



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 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 (City or Town, State, Country and Zip Code) 513-784-5320 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)		Louisville, KY, US 40201-7436 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	500 West Main Street (Street and Number)		Louisville, KY, US 40202 (City or Town, State, Country and Zip Code) 513-784-5320 (Area Code) (Telephone Number)			
Internet Website Address	www.humana.com					
Statutory Statement Contact	Amanda Nethery (Name)		502-580-3026 (Area Code) (Telephone Number)			
	DOIINQUIRIES@humana.com (E-mail Address)		502-580-2099 (FAX Number)			

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Joseph Matthew Ruschell # Timothy Alan Wheatley

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
21st day of February, 2022

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

Julia Wentworth
Notary Public
January 10, 2025

3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	35,783,085	0	35,783,085	34,684,753
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ 0 encumbrances)	0	0	0	0
5. Cash (\$ 2,849,973 , Schedule E - Part 1), cash equivalents (\$ 14,416,601 , Schedule E - Part 2) and short-term investments (\$ 0 , Schedule DA)	17,266,574	0	17,266,574	12,858,350
6. Contract loans, (including \$ 0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	304,479	0	304,479	304,479
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	53,354,138	0	53,354,138	47,847,582
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	91,287	0	91,287	105,192
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	57,059	51,855	5,204	146,166
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$ 132,344) and contracts subject to redetermination (\$ 2,812,820)	2,945,164	0	2,945,164	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	935,047	0	935,047	807,501
18.1 Current federal and foreign income tax recoverable and interest thereon	1,495,369	0	1,495,369	1,100,483
18.2 Net deferred tax asset	495,176	0	495,176	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)	309,390	309,390	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	15,982,975	0	15,982,975	25,504,417
24. Health care (\$ 5,754,798) and other amounts receivable	5,978,131	122,864	5,855,268	3,516,363
25. Aggregate write-ins for other than invested assets	2,260,743	2,212,912	47,831	47,831
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	83,904,479	2,697,021	81,207,458	82,513,573
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	83,904,479	2,697,021	81,207,458	82,513,573
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses	2,016,535	2,016,535	0	0
2502. Prepaid Commissions	122,281	122,281	0	0
2503. Deposits	74,096	74,096	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	47,831	0	47,831	47,831
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,260,743	2,212,912	47,831	47,831

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	23,824,103	616,750	24,440,853	23,067,442
2. Accrued medical incentive pool and bonus amounts	2,174,310	0	2,174,310	1,031,944
3. Unpaid claims adjustment expenses	176,741	0	176,741	188,124
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	4,378,472	0	4,378,472	12,017,487
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	45,735	0	45,735	170,040
8. Premiums received in advance	2,945,510	0	2,945,510	2,820,233
9. General expenses due or accrued	1,682,088	0	1,682,088	1,985,014
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	112,593	0	112,593	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	0	0	0	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	1,371,987	0	1,371,987	472,162
23. Aggregate write-ins for other liabilities (including \$ 12,292 current)	47,669	0	47,669	77,927
24. Total liabilities (Lines 1 to 23)	36,759,209	616,750	37,375,959	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	(31,393,248)	(34,917,146)
32. Less treasury stock, at cost:				
32.1. 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2. 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	43,831,499	40,307,601
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	81,207,458	82,513,573
DETAILS OF WRITE-INS				
2301. Unclaimed Property	21,646	0	21,646	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 thru 2303 plus 2398)(Line 23 above)	47,669	0	47,669	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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	385,757	421,659
2. Net premium income (including \$ 0 non-health premium income).....	XXX.....	237,697,140	242,919,678
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0	490,685
4. Fee-for-service (net of \$ 0 medical expenses).....	XXX.....	0	0
5. Risk revenue.....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	237,697,140	243,410,362
Hospital and Medical:			
9. Hospital/medical benefits.....	4,331,449	168,795,201	160,519,813
10. Other professional services.....	19,496	759,770	939,208
11. Outside referrals.....	0	0	0
12. Emergency room and out-of-area.....	144,320	5,624,093	5,357,045
13. Prescription drugs.....	746,274	29,082,042	32,910,072
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0	1,903,534	1,343,448
16. Subtotal (Lines 9 to 15).....	5,241,539	206,164,639	201,069,586
Less:			
17. Net reinsurance recoveries.....	0	0	0
18. Total hospital and medical (Lines 16 minus 17).....	5,241,539	206,164,639	201,069,586
19. Non-health claims (net).....	0	0	0
20. Claims adjustment expenses, including \$ 6,359,060 cost containment expenses.....	0	7,431,886	7,486,658
21. General administrative expenses.....	0	26,417,845	30,929,752
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....	0	(7,311,305)	7,270,040
23. Total underwriting deductions (Lines 18 through 22).....	5,241,539	232,703,066	246,756,036
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	4,994,075	(3,345,674)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0	522,701	598,901
26. Net realized capital gains (losses) less capital gains tax of \$ 70,533.....	0	193,753	249,449
27. Net investment gains (losses) (Lines 25 plus 26).....	0	716,453	848,350
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)].....	0	0	0
29. Aggregate write-ins for other income or expenses.....	0	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.....	5,710,528	(2,497,323)
31. Federal and foreign income taxes incurred.....	XXX.....	(835,926)	1,759,230
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	6,546,454	(4,256,553)
DETAILS OF WRITE-INS			
0601.....	XXX.....	0	0
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....	0	0
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....	0	0	0
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901. Miscellaneous Income.....	0	0	1
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	1

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	40,307,601	32,799,114
34. Net income or (loss) from Line 32	6,546,454	(4,256,553)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	(1,592,544)	1,554,617
39. Change in nonadmitted assets	(1,430,012)	210,424
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	0	10,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	3,523,898	7,508,487
49. Capital and surplus end of reporting period (Line 33 plus 48)	43,831,499	40,307,601
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	236,038,466	240,614,736
2. Net investment income	783,741	939,003
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	236,822,206	241,553,739
5. Benefit and loss related payments	205,958,200	197,023,873
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	33,317,637	38,831,711
8. Dividends paid to policyholders .....	.0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 151,276 tax on capital gains (losses)	(370,507)	209,336
10. Total (Lines 5 through 9)	238,905,329	236,064,920
11. Net cash from operations (Line 4 minus Line 10)	(2,083,123)	5,488,819
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	14,739,272	18,169,726
12.2 Stocks .....	.0	0
12.3 Mortgage loans .....	.0	0
12.4 Real estate .....	.0	0
12.5 Other invested assets .....	.0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	.0	0
12.7 Miscellaneous proceeds	0	241,108
12.8 Total investment proceeds (Lines 12.1 to 12.7)	14,739,272	18,410,834
13. Cost of investments acquired (long-term only):		
13.1 Bonds	15,820,453	20,316,109
13.2 Stocks .....	.0	0
13.3 Mortgage loans .....	.0	0
13.4 Real estate .....	.0	0
13.5 Other invested assets .....	.0	0
13.6 Miscellaneous applications	241,108	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	16,061,561	20,316,109
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,322,289)	(1,905,275)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	.0	0
16.2 Capital and paid in surplus, less treasury stock .....	.0	10,000,000
16.3 Borrowed funds .....	.0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	.0	0
16.5 Dividends to stockholders .....	.0	0
16.6 Other cash provided (applied)	7,813,636	(6,796,368)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	7,813,636	3,203,632
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	4,408,224	6,787,175
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	12,858,350	6,071,174
19.2 End of year (Line 18 plus Line 19.1)	17,266,574	12,858,350

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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	128,818,579	.0	0	128,818,579
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	1,602,799	0	0	1,602,799
6. Title XVIII - Medicare	107,275,762	0	0	107,275,762
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	237,697,140	0	0	237,697,140
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	237,697,140	0	0	237,697,140

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	205,316,756	104,925,794	0	0	0	2,000,646	98,390,315	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	205,316,756	104,925,794	0	0	0	2,000,646	98,390,315	0	0	0
2. Paid medical incentive pools and bonuses	761,167	0	0	0	0	0	761,167	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	24,440,853	14,310,871	0	0	0	78,885	10,051,098	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	24,440,853	14,310,871	0	0	0	78,885	10,051,098	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	45,735	45,735	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	45,735	45,735	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	2,174,310	0	0	0	0	0	2,174,310	0	0	0
6. Net healthcare receivables (a)	2,304,756	1,311,295	0	0	0	262,913	730,547	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	23,067,442	14,931,055	0	0	0	133,790	8,002,597	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	23,067,442	14,931,055	0	0	0	133,790	8,002,597	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	170,040	170,040	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	170,040	170,040	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,031,944	0	0	0	0	0	1,031,944	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	204,261,106	102,870,010	0	0	0	1,682,828	99,708,269	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	204,261,106	102,870,010	0	0	0	1,682,828	99,708,269	0	0	0
13. Incurred medical incentive pools and bonuses	1,903,534	0	0	0	0	0	1,903,534	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	8,468,666	4,392,174	0	0	0	26,816	4,049,676	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	8,468,666	4,392,174	0	0	0	26,816	4,049,676	0	0	0
2. Incurred but Unreported:										
2.1 Direct	14,802,137	9,790,757	0	0	0	52,069	4,959,311	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
2.4 Net	14,802,137	9,790,757	0	0	0	52,069	4,959,311	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	1,170,050	127,940	0	0	0	0	1,042,110	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	1,170,050	127,940	0	0	0	0	1,042,110	0	0	0
4. TOTALS:										
4.1 Direct	24,440,853	14,310,871	0	0	0	78,885	10,051,098	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	24,440,853	14,310,871	0	0	0	78,885	10,051,098	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	8,307,109	96,618,685	1,994,683	12,361,923	10,301,792	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	307,786	1,692,860	3,094	75,790	310,880	133,790
6. Title XVIII - Medicare	5,967,656	92,422,659	64,040	9,987,057	6,031,697	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)	14,582,552	190,734,204	2,061,817	22,424,771	16,644,369	23,237,483
10. Healthcare receivables (a)	0	5,877,662	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	1,467,183	707,127	2,228,350	1,031,944
13. Totals (Lines 9 - 10 + 11 + 12)	15,343,719	184,856,542	3,529,001	23,131,898	18,872,719	20,696,520

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	12,797	12,850	13,081	12,739	12,600
2. 2017	171,331	186,443	186,777	186,701	186,676
3. 2018	XXX	168,097	184,704	184,586	184,648
4. 2019	XXX	XXX	124,859	136,294	136,514
5. 2020	XXX	XXX	XXX	109,821	118,009
6. 2021	XXX	XXX	XXX	XXX	96,619

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	13,095	12,871	13,081	12,739	12,600
2. 2017	188,353	186,749	186,799	186,701	186,676
3. 2018	XXX	184,004	185,291	184,592	184,648
4. 2019	XXX	XXX	139,148	136,616	136,559
5. 2020	XXX	XXX	XXX	124,594	119,959
6. 2021	XXX	XXX	XXX	XXX	108,981

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)					
1. 2017	226,679	186,676	1,775	1.0	188,451	83.1	0	0	188,451	83.1
2. 2018	222,590	184,648	1,756	1.0	186,404	83.7	0	0	186,404	83.7
3. 2019	155,053	136,514	1,298	1.0	137,812	88.9	45	0	137,857	88.9
4. 2020	151,041	118,009	1,122	1.0	119,131	78.9	1,950	14	121,095	80.2
5. 2021	128,819	96,619	919	1.0	97,538	75.7	12,362	89	109,989	85.4

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017										
2. 2018										
3. 2019										
4. 2020										
5. 2021										

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	382	382	382	382	382
2. 2017	2,520	2,616	2,616	2,616	2,616
3. 2018	XXX	3,348	3,508	3,508	3,508
4. 2019	XXX	XXX	2,477	2,697	2,697
5. 2020	XXX	XXX	XXX	1,330	1,638
6. 2021	XXX	XXX	XXX	XXX	1,693

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	385	382	382	382	382
2. 2017	2,690	2,620	2,616	2,616	2,616
3. 2018	XXX	3,551	3,516	3,508	3,508
4. 2019	XXX	XXX	2,775	2,703	2,697
5. 2020	XXX	XXX	XXX	1,458	1,641
6. 2021	XXX	XXX	XXX	XXX	1,769

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	3,730	2,616	25	1.0	2,641	70.8	0	0	2,641	70.8
2. 2018	2,588	3,508	33	0.9	3,541	136.8	0	0	3,541	136.8
3. 2019	2,453	2,697	26	1.0	2,723	111.0	0	0	2,723	111.0
4. 2020	1,946	1,638	16	1.0	1,654	85.0	3	0	1,657	85.1
5. 2021	1,603	1,693	16	0.9	1,709	106.6	76	0	1,785	111.4

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	27,601	26,709	26,849	26,583	26,577
2. 2017	0	0	0	0	0
3. 2018	XXX	0	107	107	101
4. 2019	XXX	XXX	44,680	47,736	47,579
5. 2020	XXX	XXX	XXX	71,952	78,849
6. 2021	XXX	XXX	XXX	XXX	92,423

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	28,563	26,938	26,849	26,583	26,577
2. 2017	0	0	0	0	0
3. 2018	XXX	0	107	107	101
4. 2019	XXX	XXX	48,929	47,767	47,583
5. 2020	XXX	XXX	XXX	80,955	80,377
6. 2021	XXX	XXX	XXX	XXX	103,117

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	369	0	0	0.0	0	0.0	0	0	0	0.0
2. 2018	84	101	1	1.0	102	121.4	0	0	102	121.4
3. 2019	52,905	47,579	452	0.9	48,031	90.8	3	0	48,034	90.8
4. 2020	89,933	78,849	750	1.0	79,599	88.5	1,528	9	81,136	90.2
5. 2021	107,276	92,423	879	1.0	93,302	87.0	10,694	64	104,060	97.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	40,780	39,941	40,312	39,704	39,559
2. 2017	173,851	189,059	189,393	189,317	189,292
3. 2018	XXX	171,445	188,318	188,200	188,257
4. 2019	XXX	XXX	172,016	186,727	186,790
5. 2020	XXX	XXX	XXX	183,103	198,496
6. 2021	XXX	XXX	XXX	XXX	190,735

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	42,043	40,191	40,312	39,704	39,559
2. 2017	191,043	189,369	189,415	189,317	189,292
3. 2018	XXX	187,555	188,913	188,207	188,257
4. 2019	XXX	XXX	190,851	187,086	186,839
5. 2020	XXX	XXX	XXX	207,007	201,977
6. 2021	XXX	XXX	XXX	XXX	213,867

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	230,778	189,292	1,800	1.0	191,092	82.8	0	0	191,092	82.8
2. 2018	225,262	188,257	1,790	1.0	190,047	84.4	0	0	190,047	84.4
3. 2019	210,411	186,790	1,776	1.0	188,566	89.6	48	0	188,614	89.6
4. 2020	242,920	198,496	1,888	1.0	200,384	82.5	3,481	23	203,888	83.9
5. 2021	237,698	190,735	1,814	1.0	192,549	81.0	23,132	153	215,834	90.8

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	456,006	0	0	0	0	0	456,006	0	0
5. Aggregate write-ins for other policy reserves	3,922,466	2,257,709	0	0	0	0	1,664,757	0	0
6. Totals (gross)	4,378,472	2,257,709	0	0	0	0	2,120,763	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	4,378,472	2,257,709	0	0	0	0	2,120,763	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	45,735	45,735	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	45,735	45,735	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	45,735	45,735	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Risk Adjustment Premium Payable	3,922,466	2,257,709	0	0	0	0	1,664,757	0	0
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	3,922,466	2,257,709	0	0	0	0	1,664,757	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 0 for occupancy of own building)	44,484	10,110	172,576	285	227,455
2. Salary, wages and other benefits	3,403,944	433,908	7,758,516	12,711	11,609,079
3. Commissions (less \$ ceded plus \$ 0 assumed)	0	0	7,349,600	230	7,349,830
4. Legal fees and expenses	15,825	3,596	288,709	102	308,232
5. Certifications and accreditation fees	614	402	6,863	11	7,891
6. Auditing, actuarial and other consulting services	87,982	20,134	324,224	533	432,873
7. Traveling expenses	11,287	2,552	40,916	67	54,822
8. Marketing and advertising	272,330	59,292	1,000,295	1,655	1,333,572
9. Postage, express and telephone	233,546	50,391	816,424	1,337	1,101,698
10. Printing and office supplies	48,149	10,038	149,668	244	208,099
11. Occupancy, depreciation and amortization	28,851	6,557	115,599	0	151,008
12. Equipment	18,000	4,091	69,825	115	92,030
13. Cost or depreciation of EDP equipment and software	246,421	55,987	956,146	23	1,258,578
14. Outsourced services including EDP, claims, and other services	1,698,052	359,871	4,629,365	7,276	6,694,564
15. Boards, bureaus and association fees	20,137	4,492	42,965	64	67,658
16. Insurance, except on real estate	14,341	3,237	54,370	90	72,038
17. Collection and bank service charges	32,130	7,301	124,604	206	164,240
18. Group service and administration fees	108,738	24,000	59,991	26	192,756
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	46,859	10,649	181,764	301	239,573
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	(42,404)	0	(42,404)
23.2 State premium taxes	0	0	818,847	0	818,847
23.3 Regulatory authority licenses and fees	0	0	275,473	134	275,607
23.4 Payroll taxes	0	0	489,130	802	489,932
23.5 Other (excluding federal income and real estate taxes)	0	0	594,323	16	594,339
24. Investment expenses not included elsewhere	8,641	1,964	33,579	20,141	64,324
25. Aggregate write-ins for expenses	18,727	4,254	106,479	74	129,535
26. Total expenses incurred (Lines 1 to 25)	6,359,060	1,072,827	26,417,845	46,444	(a) 33,896,176
27. Less expenses unpaid December 31, current year	0	176,741	1,682,088	0	1,858,829
28. Add expenses unpaid December 31, prior year	0	188,124	1,985,014	0	2,173,137
29. Amounts receivable relating to uninsured plans, prior year	0	0	807,501	0	807,501
30. Amounts receivable relating to uninsured plans, current year	0	0	935,047	0	935,047
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	6,359,060	1,084,209	26,848,317	46,444	34,338,030
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	18,727	4,254	106,479	74	129,535
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	18,727	4,254	106,479	74	129,535

(a) Includes management fees of \$ 20,075,621 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	15,971
1.1 Bonds exempt from U.S. tax	(a)	0
1.2 Other bonds (unaffiliated)	(a)	547,124
1.3 Bonds of affiliates	(a)	0
2.1 Preferred stocks (unaffiliated)	(b)	0
2.11 Preferred stocks of affiliates	(b)	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c)	0
4. Real estate	(d)	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e)	6,051
7. Derivative instruments	(f)	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	583,050	569,145
11. Investment expenses	(g)	45,493
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	952
13. Interest expense	(h)	0
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income	0	0
16. Total deductions (Lines 11 through 15)	46,444	
17. Net investment income (Line 10 minus Line 16)	522,701	
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	0

(a) Includes \$ 62,939 accrual of discount less \$ 310,074 amortization of premium and less \$ 17,810 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
 (e) Includes \$ 3,897 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	264,285	0	264,285	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	264,285	0	264,285	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	51,855	27,667	(24,188)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	146,136	146,136
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	309,390	403,136	93,746
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	122,864	145,404	22,540
25. Aggregate write-ins for other than invested assets	2,212,912	544,665	(1,668,246)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,697,021	1,267,009	(1,430,012)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	2,697,021	1,267,009	(1,430,012)
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Expenses	2,016,535	10,056	(2,006,478)
2502. Prepaid Commissions	122,281	190,292	68,011
2503. Deposits	74,096	344,317	270,221
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,212,912	544,665	(1,668,246)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	7,963	8,477	8,534	8,575	8,595	102,455
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	193	241	257	264	272	3,017
4. Point of Service	25,855	23,615	22,998	23,252	23,136	280,285
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	34,011	32,333	31,789	32,091	32,003	385,757
DETAILS OF WRITE-INS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

STATEMENT AS OF December 31, 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	\$ 6,546,454	\$ (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>6,546,454</u>	\$ <u>(4,256,553)</u>
Surplus					
5. Humana Health Plan of Ohio, Inc.	xxx	xxx	xxx	\$ 43,831,499	\$ 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>43,831,499</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 December 31, 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.

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

D. Impairment Loss

Not Applicable.

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

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from industry market sources.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 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 December 31, 2021:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(415,248)
2. Twelve Months or Longer	\$	(12,048)

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

1. Less than Twelve Months	\$	17,816,307
2. Twelve Months or Longer	\$	258,807

(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.

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	512,650	1,008,972	(496,322)	-	512,650	0.61%	0.63%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 512,650	\$ 1,008,972	\$ (496,322)	-	\$ 512,650	0.61%	0.63%

(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.

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

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

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

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

8. Derivative Instruments

Not Applicable.

9. Income Taxes

A. Deferred Tax Assets/(Liabilities)

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

	December 31, 2021		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 563,885	\$ -	\$ 563,885
b. Statutory valuation allowance adjustments	-	-	0
c. Adjusted gross deferred tax assets	563,885	-	563,885
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	563,885	-	563,885
f. Deferred tax liabilities	(29,318)	(39,391)	(68,709)
g. Net admitted deferred tax asset/(liability)	\$ 534,567	\$ (39,391)	\$ 495,176

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

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ (1,561,726)	\$ (44,331)	\$ (1,606,057)
b. Statutory valuation allowance adjustments	-	44,331	44,331
c. Adjusted gross deferred tax assets	(1,561,726)	-	(1,561,726)
d. Deferred tax assets nonadmitted	146,136	-	146,136
e. Net admitted deferred tax assets	(1,415,590)	-	(1,415,590)
f. Deferred tax liabilities	8,573	(39,391)	(30,818)
g. Net admitted deferred tax asset/(liability)	\$ (1,407,017)	\$ (39,391)	\$ (1,446,408)

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

	December 31, 2021		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 499,056	\$ -	\$ 499,056
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation		14,406	14,406
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date		XXX	14,406
2. Adjusted gross deferred tax assets allowed per limitation threshold		XXX	6,500,448
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities		50,423	50,423
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 563,885	\$ -	\$ 563,885

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	December 31, 2020		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,941,584	\$ -	\$ 1,941,584
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	-	-	-
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	5,754,903
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	37,891	-	37,891
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 1,979,475	\$ -	\$ 1,979,475
	Ordinary	Change Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ (1,442,528)	\$ -	\$ (1,442,528)
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	14,406	-	14,406
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	14,406
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	745,545
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	12,532	-	12,532
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ (1,415,590)	\$ -	\$ (1,415,590)

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

	December 31, 2021	December 31, 2020
a. Ratio percentage used to determine recovery period and threshold limitation amount	564%	494%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	43,336,323	38,366,017

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

	December 31, 2021	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 563,885	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 563,885	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
	December 31, 2020	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 2,125,611	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 1,979,475	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

		Ordinary	Change	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage			
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ (1,561,726)	\$ -	-
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ (1,415,590)	\$ -	-
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		0.00%	0.00%

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

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

C. Current and deferred income taxes

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

	December 31, 2021	December 31, 2020	Change
a. Federal	\$ (752,256)	\$ 1,751,196	\$ (2,503,452)
b. Foreign	-	-	-
c. Subtotal	(752,256)	1,751,196	(2,503,452)
d. Federal income tax on net capital gains	70,533	190,388	(119,855)
e. Utilization of capital loss carryforwards	-	-	-
f. Other	(83,670)	8,034	(91,704)
g. Federal and foreign income taxes incurred	<u>\$ (765,393)</u>	<u>\$ 1,949,618</u>	<u>\$ (2,715,011)</u>

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

DTAs resulting from Book/Tax Differences in:

	December 31, 2021	December 31, 2020	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 231,878	\$ 1,769,365	\$ (1,537,487)
2. Unearned premium reserve	123,711	118,450	5,261
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	72,033	74,017	(1,984)
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	-	-
14. Bad debts	23,694	13,703	9,991
15. Accrued litigation	-	-	-
16. CMS Rx reserve	97,009	77,769	19,240
17. CMS risk corridor -ACA	-	-	-
18. Medicare risk adjustment data	-	-	-
19. Miscellaneous reserves	15,560	72,307	(56,747)
20. Accrued lease	-	-	-
21. Section 197 intangible	-	-	-
22. Premium rebates MER	-	-	-
23. Provider contracts	-	-	-
24. Premium acquisition expense	-	-	-
99. Subtotal	563,885	2,125,611	(1,561,726)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	-	(146,136)	146,136
d. Admitted Ordinary DTAs	<u>563,885</u>	<u>1,979,475</u>	<u>(1,415,590)</u>
e. Capital			
1. Investments	-	44,331	(44,331)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

4. Other	-	-	-
99. Subtotal	-	44,331	(44,331)
f. Statutory valuation allowance adjustment	-	(44,331)	44,331
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	\$ 563,885	\$ 1,979,475	\$ (1,415,590)

DTLs resulting from Book/Tax Differences in:

	December 31, 2021	December 31, 2020	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(4,316)	(4,368)	52
7. Bad debts	-	-	-
8. Reserve transition adjustment	(13,331)	(16,664)	3,333
9. Accrued lease	(11,671)	(16,859)	5,188
99. Subtotal	(29,318)	(37,891)	8,573
b. Capital			
1. Investments	(39,391)	-	(39,391)
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	(39,391)	-	(39,391)
c. DTLs	\$ (68,709)	\$ (37,891)	\$ (30,818)
(4) Net deferred tax asset/(liability)	\$ 495,176	\$ 1,941,584	\$ (1,446,408)

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2021 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 5,781,061	\$ 1,214,023	21.00%
Tax-exempt interest	(73,330)	(15,399)	(0.27%)
Dividends received deduction	-	-	0.00%
Proration	18,332	3,850	0.07%
Meals & entertainment, lobbying expenses, etc.	-	-	0.00%
Statutory valuation allowance adjustment	(211,100)	(44,331)	(0.77%)
Change to nonadmitted assets & deferred tax true-up	(1,576,152)	(330,992)	(5.73%)
Other, including prior year true-up	-	-	0.00%
Total	\$ 3,938,811	\$ 827,151	14.31%
 Federal income taxes incurred [expense/(benefit)]			
Tax on capital gains/(losses)	\$ (835,926)		(14.46%)
Change in net deferred income tax [charge/(benefit)]	70,533		1.22%
Total statutory income taxes	\$ 1,592,544		27.55%
	\$ 827,151		14.31%

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

(1) At December 31, 2021, the Company had no net operating loss carry-forwards.

At December 31, 2021, the Company had no capital loss carry-forwards.

At December 31, 2021, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2020 and 2021 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2020	1,667,526	190,388	1,857,914
2021	-	-	-
Total	\$ 1,667,526	\$ 190,388	\$ 1,857,914

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

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.**NOTES TO THE FINANCIAL STATEMENTS**

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

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2021 CONSOLIDATED FEDERAL INCOME TAX RETURN**CALENDAR YEAR ENDED DECEMBER 31, 2021
AFFILIATIONS SCHEDULE****CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201**

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	ABERDEEN HOLDINGS, INC.	72-2695805
6	ABLE HOME HEALTHCARE, INC.	77-0601595
7	ADVANCED ONCOLOGY SERVICES, INC.	65-0180784
8	ALPINE HOME HEALTH CARE, LLC	36-4473376
9	AMERICAN HOMECARE MANAGEMENT CORP.	11-3306095
10	AMERICAN HOSPICE, INC.	75-2486047
11	AMICUS MEDICAL CENTER, LLC	45-4020797
12	AMICUS MEDICAL GROUP, INC.	27-3974953
13	AMICUS MEDICAL SERVICES ORGANIZATION, LLC	27-1085323
14	ARCADIAN HEALTH PLAN, INC.	20-1001348
15	ASIAN AMERICAN HOME CARE, INC.	94-3247811
16	CAC MEDICAL CENTER HOLDINGS, INC.	30-0117876
17	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
18	CARENNETWORK, INC.	39-1514846
19	CAREPLUS HEALTH PLANS, INC.	59-2598550
20	CARITEN HEALTH PLAN INC.	62-1579044
21	CENTERWELL CARE SOLUTIONS, INC. (f/k/a PRIMARY CARE MANAGEMENT, INC.)	85-0858631
22	CENTERWELL SENIOR PRIMARY CARE (FL), INC. (f/k/a FAMILY PHYSICIANS OF WINTER PARK, INC.)	59-3164234
23	CENTERWELL SENIOR PRIMARY CARE (KS), P.A. (f/k/a PARTNERS IN PRIMARY CARE (KS), P.A.)	30-1236218
24	CENTERWELL SENIOR PRIMARY CARE (MO), P.C. (f/k/a PARTNERS IN PRIMARY CARE (MO), P.C.)	85-3676937
25	CENTERWELL SENIOR PRIMARY CARE (NC), P.C. (f/k/a PARTNERS IN PRIMARY CARE (NC), P.C.)	82-1926920
26	CENTERWELL SENIOR PRIMARY CARE (SC), P.C. (f/k/a PARTNERS IN PRIMARY CARE (SC), P.C.)	85-3577914
27	CENTRAL ARIZONA HOME HEALTH CARE, INC.	86-0714789
28	CH SERVICES GROUP HOLDINGS, INC.	47-3061031
29	CH SERVICES HOLDINGS, INC.	47-3083265
30	CH SERVICES MIDCO HOLDINGS, INC.	47-3083393
31	CHA HMO, INC.	61-1279717
32	CHAPARRAL HOSPICE, INC.	35-2224605
33	CHARLOTTE BUYER, INC.	82-5266576
34	COMPASS HOSPICE, INC.	27-0001235
35	COMPBENEFITS COMPANY	59-2531815
36	COMPBENEFITS CORPORATION	04-3185995
37	COMPBENEFITS DENTAL, INC.	36-3686002
38	COMPBENEFITS DIRECT, INC.	58-2228851
39	COMPBENEFITS INSURANCE COMPANY	74-2552026
40	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
41	CONTINUCARE CORPORATION	59-2716023
42	CONVIVA HEALTH MANAGEMENT, LLC	46-5329373
43	CONVIVA HEALTH MSO OF TEXAS, INC.	46-1225873
44	CONVIVA MEDICAL CENTER MANAGEMENT OF TEXAS, P.A.	47-1161014
45	CURO HEALTH SERVICES HOLDINGS, INC.	27-3569032

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

46	CURO TEXAS HOLDINGS, LLC	46-3096415
47	CURO UTAH HOME CARE, INC.	27-3500910
48	CURO UTAH HOSPICE, INC.	27-3500790
49	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
50	DENTICARE, INC.	76-0039628
51	EAGLE RX HOLDCO, INC.	47-1407967
52	EAGLE RX, INC.	47-1416614
53	EDGE HEALTH MSO, INC.	84-2214810
54	EDGE HEALTH, P.C.	84-2752906
55	EMPHESYS INSURANCE COMPANY	31-0935772
56	EMPHESYS, INC.	61-1237697
57	ENCLARA PHARMACIA, INC.	23-3068914
58	FHI GP, INC.	75-2588220
59	FHI HEALTH SYSTEMS, INC.	75-2588219
60	FHI LP, INC.	88-0335145
61	FIRST HOME HEALTH, INC.	55-0750157
62	FOCUS CARE HEALTH RESOURCES, INC.	75-2784006
63	FPG ACQUISITION CORP.	81-3802918
64	FPG ACQUISITION HOLDINGS CORP.	81-3819187
65	FPG HOLDING COMPANY, LLC	32-0505460
66	GBA HOLDING, INC.	75-2855493
67	GENERATIONS HOSPICE SERVICE CORPORATION	42-1581419
68	GENTIVA CERTIFIED HEALTHCARE CORP.	11-2645333
69	GENTIVA HEALTH SERVICES (CERTIFIED), INC.	11-3454105
70	GENTIVA HEALTH SERVICES HOLDING CORP.	11-3454104
71	GENTIVA HEALTH SERVICES, INC.	36-4335801
72	GENTIVA SERVICES OF NEW YORK, INC.	11-2802024
73	GILBERT'S HOME HEALTH AGENCY, INC.	64-0730826
74	GIRLING HEALTH CARE SERVICES OF KNOXVILLE, INC.	62-1406895
75	GIRLING HEALTH CARE, INC.	74-2115034
76	GUIDANTRX, INC.	39-1789830
77	HARRIS, ROTHENBERG INTERNATIONAL INC.	27-1649291
78	HAWKEYE HEALTH SERVICES, INC.	42-1285486
79	HEALTH VALUE MANAGEMENT, INC.	61-1223418
80	HHS HEALTHCARE CORP.	90-0527683
81	HOME HEALTH CARE AFFILIATES OF MISSISSIPPI, INC.	62-1775256
82	HOME HEALTH CARE AFFILIATES, INC.	74-2737989
83	HOME HEALTH OF RURAL TEXAS, INC.	75-2374091
84	HOME HEALTH SERVICES, INC.	87-0494759
85	HOME CARE HOLDINGS, INC.	65-0837269
86	HORIZON HEALTH CARE SERVICES, INC.	76-0456316
87	HOSPICE FAMILY CARE, INC.	86-0710921
88	HOUSE CALL DOCTORS, INC.	20-3811538
89	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
90	HUMANA AT HOME (DALLAS), INC.	75-2739333
91	HUMANA AT HOME (HOUSTON), INC.	76-0537878
92	HUMANA AT HOME (SAN ANTONIO), INC	01-0766084
93	HUMANA AT HOME (TLC), INC.	75-2600512
94	HUMANA AT HOME 1, INC.	65-0274594
95	HUMANA AT HOME, INC.	13-4036798
96	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
97	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
98	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865
99	HUMANA DENTAL COMPANY	59-1843760
100	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.	80-0072760
101	HUMANA DIRECT CONTRACTING ENTITY, INC.	85-3099097
102	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC.	46-4912173
103	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
104	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
105	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
106	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
107	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
108	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
109	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
110	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
111	HUMANA HEALTH PLAN, INC.	61-1013183
112	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
113	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
114	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

115	HUMANA INSURANCE COMPANY	39-1263473
116	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
117	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
118	HUMANA MARKETPOINT, INC.	61-1343508
119	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
120	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
121	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
122	HUMANA MEDICAL PLAN, INC.	61-1103898
123	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
124	HUMANA PHARMACY, INC.	61-1316926
125	HUMANA REAL ESTATE COMPANY	20-1724127
126	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
127	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
128	HUMANADENTAL INSURANCE COMPANY	39-0714280
129	HUMANADENTAL, INC.	61-1364005
130	HUMCO, INC.	61-1239538
131	HUM-E-FL, INC.	61-1383567
132	INDEPENDENT CARE HEALTH PLAN	39-1769093
133	INTEGRACARE HOLDINGS, INC.	20-8781607
134	INTEGRACARE HOME HEALTH SERVICES, INC.	75-2865632
135	INTEGRACARE INTERMEDIATE HOLDINGS, INC.	20-8781715
136	ISIDORA'S HEALTH CARE, INC.	65-1285069
137	KAH DEVELOPMENT 16, INC.	87-0548601
138	KENTUCKY HOMECARE HOLDINGS, INC.	82-3695166
139	KENTUCKY HOMECARE PARENT INC.	82-3986306
140	KSOC HOLDINGS, INC.	80-0766080
141	LOVING PEACE HOSPICE, INC.	47-1818578
142	MANAGED CARE INDEMNITY, INC.	61-1232669
143	MED. TECH. SERVICES OF SOUTH FLORIDA, INC.	65-0277280
144	MEDICAL ADVOCATE HEALTHCARE SERVICES CORPORATION	27-2932981
145	MEDICAL CARE CONSORTIUM INCORPORATED OF TEXAS	27-4379634
146	MED-TECH SERVICES OF DADE, INC.	65-1033439
147	MED-TECH SERVICES OF PALM BEACH, INC.	65-0644307
148	METCARE OF FLORIDA, INC.	65-0879131
149	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
150	MISSOURI HOME CARE OF ROLLA, INC.	43-1317147
151	NEW CENTURY HOSPICE, INC.	20-5435710
152	NEW YORK HEALTHCARE SERVICES, INC.	22-2695367
153	NURSING CARE-HOME HEALTH AGENCY, INC.	55-0633030
154	ODYSSEY HEALTHCARE HOLDING COMPANY	75-2925311
155	ODYSSEY HEALTHCARE MANAGEMENT, LP	75-2923658
156	ODYSSEY HEALTHCARE OPERATING A, LP	75-2752908
157	ODYSSEY HEALTHCARE, INC.	43-1723043
158	OHS SERVICE CORP.	22-3690699
159	PBM HOLDING COMPANY	61-1340806
160	PBM PLUS MAIL SERVICE PHARMACY, LLC	20-2373204
161	PHH ACQUISITION CORP.	20-5043135
162	PHHC ACQUISITION CORP.	38-3784032
163	PHP COMPANIES, INC.	62-1552091
164	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
165	QC-MEDI NEW YORK, INC.	11-2750425
166	QUALITY CARE - USA, INC.	11-2256479
167	REGENCY HOSPICE OF NORTHWEST FLORIDA, INC.	26-3437769
168	ROHC, L.L.C.	75-2844854
169	SENIOR HOME CARE, INC.	59-3080333
170	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
171	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
172	SHC HOLDING, INC.	42-1699530
173	SOUTHERN NEVADA HOME HEALTH CARE, INC.	87-0494757
174	SOUTHERNCARE HOLDINGS, INC.	48-1288826
175	SOUTHERNCARE, INC.	16-1645414
176	SUN BROOK HOME CARE, LLC	06-1810593
177	SYNERGY HOME CARE-ACADIANA REGION, INC.	72-1487473
178	SYNERGY HOME CARE-CAPITOL REGION, INC.	20-1376846
179	SYNERGY HOME CARE-CENTRAL REGION, INC.	36-4516940
180	SYNERGY HOME CARE-NORTHEASTERN REGION, INC.	72-1178497
181	SYNERGY HOME CARE-NORTHSHORE REGION, INC.	72-1223659
182	SYNERGY HOME CARE-NORTHWESTERN REGION, INC.	72-1431394
183	SYNERGY HOME CARE-SOUTHEASTERN REGION, INC.	72-1429305

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

184	SYNERGY, INC.	93-3419676
185	TEXAS DENTAL PLANS, INC.	74-2352809
186	THE AMERICAN HEARTLAND HOSPICE CORP.	43-1697602
187	THE DENTAL CONCERN, INC.	52-1157181
188	THE HOME OPTION, LLC	26-2527353
189	THE HOME TEAM OF KANSAS LLC	74-3052911
190	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
191	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
192	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
193	US HOUSE CALL PRACTITIONERS, INC.	47-2064816
194	VAN WINKLE HOME HEALTH CARE, INC.	62-1669388
195	VOYAGER HOME HEALTH, INC.	26-1501792
196	VOYAGER HOSPICECARE, INC.	20-1173787

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

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-B. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2021 and 2020 were \$19,197,129 and \$23,022,985, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

In the ordinary course of business, the Company also directly contracts with related parties to provide services that are routine in nature to its members. The administrative services, access fees, and cost of care services provided are determined within each individual agreement. The following table identifies the amount for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2021 and 2020, which meet the disclosure requirements pursuant to SSAP No. 25, *Affiliate and Other Related Parties* (SSAP No. 25):

	2021	2020
Go365, LLC	\$ 1,227,907	\$ 1,331,916
Total	<hr/> <u>\$ 1,227,907</u>	<hr/> <u>\$ 1,331,916</u>

In addition to the related parties above, the Company also has a contracted relationship with Humana Pharmacy Solutions, Inc. (HPS). HPS is responsible for designing pharmacy benefits, including defining member co-share responsibilities, determining formulary listings, contracting with retail pharmacies, confirming member eligibility, reviewing drug utilization, and processing claims for Humana entities. HPS has various contracts with pharmacy manufacturers to provide the Company with purchase discounts and volume rebates on certain prescription drugs utilized by its members. The Company has an agreement with HPS to collect pharmacy rebates on its behalf and remit them to the Company on a monthly basis. The Company had \$57,395,241 and \$55,576,652 of administrative service and prescription costs in 2021 and 2020, respectively, with HPS. The prescription costs included in fees paid to HPS are gross of the pharmacy rebates that the Company receives, see Footnote 28, and also includes payments for Medicare Part D claims that CMS reimburses the Company for through the Coverage Gap, Low Income and Reinsurance subsidies.

Included in the payments to HPS are also costs incurred from Humana Pharmacy, Inc. Humana Pharmacy, Inc. provides covered members with prescription services through use of the mail order as well as brick and mortar locations. These services are limited to maintenance medication prescription drug and allied services and supplies normally provided to the general public in the ordinary course of pharmacy business. The Company had \$18,849,790 and \$18,530,150 of prescription costs in 2021 and 2020, respectively, with Humana Pharmacy, Inc.

No dividends or returns of capital were paid by the Company as of December 31, 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 December 31, 2021, the Company reported \$15,982,975 due from Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. Not Applicable.

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

O. SCA Loss Tracking

Not Applicable.

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

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

Humana Inc.’s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$257,039,906 and \$233,856,665 for the years ended December 31, 2021 and 2020, respectively. As of December 31, 2021 and 2020, the fair market value of the Humana Retirement Savings Plan’s assets was \$7,333,284,462 and \$6,280,051,531, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

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

B. The Company has no preferred stock outstanding.

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

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

No dividends or returns of capital were paid by the Company as of December 31, 2021.

- 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.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of December 31, 2021.

15. Leases

A. Lessee Operating Lease

- (1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to three years. Operating lease rental payments charged to expenses for the years ended December 31, 2021 and 2020 was \$75,037 and \$73,189, respectively.
- (2) Noncancelable Lease Terms:
 - a) At January 1, 2022, the minimum aggregate rental commitments are as follows:

Year ending December 31,

2022	\$ 76,925
2023	78,855
2024	19,835
2025	-
2026	-
Thereafter	-
Total Minimum Lease Payments	<u>\$ 175,615</u>

- b) Certain rental commitments have renewal options extending through the year 2024. Some of these renewals are subject to adjustments in future periods.

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

B. Lessor Leases

Not Applicable.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of December 31, 2021, the Company has recorded a receivable from CMS of \$935,047 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at December 31, 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 December 31, 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 December 31, 2021.

(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

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 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	\$ 50,334,049	\$ 50,199,686	\$ 1,999,960	\$ 48,334,089	\$ -	\$ -	\$ -

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. Finally, changes in utilization patterns and actions taken in 2020 and 2021 as a result of the COVID-19 pandemic, including the suspension of certain financial recovery programs for a period of time and shifting the timing of claim payments and provider capitation surplus payments, impacted claim reserve development and operating cash flows for 2020 and 2021.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

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

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

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

(3) Direct exposure through other investments:

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

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NOTES TO THE FINANCIAL STATEMENTS

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

The Company does not have sub-prime mortgage risk.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 24, 2022 for the Statutory Statement issued on February 24, 2022.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

STATEMENT AS OF December 31, 2021 OF Humana Health Plan of Ohio, Inc.**NOTES TO THE FINANCIAL STATEMENTS****24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

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

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

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

C. The amount of net premiums written by the Company at December 31, 2021 that are subject to retrospective rating features was \$237,697,140, 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)	\$ 1,061,738	
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 4,236	
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	\$ 1,807,580	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 8,781	
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ -	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -	
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -	
Operations (Revenues & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ -	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -	
9. ACA Reinsurance contributions – not reported as ceded premiums	\$ -	
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors	\$ -	
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -	
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income	\$ -	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -	

STATEMENT AS OF December 31, 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)			
Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	1	2	3	4	5	6	7	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)

a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	191,371		1,466,800		(1,275,429)		1,275,429		A.		
2. Premium adjustments (payables) (including high risk pool premium)		(3,094,704)		(1,366,581)		(1,728,123)		(529,586)	B.		(2,257,709)
3. Subtotal ACA Permanent Risk Adjustment Program	191,371	(3,094,704)	1,466,800	(1,366,581)	(1,275,429)	(1,728,123)	1,275,429	(529,586)			(2,257,709)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid											
2. Amounts recoverable for claims unpaid (contra liability)											
3. Amounts receivable relating to uninsured plans											
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium											
5. Ceded reinsurance premiums payable											
6. Liability for amounts held under uninsured plans											
7. Subtotal ACA Transitional Reinsurance Program											
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium											
2. Reserve for rate credits or policy experience rating refunds											
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions	191,371	(3,094,704)	1,466,800	(1,366,581)	(1,275,429)	(1,728,123)	1,275,429	(529,586)			(2,257,709)

Explanations of adjustments

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

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

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

Not Applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date

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 December 31, 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 December 31, 2021, \$15,516,960 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,543,883 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,823,801 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 \$1,823,801 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	\$ 5,877,662	\$ 5,877,662	\$ -	\$ -	\$ -
9/30/2021	4,810,187	5,308,124	5,260,298	-	-
6/30/2021	5,462,417	5,817,839	5,751,817	22,910	-
3/31/2021	4,373,942	4,906,040	4,876,667	-	-
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	31,328
12/31/2019	2,658,492	2,658,492	2,627,019	-	31,473
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

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000049071

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2020

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/25/2017

3.4 By what department or departments?
Wisconsin Office of the Commissioner of Insurance and 12 other states in a coordinated audit

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
7.21 State the percentage of foreign control; 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
 Not Applicable.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]
 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:

 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:

 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain

 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Vanessa Olson, Appointed Actuary, 500 West Main Street, Louisville, KY 40202
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved 0
 12.13 Total book/adjusted carrying value \$ 0
 12.2 If, yes provide explanation:

 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 Not Applicable.
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.
 14.11 If the response to 14.1 is No, please explain:

 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 Ethics Every Day was amended in June 2021 to update content based on operational and regulatory changes, clarify content where necessary and perform general document maintenance.
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ 0
20.12 To stockholders not officers.....	\$ 0
20.13 Trustees, supreme or grand (Fraternal Only).....	\$ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ 0
20.22 To stockholders not officers.....	\$ 0
20.23 Trustees, supreme or grand (Fraternal Only).....	\$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

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

21.21 Rented from others.....	\$ 0
21.22 Borrowed from others.....	\$ 0
21.23 Leased from others	\$ 0
21.24 Other	\$ 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$	0
22.22 Amount paid as expenses	\$ 0
22.23 Other amounts paid	\$ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 15,982,975

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

INVESTMENT

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 N/A

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

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

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

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

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

26.21 Subject to repurchase agreements	\$ 0
26.22 Subject to reverse repurchase agreements	\$ 0
26.23 Subject to dollar repurchase agreements	\$ 0
26.24 Subject to reverse dollar repurchase agreements	\$ 0
26.25 Placed under option agreements	\$ 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
26.27 FHLB Capital Stock	\$ 0
26.28 On deposit with states	\$ 512,650
26.29 On deposit with other regulatory bodies	\$ 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
26.32 Other	\$ 0

26.3 For category (26.26) provide the following:

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

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

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

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

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

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108	Yes [] No []
27.42 Permitted accounting practice	Yes [] No []
27.43 Other accounting guidance	Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

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

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

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC	U.....
W. Mark Preston	I.....

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	37,783,046	37,917,409	134,363
31.2 Preferred stocks	0	0	0
31.3 Totals	37,783,046	37,917,409	134,363

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

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

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

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

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

.....

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

33.2 If no, list exceptions:

.....

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

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

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

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

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

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

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

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

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

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES**OTHER**

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

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

1 Name	2 Amount Paid
.....

39.1 Amount of payments for legal expenses, if any?\$229,656

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

1 Name	2 Amount Paid
BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP	189,916

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

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

1 Name	2 Amount Paid
.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0				
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0				
1.31	Reason for excluding					
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ 0				
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ 0				
1.6	Individual policies:	Most current three years: 1.61 Total premium earned \$ 0 1.62 Total incurred claims \$ 0 1.63 Number of covered lives 0 All years prior to most current three years: 1.64 Total premium earned \$ 0 1.65 Total incurred claims \$ 0 1.66 Number of covered lives 0				
1.7	Group policies:	Most current three years: 1.71 Total premium earned \$ 0 1.72 Total incurred claims \$ 0 1.73 Number of covered lives 0 All years prior to most current three years: 1.74 Total premium earned \$ 0 1.75 Total incurred claims \$ 0 1.76 Number of covered lives 0				
2.	Health Test:	<table border="0"> <tr> <td style="width: 50px;">1</td> <td style="width: 50px;">2</td> </tr> <tr> <td>Current Year</td> <td>Prior Year</td> </tr> </table>	1	2	Current Year	Prior Year
1	2					
Current Year	Prior Year					
2.1	Premium Numerator	237,697,140 242,919,678				
2.2	Premium Denominator	237,697,140 242,919,678				
2.3	Premium Ratio (2.1/2.2)1.0001.000				
2.4	Reserve Numerator	31,039,371 36,286,914				
2.5	Reserve Denominator	31,039,371 36,286,914				
2.6	Reserve Ratio (2.4/2.5)1.0001.000				
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
3.2	If yes, give particulars:					
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
5.2	If no, explain: Stop-Loss Reinsurance is not required					
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical \$ 0 5.32 Medical Only \$ 0 5.33 Medicare Supplement \$ 0 5.34 Dental & Vision \$ 0 5.35 Other Limited Benefit Plan \$ 0 5.36 Other \$ 0				
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Provider contracts include hold harmless and continuation of benefits provisions. Insurer has an indemnity agreement with the parent company.					
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
7.2	If no, give details					
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 51,434 8.2 Number of providers at end of reporting year 52,291				
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]				
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months...\$ 1,898,982 9.22 Business with rate guarantees over 36 months \$ 0				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []

10.2 If yes: 10.21 Maximum amount payable bonuses..... \$ 2,174,310
10.22 Amount actually paid for year bonuses..... \$ 761,167
10.23 Maximum amount payable withholds..... \$ 0
10.24 Amount actually paid for year withholds..... \$ 011.1 Is the reporting entity organized as: 11.12 A Medical Group/Staff Model, Yes [] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
11.14 A Mixed Model (combination of above)? Yes [] No [X]11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio 3929.011 & 3929.01; 3903.8311.4 If yes, show the amount required. \$ 23,054,145
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]11.6 If the amount is calculated, show the calculation
See RBC calculation or state regulation.

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

1 Name of Service Area	
IN - Medicare - Statewide	Commercial - Dearborn, Franklin, Ohio, Ripley, Union
KY - Medicare - Statewide	Commercial - Statewide
OH - Medicare - Adams, Allen, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Darke, Delaware, Erie, Fairfield, Franklin, Geauga, Greene, Hamilton, Highland, Lake, Licking, Lorain, Lucas, Mahoning, Medina, Miami, Montgomery, Muskingum, Ottawa, Portage, Preble, Sandusky, Seneca, Stark, Summit, Trumbull, Union, Warren, Wayne, Wood	Commercial - Allen, Adams, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Darke, Delaware, Erie, Fairfield, Franklin, Geauga, Greene, Hamilton, Highland, Lake, Licking, Lorain, Lucas, Mahoming, Medina, Miami, Montgomery, Muskingum, Ottawa, Portage, Preble, Sandusky, Seneca, Stark, Summit, Trumbull, Union, Warren, Wayne, Wood

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \$ 0
15.2 Total Incurred Claims \$ 0
15.3 Number of Covered Lives 0

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	81,207,458	82,513,573	65,492,580	91,558,733	160,919,407
2. Total liabilities (Page 3, Line 24)	37,375,959	42,205,972	32,693,466	29,772,610	47,733,768
3. Statutory minimum capital and surplus requirement	23,054,145	23,299,134	23,810,418	23,942,904	22,741,989
4. Total capital and surplus (Page 3, Line 33)	43,831,499	40,307,601	32,799,114	61,786,123	113,185,639
Income Statement (Page 4)					
5. Total revenues (Line 8)	237,697,140	243,410,362	209,920,451	225,262,228	230,778,300
6. Total medical and hospital expenses (Line 18)	206,164,639	201,069,586	192,434,068	184,224,826	179,359,493
7. Claims adjustment expenses (Line 20)	7,431,886	7,486,658	7,078,754	7,731,988	8,617,649
8. Total administrative expenses (Line 21)	26,417,845	30,929,752	26,439,141	31,985,614	27,262,807
9. Net underwriting gain (loss) (Line 24)	4,994,075	(3,345,674)	(15,775,512)	3,114,800	13,673,351
10. Net investment gain (loss) (Line 27)	716,453	848,350	1,306,737	1,408,723	2,257,454
11. Total other income (Lines 28 plus 29)	0	1	(10,869)	(1,473)	(1,079,352)
12. Net income or (loss) (Line 32)	6,546,454	(4,256,553)	(11,762,817)	5,396,656	8,801,510
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(2,083,123)	5,488,819	3,144,175	(9,948,495)	(9,256,946)
Risk-Based Capital Analysis					
14. Total adjusted capital	43,831,499	40,307,601	32,799,114	61,786,123	113,185,639
15. Authorized control level risk-based capital	7,684,715	7,766,378	7,936,806	7,980,968	7,580,663
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	32,003	34,011	37,353	44,017	51,137
17. Total members months (Column 6, Line 7)	385,757	421,659	458,657	574,700	612,655
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.7	82.6	91.7	81.8	77.7
20. Cost containment expenses	2.7	2.6	2.8	2.8	3.2
21. Other claims adjustment expenses	0.5	0.5	0.5	0.6	0.5
22. Total underwriting deductions (Line 23)	97.9	101.4	107.5	98.6	94.1
23. Total underwriting gain (loss) (Line 24)	2.1	(1.4)	(7.5)	1.4	5.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	18,872,719	14,241,512	18,196,172	14,929,817	42,043,262
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	20,696,520	16,637,705	13,797,739	15,387,938	50,659,465
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

Yes [] No []

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		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	107,504,311	0	0	0	0	0	107,504,311	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	127,010,999	(228,550)	0	0	1,602,799	0	128,385,249	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	1,807,580	0	0	0	0	0	1,807,580	0
59. Subtotal		XXX	128,818,579	107,275,762	0	0	1,602,799	0	237,697,140	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0	0
61. Totals (Direct Business)		XXX	128,818,579	107,275,762	0	0	1,602,799	0	237,697,140	0
DETAILS OF WRITE-INS										
58001. ACA Support Programs		XXX	1,807,580	0	0	0	0	0	1,807,580	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	1,807,580	0	0	0	0	0	1,807,580	0

(a) Active Status Counts:

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

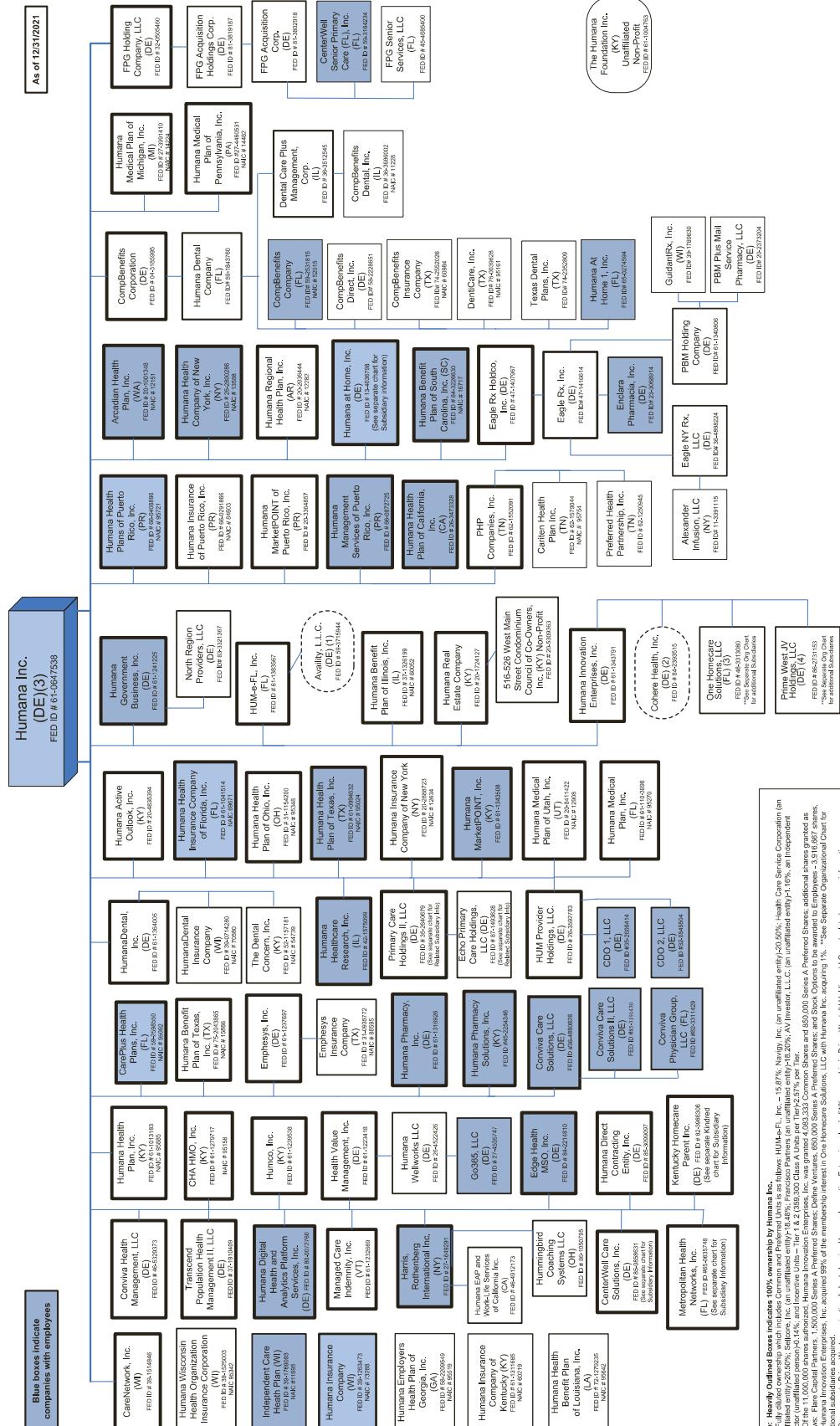
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0

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

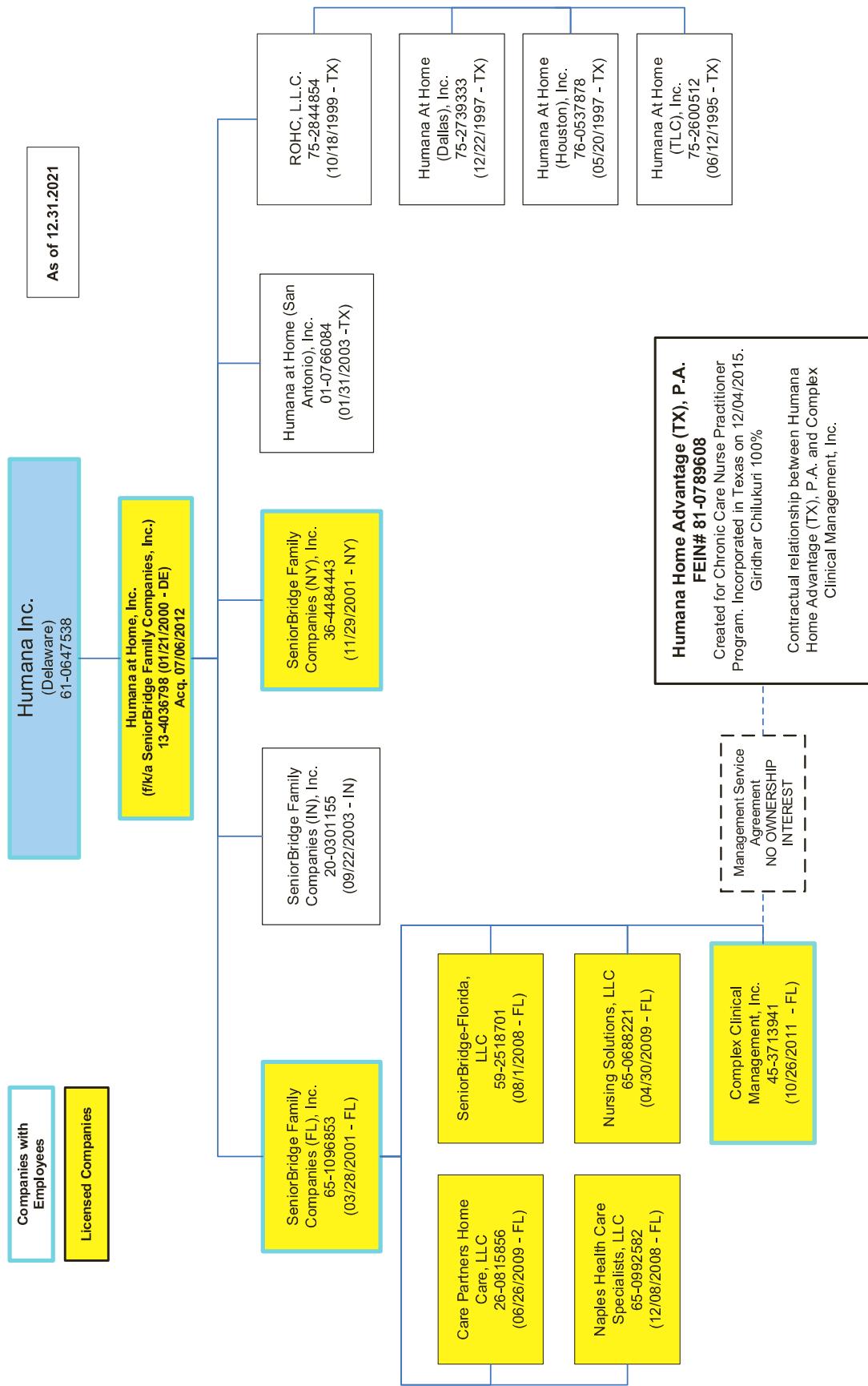
(b) Explanation of basis of allocation by states, premiums by state, etc.

The Company reports premium based on the situs of the contract

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Humana Health Plan of Ohio Inc.



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As of 12/31/2021

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

Transcend Population Health Management II, LLC
(DE)
FED ID # 37-1910409

Transcend Community Physician Network, P.C.
(AL)
FED ID # 47-22750105

Primary Care Holdings II, LLC
(DE)
FED ID# 35-2640679

Edge Health MSO, Inc.
(DE)
FEIN# 84-2214810

METROPOLITAN HEALTH NETWORKS, INC.
(FL)
FEIN # 65-0635748

**No Ownership Interest
Contractual Relationship
with Professional
Associations below.**

Transcend Community Physician Network (AR), P.A.
(AR)
FED ID # 47-22770181

**No Ownership Interest
Contractual Relationship
with Professional
Associations below.**

Conviva Care Solutions, LLC
(DE)
FEIN # 36-4880828

Transcend Community Physician Network (KS), P.A.
(KS)
FED ID # 47-2111323

Pharaoh JV, LLC
(DE)
FED ID – 83-2136817
Merger Planned for Q3

CenterWell Senior Primary Care (NC), P.C.
(North Carolina)
FEIN# 82-1926920

Conviva Physician Group, LLC
(DE)
FEIN # 82-3311429

Transcend Community Physician Network (AR), P.A.
(AR)
FED ID # 47-22770181

CenterWell Senior Primary Care (KS), P.A.
(Kansas)
FEIN# 30-1236218

CenterWell Senior Primary Care (SC), P.C.
(South Carolina)
FEIN# 85-35777914

Conviva Care Solutions II, LLC
(DE)
FED ID # 85-3191430

Transcend Community Physician Network (KS), P.A.
(KS)
FED ID # 47-2111323

CenterWell Senior Primary Care (MO), P.C.
(Missouri)
FEIN# 85-3676937

CenterWell Senior Primary Care (SC), P.C.
(South Carolina)
FEIN# 85-35777914

Conviva Speciality, LLC
(FL)
FEIN # 81-2957926

Transcend Community Physician Network (AR), P.A.
(AR)
FED ID # 47-22770181

Conviva Health Management, LLC
(DE)
FED ID # 46-5329373

Conviva Health Management of Texas, P.A.
(TX)
FEIN# 47-1161014

Conviva Health Center Management of Texas, P.A.
(TX)
FEIN # 46-1846260

Transcend Community Physician Network (AR), P.A.
(AR)
FED ID # 45-4020797

Conviva Medical Center Management, LLC
(FL)
FEIN # 27-1085323

Amicus Medical Center LLC
(FL)
FEIN# 45-4020797

Amicus Medical Group, Inc.
(FL)
FEIN# 27-3974953

Physician Ownership of PAs and PCs

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

Green Boxes indicate
companies licensed with
AHCA

Blue boxes indicate
companies with employees

Conviva Health MSO of Texas, Inc.
(DE)
FEIN# 46-1225373

**No Ownership Interest
Contractual Relationship
with Professional
Associations below.**

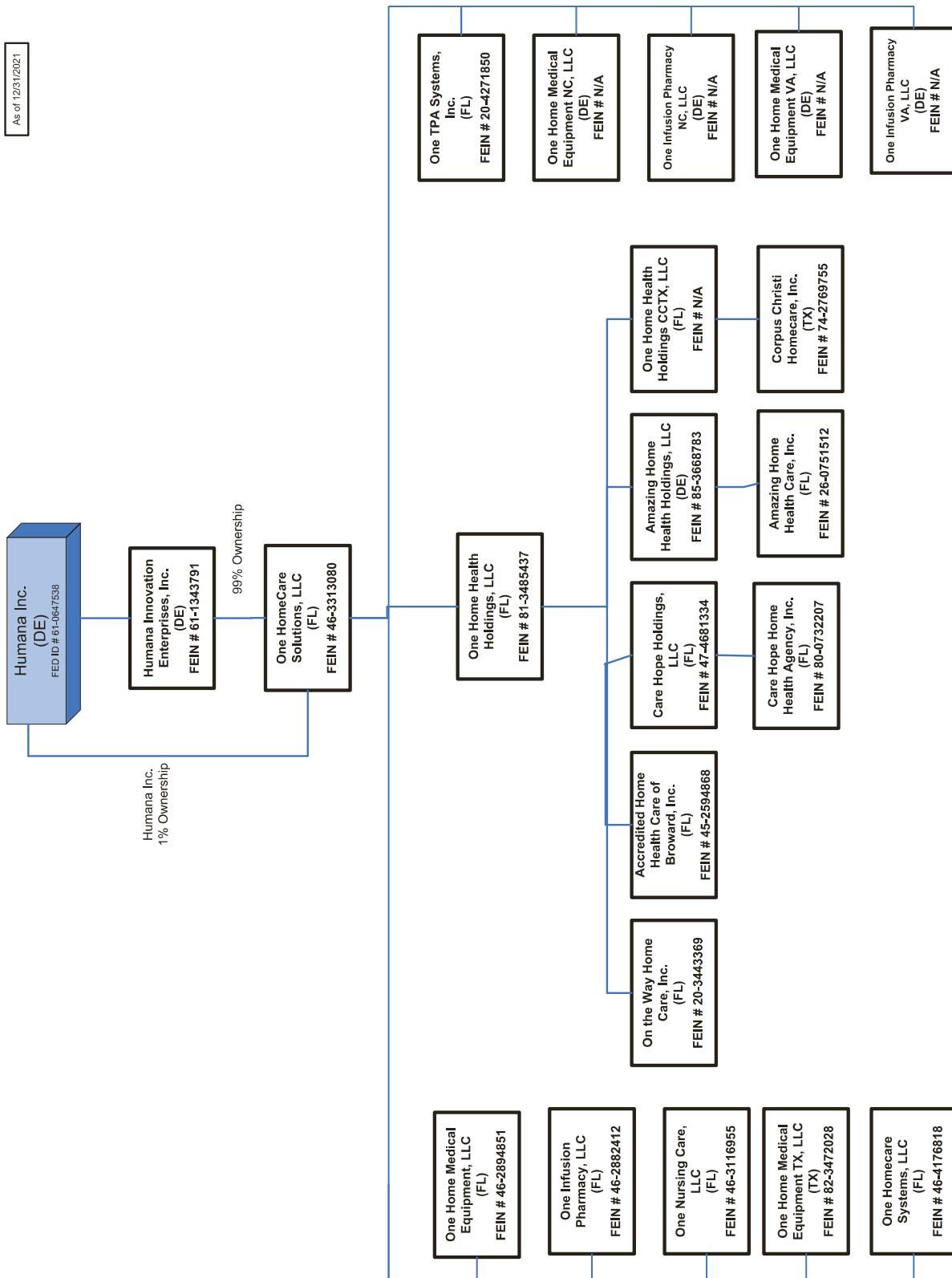
Conviva Health Center Management of Texas, P.A.
(TX)
FEIN # 47-1161014

Conviva Health Management, LLC
(FL)
FEIN # 27-1085323

Conviva Health Center Management of Texas, P.A.
(TX)
FEIN # 46-1846260

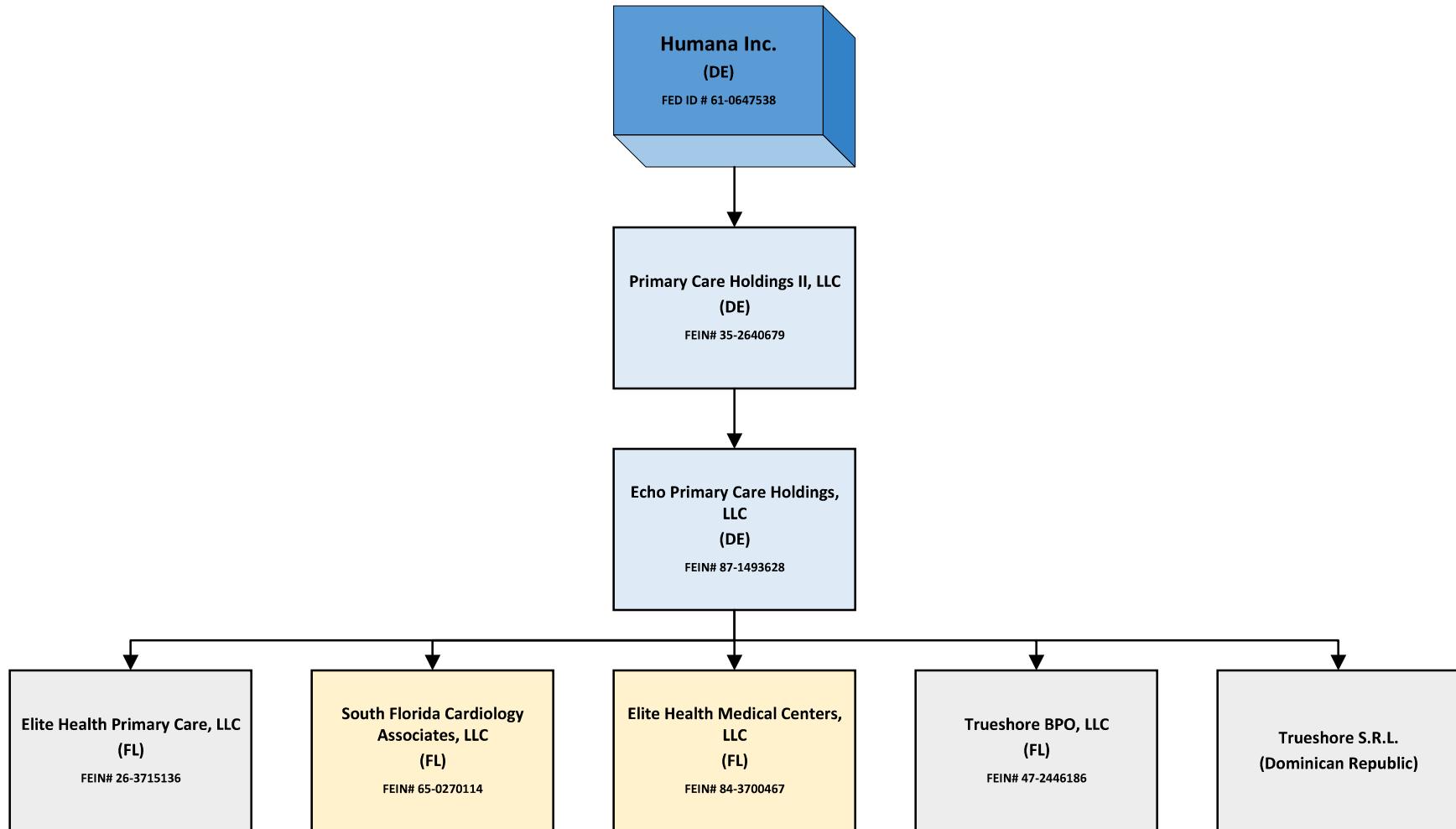
Conviva Health Management, LLC
(FL)
FEIN # 27-3974953

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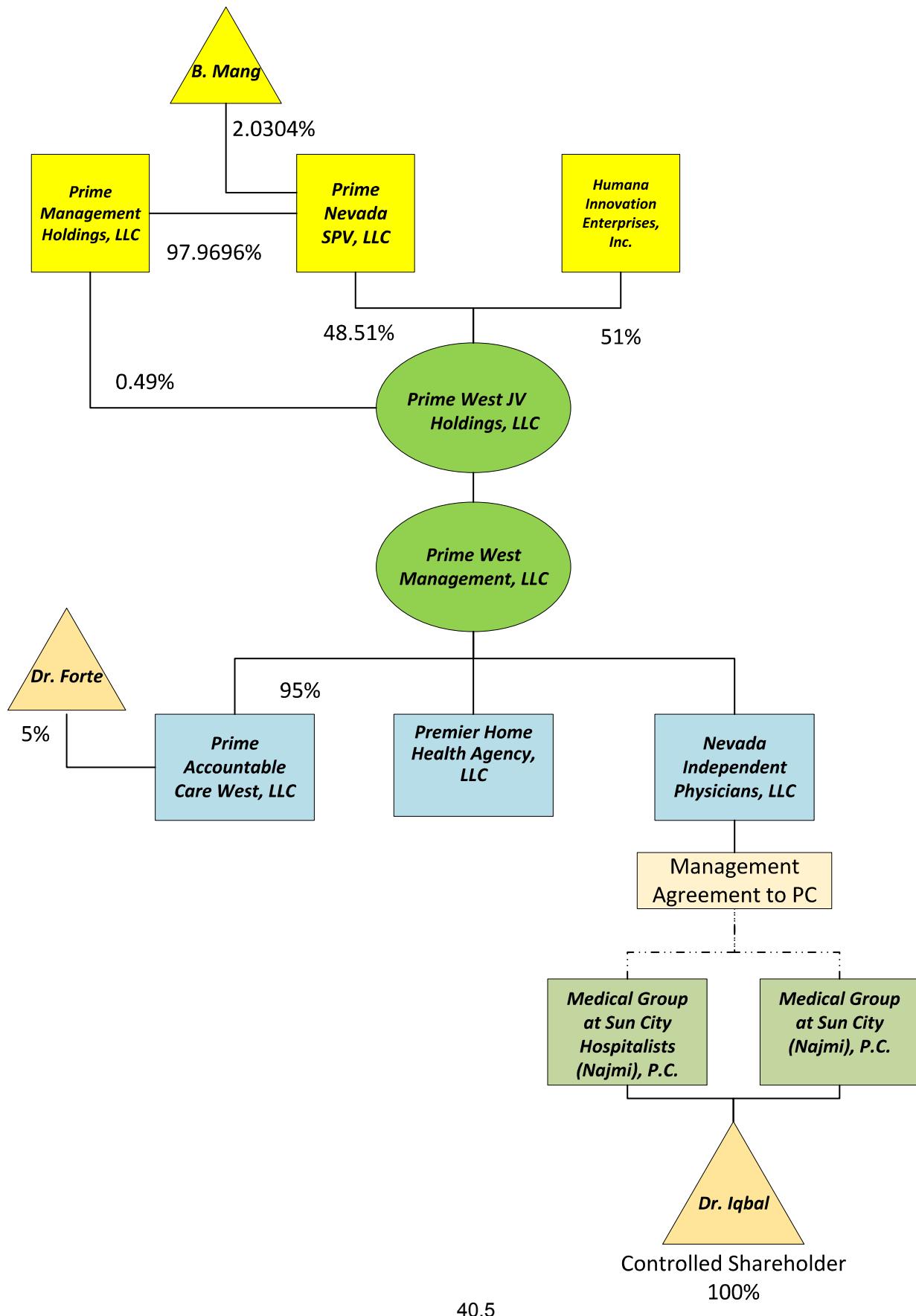


As of 12/31/2021

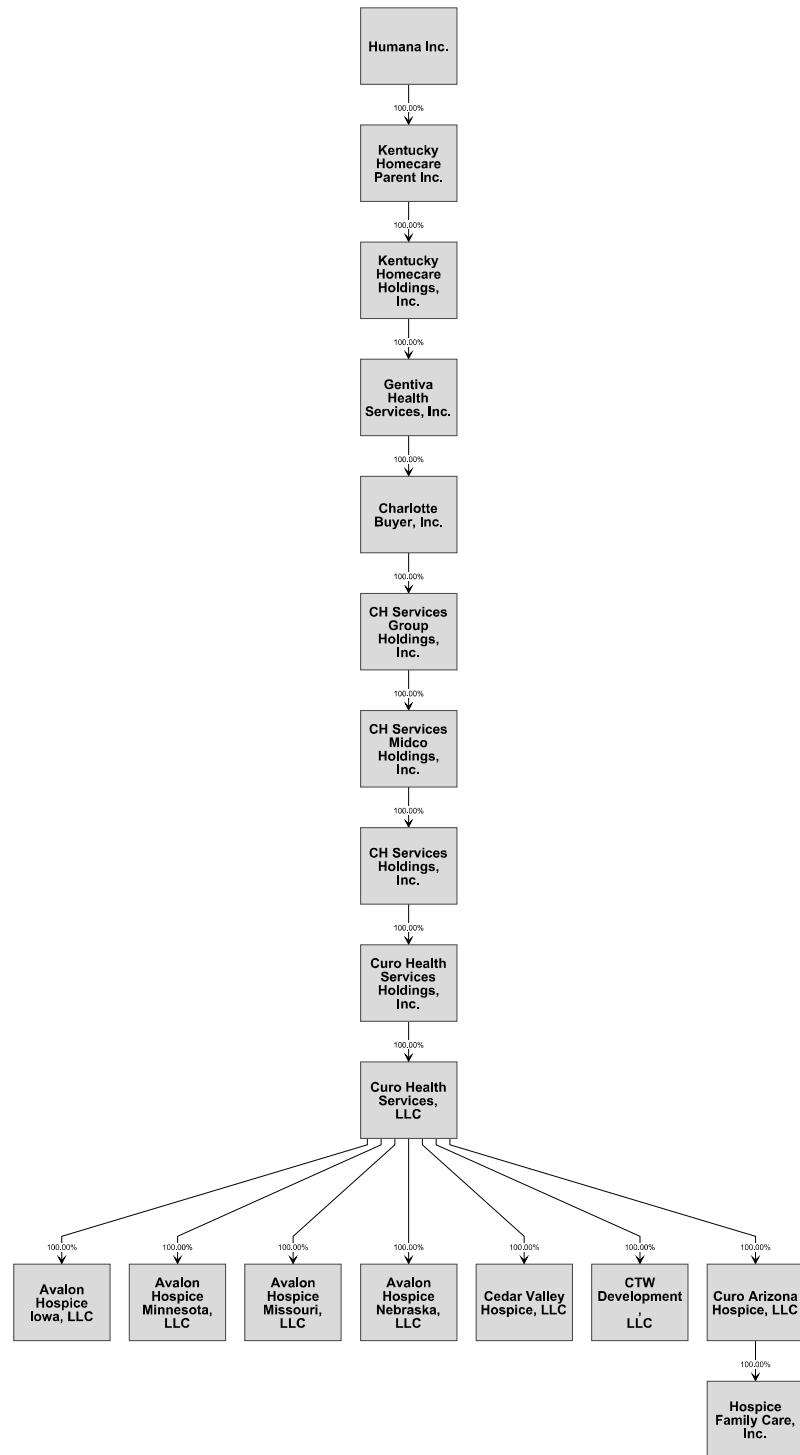
Echo Primary Care Holdings Organization Chart



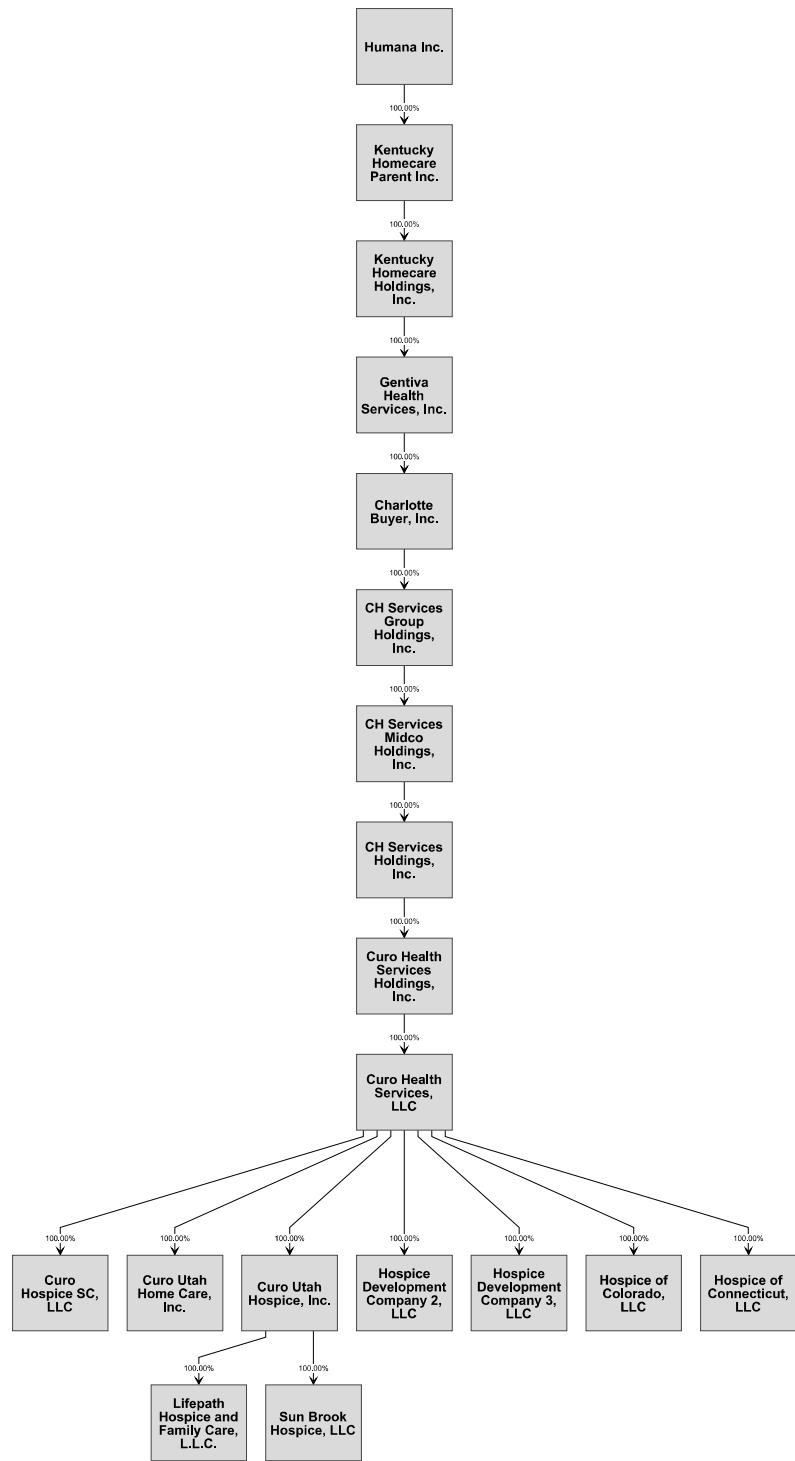
Prime West Management Organizational Chart



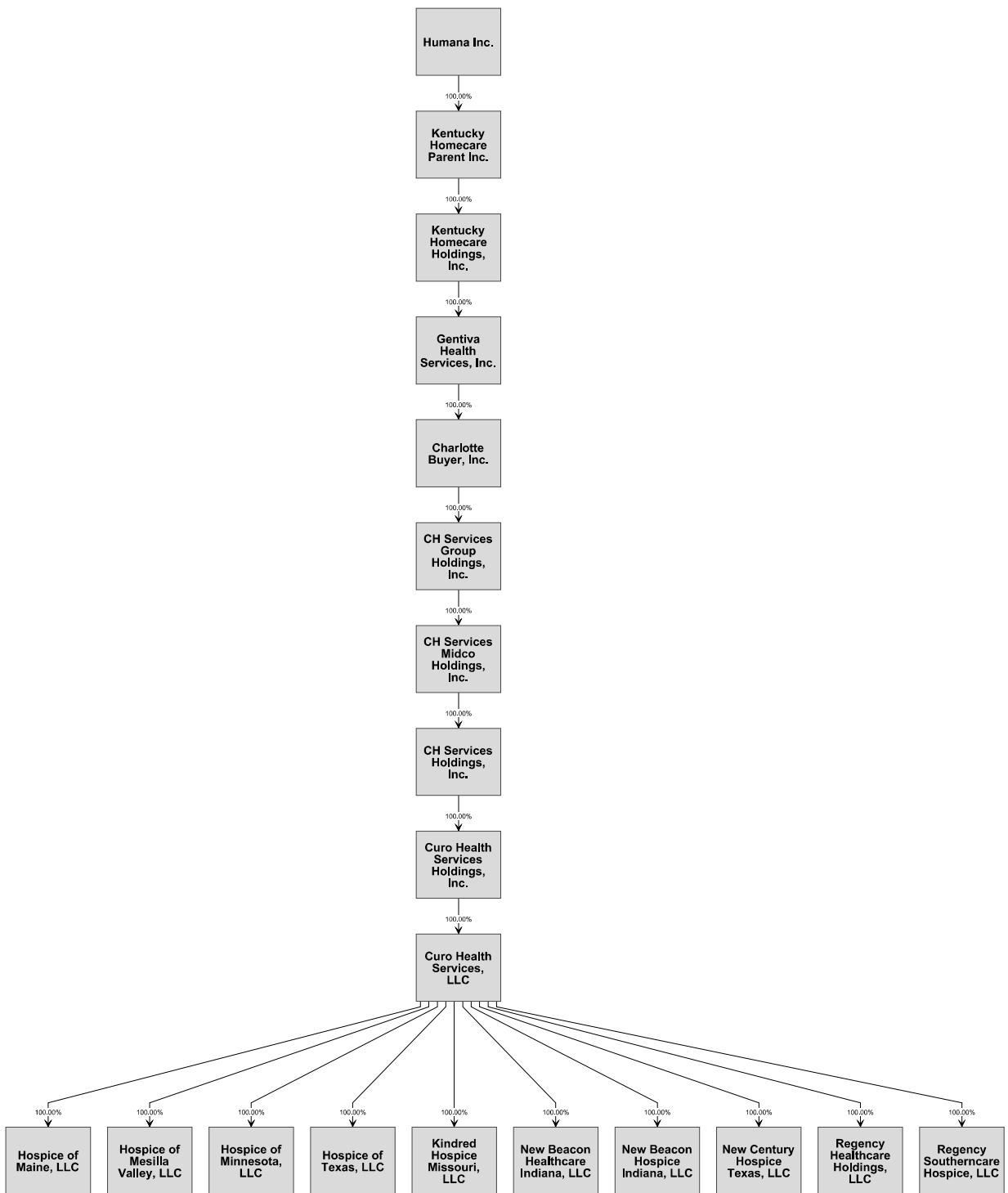
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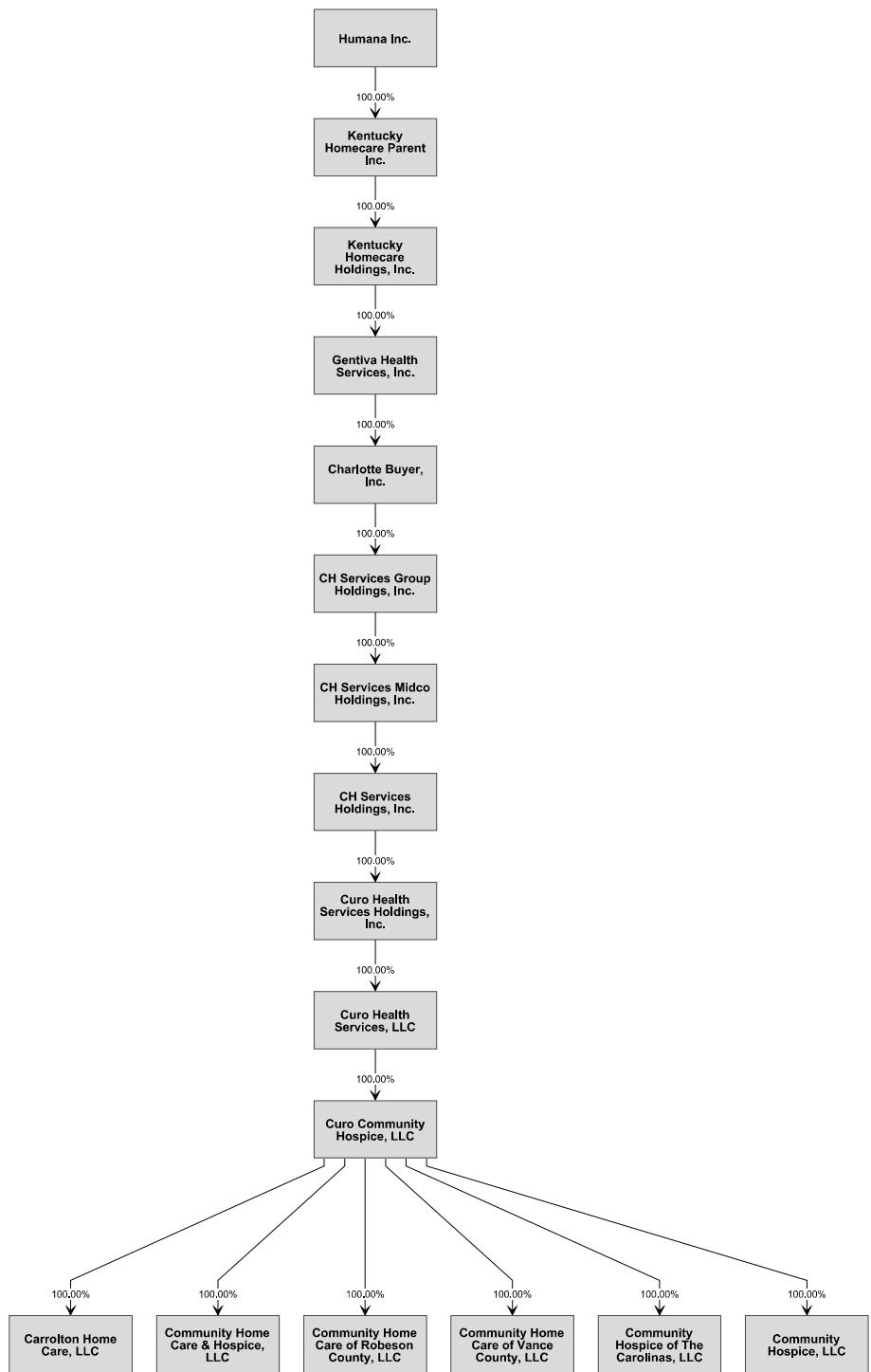
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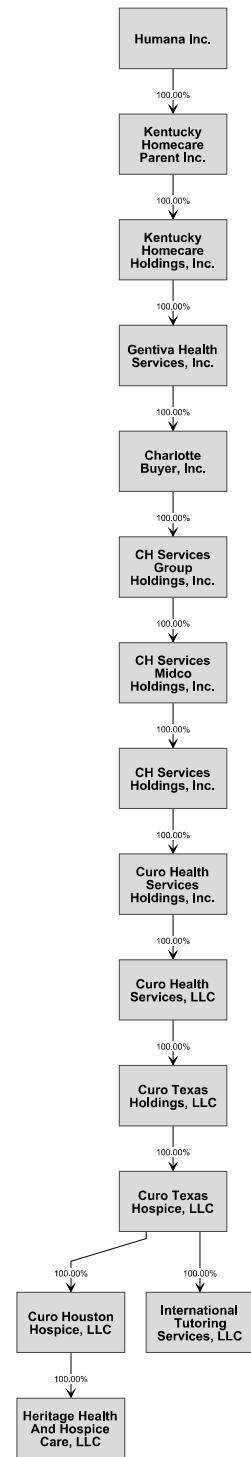
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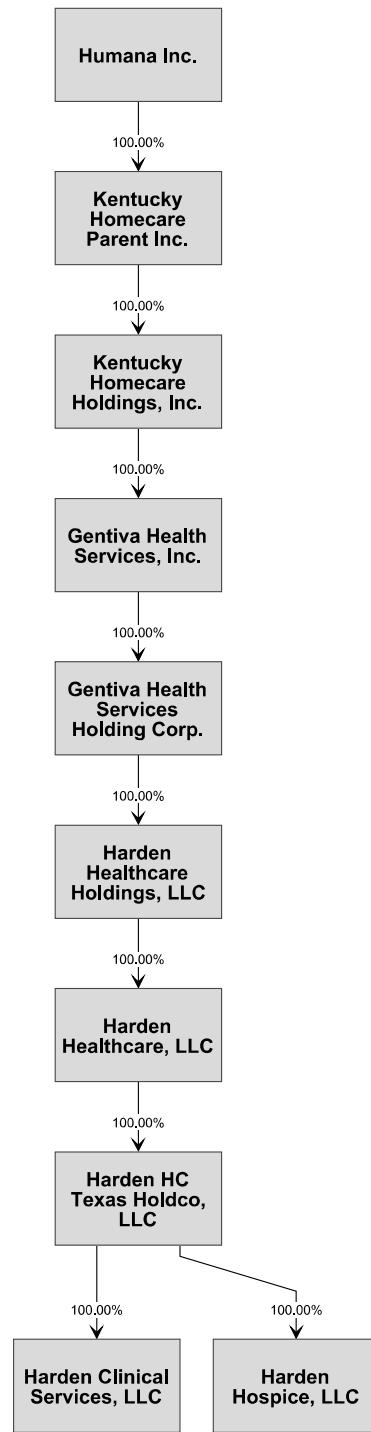
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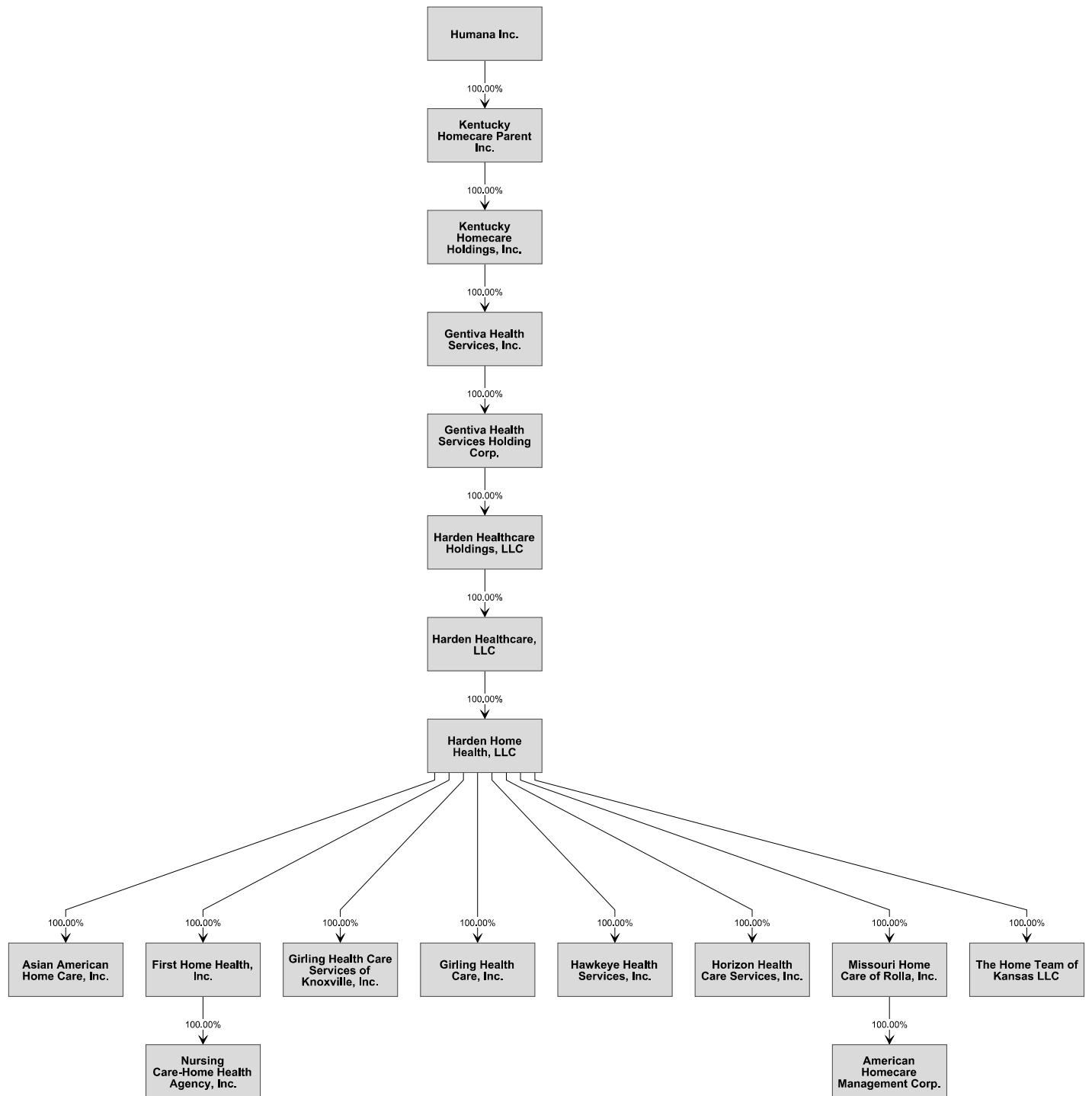
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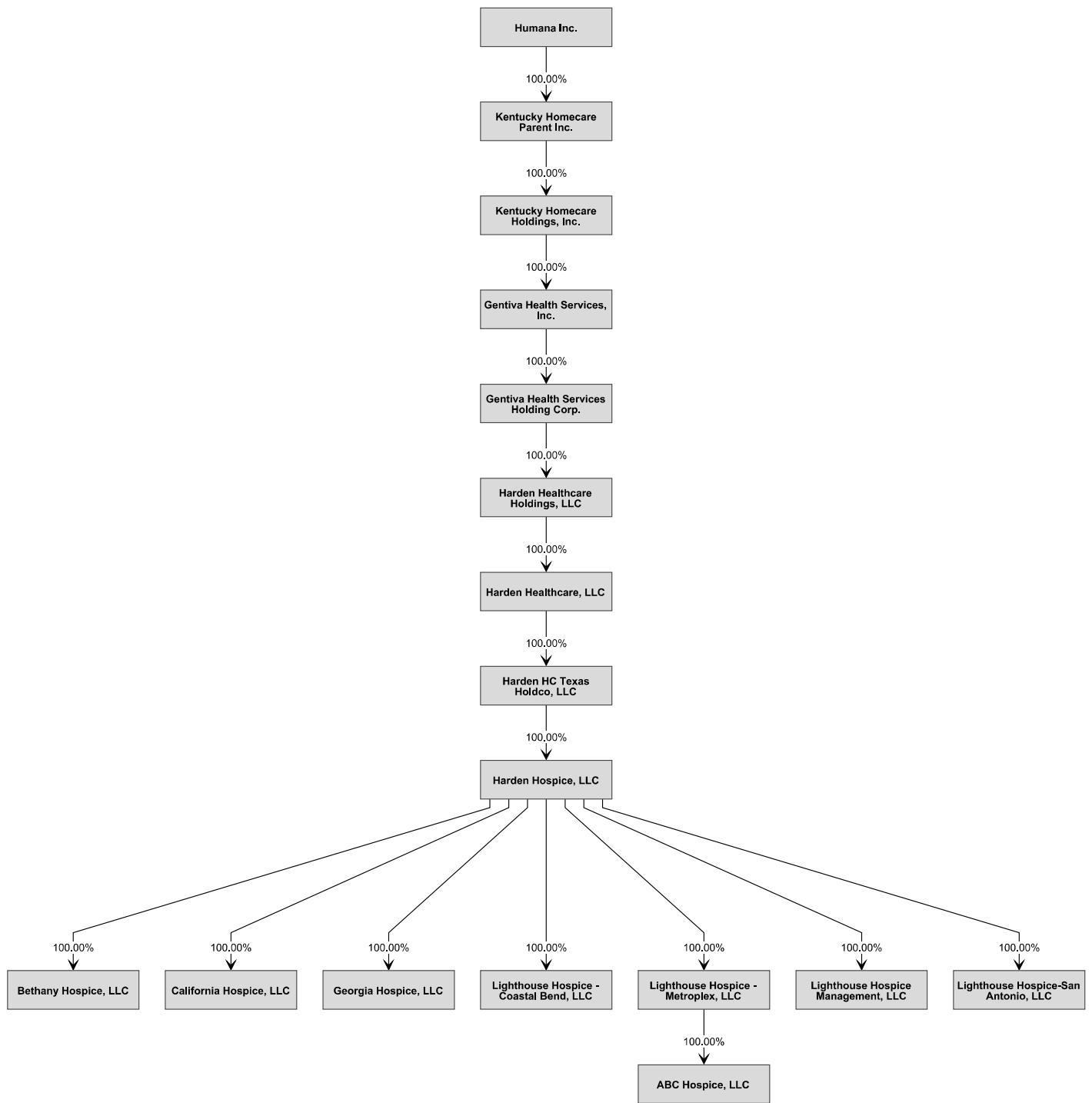
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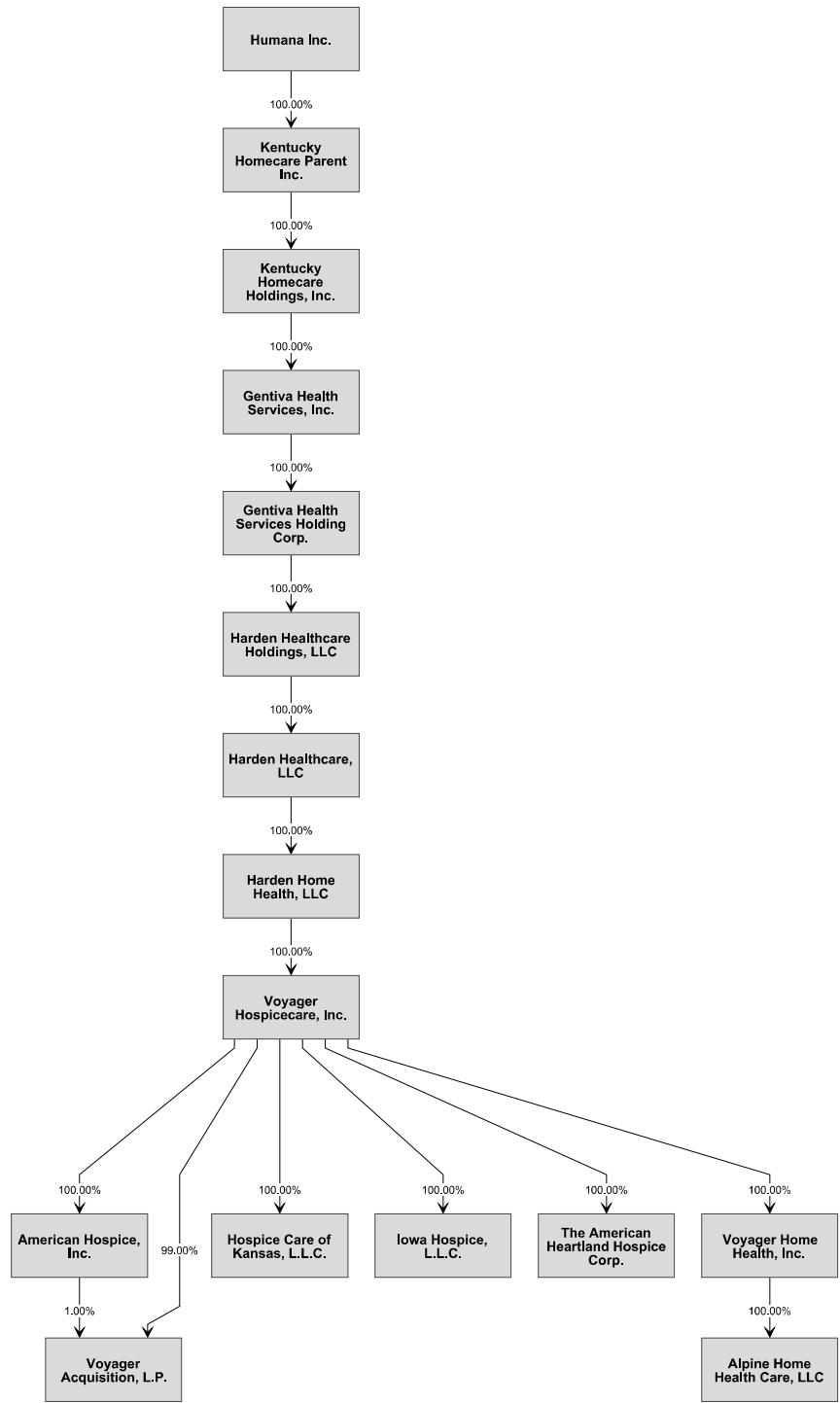
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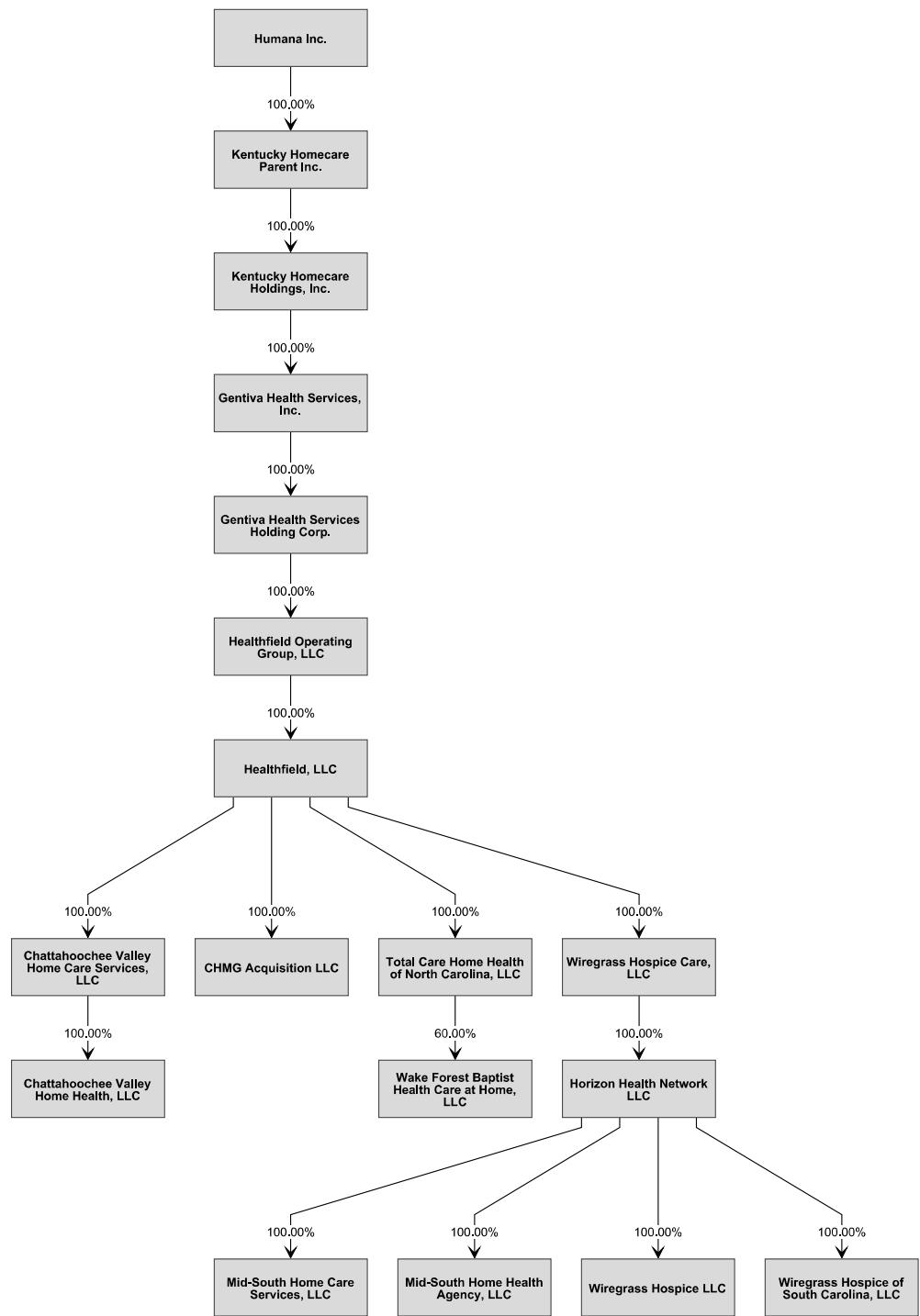
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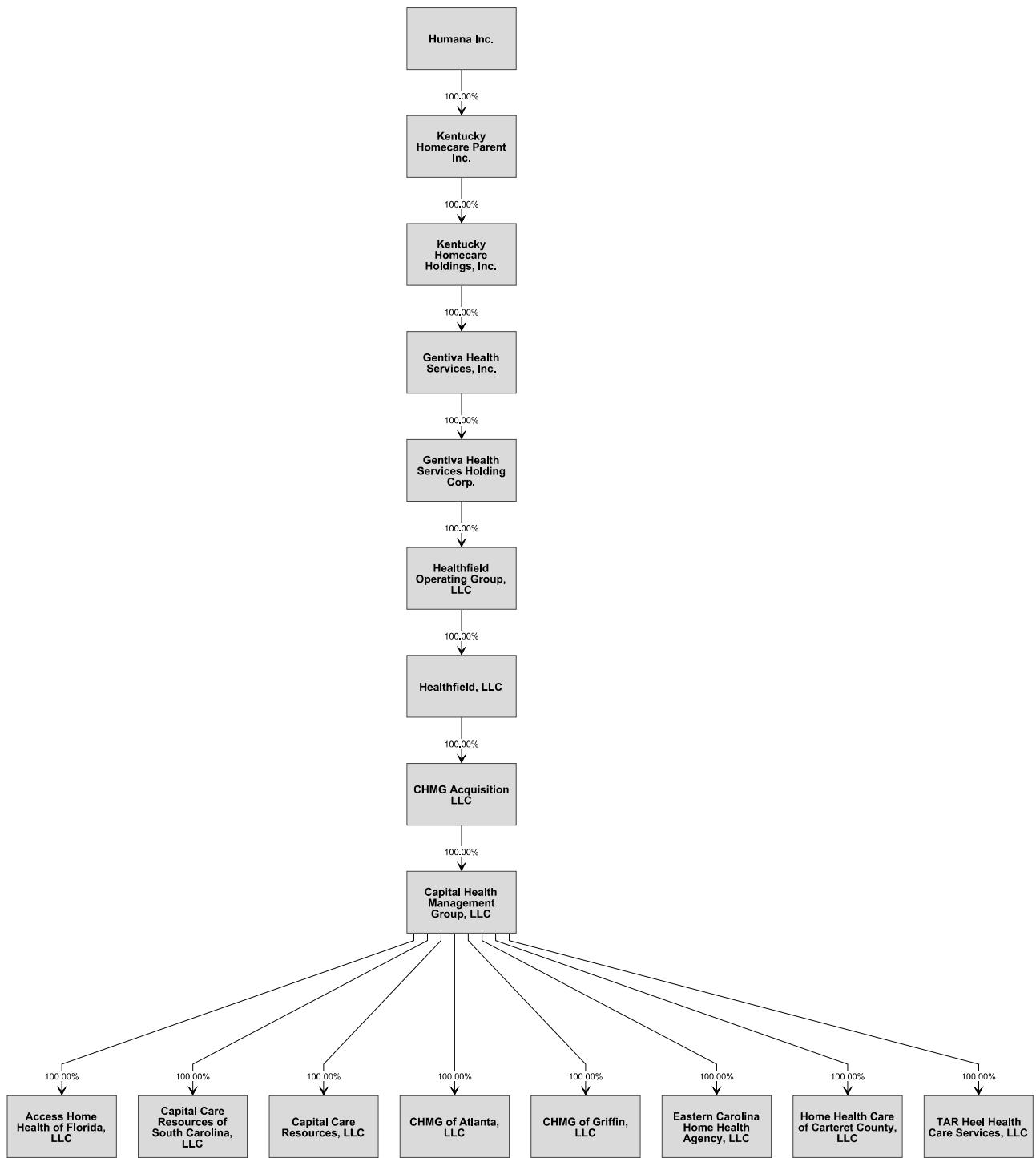
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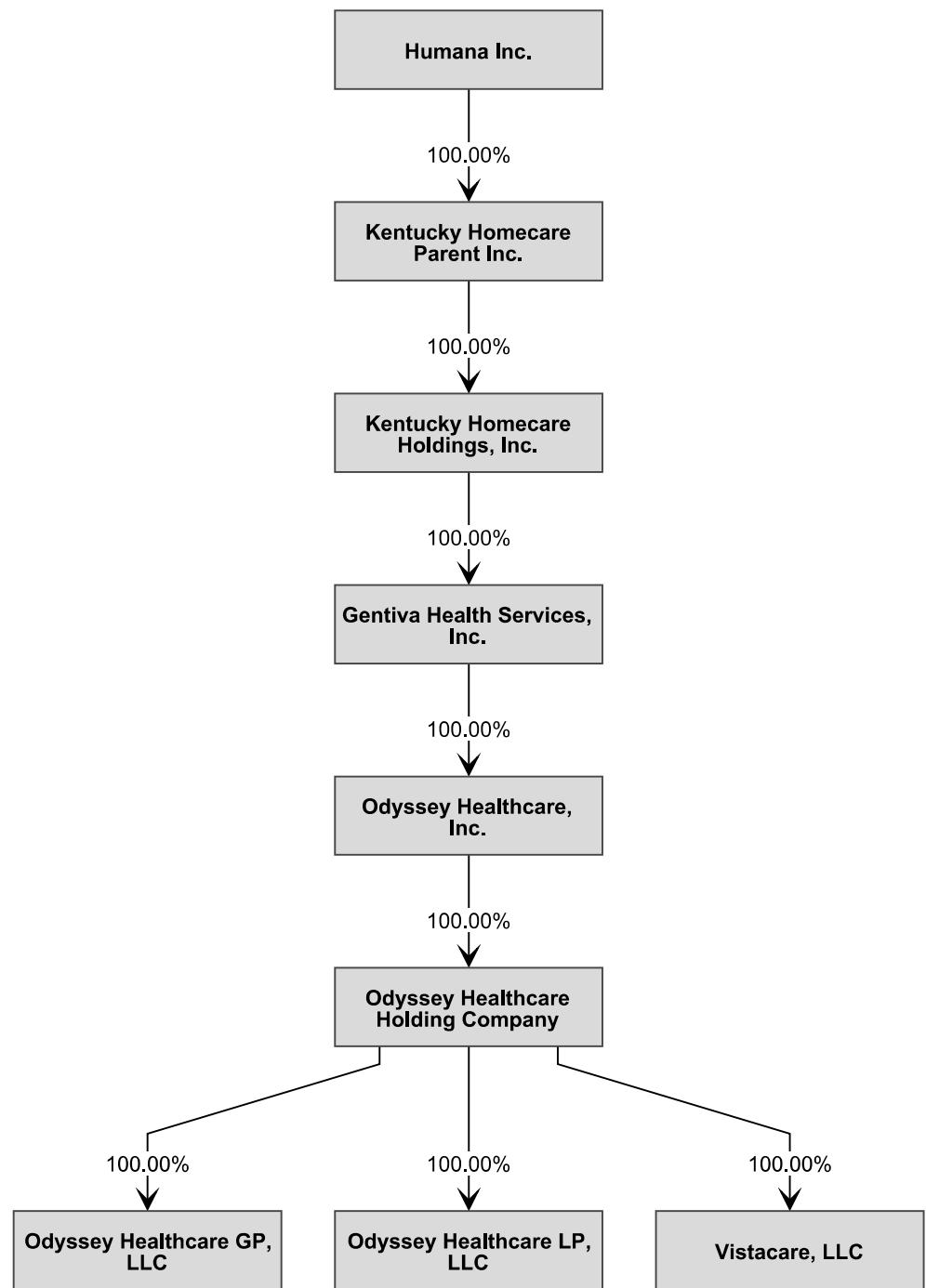
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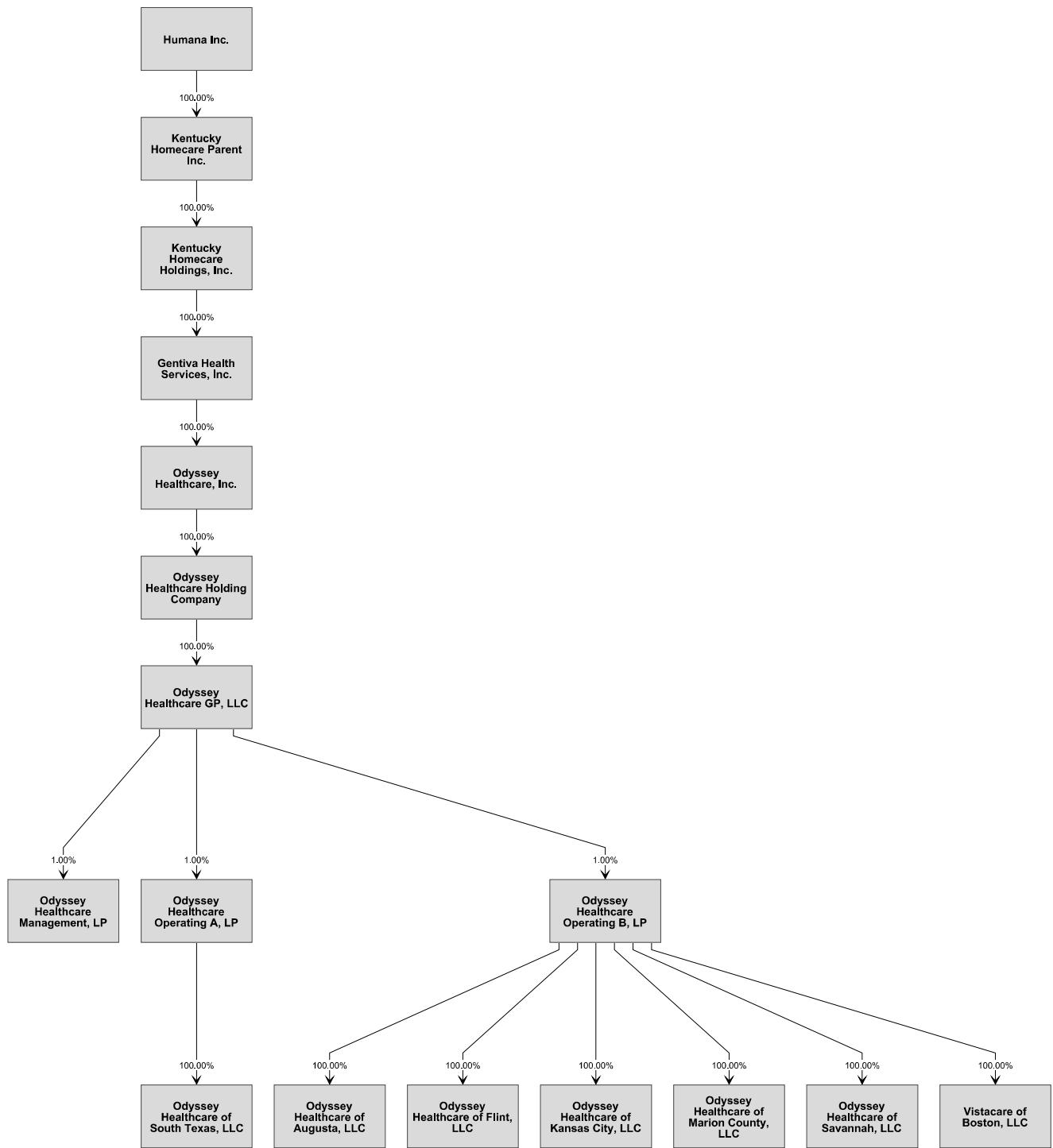
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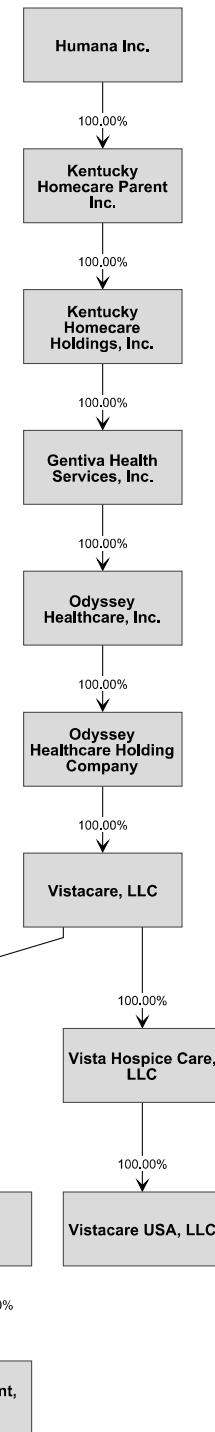
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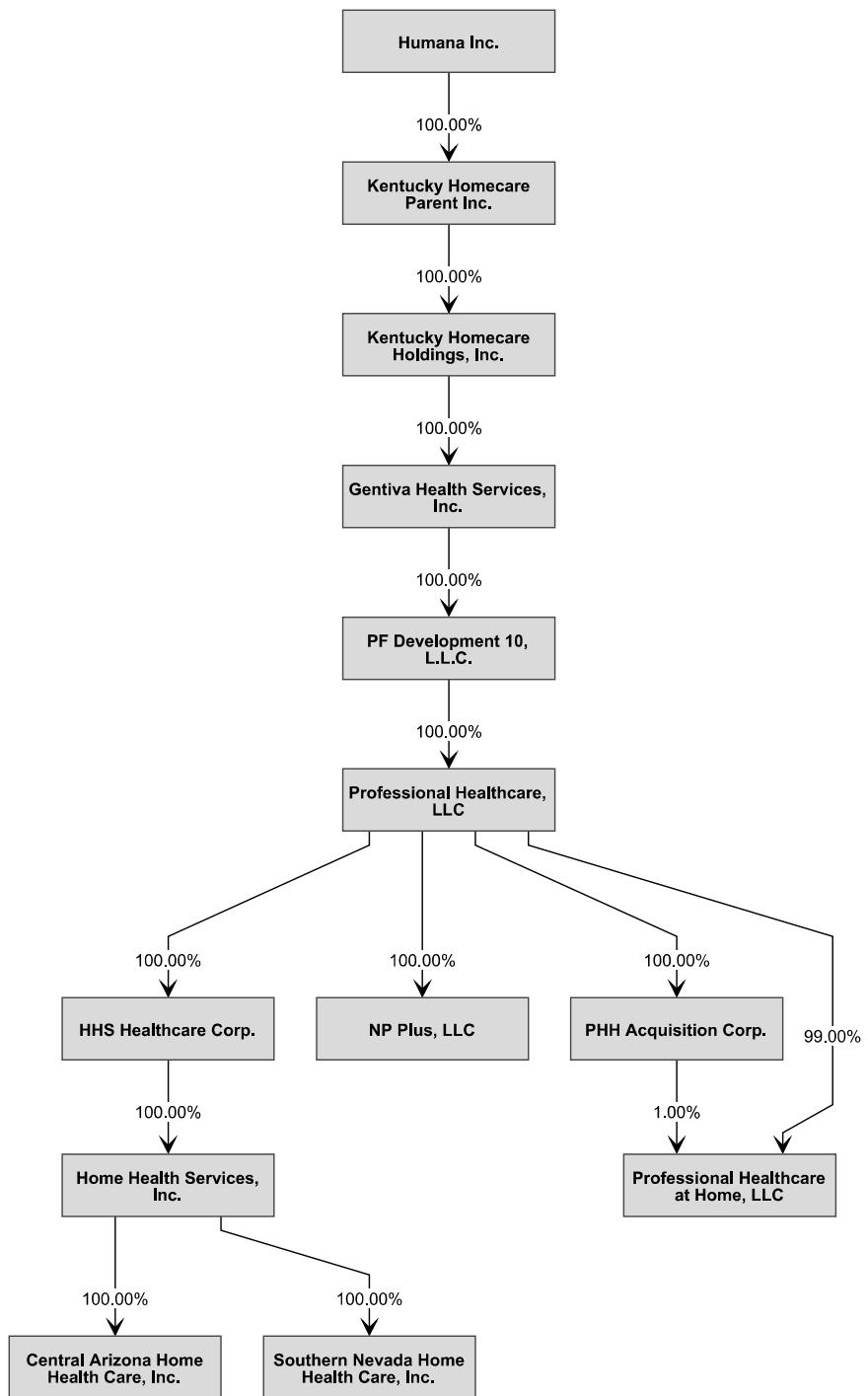
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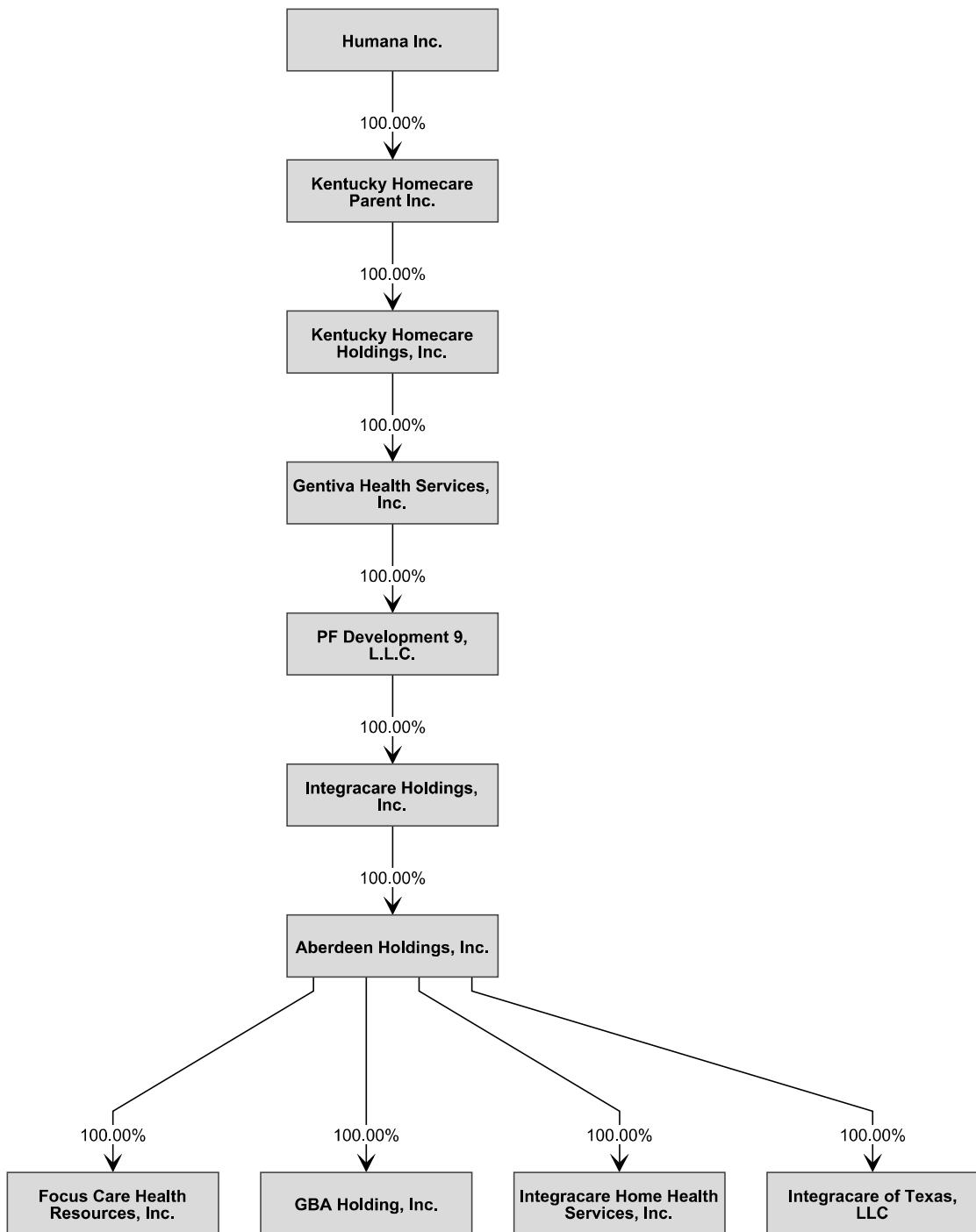
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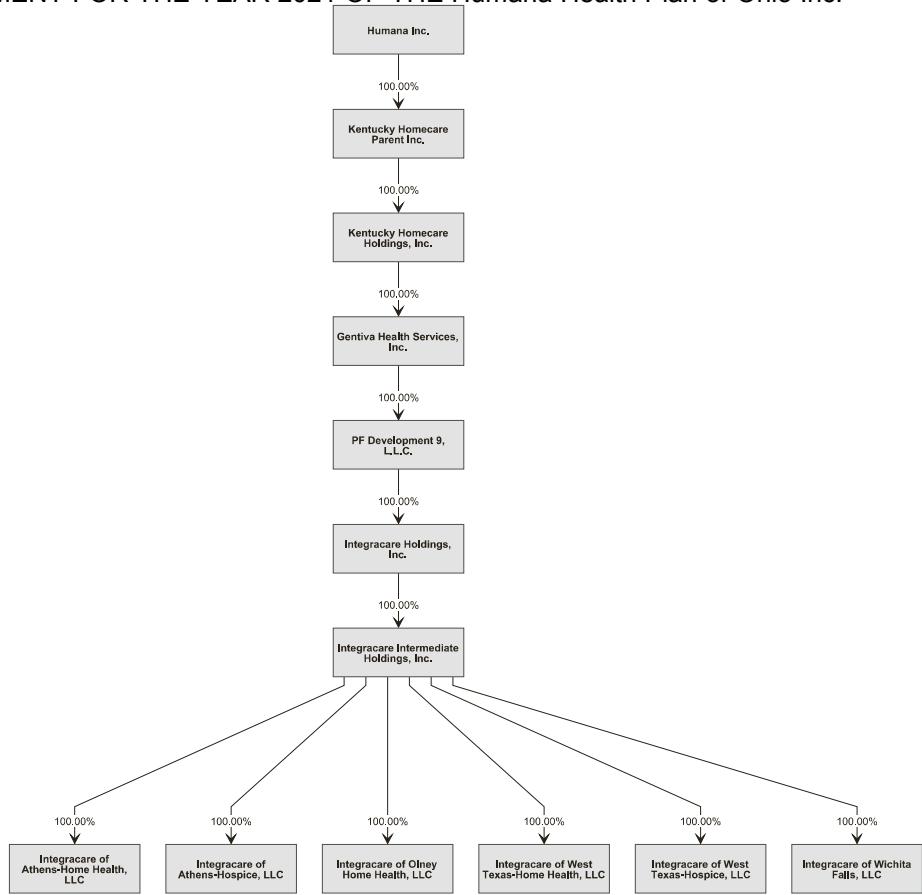
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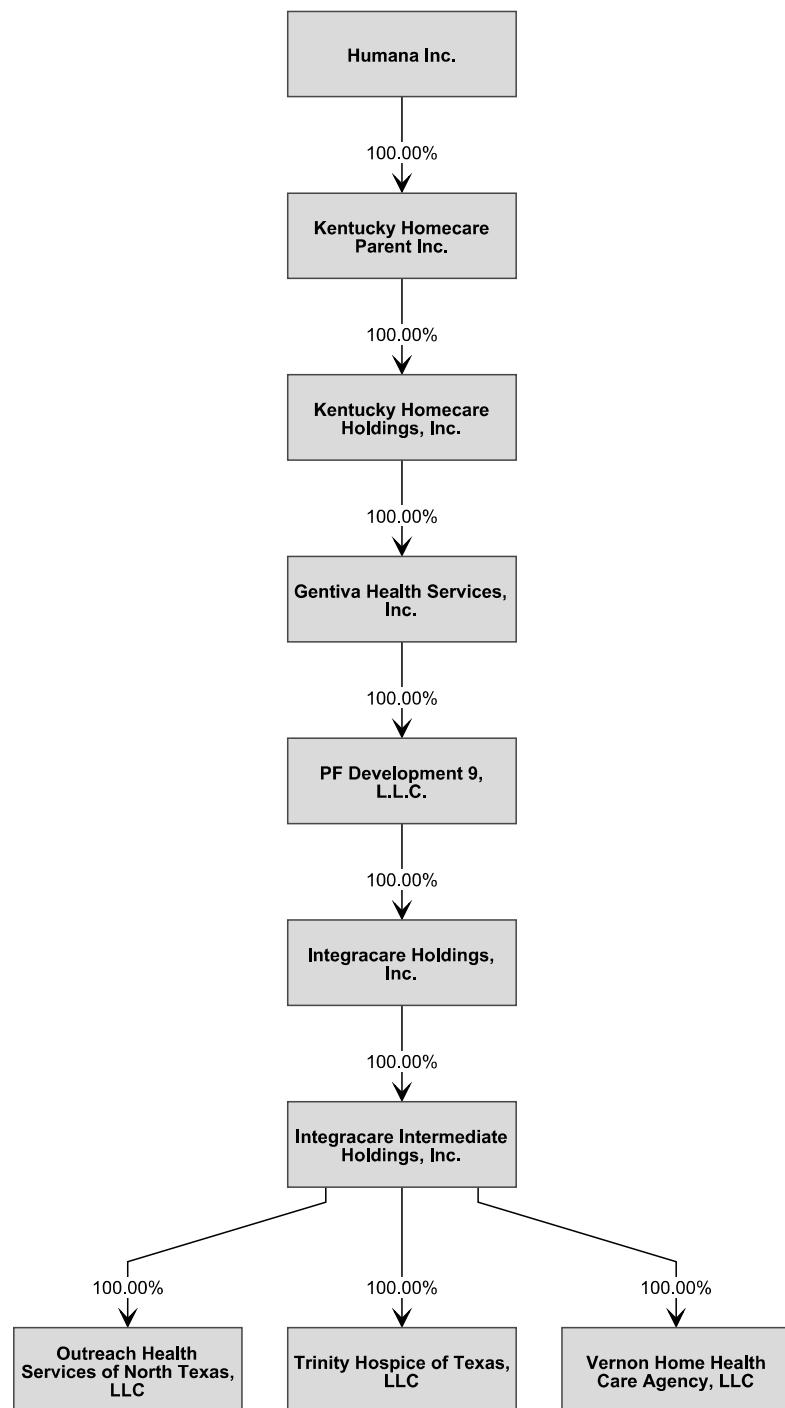
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OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

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