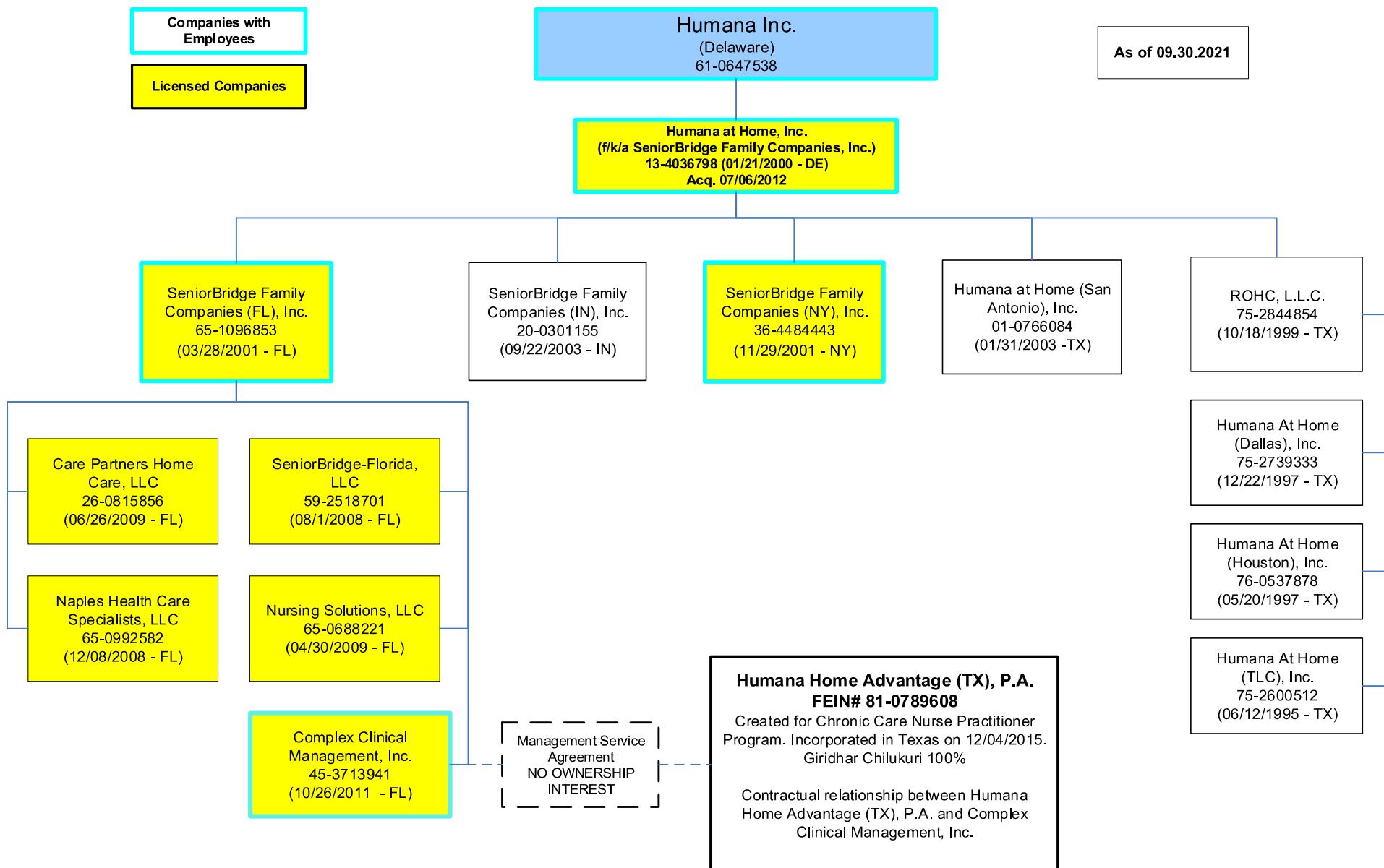
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0

N - None of the above - Not allowed to write business in the state.....54

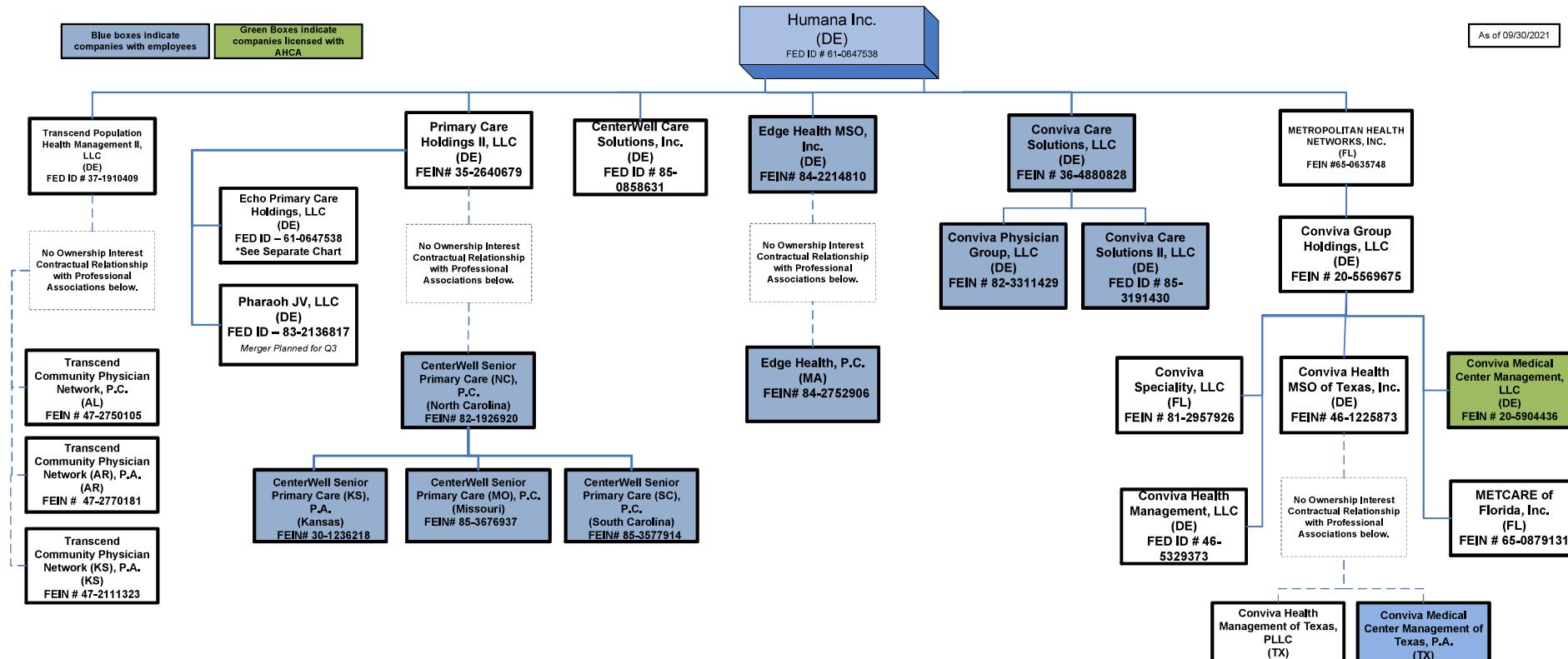
# STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.



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



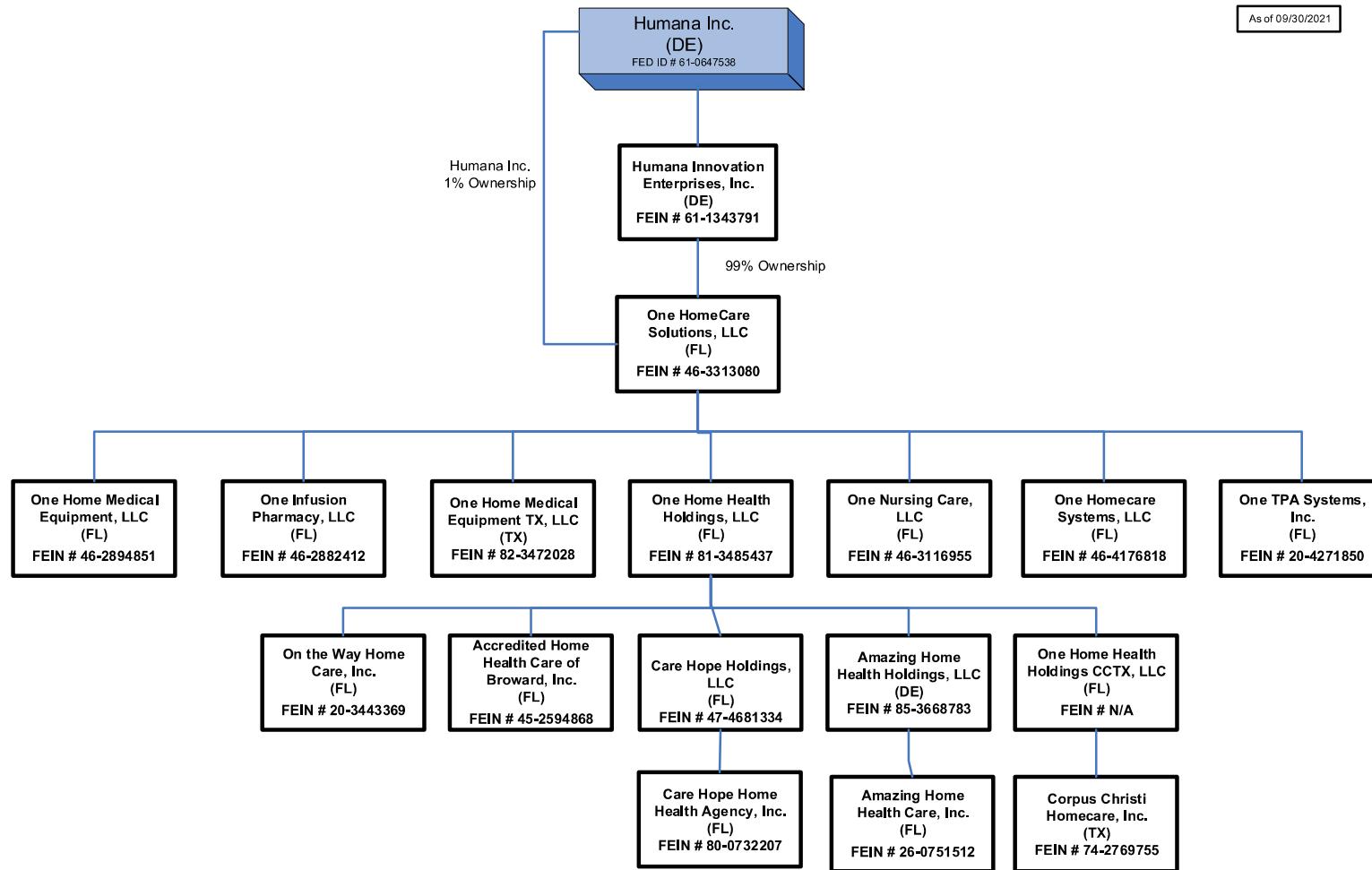
STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.



**Physician Ownership of PAs and PCs**

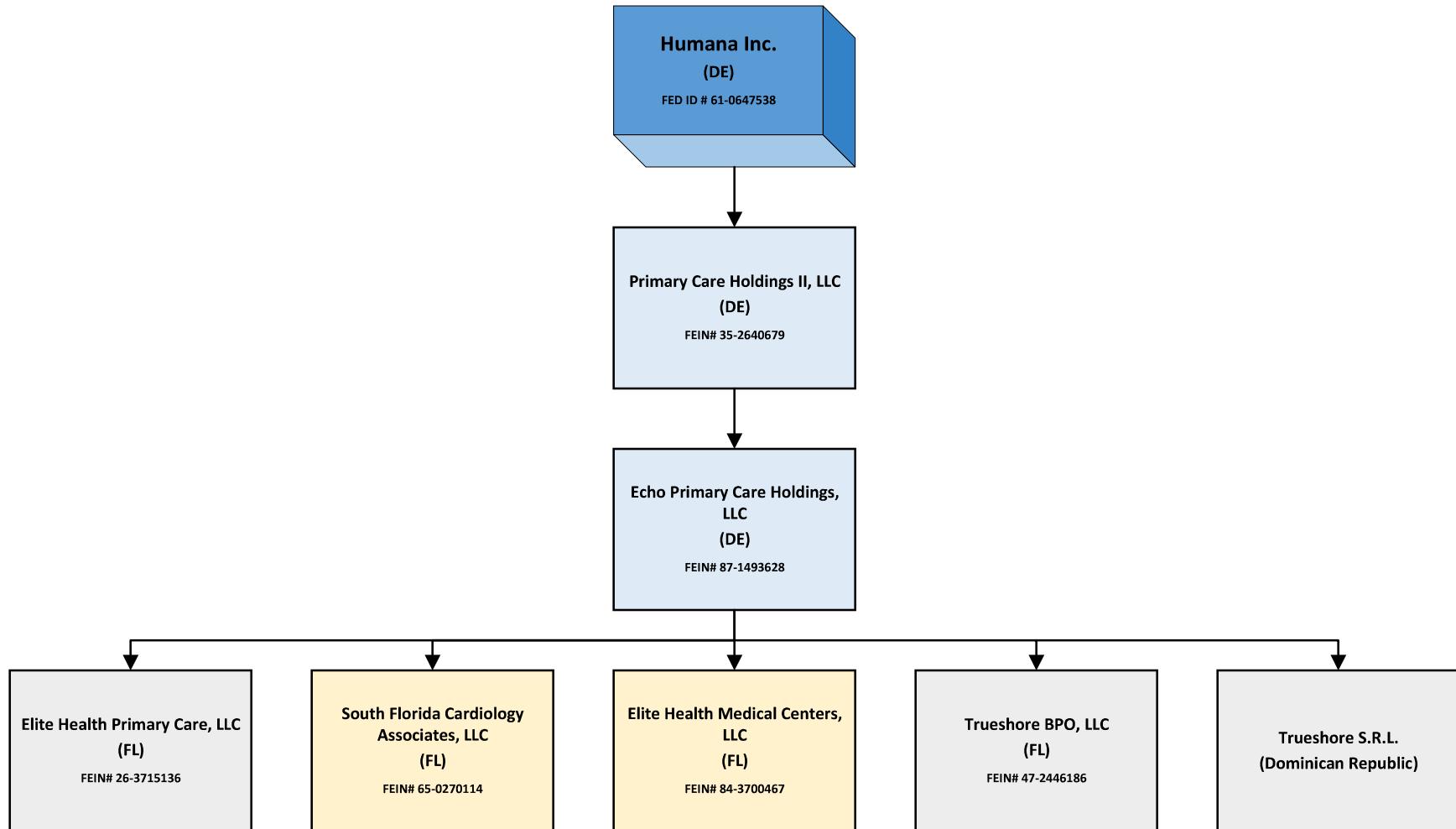
- 1) Conviva Health Management of Texas, PLLC – Nathan Newman, M.D. – 100%
- 2) Conviva Medical Center Management of Texas, P.A. – Nathan Newman, M.D. – 100%
- 3) Edge Health, P.C. - Richard Kalish – 50% - John Taylor – 50%
- 4) CenterWell Senior Primary Care (KS), P.A. - CenterWell Senior Primary Care (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 - Marioiga 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.

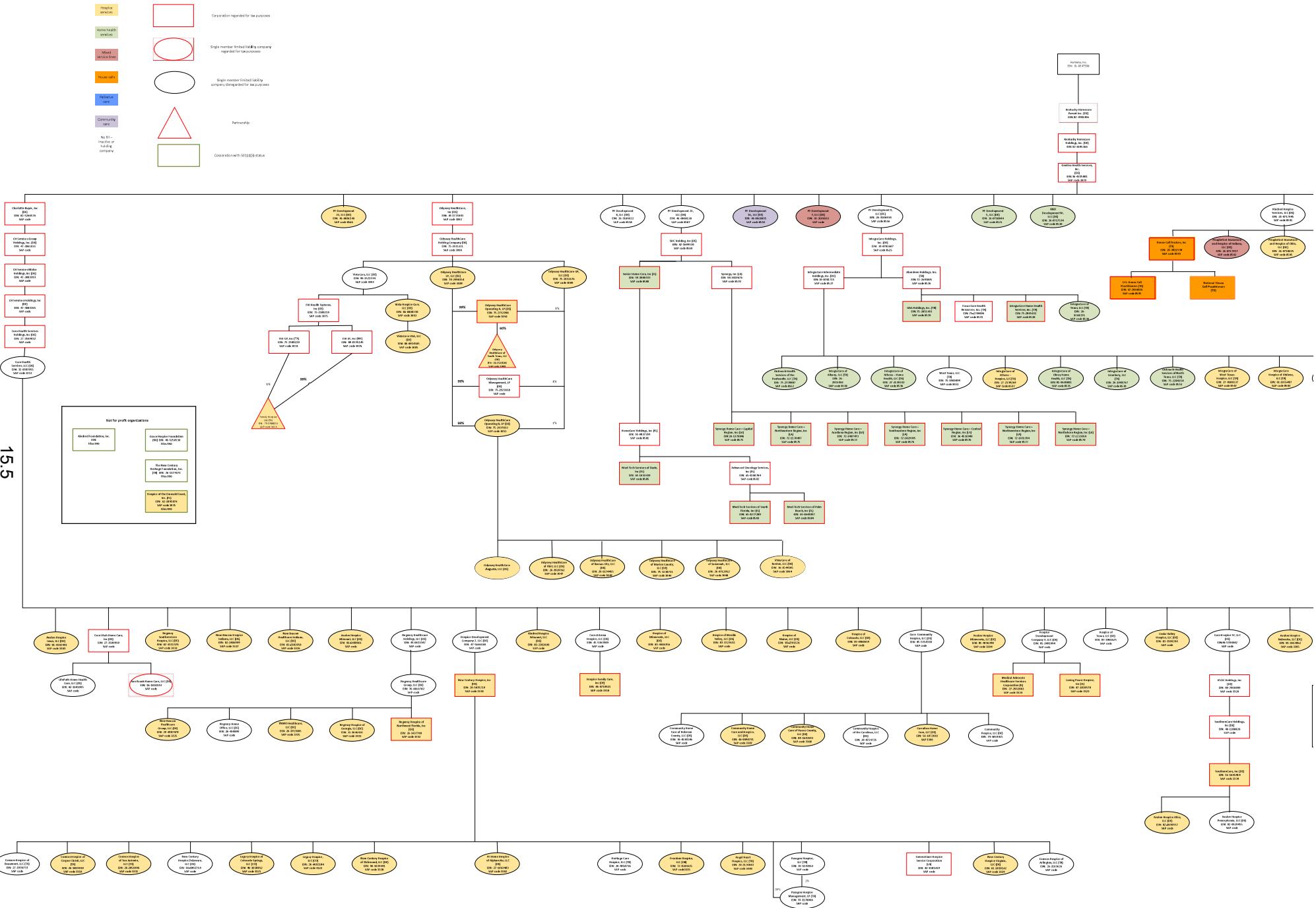


As of 09/30/2021

## Echo Primary Care Holdings Organization Chart

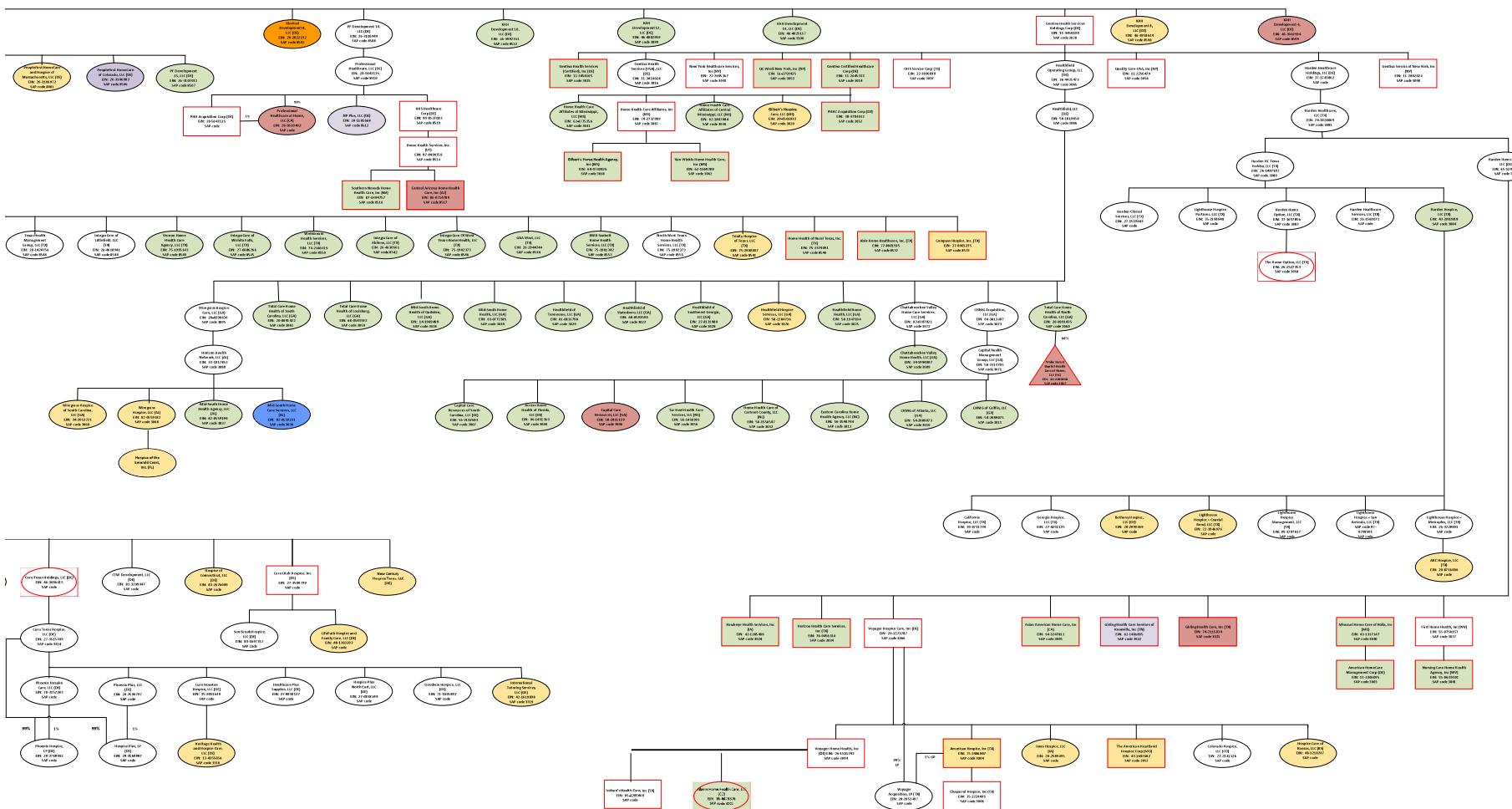


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## STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.

**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 Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*	
..0119	Humana Inc. ....	00000	20-5309363			516-526 West Main Street Condominium Council of Co-Owners, Inc. ....	KY .. N/A ..	Humana Real Estate Company .....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	12151	20-1001348			Arcadian Health Plan, Inc. ....	WA .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	26-0815856			Care Partners Home Care, LLC ....	FL .. N/A ..	SeniorBridge Family Companies (FL), Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	39-1514846			CareNetwork, Inc. ....	WI .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95092	59-2598550			CarePlus Health Plans, Inc. ....	FL .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95754	62-1579044			Cariten Health Plan Inc. ....	TN .. N/A ..	PHP Companies, Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	35-2608414			CDO 1, LLC ....	DE .. N/A ..	HUM Provider Holdings, LLC ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	32-0545504			CDO 2, LLC ....	DE .. N/A ..	HUM Provider Holdings, LLC ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95158	61-1279717			CHA HMO, Inc. ....	KY .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	52015	59-2531815			CompBenefits Company ....	FL .. N/A ..	Humana Dental Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	04-3185995			CompBenefits Corporation ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	11228	36-3686002			CompBenefits Dental, Inc. ....	IL .. N/A ..	Dental Care Plus Management, Corp. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	58-2228851			CompBenefits Direct, Inc. ....	DE .. N/A ..	Humana Dental Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	60984	74-2552026			CompBenefits Insurance Company ....	TX .. N/A ..	Humana Dental Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	45-3713941			Complex Clinical Management, Inc. ....	FL .. N/A ..	SeniorBridge Family Companies (FL), Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	42-1575099			Humana Healthcare Research, Inc. ....	IL .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	36-4880828			Conviva Care Solutions, LLC ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	15886	75-2043865			Humana Benefit Plan of Texas, Inc. ....	TX .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	36-3512545			Dental Care Plus Management, Corp. ....	IL .. N/A ..	Humana Dental Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95161	76-0039628			DentiCare, Inc. ....	TX .. N/A ..	Humana Dental Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	88595	31-0935772			Emphesys Insurance Company ....	TX .. N/A ..	Emphesys, Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	61-1237697			Emphesys, Inc. ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	59-3164234			CenterWell Senior Primary Care (FL), Inc. ....	FL .. N/A ..	FPG Acquisition Corp. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	81-3802918			FPG Acquisition Corp. ....	DE .. N/A ..	FPG Acquisition Holdings Corp. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	81-3819187			FPG Acquisition Holdings Corp. ....	DE .. N/A ..	FPG Holding Company, LLC ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	32-0505460			FPG Holding Company, LLC ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	45-4685400			FPG Senior Services, LLC ....	FL .. N/A ..	FPG Acquisition Corp. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	27-1649291			Harris, Rothenberg International Inc. ....	NY .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	61-1223418			Health Value Management, Inc. ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	46-4912173			Humana EAP and Work-Life Services of California, Inc. ....	CA .. N/A ..	Harris, Rothenberg International Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	26-3592783			HUM Provider Holdings, LLC ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	20-4835394			Humana Active Outlook, Inc. ....	KY .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	75-2739333			Humana At Home (Dallas), Inc. ....	TX .. N/A ..	ROHC, L.L.C. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	76-0537878			Humana At Home (Houston), Inc. ....	TX .. N/A ..	ROHC, L.L.C. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	65-0274594			Humana At Home 1, Inc. ....	FL .. N/A ..	Humana Dental Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	13-4036798			Humana At Home, Inc. ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	60052	37-1326199			Humana Benefit Plan of Illinois, Inc. ....	IL .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	59-1843760			Humana Dental Company ....	FL .. N/A ..	CompBenefits Corporation ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95519	58-2209549			Humana Employers Health Plan of Georgia, Inc. ....	GA .. N/A ..	Humana Insurance Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	61-1241225			Humana Government Business, Inc. ....	DE .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95642	72-1279235			Humana Health Benefit Plan of Louisiana, Inc. ....	LA .. N/A ..	Humana Insurance Company ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	13558	26-2800286			Humana Health Company of New York, Inc. ....	NY .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	69971	61-1041514			Humana Health Insurance Company of Florida, Inc. ....	FL .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	00000	26-3473328			Humana Health Plan of California, Inc. ....	CA .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95348	31-1154200			Humana Health Plan of Ohio, Inc. ....	OH .. RE ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95024	61-0994632			Humana Health Plan of Texas, Inc. ....	TX .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95885	61-1013183			Humana Health Plan, Inc. ....	KY .. N/A ..	Humana Inc. ....	Ownership.	100.00	Humana Inc. ....	N .. 0 ..				
..0119	Humana Inc. ....	95721	66-0406896			Humana Health Plans of Puerto Rico, Inc. ....	PR .. N/A ..	Humana Inc. ....	Ownership.	100.00	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 ..			

## 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 Loca-tion	Rela-tionship 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	61-1343791			Humana Innovation Enterprises, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	73288	39-1263473			Humana Insurance Company		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	60219	61-1311685			Humana Insurance Company of Kentucky		KY	IA	Humana Insurance Company	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	12634	20-2888723			Humana Insurance Company of New York		NY	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	84603	66-0291866			Humana Insurance of Puerto Rico, Inc.		PR	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-3364857			Humana MarketPOINT of Puerto Rico, Inc.		PR	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1343508			Humana MarketPOINT, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	14224	27-3991410			Humana Medical Plan of Michigan, Inc.		MI	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	14462	27-4660531			Humana Medical Plan of Pennsylvania, Inc.		PA	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	12908	20-8411422			Humana Medical Plan of Utah, Inc.		UT	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	95270	61-1103898			Humana Medical Plan, Inc.		FL	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	45-2254346			Humana Pharmacy Solutions, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1316926			Humana Pharmacy, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	12282	20-2036444			Humana Regional Health Plan, Inc.		AR	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-4522426			Humana WellWorks LLC		DE	NIA	Health Value Management, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	95342	39-1525003			Humana Wisconsin Health Organization		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	70580	39-0714280			Insurance Corporation		WI	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1364005			HumanaDental, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-4535747			Go365, LLC		DE	NIA	HumanaWellworks LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1239538			Humco, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1383567			HUM-FL, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	86-1050795			Hummingbird Coaching Systems LLC		OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	39-1769093			Independent Care Health Plan		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1232669			Managed Care Indemnity, Inc.		VT	IA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-5569675			Conviva Group Holdings, LLC		DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-5904436			Conviva Medical Center Management, LLC		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	81-2957926			Conviva Speciality, LLC		FL	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-0879131			METCARE of Florida, Inc.		FL	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-0635728			Metropolitan Health Networks, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-0992582			Naples Health Care Specialists, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-0688221			Nursing Solutions, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	62-1552091			PHP Companies, Inc.		TN	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	62-1250945			Preferred Health Partnership, Inc.		TN	NIA	PHP Companies, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-1724127			Humana Real Estate Company		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-1225873			Conviva Health M&S of Texas, Inc.		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2844854			ROHC, L.L.C.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-1096853			SeniorBridge Family Companies (FL), Inc.		FL	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-0301155			SeniorBridge Family Companies (IN), Inc.		IN	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	36-4484443			SeniorBridge Family Companies (NY), Inc.		NY	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	01-0766084			Humana At Home (San Antonio), Inc.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	59-2518701			SeniorBridge Florida, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	74-2352809			Texas Dental Plans, Inc.		TX	NIA	Humana Dental Company	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	54739	52-1157181			The Dental Concern, Inc.		KY	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2600512			Humana At Home (TLC), Inc.		TX	NIA	ROHC, L.L.C.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	80-0072760			Humana Digital Health and Analytics Platform Services, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-5329373			Conviva Health Management, LLC		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	66-0872725			Humana Management Services of Puerto Rico, Inc.		PR	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-3321367			North Region Providers, LLC		DE	NIA	Humana Government Business, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	35-2640679			Primary Care Holdings II, LLC		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	37-1910409			Transcend Population Health Management II, LLC		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	N	0

## 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 Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	84-2214810			Edge Health MSO, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	84-3226530			Humana Benefit Plan of South Carolina, Inc.		SC	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	11-3391115			Alexander Infusion, LLC		NY	N/A	Eagle NY Rx, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	36-4898224			Eagle NY Rx, LLC		DE	N/A	Eagle Rx, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	47-1407967			Eagle Rx Holdco, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	47-1416614			Eagle Rx, Inc.		DE	N/A	Eagle Rx Holdco, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	23-3068914			Enclara Pharmacia, Inc.		DE	N/A	Eagle Rx, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	39-1789830			GuidantRx, Inc.		WI	N/A	PBM Holding Company	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	61-1340806			PBM Holding Company		DE	N/A	Eagle Rx, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-2373204			PBM Plus Mail Service Pharmacy, LLC		DE	N/A	PBM Holding Company	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-3191430			Conviva Care Solutions II, LLC		DE	N/A	Conviva Care Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-3099097			Humana Direct Contracting Entity, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-0858631			CenterWell Care Solutions, LLC		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	87-1493628			Echo Primary Care Holdings, LLC		DE	N/A	Primary Care Holdings II, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	45-2594668			Accredited Home Health of Broward, Inc.		FL	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0751512			Amazing Home Health Care, Inc.		FL	N/A	Amazing Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	85-3668783			Amazing Home Health Holdings, LLC		DE	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	47-4681334			Care Hope Holdings, Inc.		FL	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	80-0732207			Care Hope Home Health Agency, Inc.		FL	N/A	Care Hope Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	74-2769755			Corpus Christi Home Care, Inc.		TX	N/A	One Home Health Holdings CCTX, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-3443369			On the Way Home Care, Inc.		FL	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-3485437			One Home Health Holdings, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-2018741			One Home Health Holdings CCTX, LLC		TX	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-2894851			One Home Medical Equipment, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-3472028			One Home Medical Equipment TX, LLC		TX	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-3116955			One Nursing Care, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-3313080							Humana Innovation Enterprises, Inc. - 99%					
.0119	Humana Inc.	.00000	46-4176818			One Homecare Solutions, LLC		FL	N/A	Humana Inc. - 1%	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-2882412			One Homecare Systems, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-4271850			One Infusion Pharmacy, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	83-2136817			One TPA Systems, Inc.		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-8716006			Pharaoh JV, LLC		DE	N/A	Primary Care Holdings II, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	72-2695805			ABC Hospice, LLC		TX	N/A	Lighthouse Hospice-Metroplex, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	77-0601595			Aberdeen Holdings, Inc.		TX	N/A	Integracare Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	06-1451363			Able Home Healthcare, Inc.		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	65-0180784			Access Home Health of Florida, LLC		DE	N/A	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	36-4473376			Advanced Oncology Services, Inc.		FL	N/A	Homecare Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	11-3306095			Alpine Home Health Care, LLC		CO	N/A	Voyager Home Health, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2486047			American Homecare Management Corp.		DE	N/A	Missouri Home Care of Rolla, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-2170043			American Hospice, Inc.		TX	N/A	Voyager Hospicecare, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	94-3247811			Angel Heart Hospice, LLC		TX	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-5803486			Asian American Home Care, Inc.		CA	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	27-1063483			At Home Healthcare And Hospice, LLC		GA	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-4302441			At Home Hospice of Alpharetta, LLC		GA	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-4016398			Avalon Hospice Iowa, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-5480661			Avalon Hospice Minnesota, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	81-3653862			Avalon Hospice Missouri, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-0630557			Avalon Hospice Nebraska, LLC		DE	N/A	SouthernCare, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-0620455			Avalon Hospice Ohio, LLC		DE	N/A	SouthernCare, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-2999369			Avalon Hospice Pennsylvania, LLC		DE	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-1901342			Bethany Hospice, LLC		DE	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	30-0711730			BWB Sunbelt Home Health Services, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000				California Hospice, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	N	0

## 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 Loca- tion	Rela- tionship 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 Per- centage	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	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	58-2411159			Capital Care Resources, LLC		GA	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	58-2313705			Capital Health Management Group, LLC		GA	NIA	CHMG Acquisition LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	56-1872602			Carrolton Home Care, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-3399294			Cedar Valley Hospice, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	86-0714789			Central Arizona Home Health Care, Inc.		AZ	NIA	Home Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	47-3061031			CH Services Group Holdings, Inc.		DE	NIA	Charlotte Buyer, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	47-3083265			CH Services Holdings, Inc.		DE	NIA	CH Services Midco Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	47-3083393			CH Services Midco Holdings, Inc.		DE	NIA	CH Services Group Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	35-2224605			Chaparral Hospice, Inc.		TX	NIA	American Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	82-5266576			Charlotte Buyer, Inc.		DE	NIA	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
						Chattahoochee Valley Home Care Services, LLC									
..0119	Humana Inc.	00000	03-0387821					GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	34-1994007			Chattahoochee Valley Home Health, LLC		GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	04-3813487			CHMG Acquisition LLC		GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	54-2089073			CHMG of Atlanta, LLC		GA	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	54-2089075			CHMG of Griffin, LLC		GA	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-0494731			Community Home Care & Hospice, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	36-4530146			Community Home Care of Robeson County, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	84-1642693			Community Home Care of Vance County, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-0724725			Community Hospice of The Carolinas, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	74-3059415			Community Hospice, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0001235			Compass Hospice, Inc.		TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-2163626			Cosmos Hospice of Arlington, LLC		TX	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-1936733			Cosmos Hospice of Beaumont, LLC		TX	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-1819030			Cosmos Hospice of Corpus Christi, LLC		TX	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-2056906			Cosmos Hospice of San Antonio, LLC		TX	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	81-3299447			CTW Development, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	45-5363989			Curo Arizona Hospice, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	45-5354338			Curo Community Hospice, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-3569032			Curo Health Services Holdings, Inc.		DE	NIA	CH Services Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	32-0307955			Curo Health Services, LLC		DE	NIA	Curo Health Services Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-5394442			Curo Hospice SC, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	35-2451630			Curo Houston Hospice, LLC		DE	NIA	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-3096415			Curo Texas Holdings, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-3515749			Curo Texas Hospice, LLC		DE	NIA	Curo Texas Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-3500910			Curo Utah Home Care, Inc.		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-3500790			Curo Utah Hospice, Inc.		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	56-1590744			Eastern Carolina Home Health Agency, LLC		NC	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	N	0
										1% owned by FHI GP, LLC and 99% owned by					
..0119	Humana Inc.	00000	75-2588221			Family Hospice, Ltd.		TX	NIA	FHI LP, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2588220			FHI GP, Inc.		TX	NIA	FHI Health Systems, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2588219			FHI Health Systems, Inc.		DE	NIA	Vistacare, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	88-0335145			FHI LP, Inc.		NC	NIA	FHI Health Systems, Inc.	Ownership	100.00	Humana Inc.	N	0
										1% owned by FHI GP, LLC and 99% owned by					
..0119	Humana Inc.	00000	75-2588222			FHI Management, Ltd.		TX	NIA	FHI LP, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	55-0750157			First Home Health, Inc.		WV	NIA	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2784006			Focus Care Health Resources, Inc.		TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	72-1584635			Freedom Hospice, LLC		OK	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2855493			GBA Holding, Inc.		TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-2944774			GBA West, LLC		LA	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	42-1581419			Generations Hospice Service Corporation		LA	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0

## 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 Loca-tion	Rela-tion-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	11-2645333			Gentiva Certified Healthcare Corp.		DE	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	11-3454105			Gentiva Health Services (Certified), Inc.		DE	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	11-3414024			Gentiva Health Services (USA) LLC		DE	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	11-3454104			Gentiva Health Services Holding Corp.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	36-4335801			Gentiva Health Services, Inc.		DE	N/A	Kentucky Homecare Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	11-2802024			Gentiva Services of New York, Inc.		DE	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-4251135			Georgia Hospice, LLC		NY	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	64-0730826			Gilbert's Home Health Agency, Inc.		MS	N/A	Home Health Care Affiliates, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-0566932			Gilbert's Hospice Care, LLC		MS	N/A	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	62-1406895			Girling Health Care Services of Knoxville, Inc.		TN	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	74-2115034			Girling Health Care, Inc.		TX	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	71-1005892			Goodwin Hospice, LLC		DE	N/A	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-1519643			Harden Clinical Services, LLC		TX	N/A	Harden HC Texas Holdco, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-1487182			Harden HC Texas Holdco, LLC		TX	N/A	Harden Healthcare, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	37-1743802			Harden Healthcare Holdings, LLC		DE	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-1569071			Harden Healthcare Services, LLC		TX	N/A	Harden HC Texas Holdco, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	74-3024009			Harden Healthcare, LLC		TX	N/A	Harden Healthcare Holdings, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-1299601			Harden Home Health, LLC		DE	N/A	Harden Healthcare, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	37-1657856			Harden Home Option, LLC		TX	N/A	Harden HC Texas Holdco, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	43-2083818			Harden Hospice, LLC		TX	N/A	Harden HC Texas Holdco, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	42-1285486			Hawkeye Health Services, Inc.		IA	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0810137			Healthcare Plus Supplies, LLC		DE	N/A	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	58-1947694			Healthfield Home Health, LLC		GA	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	58-2284736			Healthfield Hospice Services, LLC		GA	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0131980			Healthfield of Southwest Georgia, LLC		GA	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	68-0593590			Healthfield of Statesboro, LLC		GA	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	01-0831798			Healthfield of Tennessee, LLC		GA	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	36-4425473			Healthfield Operating Group, LLC		DE	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	58-1819650			Healthfield, LLC		DE	N/A	Healthfield Operating Group, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-4958736			Heritage Care Hospice, LLC		TX	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	13-4355656			Heritage Health And Hospice Care, LLC		DE	N/A	Curo Houston Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	90-0527683			HHS Healthcare Corp.		DE	N/A	Professional Healthcare, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	62-1807084			Home Health Care Affiliates of Central Mississippi, L.L.C.		MS	N/A	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	62-1775256			Home Health Care Affiliates of Mississippi, Inc.		MS	N/A	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	74-2737989			Home Health Care Affiliates, Inc.		MS	N/A	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	56-1556547			Home Health Care of Carteret County, LLC		NC	N/A	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2374091			Home Health of Rural Texas, Inc.		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	87-0494759			Home Health Services, Inc.		UT	N/A	HHS Healthcare Corp.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-0837269			Homecare Holdings, Inc.		FL	N/A	Senior Home Care, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	76-0456316			Horizon Health Care Services, Inc.		TX	N/A	Senior Home Care, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	33-1017853			Horizon Health Network LLC		AL	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	48-1210207			Hospice Care of Kansas, L.L.C.		KS	N/A	Wiregrass Hospice Care, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	47-5666180			Hospice Development Company 2, LLC		DE	N/A	Voyager Hospicecare, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	81-2401094			Hospice Development Company 3, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	86-0710921			Hospice Family Care, Inc.		DE	N/A	Curo Arizona Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-4460659			Hospice of Colorado, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-2676049			Hospice of Connecticut, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-2701531			Hospice of Maine, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-3727632			Hospice of Mesilla Valley, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-4446356			Hospice of Minnesota, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	47-5585682			Hospice of Texas, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0

## 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 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	62-1805874			Hospice of the Emerald Coast, Inc.		FL	N/A	Wiregrass Hospice LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0838344			Hospice Plus North East LLC		DE	N/A	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-3160887			Hospice Plus, L.P.		DE	N/A	Phoenix Plus, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-3811538			House Call Doctors, Inc.		TX	N/A	Kindred Hospice Services, L.L.C.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-8781607			Integracare Holdings, Inc.		DE	N/A	PF Development 9, L.L.C.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2865632			Integracare Home Health Services, Inc.		TX	N/A	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1655487			Integracare Hospice of Abilene, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-8781715			Integracare Intermediate Holdings, Inc.		DE	N/A	Integracare Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-4630561			Integracare of Abilene, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-2915050			Integracare of Albany, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-2139332			Integracare of Athens-Home Health, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-2139269			Integracare of Athens-Hospice, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-1908767			Integracare of Granbury, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-4618941			Integracare of Littlefield, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	81-0638801			Integracare of Olney Home Health, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-8768235			Integracare of Texas, LLC		TX	N/A	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0686207			Integracare of West Texas-Home Health, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0686137			Integracare of West Texas-Hospice, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0686266			Integracare of Wichita Falls, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	42-1619988			International Tutoring Services, LLC		DE	N/A	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-2589495			Iowa Hospice, L.L.C.		IA	N/A	Voyager Hospicecare, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-1285069			Isidora's Health Care Inc.		TX	N/A	Voyager Home Health, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-3992741			KAH Development 10, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-4002959			KAH Development 12, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-4025157			KAH Development 14, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-3902994			KAH Development 4, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-3958634			KAH Development 8, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	82-3695166			Kentucky Homecare Holdings, Inc.		DE	N/A	Kentucky Homecare Parent Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	82-3986306			Kentucky Homecare Parent Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-2282690			Kindred Hospice Missouri, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	83-2282690			Kindred Hospice Services, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-0717945			KND Development 50, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-0717534			KSOC Holdings, Inc.		DE	N/A	Curo Hospice SC, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-8781607			Legacy Hospice of Colorado Springs, LLC		CO	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	75-2865632			Legacy Hospice, LLC		CO	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	61-1655487			Lifepath Hospice and Family Care, L.L.C.		DE	N/A	Curo Utah Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-8781715			Lighthouse Hospice - Coastal Bend, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-4630561			Lighthouse Hospice - Metroplex, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-2915050			Lighthouse Hospice Management, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-2139332			Lighthouse Hospice Partners, LLC		TX	N/A	Harden HC Texas Holdco, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-2139269			Lighthouse Hospice-San Antonio, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-1908767			Loving Peace Hospice, Inc.		IL	N/A	Hospice Development Company 3, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	26-4618941			Med. Tech. Services of South Florida, Inc.		FL	N/A	Advanced Oncology Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	81-0638801			Medical Advocate Healthcare Services Corporation		IL	N/A	Hospice Development Company 3, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-8768235			Med-Tech Services of Dade, Inc.		FL	N/A	Homecare Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0686207			Med-Tech Services of Palm Beach, Inc.		FL	N/A	Advanced Oncology Services, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	27-0686137			Mid-South Home Care Services, LLC		AL	N/A	Horizon Health Network LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	42-1619888			Mid-South Home Health Agency, LLC		AL	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	20-2589495			Mid-South Home Health of Gadsden, LLC		GA	N/A	Horizon Health Network LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	65-1285069			Mid-South Home Health, LLC		DE	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-3992741			Missouri Home Care of Rolla, Inc.		MO	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	46-4002959			National House Call Practitioners		TX	N/A	House Call Doctors, Inc.	Ownership	100.00	Humana Inc.	N	0
..0119	Humana Inc.	00000	81-0638801			New Beacon Healthcare Group, LLC		DE	N/A	Regency Healthcare Group, LLC	Ownership	100.00	Humana Inc.	N	0

## 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 Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	46-4025157			New Beacon Healthcare Indiana, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-3902994			New Beacon Hospice Indiana, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-3958634			New Century Hospice Delaware, LLC		DE	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	82-3695166			New Century Hospice of Richmond, LLC		DE	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	83-3461625			New Century Hospice Texas, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	61-1819142			New Century Hospice Virginia, LLC		DE	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	83-2282690			New Century Hospice, Inc.		DE	N/A	Hospice Development Company 2, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0717945			New York Healthcare Services, Inc.		NY	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0717534			North West Texas Home Health Services, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	80-0766080			NP Plus, LLC		DE	N/A	Professional Healthcare, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	55-0633030			Nursing Care-Home Health Agency, Inc.		WV	N/A	First Home Health, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2932676			Odyssey Healthcare GP, LLC		DE	N/A	Odyssey Healthcare Holding Company	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2925311			Odyssey Healthcare Holding Company		DE	N/A	Odyssey Healthcare, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	74-2998154			Odyssey Healthcare LP, LLC		DE	N/A	Odyssey Healthcare Holding Company	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2923658			Odyssey Healthcare Management, LP		DE	N/A	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0711782			Odyssey Healthcare of Augusta, LLC		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-3920362			Odyssey Healthcare of Flint, LLC		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-1174455			Odyssey Healthcare of Kansas City, LLC		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-3238731			Odyssey Healthcare of Marion County, LLC		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0712052			Odyssey Healthcare of Savannah, LLC		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-2529581			Odyssey Healthcare of South Texas, LLC		DE	N/A	Odyssey Healthcare Operating A, LP	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2752908			Odyssey Healthcare Operating A, LP		DE	N/A	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2937832			Odyssey Healthcare Operating B, LP		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	43-1723043			Odyssey Healthcare, Inc.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	22-3690699			OHS Service Corp.		TX	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2284154			Outreach Health Services of North Texas, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2378887			Outreach Health Services of the Panhandle, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	75-2378887			Paragon Hospice Management, LP		TX	N/A	99% owned by New Century Hospice, Inc. and 1% owned by Paragon Hospice, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	33-1178066			Paragon Hospice, LLC		TX	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-5143963			Peoplefirst Homecare & Hospice of Indiana, L.L.C.		DE	N/A	Kindred Hospice Services, L.L.C.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0717917			Peoplefirst Homecare & Hospice of Massachusetts, L.L.C.		DE	N/A	Kindred Hospice Services, L.L.C.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-0881549			Peoplefirst Homecare & Hospice of Ohio, L.L.C.		DE	N/A	Kindred Hospice Services, L.L.C.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-3106972			Peoplefirst Homecare of Colorado, L.L.C.		DE	N/A	Kindred Hospice Services, L.L.C.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-0718025			PF Development 10, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-3106983			PF Development 15, L.L.C.		DE	N/A	Kindred Hospice Services, L.L.C.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-3106949			PF Development 16, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-3107011			PF Development 21, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-0818835			PF Development 23, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-0860128			PF Development 5, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	46-0881549			PF Development 7, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-3106911			PF Development 9, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	26-3106934			PHH Acquisition Corp.		DE	N/A	Professional Healthcare, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-5043135			Phoenix Hospice Care, LLC		DE	N/A	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	38-3784032			Phoenix Hospice, L.P.		DE	N/A	Phoenix Hospice Care, LLC	Ownership	100.00	Humana Inc.	N	0
.0119	Humana Inc.	.00000	20-3152383			Phoenix Hospice Care, L.P.		DE	N/A	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	N	0

## 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 Loca-tion	Rela-tionship 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	20-3768442			Phoenix Plus, LLC		.DE.	.N/A.	Curo Texas Hospice, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-3590797			Professional Healthcare at Home, LLC		.CA.	.N/A.	99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-5043143			Professional Healthcare, LLC		.DE.	.N/A.	PF Development 10, L.L.C.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	11-2750425			QC-Medi New York, Inc.		.NY.	.N/A.	Gentiva Health Services Holding Corp.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	11-2256479			Quality Care - USA, Inc.		.NY.	.N/A.	Gentiva Health Services Holding Corp.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	76-0810782			Regency Healthcare Group, LLC		.DE.	.N/A.	Regency Healthcare Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	45-0613347			Regency Healthcare Holdings, LLC		.DE.	.N/A.	Curo Health Services, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	26-4540890			Regency Home Office, LLC		.DE.	.N/A.	Regency Healthcare Group, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	11-3646416			Regency Hospice of Georgia, LLC		.DE.	.N/A.	Regency Healthcare Group, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	26-3437769			Regency Hospice of Northwest Florida, Inc.		.DE.	.N/A.	Regency Healthcare Group, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	82-3111370			Regency Southerncare Hospice, LLC		.DE.	.N/A.	Curo Health Services, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	59-3080333			Senior Home Care, Inc.		.FL.	.N/A.	SHC Holding, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	42-1699530			SHC Holding, Inc.		.DE.	.N/A.	PF Development 21, L.L.C.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	87-0494757			Southern Nevada Home Health Care, Inc.		.NV.	.N/A.	Home Health Services, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	48-1288826			Southerncare Holdings, Inc.		.DE.	.N/A.	KSOC Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	16-1645414			Southerncare, Inc.		.DE.	.N/A.	Southerncare Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	84-1697352			Sun Brook Hospice, LLC		.DE.	.N/A.	Curo Utah Hospice, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	72-1487473			Synergy Home Care-Acadiana Region, Inc.		.LA.	.N/A.	Synergy, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-1376846			Synergy Home Care-Capitol Region, Inc.		.LA.	.N/A.	Synergy, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	36-4516940			Synergy Home Care-Central Region, Inc.		.LA.	.N/A.	Synergy, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	72-1178497			Synergy Home Care-Northeastern Region, Inc.		.LA.	.N/A.	Synergy, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	72-1223659			Synergy Home Care-Northeastern Region, Inc.		.LA.	.N/A.	Synergy, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	72-1431394			Synergy Home Care-Northwestern Region, Inc.		.LA.	.N/A.	Synergy, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	72-1429305			Synergy Home Care-Southeastern Region, Inc.		.LA.	.N/A.	Synergy, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	94-3419676			Synergy, Inc.		.LA.	.N/A.	SHC Holding, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	56-1456991			TAR Heel Health Care Services, LLC		.NC.	.N/A.	Capital Health Management Group, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-1424756			Texas Health Management Group, LLC		.TX.	.N/A.	Integracare Intermediate Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	43-1697602			The American Heartland Hospice Corp.		.MO.	.N/A.	Voyager Hospicecare, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	26-2527353			The Home Option, LLC		.TX.	.N/A.	Harden Home Option, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	26-3713065			TNMO Healthcare, LLC		.DE.	.N/A.	Regency Healthcare Group, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	68-0593592			Total Care Home Health of Louisburg, LLC		.GA.	.N/A.	Healthfield, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-0091435			Total Care Home Health of North Carolina, LLC		.GA.	.N/A.	Healthfield, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-0091422			Total Care Home Health of South Carolina, LLC		.GA.	.N/A.	Healthfield, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	75-2900007			Trinity Hospice of Texas, LLC		.TX.	.N/A.	Integracare Intermediate Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	47-2064816			U.S. House Call Practitioners, Inc.		.TX.	.N/A.	House Call Doctors, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	62-1669388			Van Winkle Home Health Care, Inc.		.MS.	.N/A.	Home Health Care Affiliates, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	75-1995143			Vernon Home Health Care Agency, LLC		.TX.	.N/A.	Integracare Intermediate Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	86-080230			Vista Hospice Care, LLC		.DE.	.N/A.	Vistacare, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	26-1544585			Vistacare of Boston, LLC		.DE.	.N/A.	Odyssey Healthcare Operating B, LP	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	86-0914505			Vistacare USA, LLC		.DE.	.N/A.	Vista Hospice Care, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	06-1521534			Vistacare, LLC		.DE.	.N/A.	Odyssey Healthcare Holding Company	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-1953497			Voyager Acquisition, L.P.		.TX.	.N/A.	Voyager Hospicecare, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	26-1501792			Voyager Home Health, Inc.		.DE.	.N/A.	Voyager Hospicecare, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-1173787			Voyager Hospicecare, Inc.		.DE.	.N/A.	Harden Home Health, LLC	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	46-2300938			Wake Forest Baptist Health Care at Home, LLC		.NC.	.N/A.	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	74-2380319			Wellstream Health Services, LLC		.TX.	.N/A.	Integracare Intermediate Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	75-1900499			West Texas, LLC		.TX.	.N/A.	Integracare Intermediate Holdings, Inc.	Ownership.	100.00	Humana Inc.	N.	0
.0119	Humana Inc.	.00000	20-0296636			Wiregrass Hospice Care, LLC		.GA.	.N/A.	Healthfield, LLC	Ownership.	100.00	Humana Inc.	N.	0

## 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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
.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]



STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Humana Health Plan of Ohio Inc.  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
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 Year to Date	2 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) .....		

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 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 Year to Date	2 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 Year to Date	2 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

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

**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
<b>BONDS</b>								
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
<b>PREFERRED STOCK</b>								
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

SI02

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 Year To Date	2 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
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>	<b>22,794,634</b>	<b>9,429,256</b>

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**

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

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7	8	9	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
3132DV-LV-5	FH S07540 - RMBS		.07/29/2021	BARCLAYS CAPITAL INC FIXED INC	230,344		.218,400		.167
3133AS-KA-0	FEDERAL HOME LOAN MORTGAGE CORPORATION -		.09/17/2021	MORGAN STANLEY CO	181,951		.179,000		.199
3133KM-RT-4	FEDERAL HOME LOAN MORTGAGE CORPORATION -		.09/17/2021	MORGAN STANLEY CO	254,129		.250,008		.278
3140QE-YJ-5	FN CA7012 - RMBS		.09/14/2021	Bank of America Securities	358,649		.349,688		.291
3140QL-MY-9	FN CB1274 - RMBS		.07/29/2021	CITIGROUP GLOBAL MARKETS INC.	225,322		.215,619		.165
3140XB-X7-0	FN FM7901 - RMBS		.07/29/2021	BANK OF NEW YORK	118,350		.113,067		.86
3140XC-AZ-8	FN FM8939 - RMBS		.09/23/2021	JP MORGAN SEC'S INC., - FIXED INCOME	302,836		.300,000		.433
3140XC-YX-0	FEDERAL NATIONAL MORTGAGE ASSOCIATION -		.09/17/2021	MORGAN STANLEY CO	117,904		.115,992		.129
64988Y-KU-0	NEW YORK ST MTG AGY HOMEOWNER MTG REV		.07/01/2021	BARCLAYS CAPITAL INC FIXED INC	5,000		.5,000		.0
64988Y-KV-8	NEW YORK ST MTG AGY HOMEOWNER MTG REV		.07/01/2021	BARCLAYS CAPITAL INC FIXED INC	5,000		.5,000		.0
64988Y-KW-6	NEW YORK ST MTG AGY HOMEOWNER MTG REV		.07/01/2021	BARCLAYS CAPITAL INC FIXED INC	5,000		.5,000		.0
<b>3199999. Subtotal - Bonds - U.S. Special Revenues</b>					1,804,485		1,756,775		1,748
33852J-AE-8	FSMT 217 A5 - CMO/RMBS		.08/12/2021	MORGAN STANLEY CO	102,063		.100,000		.160
36254C-AU-4	GSMS 2017-G57 A3 - CMBS		.07/13/2021	JP MORGAN SEC'S INC., - FIXED INCOME	107,941		.100,000		.123
36262W-AJ-5	GSMS 21PJB A8 - CMO/RMBS		.08/17/2021	GOLDMAN	102,328		.100,000		.208
46592W-AF-3	JPMNT 2112 A4 - CMO/RMBS		.09/28/2021	JP MORGAN SEC'S INC., - FIXED INCOME	355,852		.350,000		.705
46648K-AT-3	JPMDB 2017-C7 A4 - CMBS		.07/13/2021	JP MORGAN SEC'S INC., - FIXED INCOME	108,402		.100,000		.122
46653X-AE-0	JPMNT 21IN5 A2A - CMO/RMBS		.09/29/2021	JP MORGAN SEC'S INC., - FIXED INCOME	202,281		.200,000		.403
63942E-AA-6	NAVL 21E A - ABS		.07/19/2021	JP MORGAN SEC'S INC., - FIXED INCOME	119,974		.120,000		.0
<b>3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>					1,098,841		1,070,000		1,721
<b>8399997. Total - Bonds - Part 3</b>					2,903,325		2,826,775		3,469
<b>8399998. Total - Bonds - Part 5</b>					XXX		XXX		XXX
<b>8399999. Total - Bonds</b>					2,903,325		2,826,775		3,469
<b>8999997. Total - Preferred Stocks - Part 3</b>					0		XXX		XXX
<b>8999998. Total - Preferred Stocks - Part 5</b>					XXX		XXX		XXX
<b>8999999. Total - Preferred Stocks</b>					0		XXX		XXX
<b>9799997. Total - Common Stocks - Part 3</b>					0		XXX		XXX
<b>9799998. Total - Common Stocks - Part 5</b>					XXX		XXX		XXX
<b>9799999. Total - Common Stocks</b>					0		XXX		XXX
<b>9899999. Total - Preferred and Common Stocks</b>					0		XXX		XXX
<b>9999999 - Totals</b>					2,903,325		XXX		3,469

## 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 CUSIP Ident- ification	2 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 Change in Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation, NAIC Design- ation Modifer and SVO Adminis- trative Symbol	
															11	12	13	14	15								
.35477G-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	.0	.4,704	.0	.2,406	.0	.03/01/2036	.0	1.B FE		
.302987-4E-2	FRESB 2020-SB70 A1H - CMBS		.06/01/2021	Paydown		-.235	-.235	-.235	-.235	.0	.0	.0	.0	.0	-.235	.0	.0	.0	.0	.0	-.235	.0	.0	.0	.0	.0	.0
.3131XX-WS-6	FH ZM4257 - RMBS		.09/01/2021	Paydown		.22,914	.22,914	.24,390	.0	.0	-.1,475	.0	-.1,475	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3132D6-N2-2	FH SB8509 - RMBS		.09/01/2021	Paydown		4,685	4,685	4,906	.0	.0	-.221	.0	-.221	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3132D7-LA-1	FH SD7521 - RMBS		.09/01/2021	Paydown		13,296	13,296	14,232	14,194	.0	-.898	.0	-.898	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3132D7-LC-7	FH SD7523 - RMBS		.09/01/2021	Paydown		8,843	8,843	9,433	9,407	.0	-.565	.0	-.565	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3132D7-LV-5	FH SD7540 - RMBS		.09/01/2021	Paydown		1,937	1,937	2,043	.0	.0	-.106	.0	-.106	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.31334Y-P5-0	FH QA2244 - RMBS		.09/01/2021	Paydown		2,532	2,532	2,687	.0	.0	-.155	.0	-.155	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3133KK-3X-5	FH RA4414 - RMBS		.09/01/2021	Paydown		.29,051	.29,051	.30,874	.0	.0	-.1,823	.0	-.1,823	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3133BP-DW-6	FHR 4585 UP - CMO/RMBS		.09/01/2021	Paydown		.73,818	.73,818	.77,272	.76,446	.0	-.2,628	.0	-.2,628	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.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	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140HD-7A-6	FH BK0988 - RMBS		.09/01/2021	Paydown		.16,401	.16,401	.17,713	.17,923	.0	-.1,523	.0	-.1,523	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140HK-JJ-8	FH BK5664 - RMBS		.09/01/2021	Paydown		.637	.637	.666	.666	.0	-.29	.0	-.29	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140J8-UJ-9	FH BM4197 - RMBS		.09/01/2021	Paydown		.957	.957	.1,015	.0	.0	-.58	.0	-.58	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140JG-LQ-6	FH BN0334 - RMBS		.09/01/2021	Paydown		1,288	1,288	1,345	1,371	.0	-.83	.0	-.83	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140KP-MU-4	FH B03970 - RMBS		.09/01/2021	Paydown		2,389	2,389	2,498	2,495	.0	-.105	.0	-.105	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140KQ-PH-8	FH B04923 - RMBS		.09/01/2021	Paydown		1,661	1,661	1,737	1,734	.0	-.73	.0	-.73	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140KV-EU-0	FH B09146 - RMBS		.09/01/2021	Paydown		1,445	1,445	1,498	.0	.0	-.53	.0	-.53	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140KV-F5-4	FH B09187 - RMBS		.09/01/2021	Paydown		1,226	1,226	1,227	1,271	.0	-.46	.0	-.46	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140KV-GN-4	FH B09204 - RMBS		.09/01/2021	Paydown		3,929	3,929	4,075	4,075	.0	-.146	.0	-.146	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140KX-SP-2	FH BR0525 - RMBS		.09/01/2021	Paydown		1,028	1,028	1,071	1,070	.0	-.42	.0	-.42	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140LO-C8-8	FH BR1894 - RMBS		.09/01/2021	Paydown		1,645	1,645	1,708	.0	.0	-.63	.0	-.63	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140LO-D4-6	FH BR1922 - RMBS		.09/01/2021	Paydown		2,051	2,051	2,131	.0	.0	-.80	.0	-.80	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140LO-DR-5	FH BR1911 - RMBS		.09/01/2021	Paydown		3,213	3,213	3,332	.0	.0	-.119	.0	-.119	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QE-AP-7	FH CA6313 - RMBS		.09/01/2021	Paydown		33,880	33,880	36,178	.0	.0	-.2,298	.0	-.2,298	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QE-DX-7	FH CA6417 - RMBS		.09/01/2021	Paydown		25,307	25,307	27,055	.0	.0	-.1,748	.0	-.1,748	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QE-KY-7	FH CA6610 - RMBS		.09/01/2021	Paydown		28,927	28,927	30,925	.0	.0	-.1,998	.0	-.1,998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QF-4E-6	FH CA8020 - RMBS		.09/01/2021	Paydown		7,306	7,306	7,756	.0	.0	-.450	.0	-.450	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QG-3C-9	FH CAA894 - RMBS		.09/01/2021	Paydown		11,425	11,425	12,200	.0	.0	-.775	.0	-.775	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QG-U4-7	FH CA8702 - RMBS		.09/01/2021	Paydown		17,198	17,198	18,373	.0	.0	-.1,174	.0	-.1,174	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QG-ZQ-3	FH CA8850 - RMBS		.09/01/2021	Paydown		8,537	8,537	8,849	.0	.0	-.312	.0	-.312	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QH-E2-7	FH CA9152 - RMBS		.09/01/2021	Paydown		13,518	13,518	14,437	.0	.0	-.920	.0	-.920	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140QL-MY-9	FH CB1274 - RMBS		.09/01/2021	Paydown		1,212	1,212	1,212	.0	.0	-.55	.0	-.55	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140X7-3K-3	FH FM4401 - RMBS		.09/01/2021	Paydown		2,813	2,813	2,941	2,937	.0	-.125	.0	-.125	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140XB-3F-2	FH FM5297 - RMBS		.09/01/2021	Paydown		12,727	12,727	13,606	.0	.0	-.879	.0	-.879	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3140XB-G6-8	FH FM4720 - RMBS		.09/01/2021	Paydown		36,260	36,260	38,742	.0	.0	-.2,482	.0	-.2,482	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3140XB-JJ-7	FH FM4764 - RMBS		.09/01/2021	Paydown		22,572	22,572	23,542	23,525	.0	-.953	.0	-.953	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
.3140XB-UU-9	FH FM5094 - RMBS		.09/01/2021	Paydown		104,574	104,574	111,780	.0	.0	-.7,206	.0	-.7,206	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
.3140XB-IR-4	FH FM5155 - RMBS		.09/01/2021	Paydown		1,615	1,615	1,679	.0	.0	-.63	.0	-.63														

## 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 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- nation, NAIC Design- nation Modifier and SVO Adminis- trative Symbol					
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value												
..35563P-ML-0	SCRT 2019-4 MA - CMO/RMBS		..09/01/2021	Paydown	5,821	5,821	5,949	5,934	0	(113)	0	0	(113)	0	5,821	0	0	0	0	0	0	0	02/25/2059	1.A		
..646140-CR-2	NEW JERSEY ST TPK AUTH TPK REV		..07/14/2021	UBS FINANCIAL SERVICES INC.	43,821	35,000	42,804	41,877	0	(498)	0	0	(498)	0	41,379	0	2,442	2,442	0	1,823	01/01/2037	1.F FE				
..64990F-KW-3	NEW YORK STATE DORMITORY AUTHORITY		..07/14/2021	FIXED INC	70,050	55,000	68,654	67,330	0	(745)	0	0	(745)	0	66,585	0	3,466	3,466	0	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	0	(50,036)	0	976,309	0	10,612	10,612	0	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	0	4,146	0	0	0	0	0	0	0	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	0	4,889	0	0	0	0	0	0	0	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	0	16	0	0	0	0	0	0	0	05/20/2033	1.D FE		
..302987-AE-2	FRESB 2020-SB70 A1H - CMBS		..09/01/2021	Paydown	1,585	1,585	1,583	1,583	0	2	0	0	2	0	1,585	0	0	0	0	0	0	0	10/25/2039	1.A FE		
..33852J-AE-8	FSMT 217 A5 - CMO/RMBS		..09/01/2021	Paydown	1,350	1,350	1,378	1,378	0	0	(28)	0	0	(28)	0	1,350	0	0	0	0	0	0	0	08/25/2051	1.A FE	
..36262W-AJ-5	GSMB 21PJB A8 - CMO/RMBS		..09/01/2021	Paydown	1,597	1,597	1,634	1,634	0	(37)	0	0	(37)	0	1,597	0	0	0	0	0	0	0	01/25/2052	1.A FE		
..46590M-AQ-3	JPMCC 2016-JP2 A3 - CMBS		..09/01/2021	Paydown	51	51	51	51	0	(3)	0	0	(3)	0	51	0	0	0	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	3,289	0	(66)	0	0	(66)	0	3,223	0	0	0	0	0	0	0	15/06/2068	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	0	15,060	0	0	0	0	0	0	0	11/15/2068	1.A FE		
..63942C-AA-0	NAVSL 2021-D A - ABS		..09/15/2021	Paydown	14,928	14,928	14,928	14,928	0	0	0	0	0	0	14,928	0	0	0	0	0	0	0	04/15/2060	1.A FE		
..63942E-AA-6	NAVSL 2021-E A - ABS		..09/15/2021	Paydown	2,120	2,120	2,119	2,119	0	0	0	0	0	0	2,120	0	0	0	0	0	0	0	12/16/2069	1.A FE		
..640340-AA-6	NSLT 21B AFL - ABS		..09/20/2021	Paydown	6,309	6,309	6,309	6,309	0	0	0	0	0	0	6,309	0	0	0	0	0	0	0	04/20/2062	1.A FE		
..640340-AB-4	NSLT 21B AFX - ABS		..09/20/2021	Paydown	6,309	6,309	6,308	6,308	0	1	0	0	1	0	6,309	0	0	0	0	0	0	0	04/20/2062	1.A FE		
..640350-AA-4	NSLT 21A A1 - ABS		..09/20/2021	Paydown	13,848	13,848	13,835	13,835	0	13	0	0	13	0	13,848	0	0	0	0	0	0	0	01/25/2062	1.A FE		
..640350-AD-8	NSLT 21A AP2 - ABS		..09/20/2021	Paydown	8,843	8,843	8,833	8,833	0	10	0	0	10	0	8,843	0	0	0	0	0	0	0	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	0	500,000	0	0	0	0	0	0	0	2,507	09/15/2023	1.A FE	
..74936R-AE-4	ROKT 212 A5 - CMO/RMBS		..09/01/2021	Paydown	1,414	1,414	1,443	1,443	0	(30)	0	0	(30)	0	1,414	0	0	0	0	0	0	0	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	0	(35)	0	10,833	0	0	0	0	0	0	0	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	0	360	0	85,160	0	0	0	0	0	0	0	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	189	0	681,680	0	0	0	0	0	0	0	3,167	XXX	XXX
8399999. Total - Bonds - Part 4					1,668,601	1,627,523	1,712,293	1,034,730	0	(49,847)	0	(49,847)	0	(49,847)	0	1,657,989	0	10,612	10,612	0	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	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	(49,847)	0	1,657,989	0	10,612	10,612	0	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	0	0	0	XXX			
8999998. Total - Preferred Stocks - Part 5					XXX	XXX	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	0	0	0	XXX			
9799997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
9799998. Total - Common Stocks - Part 5					XXX	XXX	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	0	0	0	XXX			
9899999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
9999999 - Totals					1,668,601	XXX	1,712,293	1,034,730	0	(49,847)	0	(49,847)	0	(49,847)	0	1,657,989	0	10,612	10,612	0	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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
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	XXX
0199999. Totals - Open Depositories	XXX	XXX		1	0	2,484,490	3,810,884	2,012,836
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	XXX
0299999. Totals - Suspended Depositories	XXX	XXX		0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX		1	0	2,484,490	3,810,884	2,012,836
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

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

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0599999. Total - U.S. Government Bonds						0	0	0
1099999. Total - All Other Government Bonds						0	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
2499999. Total - U.S. Political Subdivisions Bonds						0	0	0
..... FEDERAL HOME LOAN BANKS .....			.09/23/2021	.0.000	.10/20/2021	.2,999.968	.0	.13
..... FEDERAL HOME LOAN BANKS .....			.09/30/2021	.0.000	.11/26/2021	.4,999.806	.0	.3
2599999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						7,999.774	0	17
3199999. Total - U.S. Special Revenues Bonds						7,999.774	0	17
..... Exxon Mobil Corporation .....			.09/27/2021	.0.000	.10/18/2021	.2,999.922	.0	.18
..... Nestle Capital Corporation .....			.09/29/2021	.0.000	.10/13/2021	.1,999.973	.0	.4
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						4,999.895	0	23
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						4,999.895	0	23
4899999. Total - Hybrid Securities						0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
6099999. Subtotal - SVO Identified Funds						0	0	0
6599999. Subtotal - Unaffiliated Bank Loans						0	0	0
7699999. Total - Issuer Obligations						12,999.669	0	40
7799999. Total - Residential Mortgage-Backed Securities						0	0	0
7899999. Total - Commercial Mortgage-Backed Securities						0	0	0
7999999. Total - Other Loan-Backed and Structured Securities						0	0	0
8099999. Total - SVO Identified Funds						0	0	0
8199999. Total - Affiliated Bank Loans						0	0	0
8299999. Total - Unaffiliated Bank Loans						0	0	0
8399999. Total Bonds						12,999.669	0	40
31846V-80-7 .....	FIRST AMER:TRS OBG Y .....		.08/31/2021	.0.010		.3,438	.0	.0
481202-23-9 .....	JPMORGAN:US TRS+MM CAP .....		.09/30/2021	.0.010		.9,791.527	.52	.0
8599999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						9,794.965	52	0
.....	.....							
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.....	.....							
.....	.....							
.....	.....							
9999999 - Total Cash Equivalents						22,794.634	52	40