

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	36,564,322	0	36,564,322	35,783,085
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$ 7,918,508), cash equivalents (\$ 11,441,017) and short-term investments (\$ 0)	19,359,524	0	19,359,524	17,266,574
6. Contract loans (including \$ 0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	304,479	0	304,479	304,479
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	56,228,325	0	56,228,325	53,354,138
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	117,882	0	117,882	91,287
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,201,246	1,541,367	1,659,880	5,204
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$ 94,299) and contracts subject to redetermination (\$ 4,995,441)	5,089,740	0	5,089,740	2,945,164
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	643,580	0	643,580	935,047
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	1,495,369
18.2 Net deferred tax asset	495,176	0	495,176	495,176
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)	285,954	285,954	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	19,140,836	0	19,140,836	15,982,975
24. Health care (\$ 5,748,112) and other amounts receivable	5,817,837	69,725	5,748,112	5,855,268
25. Aggregate write-ins for other than invested assets	2,807,587	2,747,335	60,252	47,831
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	93,828,163	4,644,380	89,183,782	81,207,458
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	93,828,163	4,644,380	89,183,782	81,207,458
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses	1,849,528	1,849,528	0	0
2502. Deposits	528,045	528,045	0	0
2503. Prepaid Commissions	369,762	369,762	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	60,252	0	60,252	47,831
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	2,807,587	2,747,335	60,252	47,831

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	21,857,548	490,424	22,347,972	24,440,853
2. Accrued medical incentive pool and bonus amounts	2,089,580	0	2,089,580	2,174,310
3. Unpaid claims adjustment expenses	168,518	0	168,518	176,741
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	2,139,104	0	2,139,104	4,378,472
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	45,735	0	45,735	45,735
8. Premiums received in advance	3,706,032	0	3,706,032	2,945,510
9. General expenses due or accrued	2,242,850	0	2,242,850	1,682,088
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 52,569 on realized gains (losses))	2,606,565	0	2,606,565	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	111,097	0	111,097	112,593
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	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	2,966,491	0	2,966,491	1,371,987
23. Aggregate write-ins for other liabilities (including \$ 11,961 current)	52,898	0	52,898	47,669
24. Total liabilities (Lines 1 to 23)	37,986,418	490,424	38,476,842	37,375,959
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	(24,517,807)	(31,393,248)
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26)	XXX	XXX	0	0
32.2 \$ 0 shares preferred (value included in Line 27)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	50,706,940	43,831,499
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	89,183,782	81,207,458
DETAILS OF WRITE-INS				
2301. Unclaimed Property	26,875	0	26,875	21,646
2302. Premium Payable	26,023	0	26,023	26,023
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	52,898	0	52,898	47,669
2501.	XXX	XXX	0	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	99,305	96,966	385,757
2. Net premium income (including \$ 0 non-health premium income).....	XXX	66,830,218	61,253,384	237,697,140
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	0	0
4. Fee-for-service (net of \$ 0 medical expenses).....	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	66,830,218	61,253,384	237,697,140
Hospital and Medical:				
9. Hospital/medical benefits	1,001,423	38,778,835	40,864,014	168,795,201
10. Other professional services	5,052	195,599	175,776	759,770
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	46,804	1,812,448	1,299,133	5,624,093
13. Prescription drugs	176,135	6,820,630	7,345,868	29,082,042
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	(84,730)	35,419	1,903,534
16. Subtotal (Lines 9 to 15)	1,229,414	47,522,781	49,720,210	206,164,639
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	1,229,414	47,522,781	49,720,210	206,164,639
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 1,596,250 cost containment expenses	0	1,870,461	2,168,835	7,431,886
21. General administrative expenses	0	6,426,077	5,864,587	26,417,845
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	0	0	(7,311,305)
23. Total underwriting deductions (Lines 18 through 22).....	1,229,414	55,819,320	57,753,632	232,703,066
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	11,010,898	3,499,752	4,994,075
25. Net investment income earned	0	168,140	128,775	522,701
26. Net realized capital gains (losses) less capital gains tax of \$ 52,569	0	197,758	152,230	193,753
27. Net investment gains (losses) (Lines 25 plus 26)	0	365,898	281,004	716,453
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)].....	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
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	11,376,796	3,780,756	5,710,528
31. Federal and foreign income taxes incurred	XXX	2,553,996	177,102	(835,926)
32. Net income (loss) (Lines 30 minus 31)	XXX	8,822,800	3,603,654	6,546,454
DETAILS OF WRITE-INS				
0601.	XXX	0	0	0
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX	0	0	0
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.	0	0	0	0
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.	0	0	0	0
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	43,831,499	40,307,601	40,307,601
34. Net income or (loss) from Line 32	8,822,800	3,603,654	6,546,454
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax	0	0	(1,592,544)
39. Change in nonadmitted assets	(1,947,359)	(2,825,721)	(1,430,012)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	6,875,441	777,933	3,523,898
49. Capital and surplus end of reporting period (Line 33 plus 48)	50,706,940	41,085,534	43,831,499
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	60,062,609	59,544,675	236,038,466
2. Net investment income	172,389	168,937	783,741
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	60,234,998	59,713,612	236,822,206
5. Benefit and loss related payments	49,640,567	51,977,712	205,958,200
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	5,825,571	6,409,955	33,317,637
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 25,987 tax on capital gains (losses)	(1,495,369)	(1,100,483)	(370,507)
10. Total (Lines 5 through 9)	53,970,769	57,287,184	238,905,329
11. Net cash from operations (Line 4 minus Line 10)	6,264,228	2,426,428	(2,083,123)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	6,301,643	8,236,220	14,739,272
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,301,643	8,236,220	14,739,272
13. Cost of investments acquired (long-term only):			
13.1 Bonds	6,863,397	10,729,380	15,820,453
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	241,108	241,108
13.7 Total investments acquired (Lines 13.1 to 13.6)	6,863,397	10,970,488	16,061,561
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(561,754)	(2,734,268)	(1,322,289)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(3,609,525)	8,704,351	7,813,636
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(3,609,525)	8,704,351	7,813,636
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)	2,092,950	8,396,511	4,408,224
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	17,266,574	12,858,350	12,858,350
19.2 End of period (Line 18 plus Line 19.1)	19,359,524	21,254,861	17,266,574

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	32,003	0	23,399	0	0	0	211	8,393	0	0
2. First Quarter	32,873	0	24,202	0	0	0	189	8,482	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	99,305	0	73,341	0	0	0	557	25,407	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	86,887	0	39,164	0	0	0	413	47,310	0	0
8. Non-Physician	39,857	0	14,608	0	0	0	205	25,044	0	0
9. Total	126,744	0	53,772	0	0	0	618	72,354	0	0
10. Hospital Patient Days Incurred	7,959	0	1,912	0	0	0	17	6,030	0	0
11. Number of Inpatient Admissions	952	0	250	0	0	0	2	700	0	0
12. Health Premiums Written (a)	66,830,218	0	35,716,788	0	0	0	341,286	30,772,145	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	66,830,218	0	35,716,788	0	0	0	341,286	30,772,145	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	49,640,567	(56,735)	25,552,295	0	0	0	259,122	23,885,886	0	0
18. Amount Incurred for Provision of Health Care Services	47,522,781	(43,431)	23,583,970	0	0	0	286,662	23,695,581	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 30,772,145

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered	81,715	13,500	1,791	94	985	98,085
0399999 Aggregate accounts not individually listed-covered	2,522,678	416,773	55,286	2,901	30,398	3,028,036
0499999 Subtotals	2,604,393	430,274	57,076	2,995	31,383	3,126,121
0599999 Unreported claims and other claim reserves						19,221,851
0699999 Total amounts withheld						0
0799999 Total claims unpaid						22,347,972
0899999 Accrued medical incentive pool and bonus amounts						2,089,580

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	7,555,435	17,940,125	1,298,356	10,592,829	8,853,791	14,356,606
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	0	259,122	3,095	95,148	3,095	78,885
6. Title XVIII - Medicare	6,113,046	17,772,839	876,231	9,528,048	6,989,277	10,051,098
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	13,668,481	35,972,087	2,177,682	20,216,025	15,846,163	24,486,588
10. Healthcare receivables (a)	235,663	5,582,174	0	0	235,663	5,877,662
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	1,799,582	289,999	1,799,582	2,174,310
13. Totals (Lines 9-10+11+12)	13,432,818	30,389,913	3,977,264	20,506,024	17,410,082	20,783,237

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

STATEMENT AS OF March 31, 2022 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 #	2022	2021
Net Income					
1. Humana Health Plan of Ohio, Inc.	xxx	xxx	xxx	\$ 8,822,800	\$ 6,546,454
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>8,822,800</u>	\$ <u>6,546,454</u>
Surplus					
5. Humana Health Plan of Ohio, Inc.	xxx	xxx	xxx	\$ 50,706,940	\$ 43,831,499
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>50,706,940</u>	\$ <u>43,831,499</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 March 31, 2022 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 not expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has 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.

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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 March 31, 2022.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at March 31, 2022:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(813,833)
2. Twelve Months or Longer	\$	(955,758)

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

1. Less than Twelve Months	\$	14,754,342
2. Twelve Months or Longer	\$	9,184,505

(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 March 31, 2022 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	517,258	512,650	4,608	-	517,258	0.55%	0.58%
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	\$ 517,258	\$ 512,650	\$ 4,608	-	\$ 517,258	0.55%	0.58%

(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.

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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

No material change since year-end December 31, 2021.

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.

The Company has various related party agreements with no material change since year-end December 31, 2021.

No dividends or returns of capital were paid by the Company as of March 31, 2022.

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 March 31, 2022, the Company reported \$19,140,836 due from Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. Not Applicable.

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

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

STATEMENT AS OF March 31, 2022 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

No material change since year-end December 31, 2021.

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 \$- par value common stock with 1,000 shares authorized and 200 shares issued and 200 outstanding. All shares are common stock shares.

B. The Company has no preferred stock outstanding.

C.-E. No material change since year-end December 31, 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.

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NOTES TO THE FINANCIAL STATEMENTS

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 March 31, 2022.

15. Leases

No material change since year-end December 31, 2021.

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 March 31, 2022, the Company has recorded a receivable from CMS of \$643,580 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 March 31, 2022.

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, 2021 and March 31, 2022.

STATEMENT AS OF March 31, 2022 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(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, 2021 and March 31, 2022.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended March 31, 2022.

(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	\$ 46,087,423	\$ 48,005,339	\$ 4,999,139	\$ 41,088,284	\$ -	\$ -	\$ -

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,

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historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

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

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

(3) Direct exposure through other investments:

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

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

The Company does not have sub-prime mortgage risk.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

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 May 6, 2022 for the Statutory Statement issued on May 6, 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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

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

C. The amount of net premiums written by the Company at March 31, 2022 that are subject to retrospective rating features was \$66,830,218, 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)	\$	1,380,936
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	5,557
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$	11,580
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	577,983
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	1,321
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	\$	-

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4. Effect of ACA Risk Corridors on change in reserves for rate credits \$

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

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
1	2	3	4	5	6	7	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high risk pool payments)	1,061,738				1,061,738			(0)	A.	1,061,738
2. Premium adjustments (payables) (including high risk pool premium)		(2,257,709)		(1,987,344)		(270,365)		258,785	B.	(11,580)
3. Subtotal ACA Permanent Risk Adjustment Program	1,061,738	(2,257,709)		(1,987,344)	1,061,738	(270,365)		(0)	258,785	1,061,738
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	1,061,738	(2,257,709)		(1,987,344)	1,061,738	(270,365)		(0)	258,785	1,061,738
										(11,580)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2021 benefit year and the latest data from Wakely Consulting.

B. Adjustments related to updates received from CMS associated with 2021 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

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, net of health care receivables, as of December 31, 2021, were \$20,959,977. As of March 31, 2022, \$13,852,293 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,993,652 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$3,114,033 favorable prior-year development since December 31, 2021. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are

STATEMENT AS OF March 31, 2022 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

increased or decreased as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$3,114,033 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
12/31/2022	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2022	-	-	-	-	-
6/30/2022	-	-	-	-	-
3/31/2022	5,817,837	5,817,837	-	-	-
12/31/2021	5,877,662	5,856,594	5,847,745	-	-
9/30/2021	4,810,187	5,383,126	5,335,300	33,180	-
6/30/2021	5,462,417	5,808,415	5,742,393	22,910	19,809
3/31/2021	4,373,942	4,646,701	4,617,328	-	8,854
12/31/2020	3,570,162	3,570,162	3,566,688	-	2,878
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

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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000049071

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A [] If yes, attach an explanation.

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

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

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

6.4 By what department or departments?
Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

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

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

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
 Ethics Every Day was amended in June 2021 to update content based on operational changes, clarify content where necessary and perform general document maintenance.

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 19,140,836

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 304,479
 13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
 14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.

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

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

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

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

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105	BLACKROCK FINANCIAL MANAGEMENT, INC	549300LVXYIVJKE13M84	The SEC	DS.....

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

18.2 If no, list exceptions:

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	73.5 %
1.2 A&H cost containment percent	2.4 %
1.3 A&H expense percent excluding cost containment expenses	10.0 %

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

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NON-E

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N .0	0	0	0	0	0	0	0	0
2. Alaska	AK	N .0	0	0	0	0	0	0	0	0
3. Arizona	AZ	N .0	0	0	0	0	0	0	0	0
4. Arkansas	AR	N .0	0	0	0	0	0	0	0	0
5. California	CA	N .0	0	0	0	0	0	0	0	0
6. Colorado	CO	N .0	0	0	0	0	0	0	0	0
7. Connecticut	CT	N .0	0	0	0	0	0	0	0	0
8. Delaware	DE	N .0	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N .0	0	0	0	0	0	0	0	0
10. Florida	FL	N .0	0	0	0	0	0	0	0	0
11. Georgia	GA	N .0	0	0	0	0	0	0	0	0
12. Hawaii	HI	N .0	0	0	0	0	0	0	0	0
13. Idaho	ID	N .0	0	0	0	0	0	0	0	0
14. Illinois	IL	N .0	0	0	0	0	0	0	0	0
15. Indiana	IN	L .0	0	0	0	0	0	0	0	0
16. Iowa	IA	N .0	0	0	0	0	0	0	0	0
17. Kansas	KS	N .0	0	0	0	0	0	0	0	0
18. Kentucky	KY	L .0	30,779,892	0	0	0	0	0	30,779,892	0
19. Louisiana	LA	N .0	0	0	0	0	0	0	0	0
20. Maine	ME	N .0	0	0	0	0	0	0	0	0
21. Maryland	MD	N .0	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N .0	0	0	0	0	0	0	0	0
23. Michigan	MI	N .0	0	0	0	0	0	0	0	0
24. Minnesota	MN	N .0	0	0	0	0	0	0	0	0
25. Mississippi	MS	N .0	0	0	0	0	0	0	0	0
26. Missouri	MO	N .0	0	0	0	0	0	0	0	0
27. Montana	MT	N .0	0	0	0	0	0	0	0	0
28. Nebraska	NE	N .0	0	0	0	0	0	0	0	0
29. Nevada	NV	N .0	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N .0	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N .0	0	0	0	0	0	0	0	0
32. New Mexico	NM	N .0	0	0	0	0	0	0	0	0
33. New York	NY	N .0	0	0	0	0	0	0	0	0
34. North Carolina	NC	N .0	0	0	0	0	0	0	0	0
35. North Dakota	ND	N .0	0	0	0	0	0	0	0	0
36. Ohio	OH	L .0	35,716,788	(7,747)	0	0	341,286	0	36,050,326	0
37. Oklahoma	OK	N .0	0	0	0	0	0	0	0	0
38. Oregon	OR	N .0	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N .0	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N .0	0	0	0	0	0	0	0	0
41. South Carolina	SC	N .0	0	0	0	0	0	0	0	0
42. South Dakota	SD	N .0	0	0	0	0	0	0	0	0
43. Tennessee	TN	N .0	0	0	0	0	0	0	0	0
44. Texas	TX	N .0	0	0	0	0	0	0	0	0
45. Utah	UT	N .0	0	0	0	0	0	0	0	0
46. Vermont	VT	N .0	0	0	0	0	0	0	0	0
47. Virginia	VA	N .0	0	0	0	0	0	0	0	0
48. Washington	WA	N .0	0	0	0	0	0	0	0	0
49. West Virginia	WV	N .0	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N .0	0	0	0	0	0	0	0	0
51. Wyoming	WY	N .0	0	0	0	0	0	0	0	0
52. American Samoa	AS	N .0	0	0	0	0	0	0	0	0
53. Guam	GU	N .0	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N .0	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N .0	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N .0	0	0	0	0	0	0	0	0
57. Canada	CAN	N .0	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX .0	0	0	0	0	0	0	0	0
59. Subtotal		XXX .0	35,716,788	30,772,145	0	0	341,286	0	66,830,218	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX .0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)		XXX .0	35,716,788	30,772,145	0	0	341,286	0	66,830,218	0
DETAILS OF WRITE-INS										
58001.		XXX .0	0	0	0	0	0	0	0	0
58002.		XXX .0	0	0	0	0	0	0	0	0
58003.		XXX .0	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for line 58 from overflow page		XXX .0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX .0	0	0	0	0	0	0	0	0

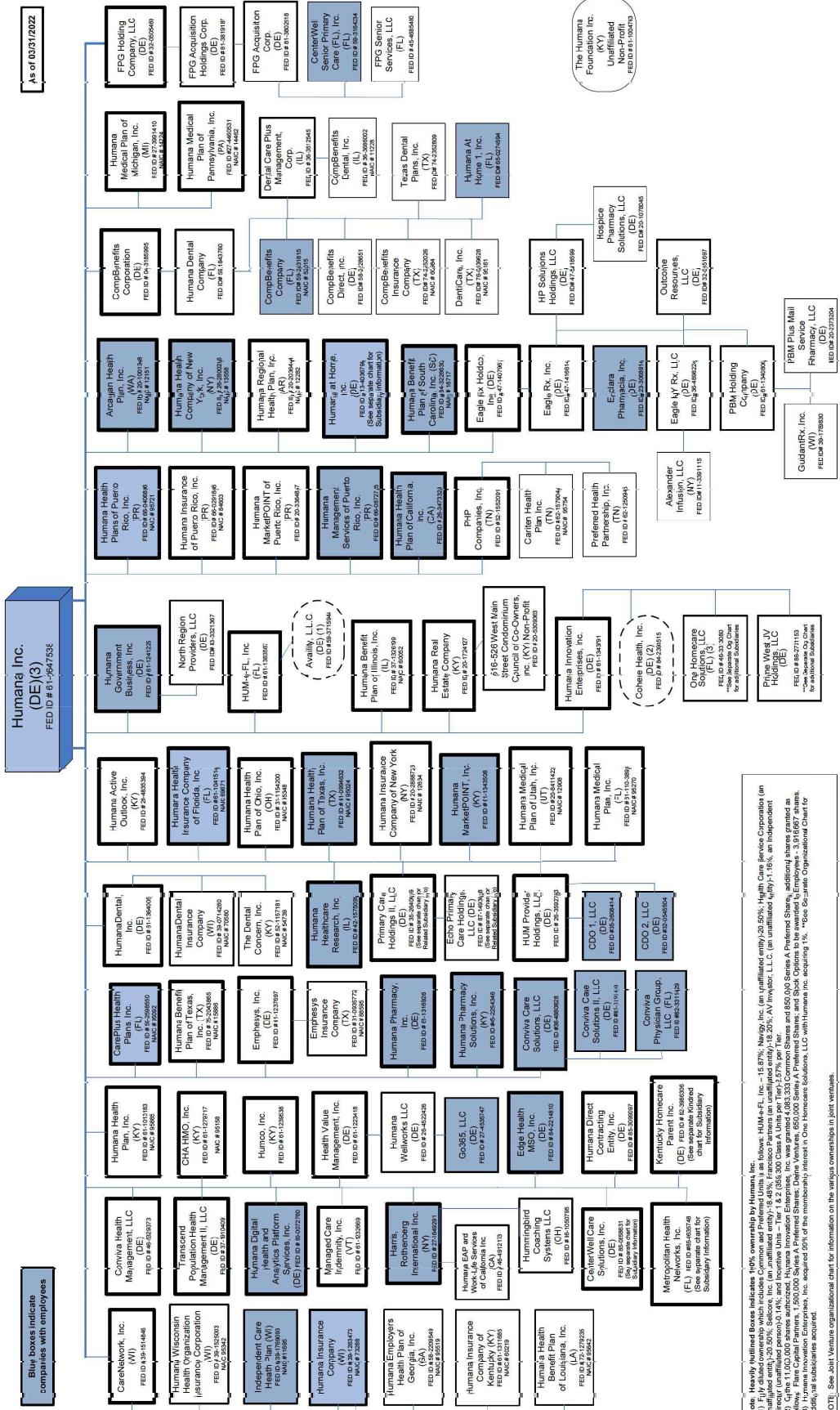
(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 3 R - Registered - Non-domiciled RRGs..... 0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0

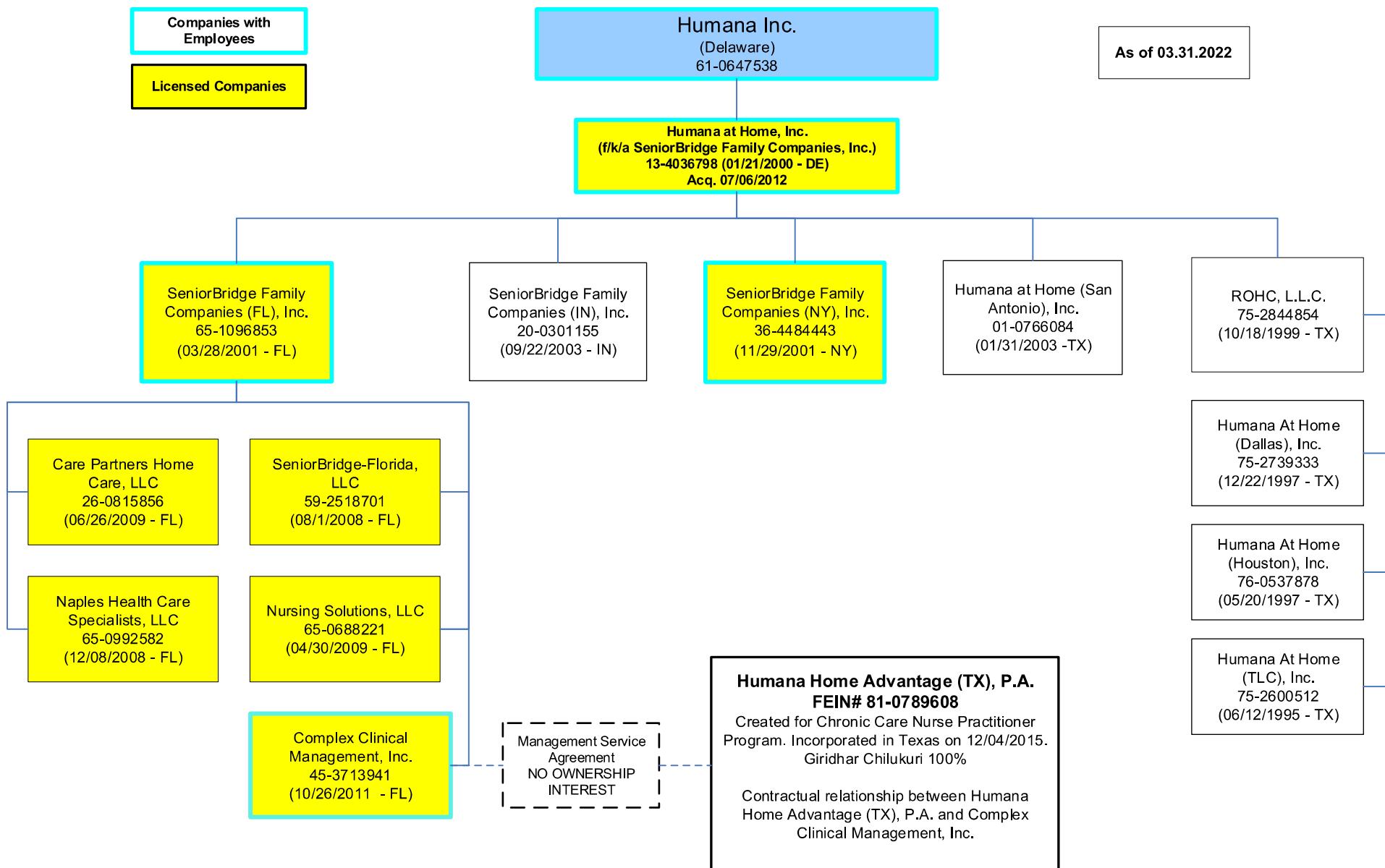
N - None of the above - Not allowed to write business in the state..... 54

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

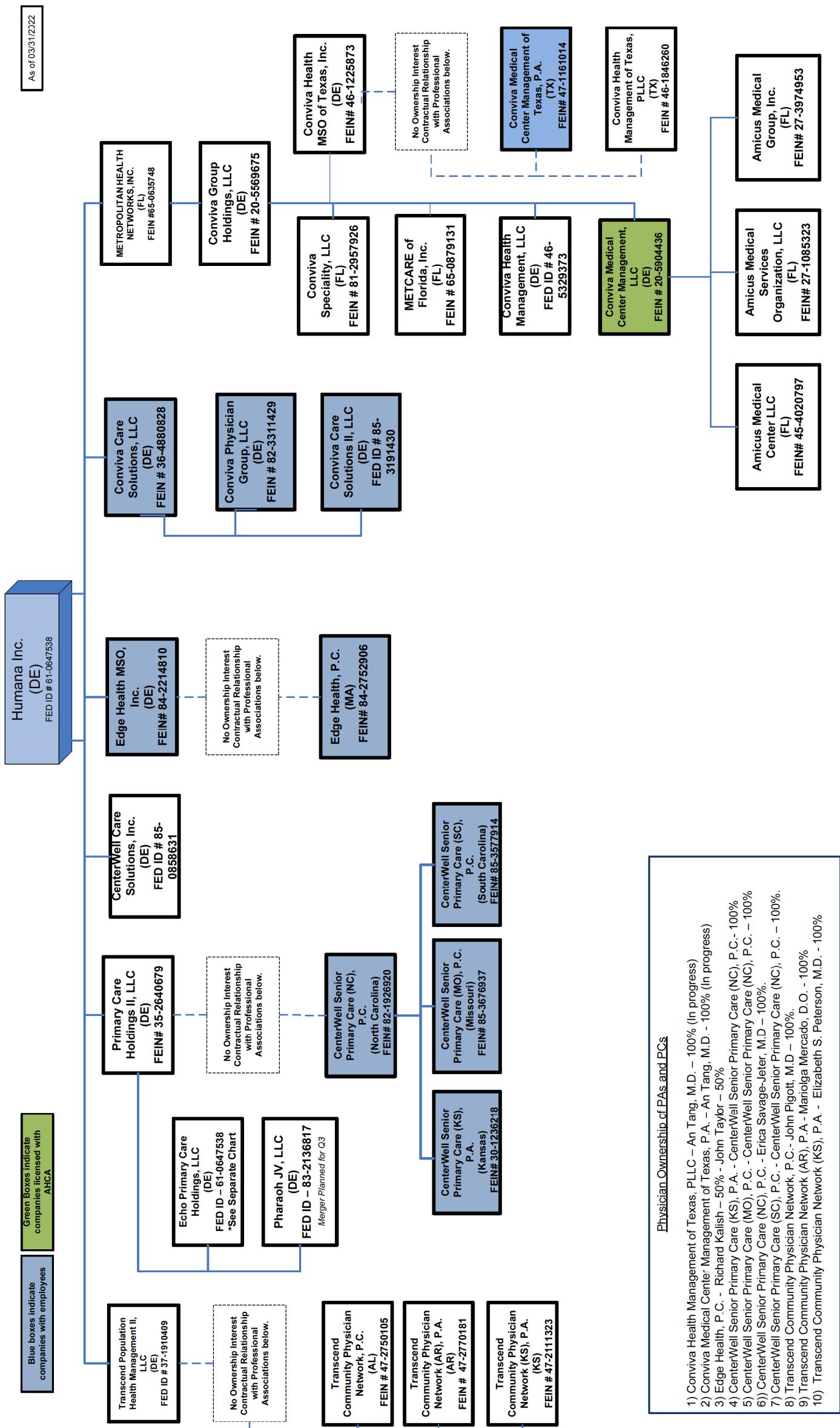
As of 03/31/2022



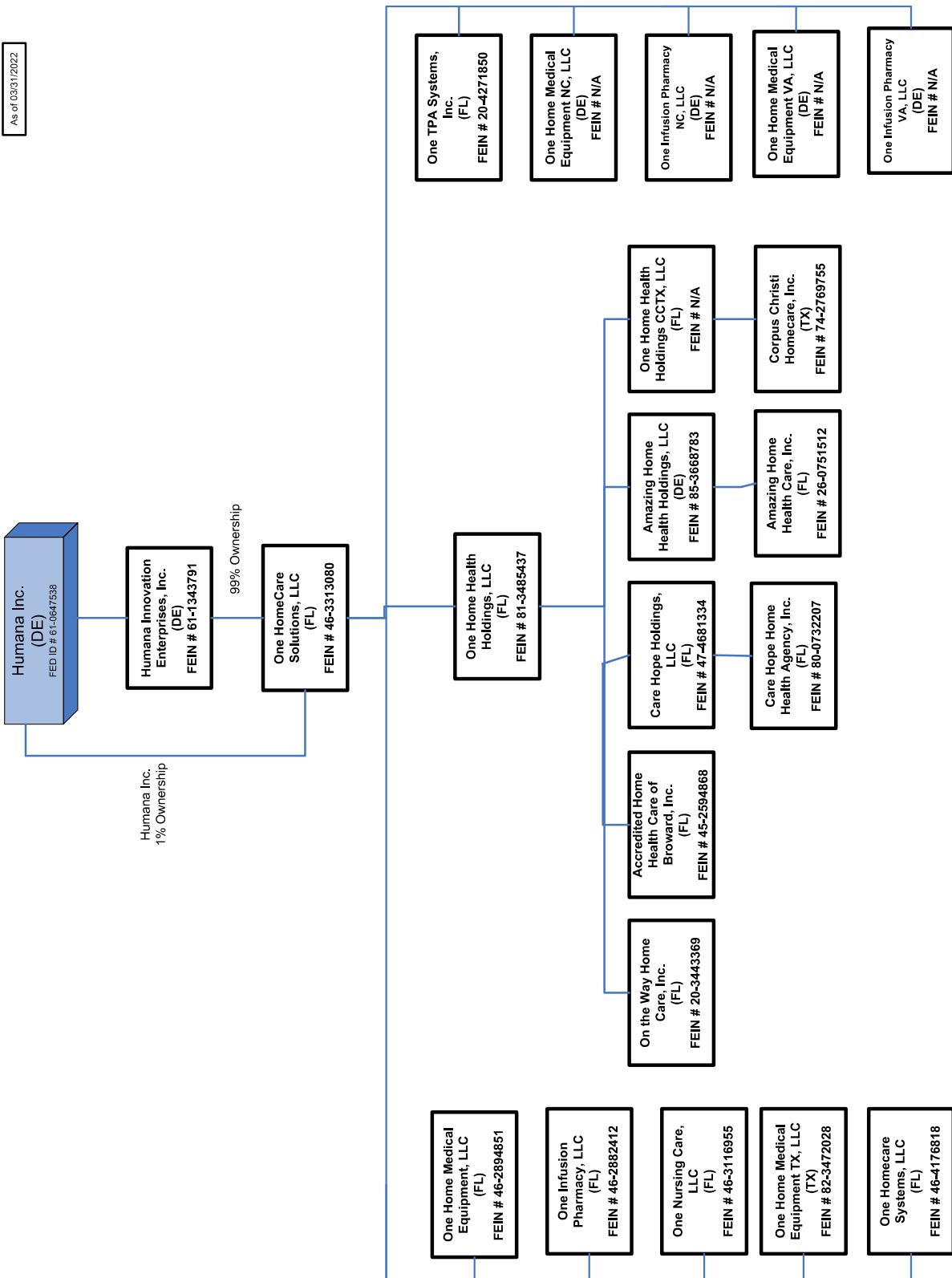
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



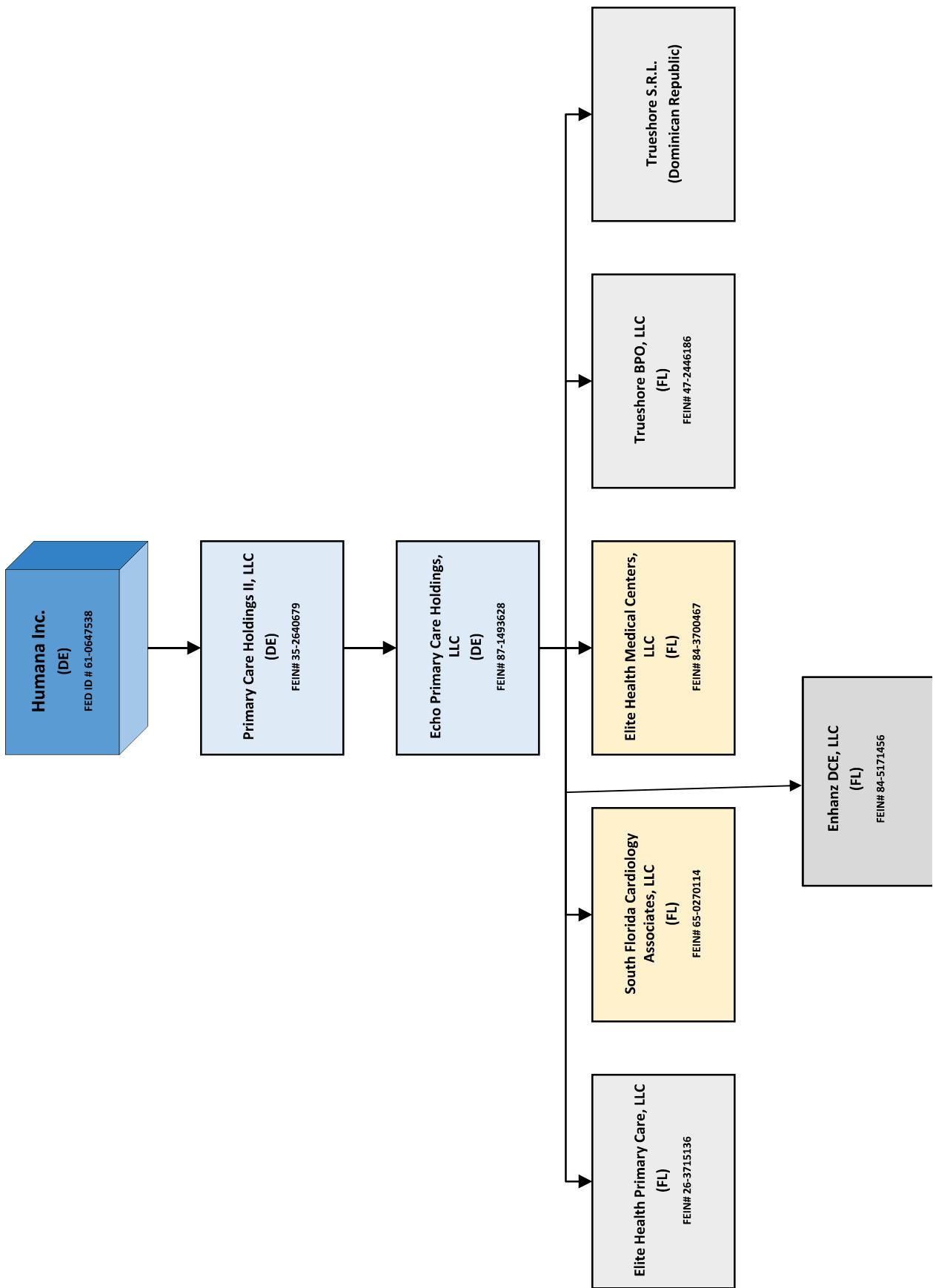
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



Echo Primary Care Holdings Organization Chart

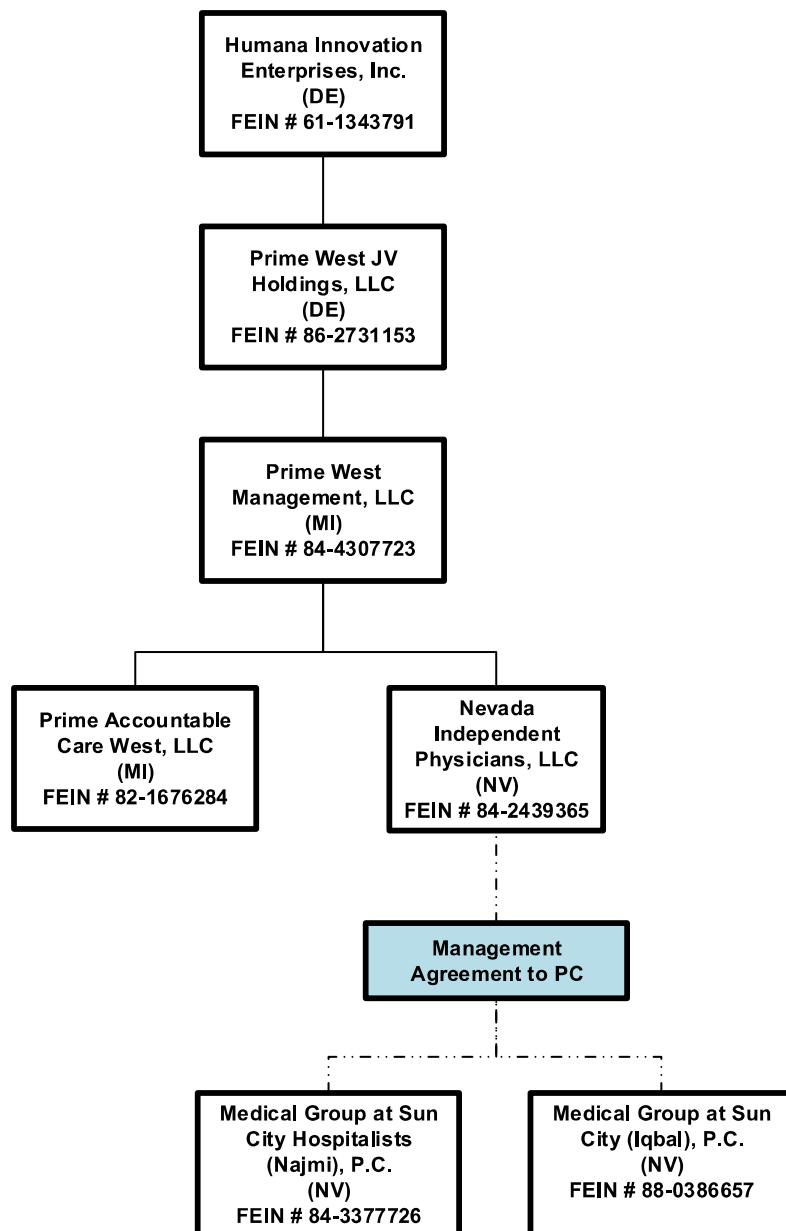
As of 03/31/2022

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



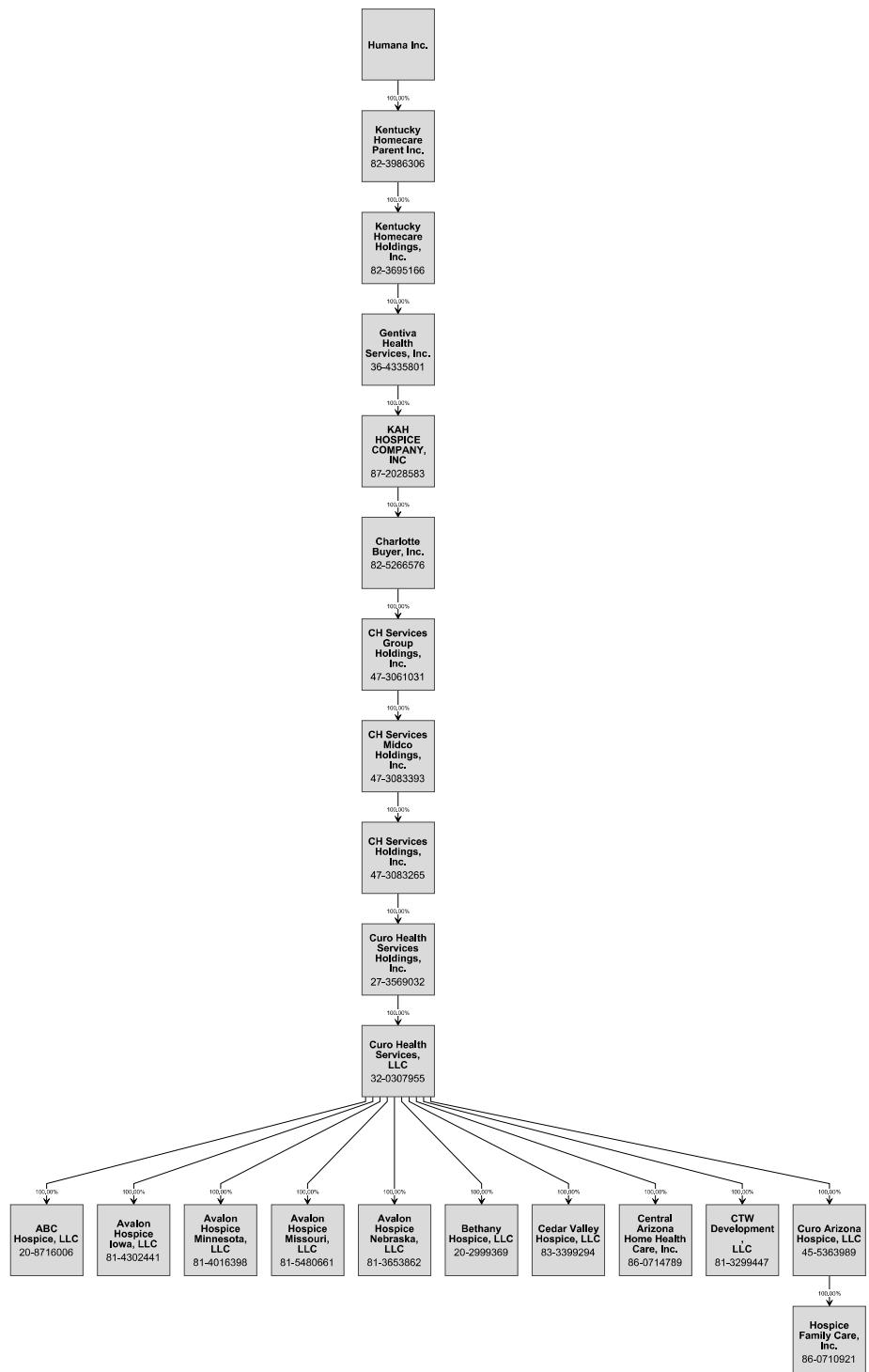
Prime West Organizational Chart

As of 03/31/2022

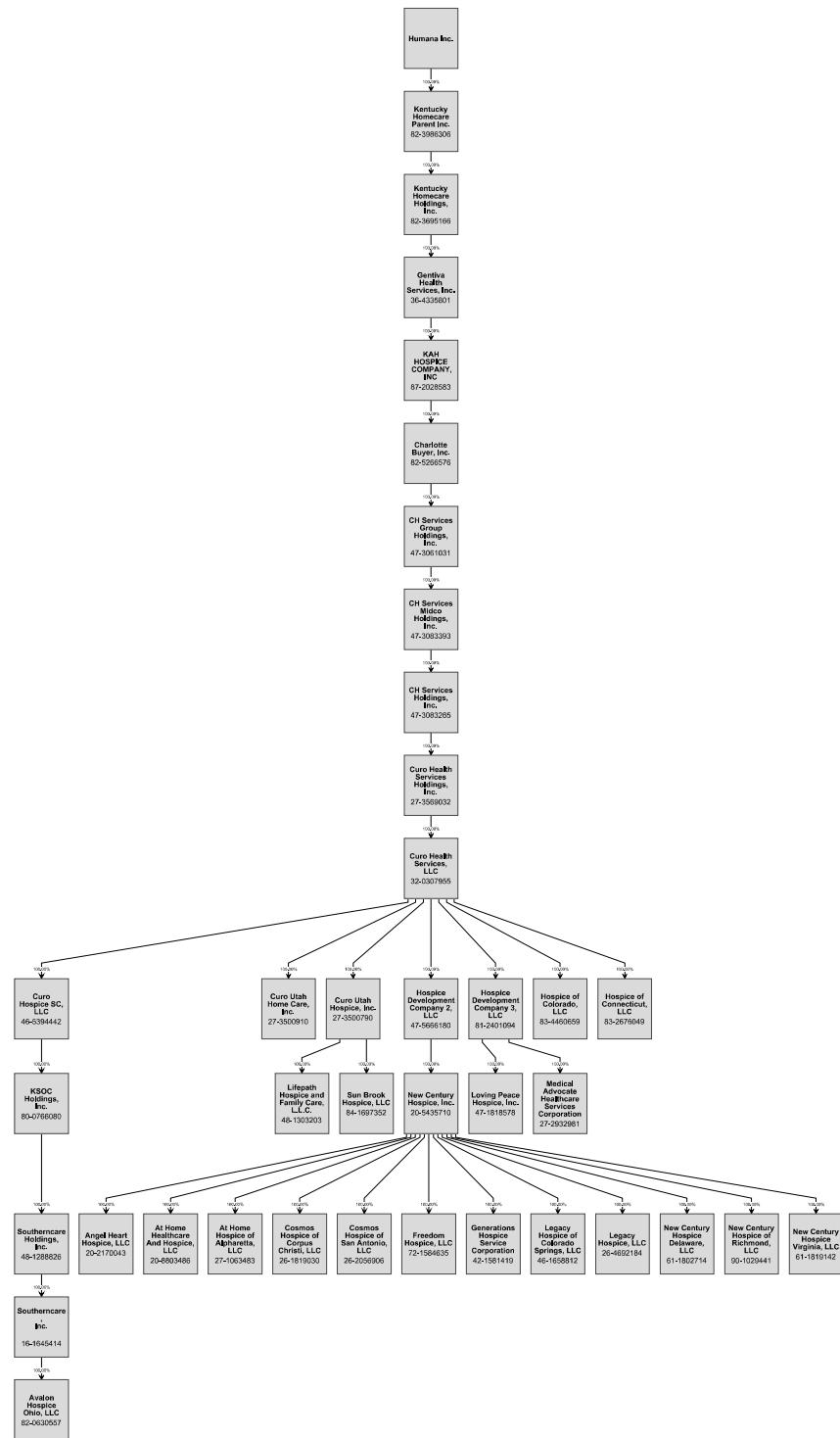


Zaffar Iqbal, M.D – 100% Ownership

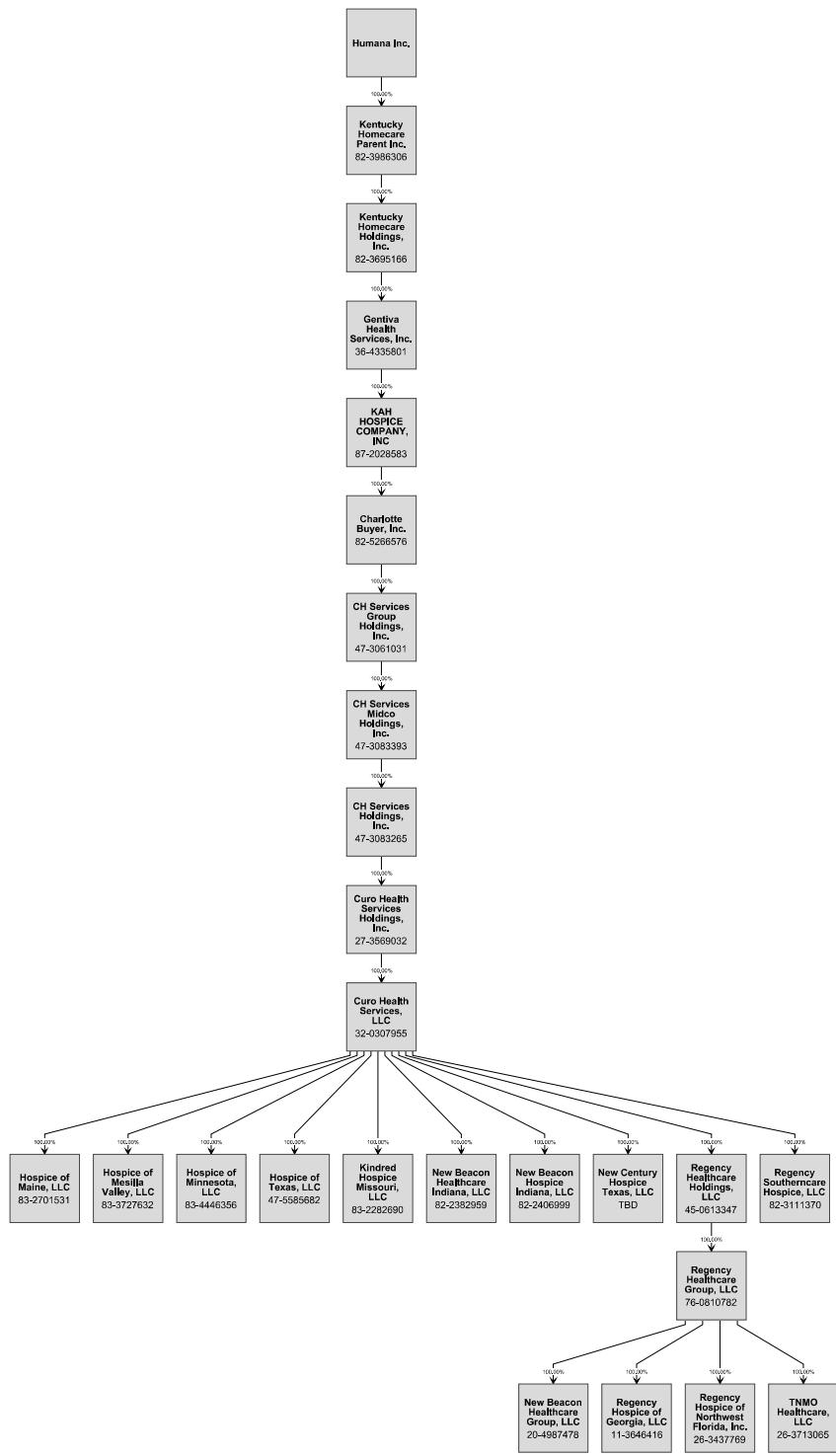
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



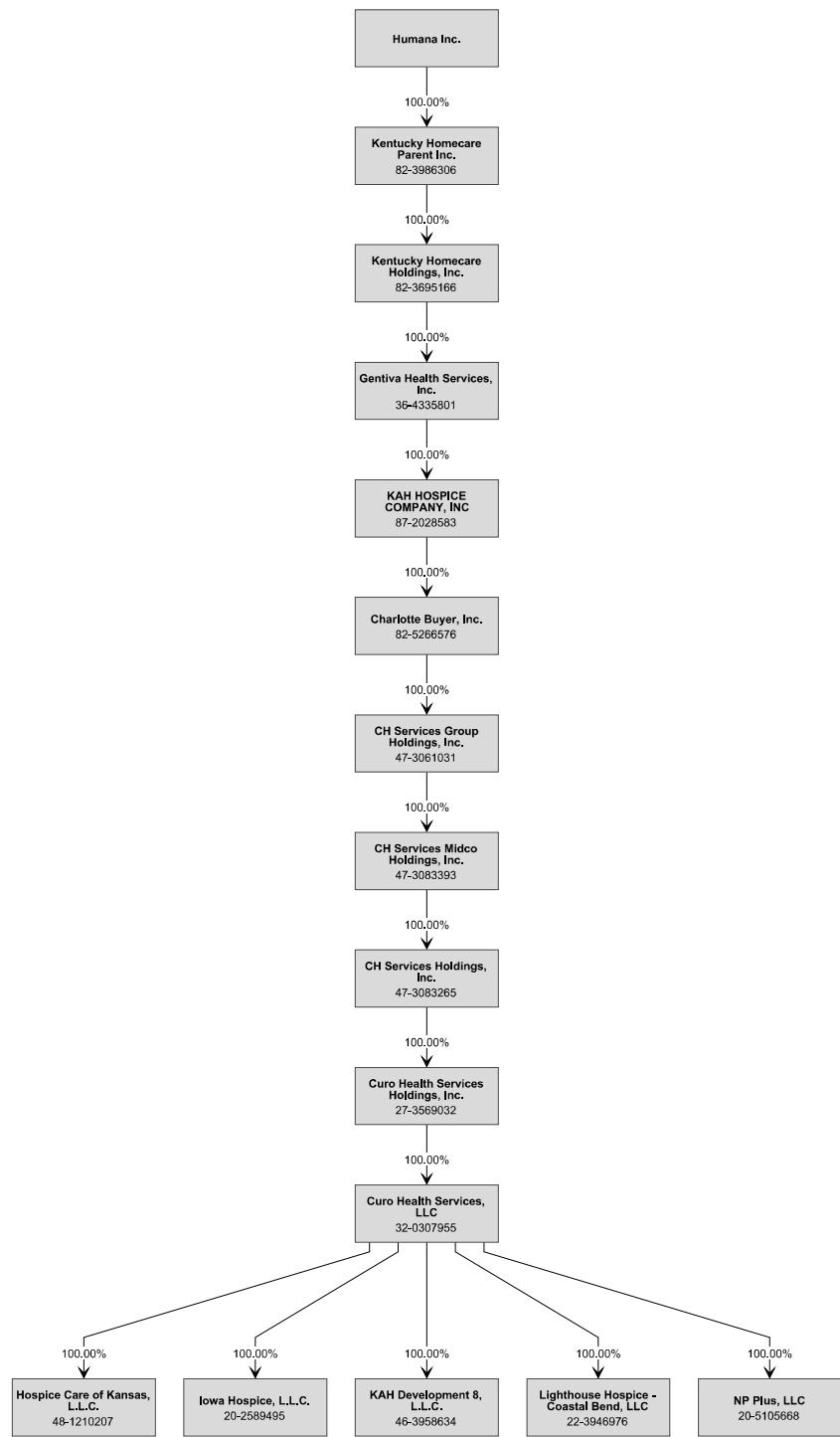
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



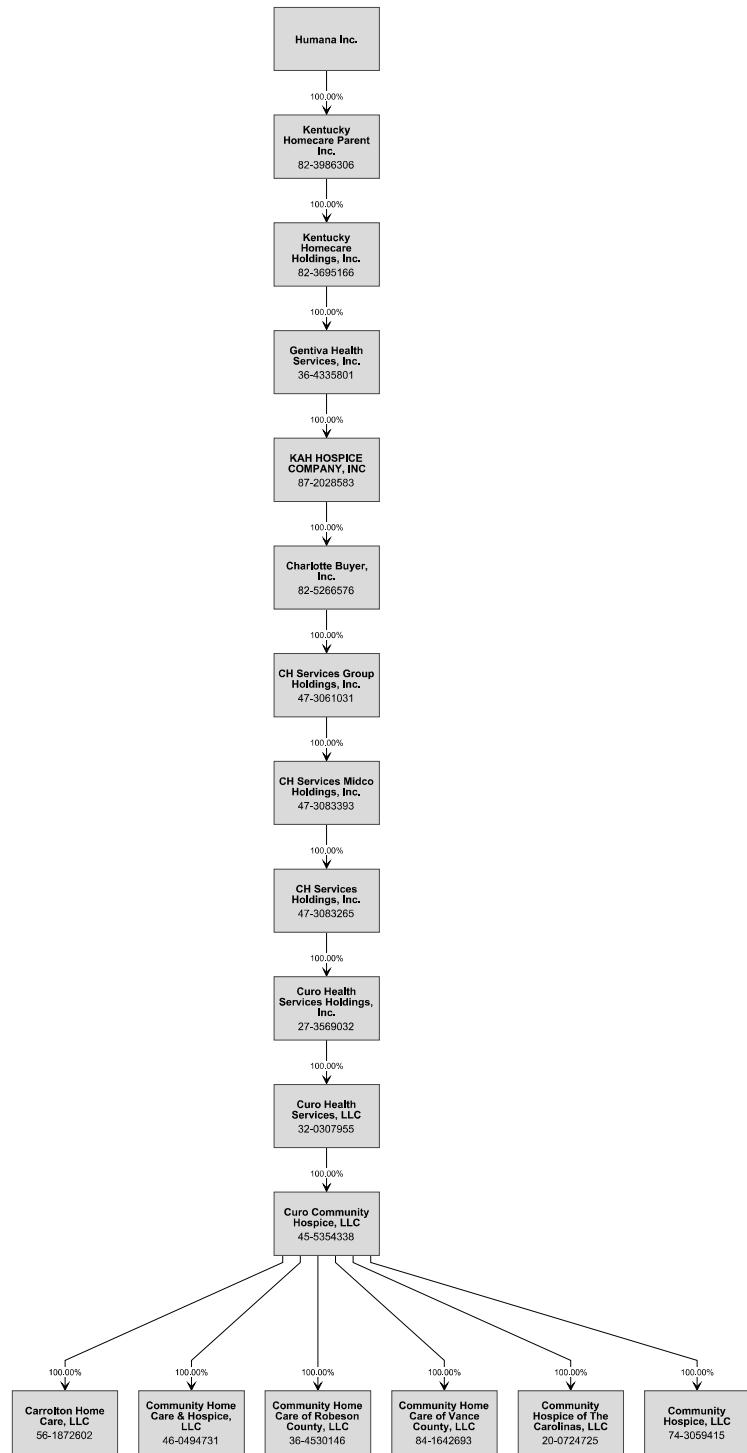
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



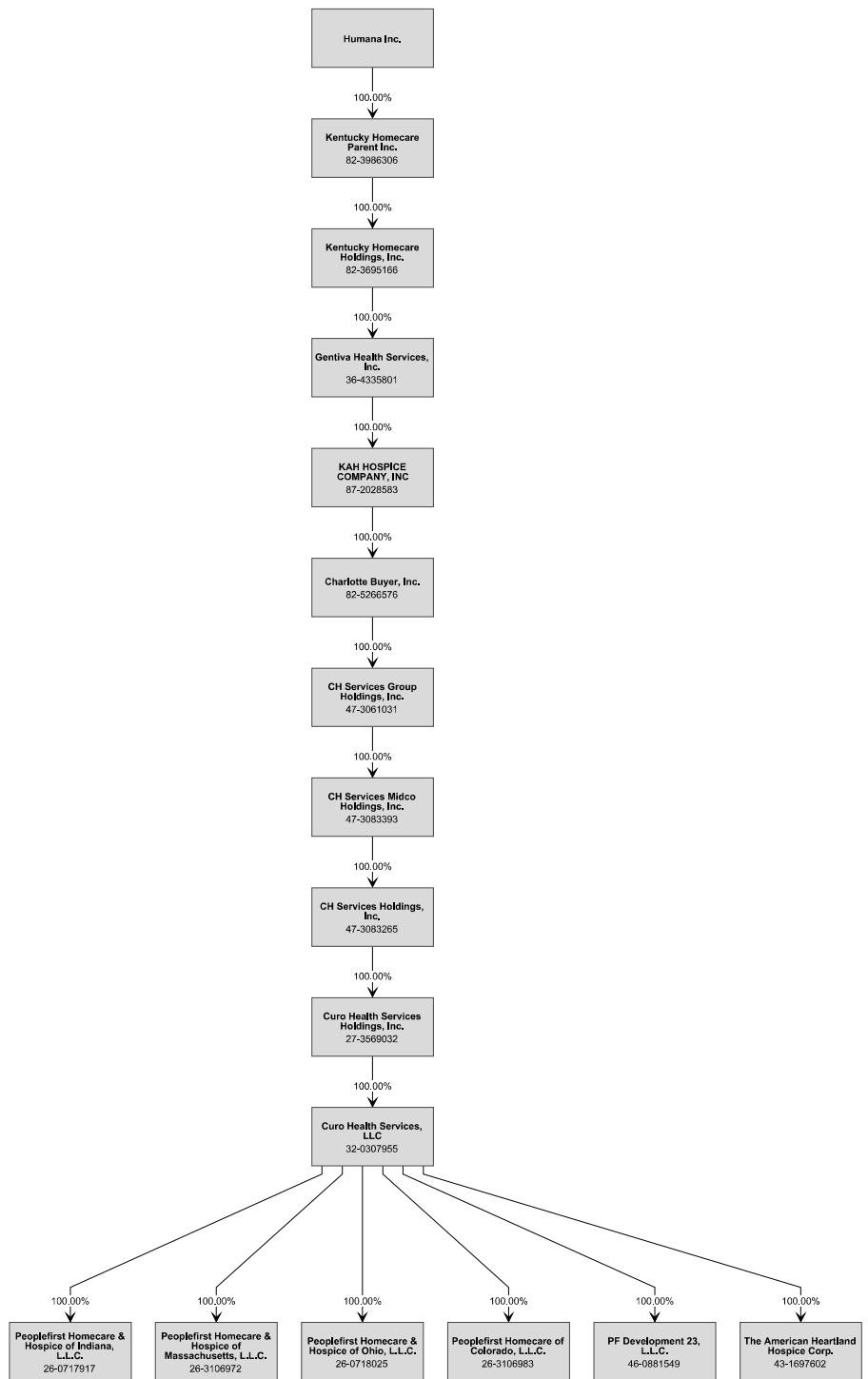
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



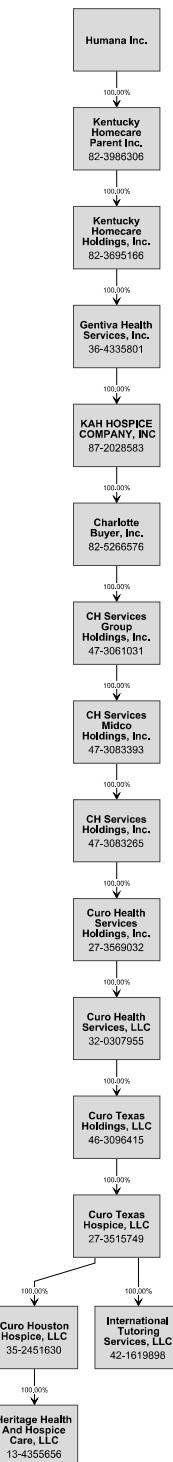
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



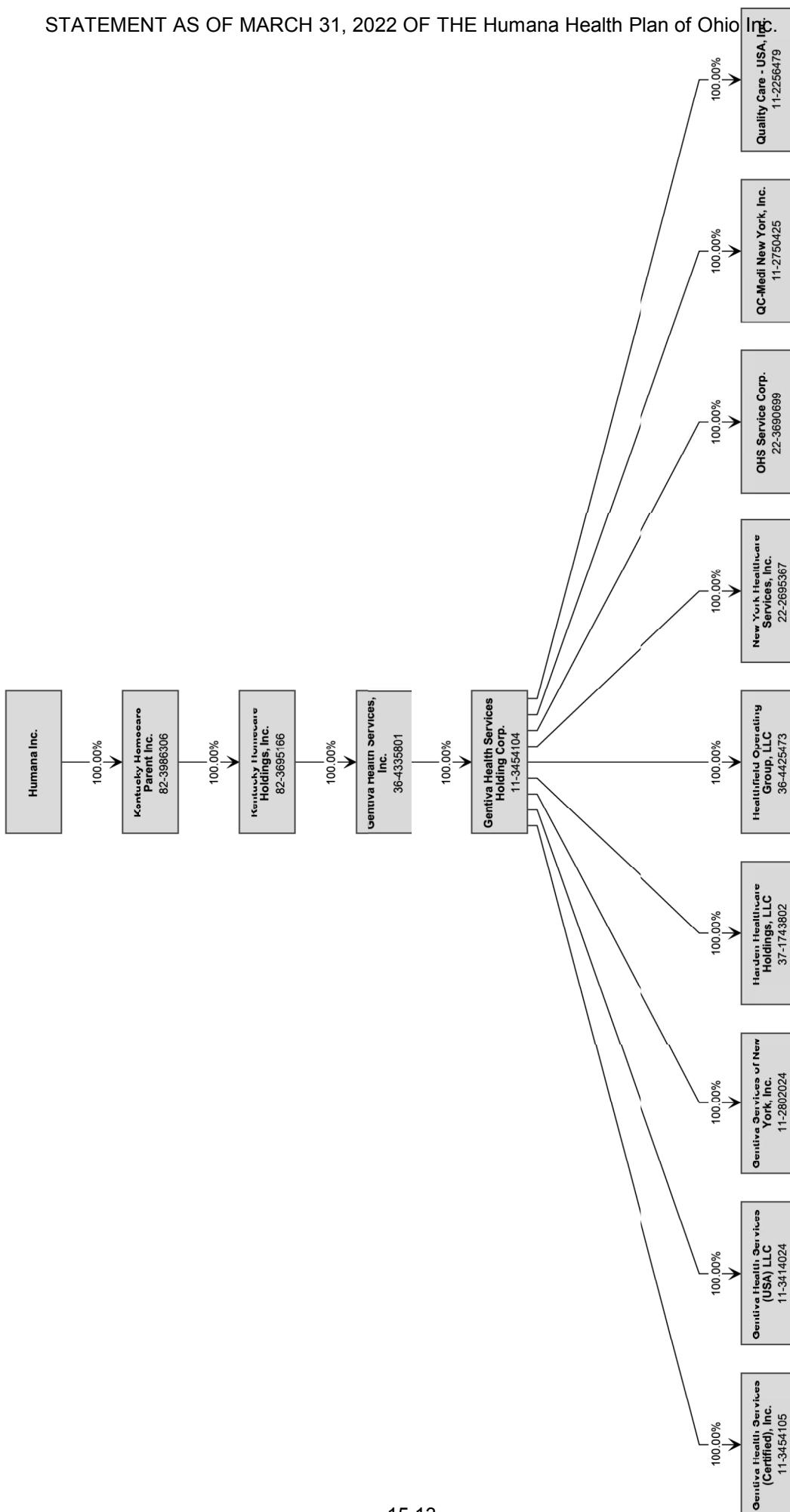
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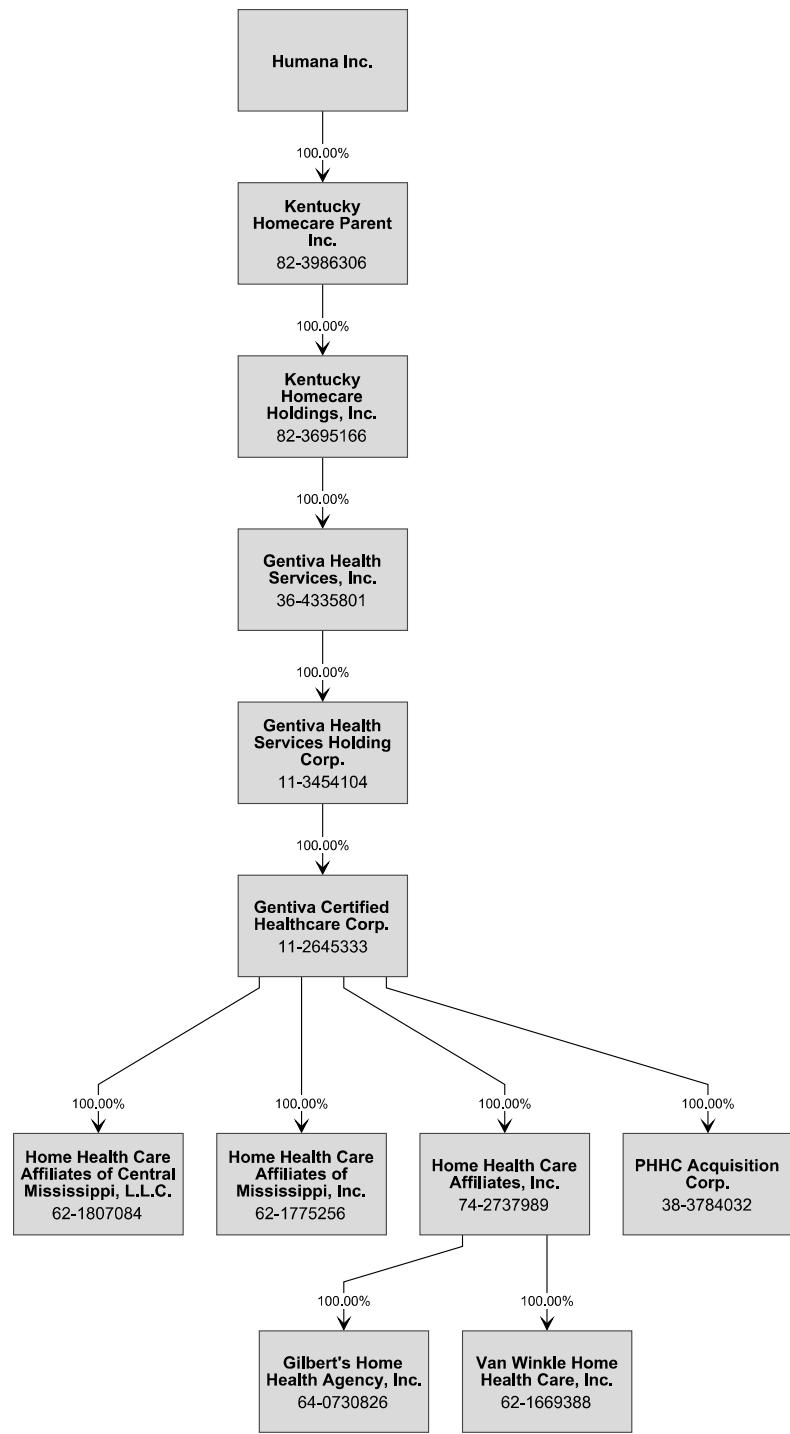
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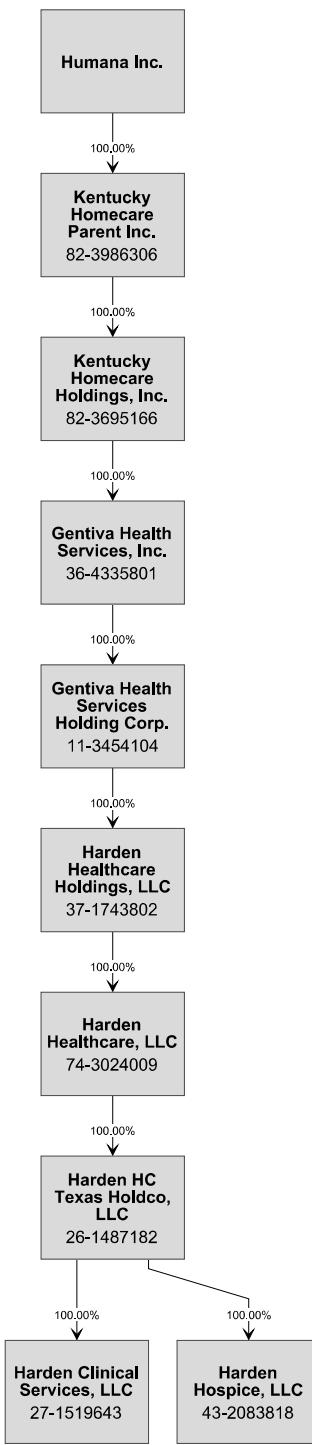
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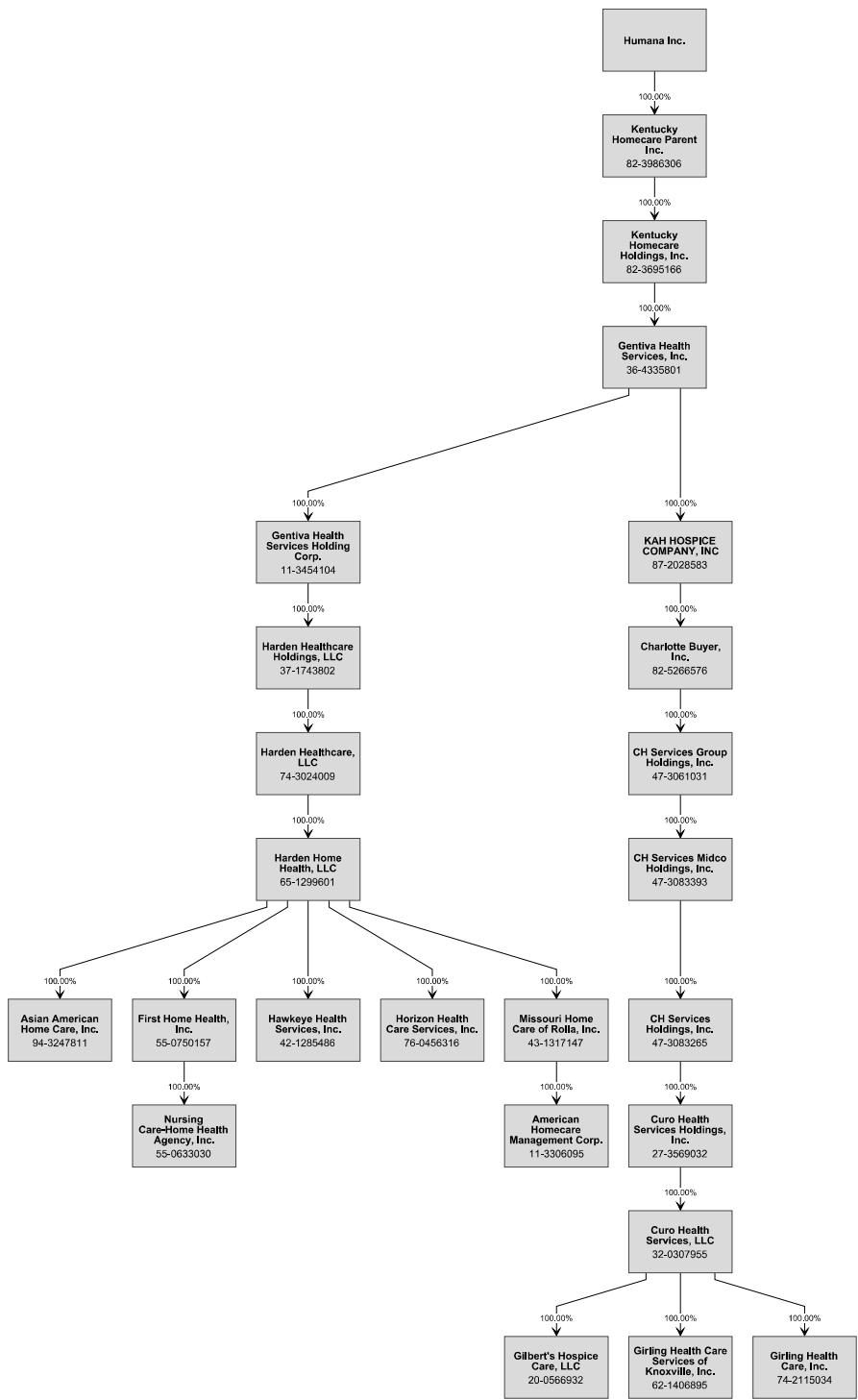
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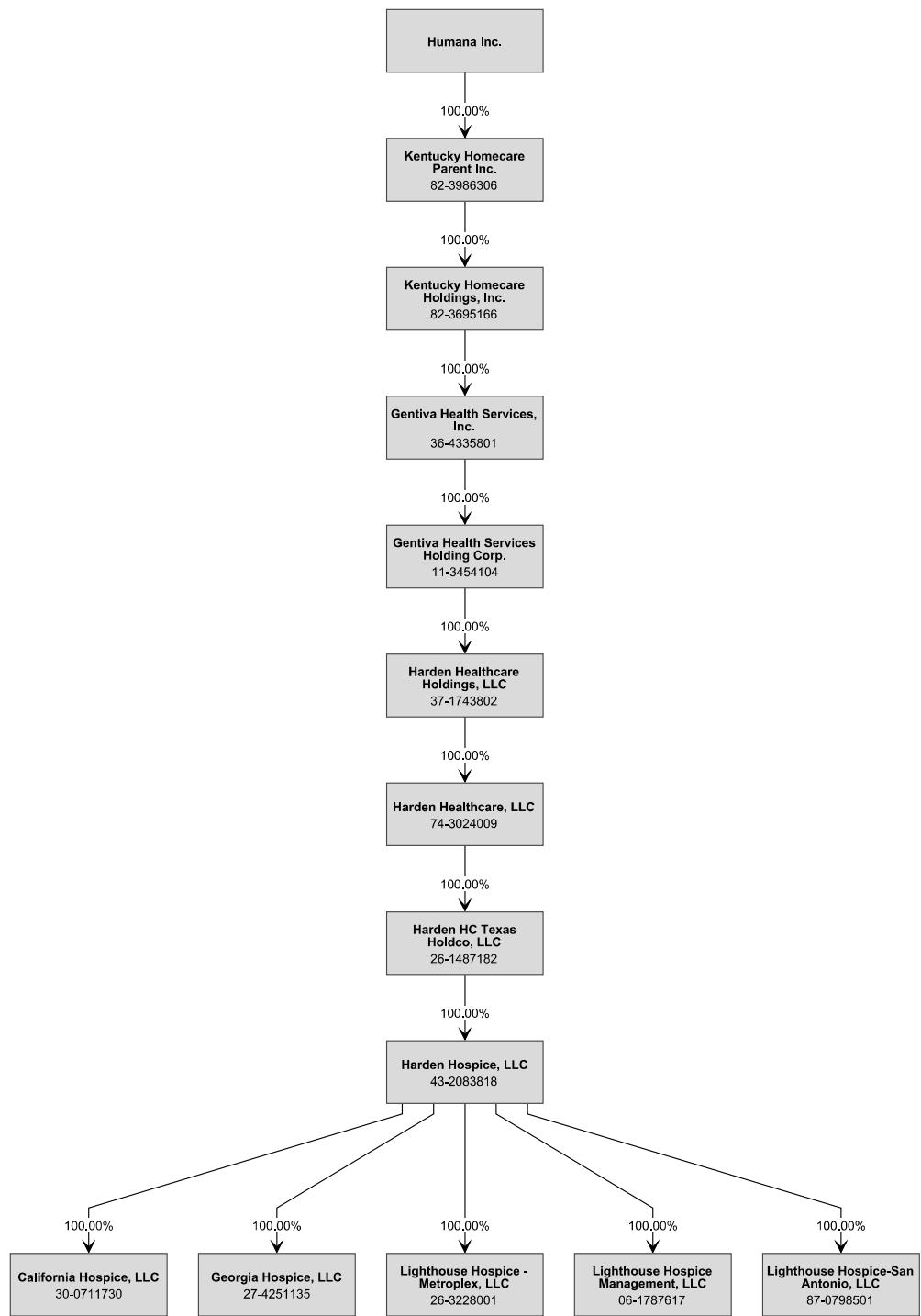
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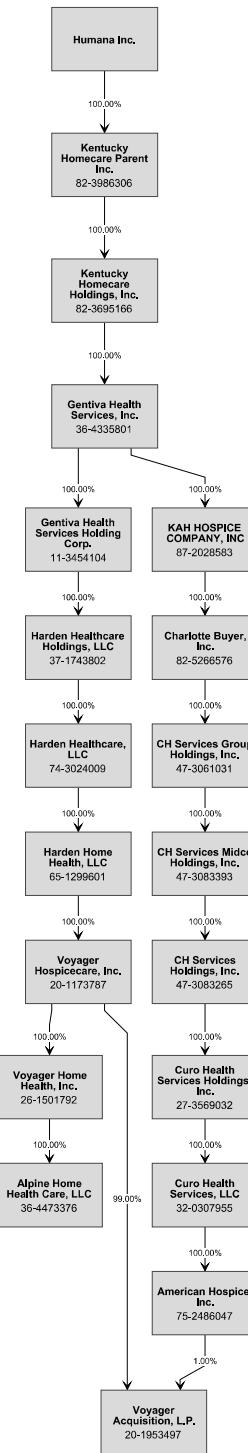
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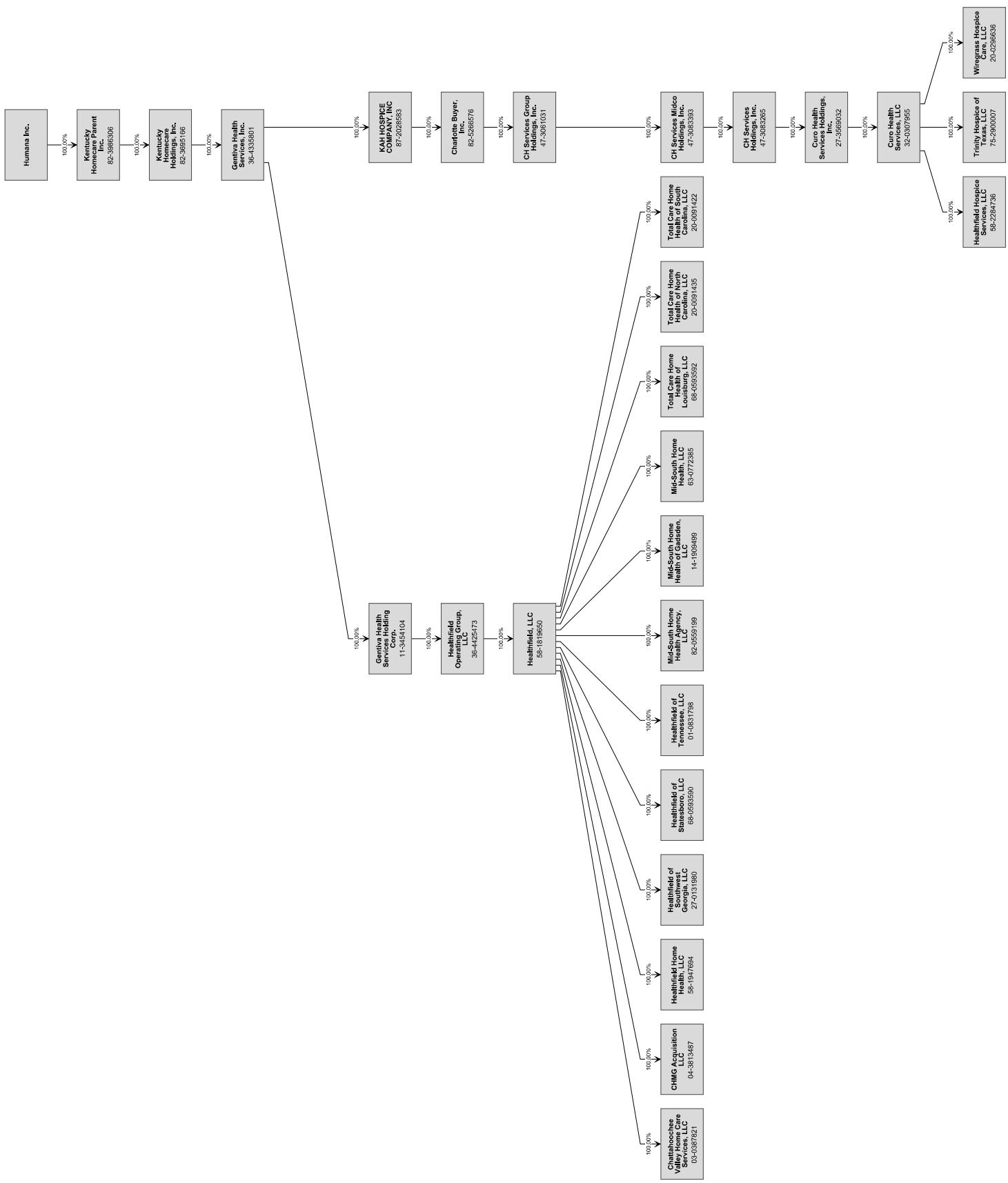
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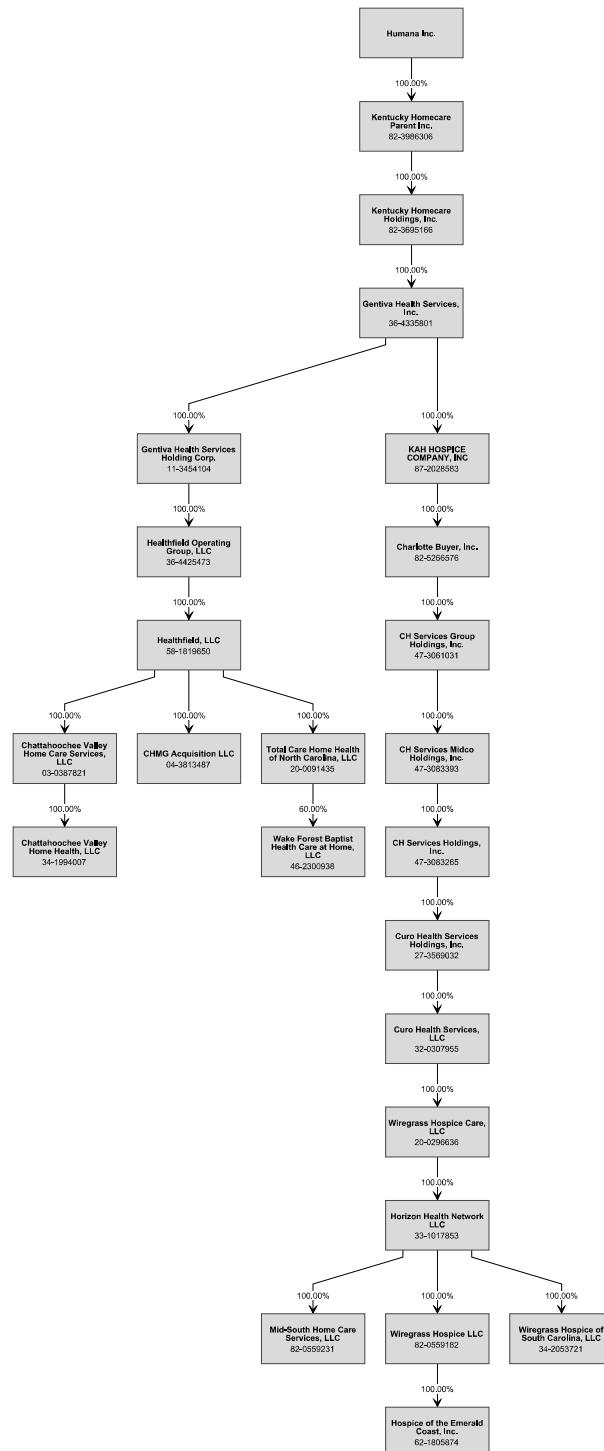
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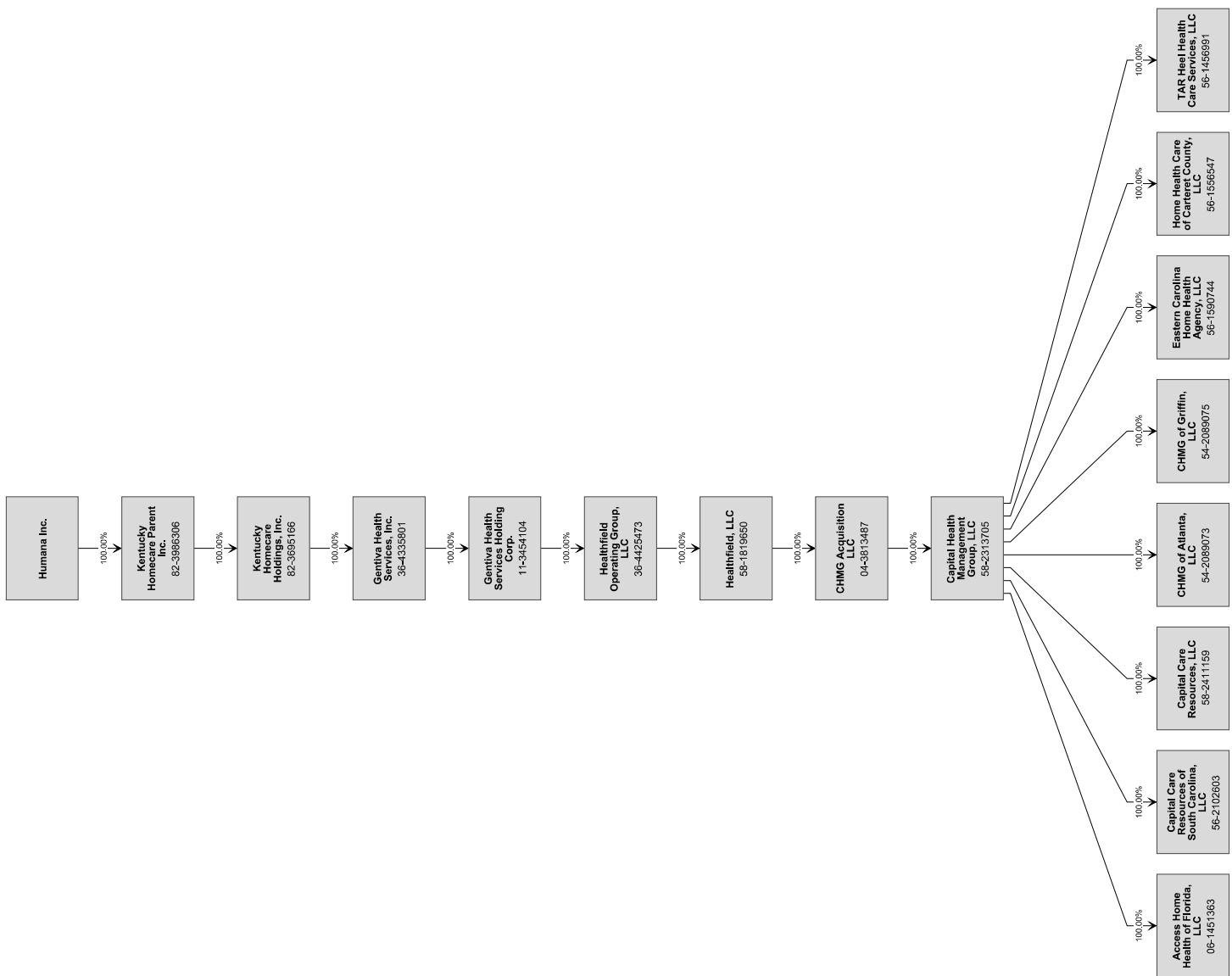
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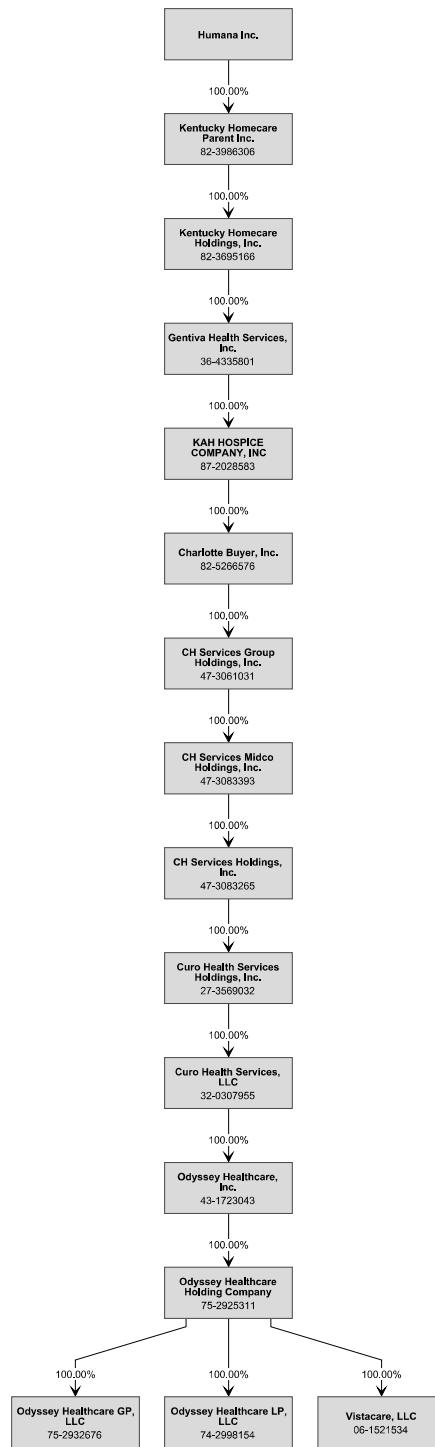
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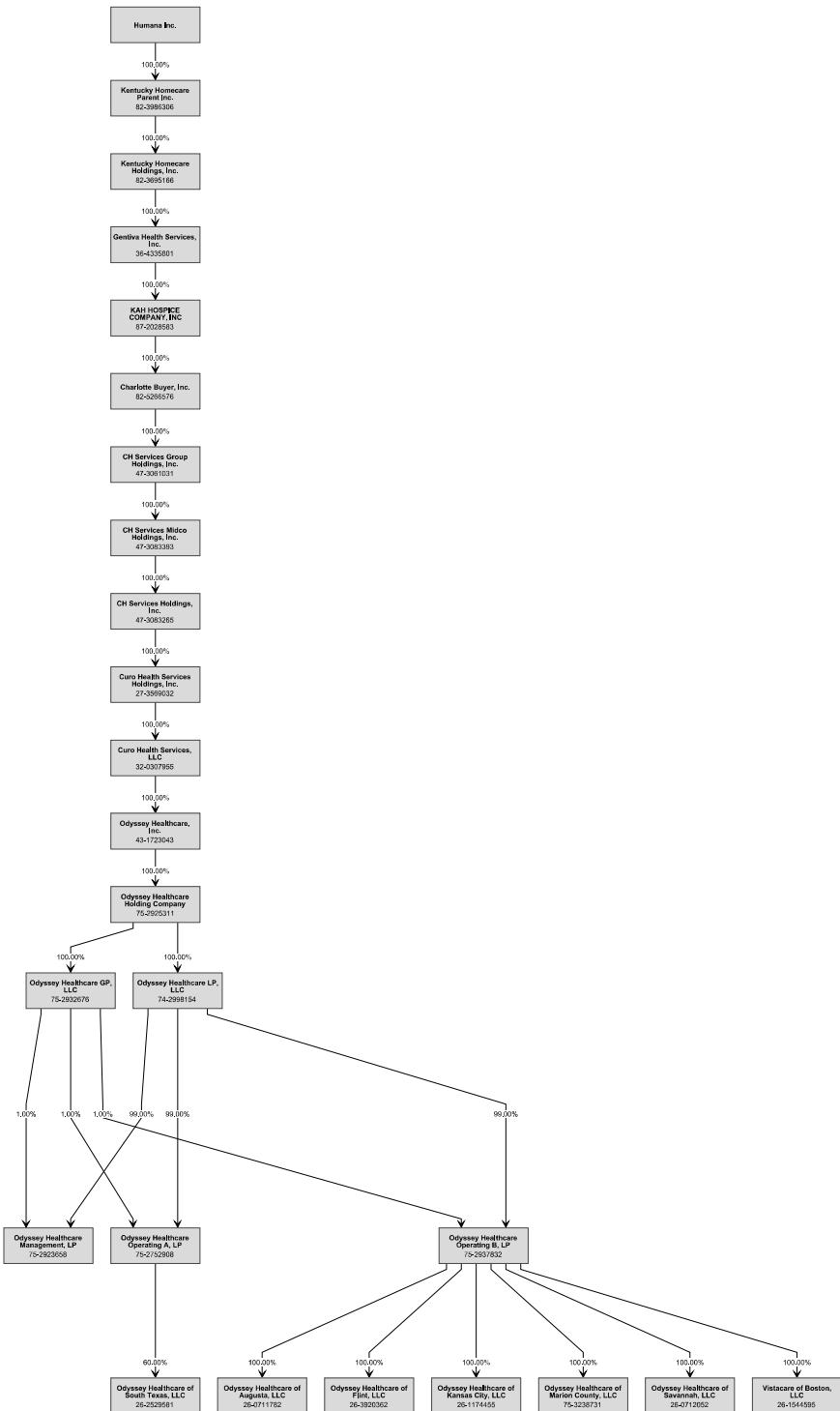
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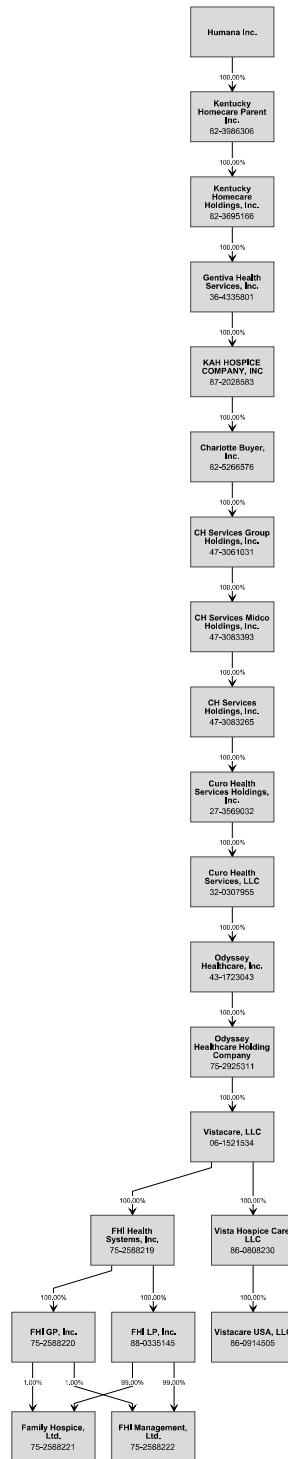
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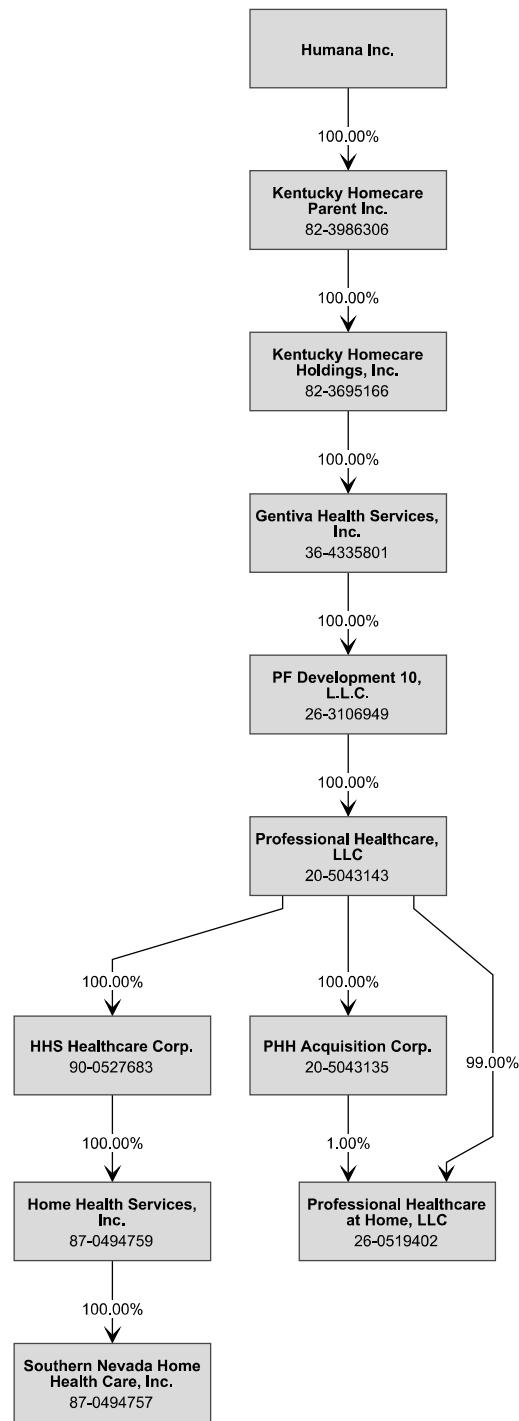
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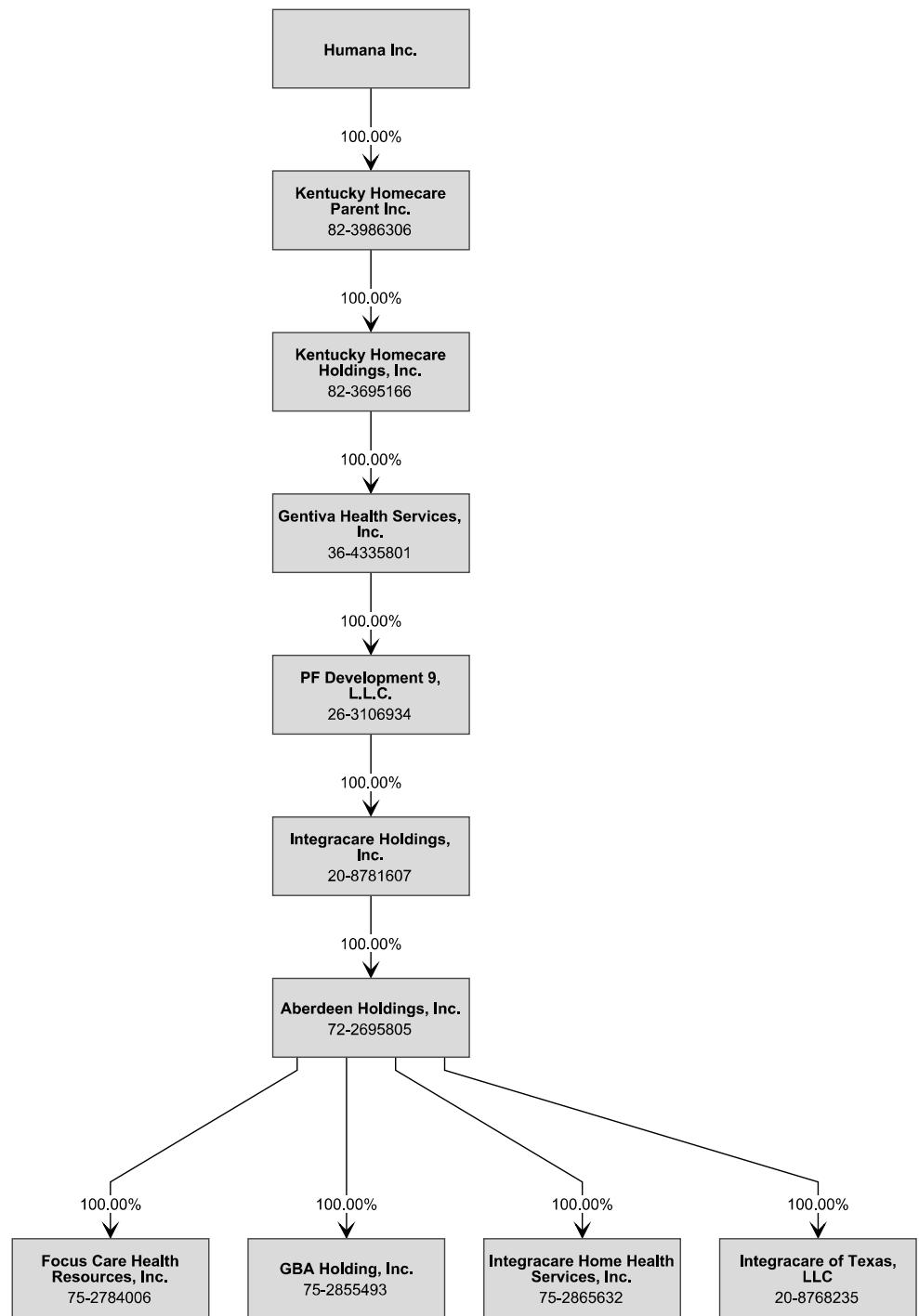
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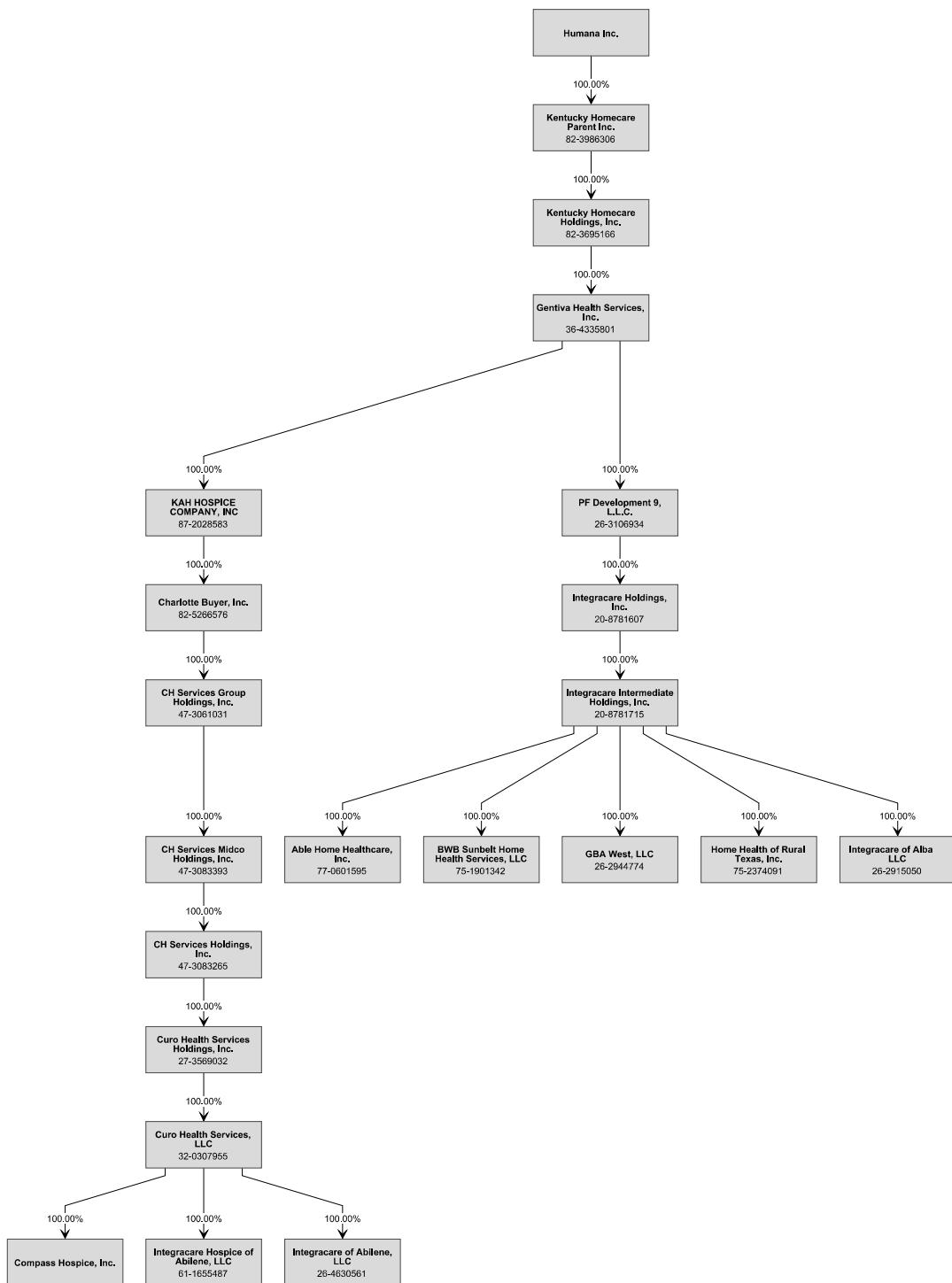
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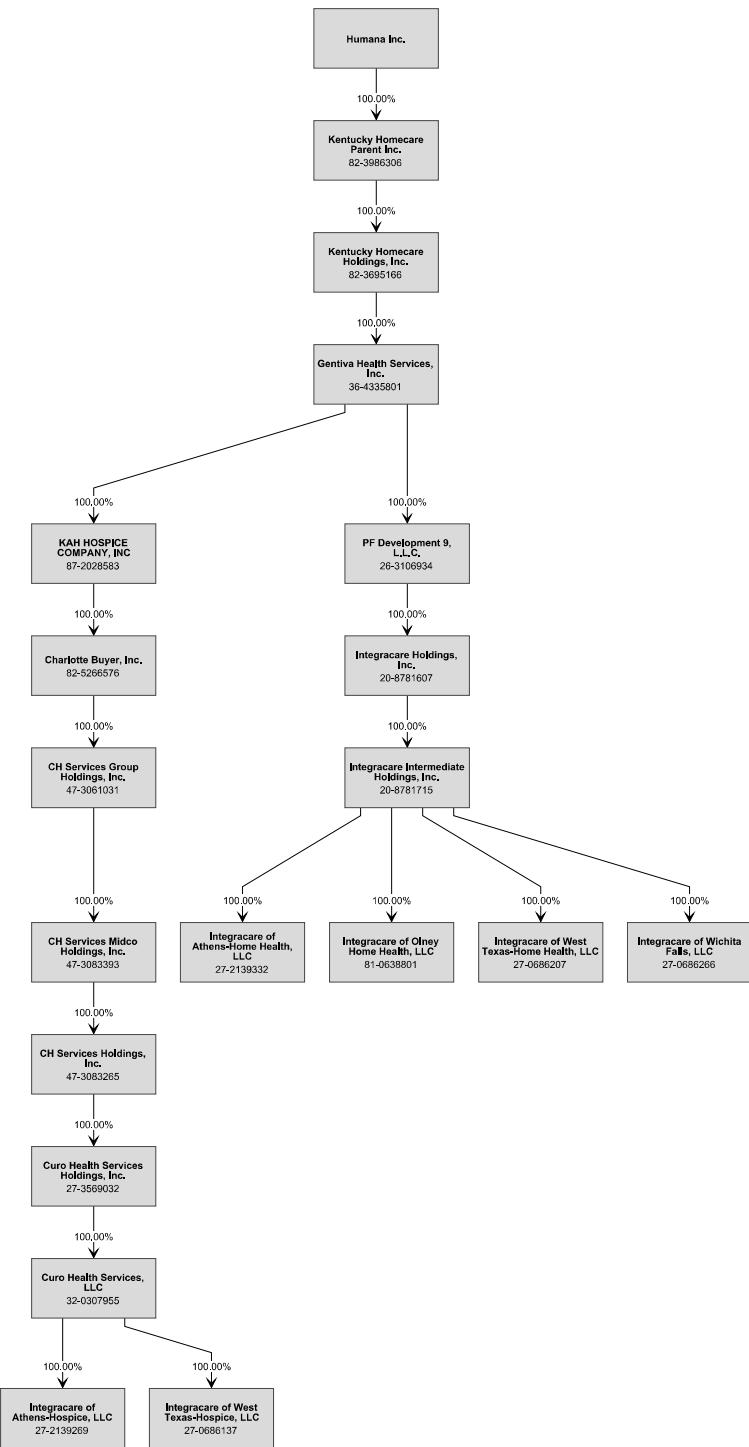
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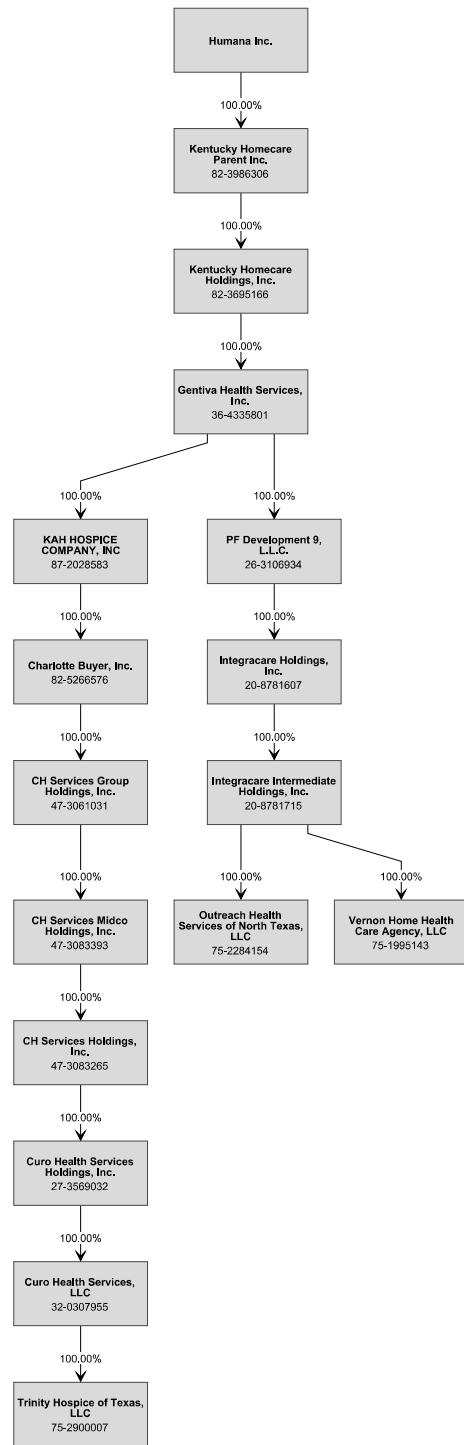
STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.



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STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*	
..0119	Humana Inc.	00000	20-5309363			516-526 West Main Street Condominium Council of Co-Owners, Inc.	KY .. N/A ..	Humana Real Estate Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	12151	20-1001348			Arcadian Health Plan, Inc.	WA .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	26-0815856			Care Partners Home Care, LLC	FL .. N/A ..	SeniorBridge Family Companies (FL), Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	39-1514846			CareNetwork, Inc.	WI .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95092	59-2598550			CarePlus Health Plans, Inc.	FL .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95754	62-1579044			Cariten Health Plan Inc.	TN .. N/A ..	PHP Companies, Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	35-2608414			CDO 1, LLC	DE .. N/A ..	HUM Provider Holdings, LLC	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	32-0545504			CDO 2, LLC	DE .. N/A ..	HUM Provider Holdings, LLC	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95158	61-1279717			CHA HMO, Inc.	KY .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	52015	59-2531815			CompBenefits Company	FL .. N/A ..	Humana Dental Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	04-3185995			CompBenefits Corporation	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	11228	36-3686002			CompBenefits Dental, Inc.	IL .. N/A ..	Dental Care Plus Management, Corp.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	58-2228851			CompBenefits Direct, Inc.	DE .. N/A ..	Humana Dental Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	60984	74-2552026			CompBenefits Insurance Company	TX .. N/A ..	Humana Dental Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	45-3713941			Complex Clinical Management, Inc.	FL .. N/A ..	SeniorBridge Family Companies (FL), Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	42-1575099			Humana Healthcare Research, Inc.	IL .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	36-4880828			Conviva Care Solutions, LLC	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	15886	75-2043865			Humana Benefit Plan of Texas, Inc.	TX .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	36-3512545			Dental Care Plus Management, Corp.	IL .. N/A ..	Humana Dental Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95161	76-0039628			DentiCare, Inc.	TX .. N/A ..	Humana Dental Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	88595	31-0935772			Emphesys Insurance Company	TX .. N/A ..	Emphesys, Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	61-1237697			Emphesys, Inc.	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	59-3164234			CenterWell Senior Primary Care (FL), Inc.	FL .. N/A ..	FPG Acquisition Corp.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	81-3802918			FPG Acquisition Corp.	DE .. N/A ..	FPG Acquisition Holdings Corp.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	81-3819187			FPG Acquisition Holdings Corp.	DE .. N/A ..	FPG Holding Company, LLC	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	32-0505460			FPG Holding Company, LLC	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	45-4685400			FPG Senior Services, LLC	FL .. N/A ..	FPG Acquisition Corp.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	27-1649291			Harris, Rothenberg International Inc.	NY .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	61-1223418			Health Value Management, Inc.	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	46-4912173			Humana EAP and Work-Life Services of California, Inc.	CA .. N/A ..	Harris, Rothenberg International Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	26-3592783			HUM Provider Holdings, LLC	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	20-4835394			Humana Active Outlook, Inc.	KY .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	75-2739333			Humana At Home (Dallas), Inc.	TX .. N/A ..	ROHC, L.L.C.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	76-0537878			Humana At Home (Houston), Inc.	TX .. N/A ..	ROHC, L.L.C.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	65-0274594			Humana At Home 1, Inc.	FL .. N/A ..	Humana Dental Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	13-4036798			Humana At Home, Inc.	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	60052	37-1326199			Humana Benefit Plan of Illinois, Inc.	IL .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	59-1843760			Humana Dental Company	FL .. N/A ..	CompBenefits Corporation	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95519	58-2209549			Humana Employers Health Plan of Georgia, Inc.	GA .. N/A ..	Humana Insurance Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	61-1241225			Humana Government Business, Inc.	DE .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95642	72-1279235			Humana Health Benefit Plan of Louisiana, Inc.	LA .. N/A ..	Humana Insurance Company	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	13558	26-2800286			Humana Health Company of New York, Inc.	NY .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	69971	61-1041514			Humana Health Insurance Company of Florida, Inc.	FL .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	26-3473328			Humana Health Plan of California, Inc.	CA .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95348	31-1154200			Humana Health Plan of Ohio, Inc.	OH .. RE ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95024	61-0994632			Humana Health Plan of Texas, Inc.	TX .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95885	61-1013183			Humana Health Plan, Inc.	KY .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	95721	66-0406896			Humana Health Plans of Puerto Rico, Inc.	PR .. N/A ..	Humana Inc.	Ownership.	100.00	Humana Inc.	NO ..	0 ..			
..0119	Humana Inc.	00000	61-0647538		0000049071	NYSE ..	Humana Inc.	DE .. UDP ..	See Footnote 1 ..	Other ..	0.000	See Footnote 1 ..	NO ..	2 ..		

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
..0119	Humana Inc.	00000	61-1343791			Humana Innovation Enterprises, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	73288	39-1263473			Humana Insurance Company		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	60219	61-1311685			Humana Insurance Company of Kentucky		KY	IA	Humana Insurance Company	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	12634	20-2888723			Humana Insurance Company of New York		NY	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	84603	66-0291866			Humana Insurance of Puerto Rico, Inc.		PR	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-3364857			Humana MarketPOINT of Puerto Rico, Inc.		PR	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1343508			Humana MarketPOINT, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	14224	27-3991410			Humana Medical Plan of Michigan, Inc.		MI	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	14462	27-4660531			Humana Medical Plan of Pennsylvania, Inc.		PA	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	12908	20-8411422			Humana Medical Plan of Utah, Inc.		UT	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	95270	61-1103898			Humana Medical Plan, Inc.		FL	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	45-2254346			Humana Pharmacy Solutions, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1316926			Humana Pharmacy, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	12282	20-2036444			Humana Regional Health Plan, Inc.		AR	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-4522426			Humana WellWorks LLC		DE	NIA	Health Value Management, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	95342	39-1525003			Humana Wisconsin Health Organization		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	70580	39-0714280			Insurance Corporation		WI	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1364005			HumanaDental, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-4535747			Go365, LLC		DE	NIA	HumanaWellworks LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1239538			Humco, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1383567			HUM-e FL, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	86-1050795			Hummingbird Coaching Systems LLC		OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	11695	39-1769093			Independent Care Health Plan		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1232669			Managed Care Indemnity, Inc.		VT	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-5569675			Conviva Group Holdings, LLC		DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-5904436			Conviva Medical Center Management, LLC		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	81-2957926			Conviva Speciality, LLC		FL	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-0879131			METCARE of Florida, Inc.		FL	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-0635728			Metropolitan Health Networks, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-0992582			Naples Health Care Specialists, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-0688221			Nursing Solutions, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	62-1552091			PHP Companies, Inc.		TN	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	62-1250945			Preferred Health Partnership, Inc.		TN	NIA	PHP Companies, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-1724127			Humana Real Estate Company		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-1225873			Conviva Health M&S of Texas, Inc.		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2844854			ROHC, L.L.C.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-1096853			SeniorBridge Family Companies (FL), Inc.		FL	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-0301155			SeniorBridge Family Companies (IN), Inc.		IN	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	36-4484443			SeniorBridge Family Companies (NY), Inc.		NY	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	01-0766084			Humana At Home (San Antonio), Inc.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	59-2518701			SeniorBridge Florida, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	74-2352809			Texas Dental Plans, Inc.		TX	NIA	Humana Dental Company	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	54739	52-1157181			The Dental Concern, Inc.		KY	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2600512			Humana At Home (TLC), Inc.		TX	NIA	ROHC, L.L.C.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	80-0072760			Humana Digital Health and Analytics Platform Services, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-5329373			Conviva Health Management, LLC		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	66-0872725			Humana Management Services of Puerto Rico, Inc.		PR	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	83-3321367			North Region Providers, LLC		DE	NIA	Humana Government Business, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	35-2640679			Primary Care Holdings II, LLC		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	37-1910409			Transcend Population Health Management II, LLC		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	.00000	84-2214810			Edge Health MSO, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	84-3226530			Humana Benefit Plan of South Carolina, Inc.		SC	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-3391115			Alexander Infusion, LLC		NY	N/A	Eagle NY Rx, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	36-4898224			Eagle NY Rx, LLC		DE	N/A	Eagle Rx, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-1407967			Eagle Rx Holdco, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-1416614			Eagle Rx, Inc.		DE	N/A	Eagle Rx Holdco, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	23-3068914			Enclara Pharmacia, Inc.		DE	N/A	Eagle Rx, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	39-1789830			GuidantRx, Inc.		WI	N/A	PBM Holding Company	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	61-1340806			PBM Holding Company		DE	N/A	Eagle Rx, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-2373204			PBM Plus Mail Service Pharmacy, LLC		DE	N/A	PBM Holding Company	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-3191430			Conviva Care Solutions II, LLC		DE	N/A	Conviva Care Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-3099097			Humana Direct Contracting Entity, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-0858631			CenterWell Care Solutions, LLC		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	87-1493628			Echo Primary Care Holdings, LLC		DE	N/A	Primary Care Holdings II, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	45-2594668			Accredited Home Health of Broward, Inc.		FL	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	26-0751512			Amazing Home Health Care, Inc.		FL	N/A	Amazing Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	85-3668783			Amazing Home Health Holdings, LLC		DE	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	47-4681334			Care Hope Holdings, Inc.		FL	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	80-0732207			Care Hope Home Health Agency, Inc.		FL	N/A	Care Hope Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	74-2769755			Corpus Christi Home Care, Inc.		TX	N/A	One Home Health Holdings CCTX, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-3443369			On the Way Home Care, Inc.		FL	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-3485437			One Home Health Holdings, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-2018741			One Home Health Holdings CCTX, LLC		TX	N/A	One Home Health Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-2894851			One Home Medical Equipment, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-3472028			One Home Medical Equipment TX, LLC		TX	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3116955			One Nursing Care, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-3313080							Humana Innovation Enterprises, Inc. - 99%					
.0119	Humana Inc.	.00000	46-4176818			One Homecare Solutions, LLC		FL	N/A	Humana Inc. - 1%	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	46-2882412			One Homecare Systems, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-4271850			One Infusion Pharmacy, LLC		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	83-2136817			One TPA Systems, Inc.		FL	N/A	One Homecare Solutions, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-8716006			Pharaoh JV, LLC		DE	N/A	Primary Care Holdings II, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	72-2695805			ABC Hospice, LLC		TX	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	77-0601595			Aberdeen Holdings, Inc.		TX	N/A	Integracare Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	06-1451363			Able Home Healthcare, Inc.		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	65-0180784			Access Home Health of Florida, LLC		DE	N/A	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	36-4473376			Advanced Oncology Services, Inc.		FL	N/A	Homecare Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	11-3306095			Alpine Home Health Care, LLC		CO	N/A	Voyager Home Health, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-2486047			American Homecare Management Corp.		DE	N/A	Missouri Home Care of Rolla, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-2170043			American Hospice, Inc.		TX	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	94-3247811			Angel Heart Hospice, LLC		TX	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-5803486			Asian American Home Care, Inc.		CA	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	27-1063483			At Home Healthcare And Hospice, LLC		GA	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-4302441			At Home Hospice of Alpharetta, LLC		GA	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-4016398			Avalon Hospice Iowa, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-5480661			Avalon Hospice Minnesota, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	81-3653862			Avalon Hospice Missouri, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-0630557			Avalon Hospice Nebraska, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	82-0620455			Avalon Hospice Ohio, LLC		DE	N/A	SouthernCare, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	20-2999369			Avalon Hospice Pennsylvania, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	75-1901342			Bethany Hospice, LLC		DE	N/A	SouthernCare, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000	30-0711730			BWB Sunbelt Home Health Services, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	.00000				California Hospice, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Percent- age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Yes/No)	*
..0119	Humana Inc.	00000	56-2102603			Capital Care Resources of South Carolina, LLC		GA	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	58-2411159			Capital Care Resources, LLC		GA	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	58-2313705			Capital Health Management Group, LLC		GA	NIA	CHMG Acquisition LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	56-1872602			Carrolton Home Care, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	83-3399294			Cedar Valley Hospice, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	86-0714789			Central Arizona Home Health Care, Inc.		AZ	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	47-3061031			CH Services Group Holdings, Inc.		DE	NIA	Charlotte Buyer, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	47-3083265			CH Services Holdings, Inc.		DE	NIA	CH Services Midco Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	47-3083393			CH Services Midco Holdings, Inc.		DE	NIA	CH Services Group Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-5266576			Charlotte Buyer, Inc.		DE	NIA	KAH Hospice Company, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	03-0387821			Chattahoochee Valley Home Care Services, LLC		GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	34-1994007			Chattahoochee Valley Home Health, LLC		GA	NIA	Chattahoochee Valley Home Care Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	04-3813487			CHMG Acquisition LLC		GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	54-2089073			CHMG of Atlanta, LLC		GA	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	54-2089075			CHMG of Griffin, LLC		GA	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-0494731			Community Home Care & Hospice, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	36-4530146			Community Home Care of Robeson County, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	84-1642693			Community Home Care of Vance County, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-0724725			Community Hospice of The Carolinas, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	74-3059415			Community Hospice, LLC		DE	NIA	Curo Community Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-0001235			Compass Hospice, Inc.		TX	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-1819030			Cosmos Hospice of Corpus Christi, LLC		TX	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-2056906			Cosmos Hospice of San Antonio, LLC		TX	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	81-3299447			CTW Development, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	45-5363989			Curo Arizona Hospice, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	45-5354338			Curo Community Hospice, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-3569032			Curo Health Services Holdings, Inc.		DE	NIA	CH Services Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	32-0307955			Curo Health Services, LLC		DE	NIA	Curo Health Services Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-5394442			Curo Hospice SC, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	35-2451630			Curo Houston Hospice, LLC		DE	NIA	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-3096415			Curo Texas Holdings, LLC		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-3515749			Curo Texas Hospice, LLC		DE	NIA	Curo Texas Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-3500910			Curo Utah Home Care, Inc.		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-3500790			Curo Utah Hospice, Inc.		DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	56-1590744			Eastern Carolina Home Health Agency, LLC		NC	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	NO	0
										1% owned by FHI GP, LLC and 99% owned by					
..0119	Humana Inc.	00000	75-2588221			Family Hospice, Ltd.		TX	NIA	FHI LP, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2588220			FHI GP, Inc.		TX	NIA	FHI Health Systems, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2588219			FHI Health Systems, Inc.		DE	NIA	Vistacare, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	88-0335145			FHI LP, Inc.		NV	NIA	FHI Health Systems, Inc.	Ownership	100.00	Humana Inc.	NO	0
										1% owned by FHI GP, LLC and 99% owned by					
..0119	Humana Inc.	00000	75-2588222			FHI Management, Ltd.		TX	NIA	FHI LP, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	55-0750157			First Home Health, Inc.		WV	NIA	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2784006			Focus Care Health Resources, Inc.		TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	72-1584635			Freedom Hospice, LLC		OK	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2855493			GBA Holding, Inc.		TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-2944774			GBA West, LLC		TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	42-1581419			Generations Hospice Service Corporation		LA	NIA	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	11-2645333			Gentiva Certified Healthcare Corp.		DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	11-3454105			Gentiva Health Services (Certified), Inc.		DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	11-3414024			Gentiva Health Services (USA) LLC		DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
..0119	Humana Inc.	00000	11-3454104			Gentiva Health Services Holding Corp.	DE	NIA	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	36-4335801			Gentiva Health Services, Inc.	DE	NIA	Kentucky Homecare Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	11-2802024			Gentiva Services of New York, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	27-4251135			Georgia Hospice, LLC	TX	NIA	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	64-0730826			Gilbert's Home Health Agency, Inc.	MS	NIA	Home Health Care Affiliates, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	20-0566932			Gilbert's Hospice Care, LLC	MS	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	62-1406895			Girling Health Care Services of Knoxville, Inc.	TN	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	74-2115034			Girling Health Care, Inc.	TX	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	27-1519643			Harden Clinical Services, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	26-1487182			Harden HC Texas Holdco, LLC	TX	NIA	Harden Healthcare, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	37-1743802			Harden Healthcare Holdings, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	74-3024009			Harden Healthcare, LLC	TX	NIA	Harden Healthcare Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	65-1299601			Harden Home Health, LLC	DE	NIA	Harden Healthcare, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	43-2083818			Harden Hospice, LLC	TX	NIA	Harden HC Texas Holdco, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	42-1285486			Hawkeye Health Services, Inc.	IA	NIA	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	58-1947694			Healthfield Home Health, LLC	GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	58-2284736			Healthfield Hospice Services, LLC	GA	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	27-0131980			Healthfield of Southwest Georgia, LLC	GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	68-0593590			Healthfield of Statesboro, LLC	GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	01-0831798			Healthfield of Tennessee, LLC	GA	NIA	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	36-4425473			Healthfield Operating Group, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	58-1819650			Healthfield Operating Group, LLC	DE	NIA	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	13-4355656			Healthfield, LLC	DE	NIA	Curo Houston Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	90-0527683			Heritage Health And Hospice Care, LLC	DE	NIA	Professional Healthcare, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	62-1807084			Home Health Care Affiliates of Central Mississippi, L.L.C.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	62-1775256			Home Health Care Affiliates of Mississippi, Inc.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	74-2737989			Home Health Care Affiliates, Inc.	MS	NIA	Gentiva Certified Healthcare Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	56-1556547			Home Health Care of Carteret County, LLC	NC	NIA	Capital Health Management Group, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	75-2374091			Home Health of Rural Texas, Inc.	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	87-0494759			Home Health Services, Inc.	UT	NIA	HHS Healthcare Corp.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	65-0837269			Homecare Holdings, Inc.	FL	NIA	Senior Home Care, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	76-0456316			Horizon Health Care Services, Inc.	TX	NIA	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	33-1017853			Horizon Health Network LLC	AL	NIA	Wiregrass Hospice Care, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	48-1210207			Hospice Care of Kansas, L.L.C.	KS	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	47-5666180			Hospice Development Company 2, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	81-2401094			Hospice Development Company 3, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	86-0710921			Hospice Family Care, Inc.	DE	NIA	Curo Arizona Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	83-4460659			Hospice of Colorado, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	83-2676049			Hospice of Connecticut, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	83-2701531			Hospice of Maine, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	83-3727632			Hospice of Mesilla Valley, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	83-4446356			Hospice of Minnesota, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	47-5585682			Hospice of Texas, LLC	DE	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	62-1805874			Hospice of the Emerald Coast, Inc.	FL	NIA	Wiregrass Hospice LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	20-8781607			Integracare Holdings, Inc.	DE	NIA	PF Development 9, L.L.C.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	75-2865632			Integracare Home Health Services, Inc.	TX	NIA	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	61-1655487			Integracare Hospice of Abilene, LLC	TX	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	20-8781715			Integracare Intermediate Holdings, Inc.	DE	NIA	Integracare Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	26-4630561			Integracare of Abilene, LLC	TX	NIA	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	26-2915050			Integracare of Albany, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0	
..0119	Humana Inc.	00000	27-2139332			Integracare of Athens-Home Health, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0	

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
..0119	Humana Inc.	00000	27-2139269			Integracare of Athens-Hospice, LLC		TX	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	81-0638801			Integracare of Olney Home Health, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-8768235			Integracare of Texas, LLC		TX	N/A	Aberdeen Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-0686207			Integracare of West Texas-Home Health, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-0686137			Integracare of West Texas-Hospice, LLC		TX	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-0686266			Integracare of Wichita Falls, LLC		TX	N/A	Integracare Intermediate Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	42-1619898			International Tutoring Services, LLC		DE	N/A	Curo Texas Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-2589495			Iowa Hospice, L.L.C.		IA	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-3992741			KAH Development 10, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-4002959			KAH Development 12, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-4025157			KAH Development 14, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-3902994			KAH Development 4, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-3958634			KAH Development 8, L.L.C.		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-3695166			Kentucky Homecare Holdings, Inc.		DE	N/A	Kentucky Homecare Parent Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-3986306			Kentucky Homecare Parent Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	83-2282690			Kindred Hospice Missouri, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-0717945			Kindred Hospice Services, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-0717534			KND Development 50, L.L.C.		DE	N/A	Gentiva Health Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	80-0766080			KSOC Holdings, Inc.		DE	N/A	Curo Hospice SC, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-1658812			Legacy Hospice of Colorado Springs, LLC		CO	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-4692184			Legacy Hospice, LLC		CO	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	48-1303203			LifePath Hospice and Family Care, L.L.C.		DE	N/A	Curo Utah Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	22-3946976			Lighthouse Hospice - Coastal Bend, LLC		TX	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3228001			Lighthouse Hospice - Metroplex, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	06-1787617			Lighthouse Hospice Management, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	87-0798501			Lighthouse Hospice-San Antonio, LLC		TX	N/A	Harden Hospice, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	47-1818578			Loving Peace Hospice, Inc.		IL	N/A	Hospice Development Company 3, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-0277280			Med. Tech. Services of South Florida, Inc.		FL	N/A	Advanced Oncology Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	27-2932981			Medical Advocate Healthcare Services Corporation		IL	N/A	Hospice Development Company 3, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-1033439			Med-Tech Services of Dade, Inc.		FL	N/A	Homecare Holdings, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-0644307			Med-Tech Services of Palm Beach, Inc.		FL	N/A	Advanced Oncology Services, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-0559231			Mid-South Home Care Services, LLC		AL	N/A	Horizon Health Network LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-0559199			Mid-South Home Health Agency, LLC		AL	N/A	Horizon Health Network LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	14-1909499			Mid-South Home Health of Gadsden, LLC		GA	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	63-0772385			Mid-South Home Health, LLC		DE	N/A	Healthfield, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	65-1285069			Missouri Home Care of Rolla, Inc.		MO	N/A	Harden Home Health, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-4987478			New Beacon Healthcare Group, LLC		DE	N/A	Regency Healthcare Group, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-2382959			New Beacon Healthcare Indiana, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-2406999			New Beacon Hospice Indiana, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1802714			New Century Hospice Delaware, LLC		DE	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	90-1029441			New Century Hospice of Richmond, LLC		DE	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	83-3461625			New Century Hospice Texas, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	61-1819142			New Century Hospice Virginia, LLC		DE	N/A	New Century Hospice, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-5435710			New Century Hospice, Inc.		DE	N/A	Hospice Development Company 2, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	22-2695367			New York Healthcare Services, Inc.		NY	N/A	Gentiva Health Services Holding Corp.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-5105668			NP Plus, LLC		DE	N/A	Curo Health Services, LLC	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	55-0633030			Nursing Care-Home Health Agency, Inc.		WV	N/A	First Home Health, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2932676			Odyssey Healthcare GP, LLC		DE	N/A	Odyssey Healthcare Holding Company	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2925311			Odyssey Healthcare Holding Company		DE	N/A	Odyssey Healthcare, Inc.	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	74-2998154			Odyssey Healthcare LP, LLC		DE	N/A	Odyssey Healthcare Holding Company	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2923658			Odyssey Healthcare Management, LP		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-0711782			Odyssey Healthcare of Augusta, LLC		DE	N/A	Odyssey Healthcare Operating B, LP	Ownership	100.00	Humana Inc.	NO	0

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
..0119	Humana Inc.	00000	26-3920362				Odyssey Healthcare of Flint, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-1174455				Odyssey Healthcare of Kansas City, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-3238731				Odyssey Healthcare of Marion County, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-0712052				Odyssey Healthcare of Savannah, LLC	DE	NIA	Odyssey Healthcare Operating B, LP	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-2529581				Odyssey Healthcare of South Texas, LLC	DE	NIA	120 units to Odyssey Healthcare Operating A, LP and 80 units to VHS Valley Holdings, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2752908				Odyssey Healthcare Operating A, LP	DE	NIA	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2937832				Odyssey Healthcare Operating B, LP	DE	NIA	1% owned by Odyssey Healthcare GP, LLC and 99% owned by Odyssey Healthcare LP, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	43-1723043				Odyssey Healthcare, Inc.	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	22-3690699				OHS Service Corp.	TX	NIA	Gentiva Health Services Holding Corp.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2284154				Outreach Health Services of North Texas, LLC	TX	NIA	Integracare Intermediate Holdings, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-0717917				Peoplefirst Homecare & Hospice of Indiana, L.L.C.	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3106972				Peoplefirst Homecare & Hospice of Massachusetts, L.L.C.	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-0718025				Peoplefirst Homecare & Hospice of Ohio, L.L.C.	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3106983				Peoplefirst Homecare of Colorado, L.L.C.	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3106949				PF Development 10, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3107011				PF Development 15, L.L.C.	DE	NIA	Kindred Hospice Services, L.L.C.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-0818835				PF Development 16, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-0860128				PF Development 21, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	46-0881549				PF Development 23, L.L.C.	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-0718044				PF Development 5, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3106911				PF Development 7, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3106934				PF Development 9, L.L.C.	DE	NIA	Gentiva Health Services, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	75-2378887				PH Acquisition Corp.	DE	NIA	Professional Healthcare, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	33-1178066				PH Acquisition Corp.	DE	NIA	Gentiva Certified Healthcare Corp.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-5143963				Professional Healthcare at Home, LLC	CA	NIA	99% owned by Professional Healthcare, LLC and 1% owned by PHH Acquisition Corp.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-5043143				Professional Healthcare, LLC	DE	NIA	PF Development 10, L.L.C.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	11-2750425				QC-Medi New York, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	11-2256479				Quality Care - USA, Inc.	NY	NIA	Gentiva Health Services Holding Corp.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	76-0810782				Regency Healthcare Group, LLC	DE	NIA	Regency Healthcare Holdings, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	45-0613347				Regency Healthcare Holdings, LLC	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-4540890				Regency Home Office, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	11-3646416				Regency Hospice of Georgia, LLC	DE	NIA	Regency Healthcare Group, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	26-3437769				Regency Hospice of Northwest Florida, Inc.	DE	NIA	Regency Healthcare Group, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	82-3111370				Regency Southerncare Hospice, LLC	DE	NIA	Curo Health Services, LLC	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	59-3080333				Senior Home Care, Inc.	FL	NIA	SHC Holding, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	42-1699530				SHC Holding, Inc.	DE	NIA	PF Development 21, L.L.C.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	87-0494757				Regency Home Office, LLC	NV	NIA	Home Health Services, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	48-1288826				Southerncare Holdings, Inc.	DE	NIA	KSOC Holdings, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	16-1645414				Southerncare, Inc.	DE	NIA	SouthernCare Holdings, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	84-1697352				Sun Brook Hospice, LLC	DE	NIA	Curo Utah Hospice, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	72-1487473				Synergy Home Care-Acadiana Region, Inc.	LA	NIA	Synergy, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	20-1376846				Synergy Home Care-Capitol Region, Inc.	LA	NIA	Synergy, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	36-4516940				Synergy Home Care-Central Region, Inc.	LA	NIA	Synergy, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	72-1178497				Synergy Home Care-Northeastern Region, Inc.	LA	NIA	Synergy, Inc.	Ownership.....	100.00	Humana Inc.	NO	0
..0119	Humana Inc.	00000	72-1223659				Synergy Home Care-Northshore Region, Inc.	LA	NIA	Synergy, Inc.	Ownership.....	100.00	Humana Inc.	NO	0

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	72-1431394			Synergy Home Care-Northwestern Region, Inc.	LA.....	N/A.....	Synergy, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	72-1429305			Synergy Home Care-Southeastern Region, Inc.	LA.....	N/A.....	Synergy, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	94-3419676			Synergy, Inc.	LA.....	N/A.....	Synergy Holding, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	56-1456991			TAR Heel Health Care Services, LLC	NC.....	N/A.....	Capital Health Management Group, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	43-1697602			The American Heartland Hospice Corp.	MO.....	N/A.....	Curo Health Services, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	26-3713065			TMO Healthcare, LLC	DE.....	N/A.....	Regency Healthcare Group, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	68-0593592			Total Care Home Health of Louisburg, LLC	GA.....	N/A.....	Healthfield, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	20-0091435			Total Care Home Health of North Carolina, LLC	GA.....	N/A.....	Healthfield, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	20-0091422			Total Care Home Health of South Carolina, LLC	GA.....	N/A.....	Healthfield, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	75-2900007			Trinity Hospice of Texas, LLC	TX.....	N/A.....	Curo Health Services, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	62-1669388			Van Winkle Home Health Care, Inc.	MS.....	N/A.....	Home Health Care Affiliates, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	75-1995143			Vernon Home Health Care Agency, LLC	TX.....	N/A.....	Integracare Intermediate Holdings, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	86-0808230			Vista Hospice Care, LLC	DE.....	N/A.....	Vistacare, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	26-1544595			Vistacare of Boston, LLC	DE.....	N/A.....	Odyssey Healthcare Operating B, LP	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	86-0914505			Vistacare USA, LLC	DE.....	N/A.....	Vista Hospice Care, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	06-1521534			Vistacare, LLC	DE.....	N/A.....	Odyssey Healthcare Holding Company	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	20-1953497			Voyager Acquisition, L.P.	TX.....	N/A.....	1% by American Hospice, Inc. and 99% by	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	26-1501792			Voyager Home Health, Inc.	DE.....	N/A.....	Voyager Hospicecare, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	20-1173787			Voyager Hospicecare, Inc.	DE.....	N/A.....	Harden Home Health, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	46-2300938			Wake Forest Baptist Health Care at Home, LLC	NC.....	N/A.....	60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center ..	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	20-0296636			Wiregrass Hospice Care, LLC	GA.....	N/A.....	Forest University Baptist Medical Center ..	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	82-0559182			Wiregrass Hospice LLC	AL.....	N/A.....	Curo Health Services, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	34-2053721			Wiregrass Hospice of South Carolina, LLC	GA.....	N/A.....	Horizon Health Network LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	84-3700467			Elite Health Medical Centers, LLC	FL.....	N/A.....	Horizon Health Network LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	26-3715136			Elite Health Primary Care, LLC	FL.....	N/A.....	Echo Primary Care Holdings, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	65-0270114			South Florida Cardiology Associates, LLC	FL.....	N/A.....	Echo Primary Care Holdings, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	47-2446186			Trueshore BPO, LLC	FL.....	N/A.....	Echo Primary Care Holdings, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	74-3052911			Trueshore S.R. I.	DOM.....	N/A.....	Echo Primary Care Holdings, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	84-5171456			The Home Team of Kansas LLC	MO.....	N/A.....	Harden Home Health, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000				Enhanz DCE, LLC	FL.....	N/A.....	Echo Primary Care Holdings, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000				One Home Medical Equipment NC, LLC	DE.....	N/A.....	One Homecare Solutions, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000				One Home Medical Equipment VA, LLC	DE.....	N/A.....	One Homecare Solutions, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000				One Infusion Pharmacy NC, LLC	DE.....	N/A.....	One Homecare Solutions, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000				One Infusion Pharmacy VA, LLC	DE.....	N/A.....	One Homecare Solutions, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	45-4020797			Amicus Medical Center LLC	FL.....	N/A.....	Conviva Medical Center Management, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	27-3974953			Amicus Medical Group, Inc.	FL.....	N/A.....	Conviva Medical Center Management, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	27-1085323			Amicus Medical Services Organization, LLC	FL.....	N/A.....	Conviva Medical Center Management, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	20-1078045			Hospice Pharmacy Solutions, LLC	DE.....	N/A.....	HP Solutions Holdings, LLC	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	47-5418599			HP Solutions Holdings, LLC	DE.....	N/A.....	Eagle Rx, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000	32-0351697			Outcome Resources, LLC	DE.....	N/A.....	Eagle Rx, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	
.0119	Humana Inc.	00000				KAH Hospice Company, Inc.	DE.....	N/A.....	Gentiva Health Services, Inc.	Ownership.....	100.00.....	Humana Inc.	NO.....	0.....	

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanation:

1. This type of business is not written.

Bar Code:

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



STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Federal Contingency Reserves	60,252	0	60,252	47,831
2597. Summary of remaining write-ins for Line 25 from overflow page	60,252	0	60,252	47,831

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	35,783,086	34,684,753
2. Cost of bonds and stocks acquired	6,863,397	15,820,453
3. Accrual of discount	3,767	62,939
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	250,327	264,285
6. Deduct consideration for bonds and stocks disposed of	6,301,643	14,739,272
7. Deduct amortization of premium	34,612	310,074
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	36,564,321	35,783,086
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	36,564,321	35,783,086

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	36,543,348	32,562,336	30,751,316	(76,165)	38,278,203	0	0	36,543,348
2. NAIC 2 (a)	1,239,697	1,999,621	0	45,940	3,285,258	0	0	1,239,697
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	37,783,045	34,561,957	30,751,316	(30,225)	41,563,461	0	0	37,783,045
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	37,783,045	34,561,957	30,751,316	(30,225)	41,563,461	0	0	37,783,045

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$2,999,381 ; NAIC 2 \$1,999,759 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SI02

Schedule DA - Part 1 - Short-Term Investments
N O N E

Schedule DA - Verification - Short-Term Investments
N O N E

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

Schedule DB - Part B - Verification - Futures Contracts
N O N E

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

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

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

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	14,416,601	9,429,256
2. Cost of cash equivalents acquired	73,402,235	440,647,572
3. Accrual of discount	619	3,897
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	76,378,438	435,664,125
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	11,441,017	14,416,601
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	11,441,017	14,416,601

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

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

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

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

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7	8	9	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
912828-2R-0	UNITED STATES TREASURY		02/08/2022	UnknownNOMURA	260,498		255,000		2,775
0109999999. Subtotal - Bonds - U.S. Governments					260,498		255,000		2,775
3132DM-4N-2	FH SD0829 - RMBS		.01/27/2022	CITIGROUP GLOBAL MARKETS INC.	769,524		.746,000		1,646
3133KN-KX-0	FH RA6610 - RMBS		.02/04/2022	BARCLAYS CAPITAL INC FIXED INC	945,414		.923,886		1,001
31400M-5T-7	FN CB2657 - RMBS		.02/04/2022	MORGAN STANLEY CO	72,985		.71,532		.78
3140XD-2J-4	FN FM9776 - RMBS		.01/27/2022	CITIGROUP GLOBAL MARKETS INC.	953,667		.928,708		2,322
3140XF-H3-8	FN FS0249 - RMBS		.01/10/2022	JP MORGAN SEC'S INC., - FIXED INCOME	1,192,880		.1,147,000		1,147
3140XF-H5-3	FN FS0251 - RMBS		.01/10/2022	JP MORGAN SEC'S INC., - FIXED INCOME	1,766,303		.1,704,000		1,704
3140XF-HY-0	FN FS0246 - RMBS		.01/10/2022	JP MORGAN SEC'S INC., - FIXED INCOME	.51,128		.49,000		.49
3140XF-LL-3	FN FS0330 - RMBS		.01/24/2022	MORGAN STANLEY CO	542,801		.525,000		1,094
0909999999. Subtotal - Bonds - U.S. Special Revenues					6,294,702		6,095,126		9,040
05610H-AA-1	BX 22LP2 A - CMBS		.02/10/2022	CITIGROUP GLOBAL MARKETS INC.	209,103		.210,000		.0
46654W-AH-4	JPMUT 221 A4 - CMO/RMBS		.01/26/2022	JP MORGAN SEC'S INC., - FIXED INCOME	.99,094		.100,000		.208
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					308,196		310,000		208
2509999997. Total - Bonds - Part 3					6,863,397		6,660,126		12,024
2509999998. Total - Bonds - Part 5					XXX		XXX		XXX
2509999999. Total - Bonds					6,863,397		6,660,126		12,024
4509999997. Total - Preferred Stocks - Part 3					0		XXX		XXX
4509999998. Total - Preferred Stocks - Part 5					XXX		XXX		XXX
4509999999. Total - Preferred Stocks					0		XXX		XXX
5989999997. Total - Common Stocks - Part 3					0		XXX		XXX
5989999998. Total - Common Stocks - Part 5					XXX		XXX		XXX
5989999999. Total - Common Stocks					0		XXX		XXX
5999999999. Total - Preferred and Common Stocks					0		XXX		XXX
6009999999 - Totals					6,863,397		XXX		12,024

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- nation, NAIC Design- nation Modifer and SVO Adminis- trative Symbol	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value								
.3140X9-JB-2	FN FM5657 - RMBS		03/01/2022	Paydown		2,878	2,878	3,067	3,089	0	(21)	0	(21)	0	2,878	0	0	0	0	13	12/01/2050	1.A
.3140X9-UJ-2	FN FM5984 - RMBS		03/01/2022	Paydown		22,574	22,574	23,322	23,295	0	(721)	0	(721)	0	22,574	0	0	0	0	.71	02/01/2051	1.A
.3140X9-ID-3	FN FM6043 - RMBS		03/01/2022	Paydown		41,872	41,872	44,613	45,364	0	(3,492)	0	(3,492)	0	41,872	0	0	0	0	237	06/01/2049	1.A
.3140XB-X7-0	FN FM7901 - RMBS		03/01/2022	Paydown		2,961	2,961	3,099	3,095	0	(134)	0	(134)	0	2,961	0	0	0	0	11	07/01/2051	1.A
.3140XC-4Z-8	FN FM8939 - RMBS		03/01/2022	Paydown		5,886	5,886	5,941	5,940	0	(54)	0	(54)	0	5,886	0	0	0	0	.18	01/01/2051	1.A
.3140XC-YX-0	FN FM8825 - RMBS		03/01/2022	Paydown		1,813	1,813	1,843	1,842	0	(29)	0	(29)	0	1,813	0	0	0	0	.6	09/01/2051	1.A
.3140XD-2J-4	FN FM9776 - RMBS		03/01/2022	Paydown		12,179	12,179	12,507	0	0	(327)	0	(327)	0	12,179	0	0	0	0	.46	11/01/2051	1.A
.3140XF-H3-8	FN FS0249 - RMBS		03/01/2022	Paydown		9,681	9,681	10,068	0	0	(387)	0	(387)	0	9,681	0	0	0	0	.44	01/01/2052	1.A
.3140XF-H5-3	FN FS0251 - RMBS		03/01/2022	Paydown		15,306	15,306	15,866	0	0	(560)	0	(560)	0	15,306	0	0	0	0	.54	01/01/2052	1.A
.3140XF-HY-0	FN FS0246 - RMBS		03/01/2022	Paydown		.460	.460	.480	0	0	(20)	0	(20)	0	.460	0	0	0	0	.2	01/01/2052	1.A
.3140XF-LL-3	FN FS0330 - RMBS		03/01/2022	Paydown		3,307	3,307	3,420	0	0	(112)	0	(112)	0	3,307	0	0	0	0	.12	01/01/2052	1.A
.31418C-MG-6	FN MA3058 - RMBS		03/01/2022	Paydown		30,558	30,558	33,035	33,935	0	(3,377)	0	(3,377)	0	30,558	0	0	0	0	.186	07/01/2047	1.A
.31418D-HL-9	FN MA3834 - RMBS		03/01/2022	Paydown		8,234	8,234	8,603	8,742	0	(508)	0	(508)	0	8,234	0	0	0	0	.37	11/01/2049	1.A
.31418D-MD-1	FN MA3955 - RMBS		03/01/2022	Paydown		12,703	12,703	13,262	13,578	0	(875)	0	(875)	0	12,703	0	0	0	0	.50	03/01/2035	1.A
.31418D-XG-2	FN MA4278 - RMBS		03/01/2022	Paydown		11,754	11,754	12,024	12,013	0	(259)	0	(259)	0	11,754	0	0	0	0	.29	03/01/2036	1.A
.31418D-XH-0	FN MA4279 - RMBS		03/01/2022	Paydown		3,968	3,968	4,146	4,139	0	(172)	0	(172)	0	3,968	0	0	0	0	.13	03/01/2036	1.A
.35563P-LH-3	SCRT 2019-3 MA - CMO/RMBS		03/01/2022	Paydown		6,227	6,227	6,509	6,467	0	(240)	0	(240)	0	6,227	0	0	0	0	.35	02/25/2058	1.A
.35563P-ML-0	SCRT 2019-4 MA - CMO/RMBS		03/01/2022	Paydown		3,469	3,469	3,545	3,534	0	(64)	0	(64)	0	3,469	0	0	0	0	.18	02/25/2059	1.A
0909999999. Subtotal - Bonds - U.S. Special Revenues						5,667,704	5,415,110	5,459,614	5,401,649	0	(39,939)	0	(39,939)	0	5,417,347	0	250,357	250,357	23,955	XXX	XXX	
.056057-AA-0	BX 2018-B10A A - CMBS		02/15/2022	Paydown		11,819	11,819	11,821	11,820	0	0	0	0	0	11,819	0	0	0	0	.16	03/16/2037	1.A FE
.056070-AA-6	BX 2020-BXLPA A - CMBS		01/15/2022	Paydown		1,290	1,290	1,290	0	0	0	0	0	1,290	0	0	0	0	.1	12/15/2036	1.A FE	
.056070-AA-6	BX 2020-BXLPA A - CMBS		02/15/2022	Paydown		82,214	82,214	82,214	82,214	0	0	0	0	0	82,214	0	0	0	0	.129	12/15/2036	1.A FE
.05946X-BV-4	BAFC 2003-1 A1 - CMO/RMBS		03/01/2022	Paydown		.7	.7	.7	.7	0	0	0	0	0	.7	0	0	0	0	.00	01/20/2033	1.D FE
.23306G-AA-5	DBGS 2018-B10D A - CMBS		01/15/2022	Paydown		7,188	7,188	7,180	7,146	0	.43	0	.43	0	7,188	0	0	0	0	.6	05/15/2035	1.A FE
.302987-AE-2	FRESB 2020-SB70 A1H - CMBS		01/01/2022	Paydown		.785	.785	.789	.779	0	.7	0	.7	0	.785	0	0	0	0	.2	10/25/2039	1.A FE
.302987-AE-2	FRESB 2020-SB70 A1H - CMBS		03/01/2022	Paydown		.93	.93	.93	.92	0	.1	0	.1	0	.93	0	0	0	0	.00	10/25/2039	1.A FE
.33852J-AE-8	FSMT 217 A5 - CMO/RMBS		03/25/2022	Paydown		3,449	3,449	3,520	3,519	0	(70)	0	(70)	0	3,449	0	0	0	0	.13	08/25/2051	1.A FE
.36262W-AJ-5	GSIBS 21PJB A8 - CMO/RMBS		03/25/2022	Paydown		3,430	3,430	3,510	3,510	0	(80)	0	(80)	0	3,430	0	0	0	0	.14	01/25/2052	1.A FE
.46539M-AQ-3	JPMCC 2016-JP2 A3 - CMBS		03/01/2022	Paydown		.35	.35	.36	.36	0	(2)	0	(2)	0	.35	0	0	0	0	.00	08/17/2049	1.A FE
.46591J-AA-4	JPMCC 2019-BROOK A - CMBS		01/15/2022	Paydown		2,648	2,648	2,648	2,648	0	0	0	0	0	2,648	0	0	0	0	.3	09/17/2029	1.A FE
.46592W-AF-3	JPMCC 2112 A4 - CMO/RMBS		03/25/2022	Paydown		26,864	26,864	27,313	27,309	0	(446)	0	(446)	0	26,864	0	0	0	0	.124	02/25/2052	1.A FE
.46653X-AE-0	JPMMT 2021-INV5 A2A - CMO/RMBS		03/01/2022	Paydown		6,041	6,041	6,110	6,110	0	(69)	0	(69)	0	6,041	0	0	0	0	.24	12/26/2051	1.A FE
.46654W-AH-4	JPMMT 221 A4 - CMO/RMBS		03/01/2022	Paydown		2,258	2,258	2,238	0	0	20	0	20	0	2,258	0	0	0	0	.8	07/25/2052	1.A FE
.61772C-AH-4	MSRM 213 A4 - CMO/RMBS		03/01/2022	Paydown		4,042	4,042	4,126	4,125	0	(82)	0	(82)	0	4,042	0	0	0	0	.15	06/25/2051	1.A FE
.63941K-AA-3	NAVL 2020-C A1 - ABS		03/15/2022	Paydown		13,850	13,850	13,850	0	0	0	0	0	13,850	0	0	0	0	.21	11/15/2068	1.A FE	
.63942C-AA-0	NAVL 2021-D A - ABS		03/15/2022	Paydown		8,157	8,157	8,157	0	0	0	0	0	8,157	0	0	0	0	.18	04/15/2060	1.A FE	
.63942E-AA-6	NAVL 2021-E A - ABS		03/15/2022	Paydown		7,964	7,964	7,962	0	2	0	2	0	7,964	0	0	0	0	.13	04/16/2069	1.A FE	
.64034Q-AA-6	NSLT 2021-B AFL - ABS		03/21/2022	Paydown		8,272	8,272	8,272	0	0	0	0	0	8,272	0	0	0	0	.12	04/20/2062	1.A FE	
.64034Q-AB-4	NSLT 2021-B AFX - ABS		03/20/2022	Paydown		8,272	8,272	8,271	0	2	0	2	0	8,272	0	0	0	0	.19	04/20/2062	1.A FE	
.64035D-AA-4	NSLT 21A A1 - ABS		03/20/2022	Paydown		11,854	11,854	11,843	0	11,925	0	(71)	0	11,854	0	0	0	0	.12	04/20/2062	1.A FE	
.64035D-AB-8	NSLT 21A AP2 - ABS		03/20/2022	Paydown		7,570	7,570	7,561	0	9	0	9	0	7,570	0	0	0	0	.17	04/20/2062	1.A FE	
.74936R-AE-4	ROKT 212 A5 - CMO/RMBS	</td																				

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
5989999998. Total - Common Stocks - Part 5							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks							0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks							0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals							6,301,643	XXX	6,098,160	6,034,669	0	(41,227)	0	(41,227)	0	6,051,316	0	250,327	250,327	25,906	XXX	XXX	

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

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

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

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

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
US BANK	St. Louis, MO	0.000	.0	0	(303,504)	(261,226)	(342,853)	XXX
WELLS FARGO	Atlanta, GA	0.000	.0	0	(.827)	(.699)	(.827)	XXX
PNC BANK	Louisville, KY	0.000	.0	0	516,653	667,014	720,413	XXX
JP MORGAN CHASE	New York, NY	0.000	.0	0	14,165	(184,813)	.6,152	XXX
JP Morgan Time Deposit	New York, NY	0.050	10	0	8,047,031	7,234,820	7,535,622	XXX
0199998. Deposits in ...	0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	10	0	8,273,518	7,455,097	7,918,508	XXX
0299998. Deposits in ...	0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	10	0	8,273,518	7,455,097	7,918,508	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash	XXX	XXX	10	0	8,273,518	7,455,097	7,918,508	XXX

STATEMENT AS OF MARCH 31, 2022 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
UNITED STATES TREASURY			03/29/2022	.000	05/17/2022	1,999.489	0	.33
0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						1,999.489	0	.33
0109999999. Total - U.S. Government Bonds						1,999.489	0	.33
0309999999. Total - All Other Government Bonds						0	0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
0709999999. Total - U.S. Political Subdivisions Bonds						0	0	0
FEDERAL HOME LOAN BANKS			03/30/2022	.000	04/27/2022	.999,.892	0	.8
0819999999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						.999,.892	0	.8
0909999999. Total - U.S. Special Revenues Bonds						.999,.892	0	.8
AutoZone, Inc.			03/28/2022	.000	04/08/2022	1,999.759	0	.138
1019999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						1,999.759	0	.138
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						1,999.759	0	.138
1309999999. Total - Hybrid Securities						0	0	0
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
1909999999. Subtotal - Unaffiliated Bank Loans						0	0	0
2419999999. Total - Issuer Obligations						4,999.139	0	.179
2429999999. Total - Residential Mortgage-Backed Securities						0	0	0
2439999999. Total - Commercial Mortgage-Backed Securities						0	0	0
2449999999. Total - Other Loan-Backed and Structured Securities						0	0	0
2459999999. Total - SVO Identified Funds						0	0	0
2469999999. Total - Affiliated Bank Loans						0	0	0
2479999999. Total - Unaffiliated Bank Loans						0	0	0
2509999999. Total Bonds						4,999.139	0	.179
31846V-80-7	FIRST AMER:TRS OBG Y		02/28/2022	.0.010		0	0	0
481202-23-9	JPMORGAN:US TRS-MM CAP		03/31/2022	.0.190		.6,441.877	174	0
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						6,441.877	174	0
8609999999 - Total Cash Equivalents						11,441.016	174	.179