



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan of Ohio, Inc.

NAIC Group Code01190119(Current)(Prior)NAIC Company Code95348Employer's ID Number31-1154200

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized08/19/1985Commenced Business01/01/1986

Statutory Home Office4400 Easton Commons Way Suite 125Columbus, OH, US 43219(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office4400 Easton Commons Way Suite 125Columbus, OH, US 43219513-784-5320(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

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

Primary Location of Books and Records500 West Main StreetLouisville, KY, US 40202513-784-5320(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactAmanda Nethery502-580-1624(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardChief Financial OfficerSusan Marie Diamond

VP, Associate General Counsel & Corporate SecretaryJoseph Matthew RuschellSVP, Chief ActuaryVanessa Marie Olson

OTHER

| | | |
|---|---|---|
| John Edward Barger III, SVP, Medicaid President | Courtney Danielle Durall, Assistant Corporate Secretary & Legal Advisor | Douglas Allen Edwards, SVP, Enterprise Associate & Business Solutions |
| Daniel Kevin Feld #, Director, Tax | John-Paul William Felter, SVP, Chief Accounting Officer & Controller | Jeremy Leon Gaskill, VP, Employer Group Regional President |
| Leann Moren Hutchinson, VP, Group Business Operations | Robert Martin Marcoux Jr., VP & Treasurer | Sean Joseph O'Reilly, SVP, Chief Compliance Officer |
| William Mark Preston, VP, Investments | George Renaudin II, President, Medicare | Michael Poul Tilton, SVP, Specialty & Employer Group South |
| Ralph Martin Wilson, Vice President | | |

DIRECTORS OR TRUSTEES

| | | |
|----------------------|--------------------|-------------------------|
| Bruce Dale Broussard | George Renaudin II | Joseph Matthew Ruschell |
|----------------------|--------------------|-------------------------|

State ofKentuckySS:

County ofJefferson

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

| | | |
|---|--|--|
| Bruce Dale Broussard President & CEO | Joseph Matthew Ruschell VP, Associate General Counsel & Corporate Secretary | Robert Martin Marcoux, Jr. VP & Treasurer |
|---|--|--|

Subscribed and sworn to before me this8thday ofMay, 2023

a. Is this an original filing?Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

Julia Wentworth
Notary Public
January 10, 2025

STATEMENT AS OF MARCH 31, 2023 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 | 43,397,154 | 0 | 43,397,154 | 43,483,215 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | 0 | 0 | 0 | 0 |
| 3.2 Other than first liens..... | 0 | 0 | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 4.2 Properties held for the production of income (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 4.3 Properties held for sale (less \$0 encumbrances) | 0 | 0 | 0 | 0 |
| 5. Cash (\$ (2,719,789)), cash equivalents (\$118,879,938) and short-term investments (\$0) | 116,160,149 | 0 | 116,160,149 | 18,053,015 |
| 6. Contract loans (including \$0 premium notes) | 0 | 0 | 0 | 0 |
| 7. Derivatives | 0 | 0 | 0 | 0 |
| 8. Other invested assets | 0 | 0 | 0 | 0 |
| 9. Receivables for securities | 1,177,988 | 0 | 1,177,988 | 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) | 160,735,290 | 0 | 160,735,290 | 61,536,229 |
| 13. Title plants less \$0 charged off (for Title insurers only) | 0 | 0 | 0 | 0 |
| 14. Investment income due and accrued | 197,984 | 0 | 197,984 | 212,897 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 9,672,958 | 17,112 | 9,655,845 | 39,449 |
| 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 (\$531,912) and contracts subject to redetermination (\$5,028,612) | 5,560,524 | 0 | 5,560,524 | 2,044,765 |
| 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 | 284,555 | 7,430 | 277,124 | 459,275 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 | 679,762 |
| 18.2 Net deferred tax asset | 7,862,859 | 4,747,534 | 3,115,325 | 3,115,325 |
| 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) | 0 | 0 | 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 | 0 | 0 | 0 | 15,464,343 |
| 24. Health care (\$6,497,414) and other amounts receivable | 6,549,028 | 50,572 | 6,498,456 | 5,865,239 |
| 25. Aggregate write-ins for other than invested assets | 3,626,351 | 3,562,313 | 64,038 | 30,047,831 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 194,489,548 | 8,384,961 | 186,104,587 | 119,465,117 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | 0 | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27) | 194,489,548 | 8,384,961 | 186,104,587 | 119,465,117 |
| 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 Commissions | 1,711,964 | 1,711,964 | 0 | 0 |
| 2502. Prepaid Expenses | 1,348,428 | 1,348,428 | 0 | 0 |
| 2503. Deposits | 501,920 | 501,920 | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 64,038 | 0 | 64,038 | 30,047,831 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 3,626,351 | 3,562,313 | 64,038 | 30,047,831 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$0 reinsurance ceded) | 61,766,832 | 3,351,883 | 65,118,715 | 21,926,739 |
| 2. Accrued medical incentive pool and bonus amounts | 2,970,686 | 0 | 2,970,686 | 3,538,278 |
| 3. Unpaid claims adjustment expenses | 241,686 | 0 | 241,686 | 162,647 |
| 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act | 36,375,168 | 0 | 36,375,168 | 36,473,133 |
| 5. Aggregate life policy reserves | 0 | 0 | 0 | 0 |
| 6. Property/casualty unearned premium reserve | 0 | 0 | 0 | 0 |
| 7. Aggregate health claim reserves | 56,323 | 0 | 56,323 | 56,323 |
| 8. Premiums received in advance | 20,497,979 | 0 | 20,497,979 | 2,232,393 |
| 9. General expenses due or accrued | 7,363,205 | 0 | 7,363,205 | 1,981,506 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ (16,548) on realized gains (losses)) | 358,860 | 0 | 358,860 | 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 | 116,891 | 0 | 116,891 | 145,044 |
| 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 | 4,239,652 | 0 | 4,239,652 | 0 |
| 16. Derivatives | 0 | 0 | 0 | 0 |
| 17. Payable for securities | 0 | 0 | 0 | 22,007 |
| 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 | 4,452,285 | 0 | 4,452,285 | 1,948,842 |
| 23. Aggregate write-ins for other liabilities (including \$ 15,048 current) | 1,150,530 | 0 | 1,150,530 | 45,654 |
| 24. Total liabilities (Lines 1 to 23) | 139,590,100 | 3,351,883 | 142,941,983 | 68,532,567 |
| 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 | 105,223,747 | 105,223,747 |
| 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 | (62,062,143) | (54,292,197) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 .....0 shares common (value included in Line 26 \$0) | XXX | XXX | 0 | 0 |
| 32.2 .....0 shares preferred (value included in Line 27 \$0) | XXX | XXX | 0 | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 43,162,604 | 50,932,550 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 186,104,587 | 119,465,117 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Premium Payable | 1,131,243 | 0 | 1,131,243 | 26,023 |
| 2302. Unclaimed Property | 19,287 | 0 | 19,287 | 19,631 |
| 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) | 1,150,530 | 0 | 1,150,530 | 45,654 |
| 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 | 243,304 | 99,305 | 392,652 |
| 2. Net premium income (including \$0 non-health premium income)..... | XXX | 143,136,190 | 66,830,218 | 253,229,582 |
| 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 | (246,893) |
| 8. Total revenues (Lines 2 to 7) | XXX | 143,136,190 | 66,830,218 | 252,982,689 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | 5,481,178 | 104,220,326 | 38,778,835 | 163,463,921 |
| 10. Other professional services | 6,956 | 132,269 | 195,599 | 734,034 |
| 11. Outside referrals | 0 | 0 | 0 | 0 |
| 12. Emergency room and out-of-area | 160,887 | 3,059,143 | 1,812,448 | 6,801,235 |
| 13. Prescription drugs | 440,390 | 8,373,676 | 6,820,630 | 29,342,214 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | 0 | (564,498) | (84,730) | 3,248,106 |
| 16. Subtotal (Lines 9 to 15) | 6,089,411 | 115,220,916 | 47,522,781 | 203,589,510 |
| Less: | | | | |
| 17. Net reinsurance recoveries | 0 | 0 | 0 | 0 |
| 18. Total hospital and medical (Lines 16 minus 17) | 6,089,411 | 115,220,916 | 47,522,781 | 203,589,510 |
| 19. Non-health claims (net) | 0 | 0 | 0 | 0 |
| 20. Claims adjustment expenses, including \$7,671,177 cost containment expenses | 0 | 9,050,010 | 1,870,461 | 8,465,221 |
| 21. General administrative expenses | 0 | 26,122,383 | 6,426,077 | 29,556,038 |
| 22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only) . | 0 | 0 | 0 | 35,307,588 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 6,089,411 | 150,393,309 | 55,819,320 | 276,918,357 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (7,257,120) | 11,010,898 | (23,935,669) |
| 25. Net investment income earned | 0 | 938,088 | 168,140 | 1,365,640 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ (16,548) | 0 | (62,251) | 197,758 | (389,580) |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 875,838 | 365,898 | 976,059 |
| 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 | 2 | 0 | 1 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | (6,381,281) | 11,376,796 | (22,959,608) |
| 31. Federal and foreign income taxes incurred | XXX | 375,408 | 2,553,996 | 2,632,341 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (6,756,688) | 8,822,800 | (25,591,950) |
| 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. Loss on Disposal | XXX | 0 | 0 | (246,893) |
| 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 | (246,893) |
| 1401. | 0 | 0 | 0 | 0 |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. Miscellaneous Income | 0 | 2 | 0 | 1 |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 2 | 0 | 1 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 50,932,550 | 43,831,499 | 43,831,499 |
| 34. Net income or (loss) from Line 32 | (6,756,688) | 8,822,800 | (25,591,950) |
| 35. Change in valuation basis of aggregate policy and claim reserves | 0 | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$0 | 0 | 0 | 0 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | 0 | 0 | 0 |
| 38. Change in net deferred income tax | 0 | 0 | 7,367,683 |
| 39. Change in nonadmitted assets | (1,013,258) | (1,947,359) | (4,674,682) |
| 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 | 30,000,000 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | 0 | 0 | 0 |
| 46. Dividends to stockholders | 0 | 0 | 0 |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | (7,769,946) | 6,875,441 | 7,101,051 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 43,162,604 | 50,706,940 | 50,932,550 |
| DETAILS OF WRITE-INS | | | |
| 4701. | 0 | 0 | 0 |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 149,301,771 | 60,062,609 | 250,190,127 |
| 2. Net investment income | 997,395 | 172,389 | 1,329,954 |
| 3. Miscellaneous income | 0 | 0 | (246,893) |
| 4. Total (Lines 1 to 3) | 150,299,166 | 60,234,998 | 251,273,187 |
| 5. Benefit and loss related payments | 73,226,163 | 49,640,567 | 204,780,348 |
| 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 | 27,202,651 | 5,825,571 | 36,632,403 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ (69,788) tax on capital gains (losses) | (679,762) | (1,495,369) | 1,713,175 |
| 10. Total (Lines 5 through 9) | 99,749,052 | 53,970,769 | 243,125,927 |
| 11. Net cash from operations (Line 4 minus Line 10) | 50,550,114 | 6,264,228 | 8,147,261 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 1,712,313 | 6,301,643 | 15,661,539 |
| 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 | 22,007 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,712,313 | 6,301,643 | 15,683,546 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,749,443 | 6,863,397 | 23,636,253 |
| 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 | 1,199,994 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 2,949,438 | 6,863,397 | 23,636,253 |
| 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) | (1,237,125) | (561,754) | (7,952,707) |
| 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 | 30,000,000 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | 48,794,145 | (3,609,525) | (29,408,113) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 48,794,145 | (3,609,525) | 591,887 |
| 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) . | 98,107,134 | 2,092,950 | 786,441 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 18,053,015 | 17,266,574 | 17,266,574 |
| 19.2 End of period (Line 18 plus Line 19.1) | 116,160,149 | 19,359,524 | 18,053,015 |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|-------------|---------------------------------------|------------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|---------------------|
| | | 2 | 3 | | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 32,626 | 0 | 23,815 | 0 | 0 | 0 | 181 | 8,630 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 108,151 | 0 | 21,875 | 0 | 0 | 0 | 194 | 9,841 | 76,241 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 243,304 | 0 | 66,629 | 0 | 0 | 0 | 586 | 29,145 | 146,944 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | 163,731 | 0 | 42,650 | 0 | 0 | 0 | 349 | 56,872 | 63,860 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 64,791 | 0 | 15,419 | 0 | 0 | 0 | 179 | 28,767 | 20,426 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 228,522 | 0 | 58,069 | 0 | 0 | 0 | 528 | 85,639 | 84,286 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 11,894 | 0 | 1,383 | 0 | 0 | 0 | 0 | 6,677 | 3,834 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 1,814 | 0 | 221 | 0 | 0 | 0 | 0 | 780 | 813 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (a) | 143,136,190 | (4,322) | 32,376,645 | 0 | 0 | 0 | 384,177 | 37,811,452 | 72,568,237 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned..... | 143,136,190 | (4,322) | 32,376,645 | 0 | 0 | 0 | 384,177 | 37,811,452 | 72,568,237 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services..... | 73,220,937 | 394 | 24,511,251 | 0 | 0 | 0 | 223,706 | 29,217,861 | 19,267,725 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 115,220,916 | 394 | 23,907,829 | 0 | 0 | 0 | 132,636 | 29,863,241 | 61,316,816 | 0 | 0 | 0 | 0 | 0 |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 37,811,452

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

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) individual | 394 | 0 | 0 | 0 | 394 | 0 |
| 2. Comprehensive (hospital and medical) group | 5,693,049 | 18,818,203 | 1,739,181 | 8,546,679 | 7,432,230 | 11,109,262 |
| 3. Medicare Supplement | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Dental Only | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Vision Only | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | (65,907) | 289,613 | 3,268 | 33,122 | (62,638) | 105,174 |
| 7. Title XVIII - Medicare | 5,226,448 | 23,988,319 | 2,942,539 | 9,861,293 | 8,168,987 | 10,768,627 |
| 8. Title XIX - Medicaid | 0 | 19,267,725 | 0 | 42,048,955 | 0 | 0 |
| 9. Credit A&H | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Disability Income | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Long-term care | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Other health | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | 10,853,984 | 62,363,860 | 4,684,988 | 60,490,050 | 15,538,972 | 21,983,062 |
| 14. Health care receivables (a) | 347,173 | 6,195,587 | 0 | 0 | 347,173 | 5,918,355 |
| 15. Other non-health | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | 3,094 | 0 | 2,630,977 | 339,710 | 2,634,070 | 3,538,278 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 10,509,904 | 56,168,273 | 7,315,965 | 60,829,759 | 17,825,869 | 19,602,986 |

(a) Excludes \$ 5,226 loans or advances to providers not yet expensed.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

Humana announced on February 23, 2023 that it will be exiting the Employer Group Commercial Medical Products business, which includes all fully insured, self-funded and Federal Employee Health Benefit medical plans, as well as associated wellness and rewards programs. No other Humana health plan offerings are materially affected. Humana remains committed to the long-term growth of its core Insurance lines of business, including Medicare Advantage, Group Medicare, Medicare Supplement, Medicare Prescription Drug Plans, Medicaid, Military and Specialty (Dental, Vision, Life, etc.), as well as its CenterWell healthcare services business. Following a strategic review, Humana determined that the Employer Group Commercial Medical Products business was no longer positioned to sustainably meet the needs of commercial members over the long term or support the company’s long-term strategic plans. The exit from this line of business will be phased over the next 18 to 24 months. Humana is committed to ensuring a smooth transition of services for members and commercial customers.

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 # | 2023 | 2022 |
|--|--------|----------|------------|----------------|-----------------|
| Net Loss | | | | | |
| 1. Humana Health Plan of Ohio, Inc. Ohio basis | xxx | xxx | xxx | \$ (6,756,688) | \$ (25,591,950) |
| 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 | \$ (6,756,688) | \$ (25,591,950) |
| Surplus | | | | | |
| 5. Humana Health Plan of Ohio, Inc. Ohio basis | xxx | xxx | xxx | \$ 43,162,604 | \$ 50,932,550 |
| 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 | \$ 43,162,604 | \$ 50,932,550 |

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.

NOTES TO THE FINANCIAL STATEMENTS

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.

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security’s impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment’s fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company’s benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) The Company has not modified its capitalization policy from the prior period.

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax basis of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.
- (14) Not Applicable.
- (15) Not Applicable.

D. Going Concern

Management of the Company has evaluated the Company’s ability to continue as a going concern under SSAP No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* (SSAP No. 1). Based on this evaluation, Management has determined that there is no substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

3. Business Combinations and Goodwill

- A. Statutory Purchase Method
Not Applicable.
- B. Statutory Merger
Not Applicable.
- C. Assumption Reinsurance
Not Applicable.
- D. Impairment Loss
Not Applicable.
- 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, 2023.

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, 2023:

(a) The aggregate amount of unrealized losses:

| | | |
|----------------------------|----|-------------|
| 1. Less than Twelve Months | \$ | (192,095) |
| 2. Twelve Months or Longer | \$ | (2,992,746) |

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

| | | |
|----------------------------|----|------------|
| 1. Less than Twelve Months | \$ | 9,087,883 |
| 2. Twelve Months or Longer | \$ | 18,131,072 |

- (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.

NOTES TO THE FINANCIAL STATEMENTS

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

| | 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) |
| Restricted Asset Category | | | | | | | |
| 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 | 1,120,638 | 1,121,815 | (1,177) | - | 1,120,638 | 0.57% | 0.60% |
| 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 | \$ 1,120,638 | \$ 1,121,815 | \$ (1,177) | - | \$ 1,120,638 | 0.57% | 0.60% |

(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.

NOTES TO THE FINANCIAL STATEMENTS

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

Not Applicable.

R. Share of Cash Pool by Asset Type

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.

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

The Inflation Reduction Act (Act) was enacted on August 16, 2022 and included a new corporate alternative minimum tax (CAMT). The Act and the CAMT go into effect for tax years beginning after 2022. The Company has not determined as of March 31, 2023 if it will incur a CAMT liability in 2023. The quarterly financial statements do not include an estimated impact of the CAMT, because a reasonable estimate cannot be made. The Company has determined it will be an applicable corporation for 2023 as the average adjusted financial statement income for Humana Inc. and Subsidiaries exceeds the thresholds.

No material change since year-end December 31, 2022.

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, 2022 and 2021 were \$28,930,198 and \$19,197,129, 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, 2022.

No dividends or returns of capital were paid by the Company as of March 31, 2023.

The Company received a \$30,000,000 capital contribution from Humana Inc. on February 22, 2023 that was recorded in the 2022 Annual Statement in accordance with SSAP No. 72 Surplus and Quasi-Reorganization, as a Type I subsequent event..

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.

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

D. At March 31, 2023, the Company reported \$4,239,652 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. Not Applicable.

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

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

O. SCA Loss Tracking

Not Applicable.

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, 2022.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

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

NOTES TO THE FINANCIAL STATEMENTS

B. The Company has no preferred stock outstanding.

C.-E. No material change since year-end December 31, 2022.

F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. Not Applicable.

H. Not Applicable.

I. Not Applicable.

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

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of March 31, 2023.

15. Leases

No material change since year-end December 31, 2022.

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.

NOTES TO THE FINANCIAL STATEMENTS

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, 2023, the Company has recorded a receivable from CMS of \$263,499 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, 2023.

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, 2022 and March 31, 2023.

(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, 2022 and March 31, 2023.

(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, 2023.

(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 | | | | | | | | Net Asset | Not Practicable | |
|-------------------|----------------------|-----------------|----------------|---------------|---------|-------------|------|-----------|------------------|---|
| Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Value (NAV) | | | (Carrying Value) | |
| Bonds and cash | | | | | | | | | | |
| equivalents | \$ 158,763,201 | \$ 162,277,092 | \$ 110,899,660 | \$ 47,863,541 | \$ - | \$ - | \$ - | \$ - | | - |

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 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. During 2022, the Company experienced lower overall utilization of the healthcare system than anticipated, as the reduction in COVID-19 utilization following the increased incidence associated with the Omicron variant outpaced the increase in non-COVID-19 utilization. The significant disruption in utilization

NOTES TO THE FINANCIAL STATEMENTS

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 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 2021.

The COVID-19 National Emergency declared in 2020 was terminated on April 10, 2023 and the Public Health Emergency is set to expire on May 11, 2023.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

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

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

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

(3) Direct exposure through other investments:

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

(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 5, 2023 for the Statutory Statement issued on May 5, 2023.

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)

NOTES TO THE FINANCIAL STATEMENTS

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

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, 2023 that are subject to retrospective rating features was \$143,136,190, 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 ()

NOTES TO THE FINANCIAL STATEMENTS

| | | | |
|-----|--|----|-----------|
| (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) | \$ | 1,088,524 |
| | Liabilities | | |
| | 2. Risk adjustment user fees payable for ACA Risk Adjustment | \$ | 5,453 |
| | 3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) | \$ | - |
| | Operations (Revenue & Expenses) | | |
| | 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$ | 561,930 |
| | 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) | \$ | 868 |
| b. | Transitional ACA Reinsurance Program | | |
| | Assets | | |
| | 1. Amounts recoverable for claims paid due to ACA Reinsurance | \$ | - |
| | 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) | \$ | - |
| | 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance | \$ | - |
| | Liabilities | | |
| | 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium | \$ | - |
| | 5. Ceded reinsurance premiums payable due to ACA Reinsurance | \$ | - |
| | 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | \$ | - |
| | Operations (Revenues & Expenses) | | |
| | 7. Ceded reinsurance premiums due to ACA Reinsurance | \$ | - |
| | 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | \$ | - |
| | 9. ACA Reinsurance contributions – not reported as ceded premiums | \$ | - |
| c. | Temporary ACA Risk Corridors Program | | |
| | Assets | | |
| | 1. Accrued retrospective premium due to ACA Risk Corridors | \$ | - |
| | Liabilities | | |
| | 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | \$ | - |
| | Operations (Revenue & Expenses) | | |
| | 3. Effect of ACA Risk Corridors on net premium income | \$ | - |
| | 4. Effect of ACA Risk Corridors on change in reserves for rate credits | \$ | - |

STATEMENT AS OF March 31, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

| Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | | Unsettled Balances as of the Reporting Date | |
|--|---------|--|---|--|--|------------------------|------------------------|-----|---|---|
| | | | | Prior Year Accrued Less Payments (Col 1-3) | Prior Year Accrued Less Payments (Col 2-4) | To Prior Year Balances | To Prior Year Balances | | Cumulative Balance from Prior Years (Col 1-3+7) | Cumulative Balance from Prior Years (Col 2-4+8) |
| | | | | 5 | 6 | 7 | 8 | | 9 | 10 |
| 1 | 2 | 3 | 4 | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable | (Payable) |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | |
| 1. Premium adjustments receivable (including high risk pool payments) | 526,594 | - | | 526,594 | | 383,028 | | A. | 909,622 | |
| 2. Premium adjustments (payables) (including high risk pool premium) | | - | - | | | | | | | - |
| 3. Subtotal ACA Permanent Risk Adjustment Program | 526,594 | - | - | 526,594 | - | 383,028 | - | | 909,622 | - |
| 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 | 526,594 | - | - | 526,594 | - | 383,028 | - | | 909,622 | - |

Explanations of adjustments
A. Adjustments related to updates received from CMS associated with 2022 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, 2022, were \$19,765,633. As of March 31, 2023, \$10,400,491 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$7,588,025 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,777,116 favorable prior-year development since December 31, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$1,777,511 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

NOTES TO THE FINANCIAL STATEMENTS

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 |
|------------|--|--|---|---|---|
| 12/31/2023 | \$ - | \$ - | \$ - | \$ - | \$ - |
| 9/30/2023 | - | - | - | - | - |
| 6/30/2023 | - | - | - | - | - |
| 3/31/2023 | 6,542,760 | 6,542,760 | - | - | - |
| 12/31/2022 | 5,918,355 | 5,824,733 | 5,810,967 | - | - |
| 9/30/2022 | 5,830,371 | 5,845,173 | 5,811,906 | 5,102 | - |
| 6/30/2022 | 6,244,367 | 6,428,772 | 6,422,494 | - | 3,956.00 |
| 3/31/2022 | 5,817,837 | 5,606,858 | 5,527,997 | 78,861 | - |
| 12/31/2021 | 5,877,662 | 5,857,642 | 5,848,793 | - | 8,448.00 |
| 9/30/2021 | 4,810,187 | 5,037,743 | 4,989,917 | 43,180 | 3,955.00 |
| 6/30/2021 | 5,462,417 | 5,752,721 | 5,686,699 | 22,910 | 43,112.00 |
| 3/31/2021 | 4,373,942 | 4,523,086 | 4,493,713 | - | 29,374.00 |

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1.

Liability carried for premium deficiency reserves

\$ 35,297,000
2.

Date of the most recent evaluation of this liability

December 31, 2022
3.

Was anticipated investment income utilized in the calculation?

Yes () No (X)

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.
NA

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 |
| Not Applicable. | | |

5.

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

Yes [] No [X] N/A []

6.1

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

12/31/2020

6.2

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

12/31/2020

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).

05/23/2022

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 |
| | | | | | |

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 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 [] No [X]
- 10.2

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

0

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:

\$.....

0
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
- 11.1

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

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

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

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

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

85.5 %

1.2 A&H cost containment percent

5.4 %

1.3 A&H expense percent excluding cost containment expenses

19.2 %

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, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

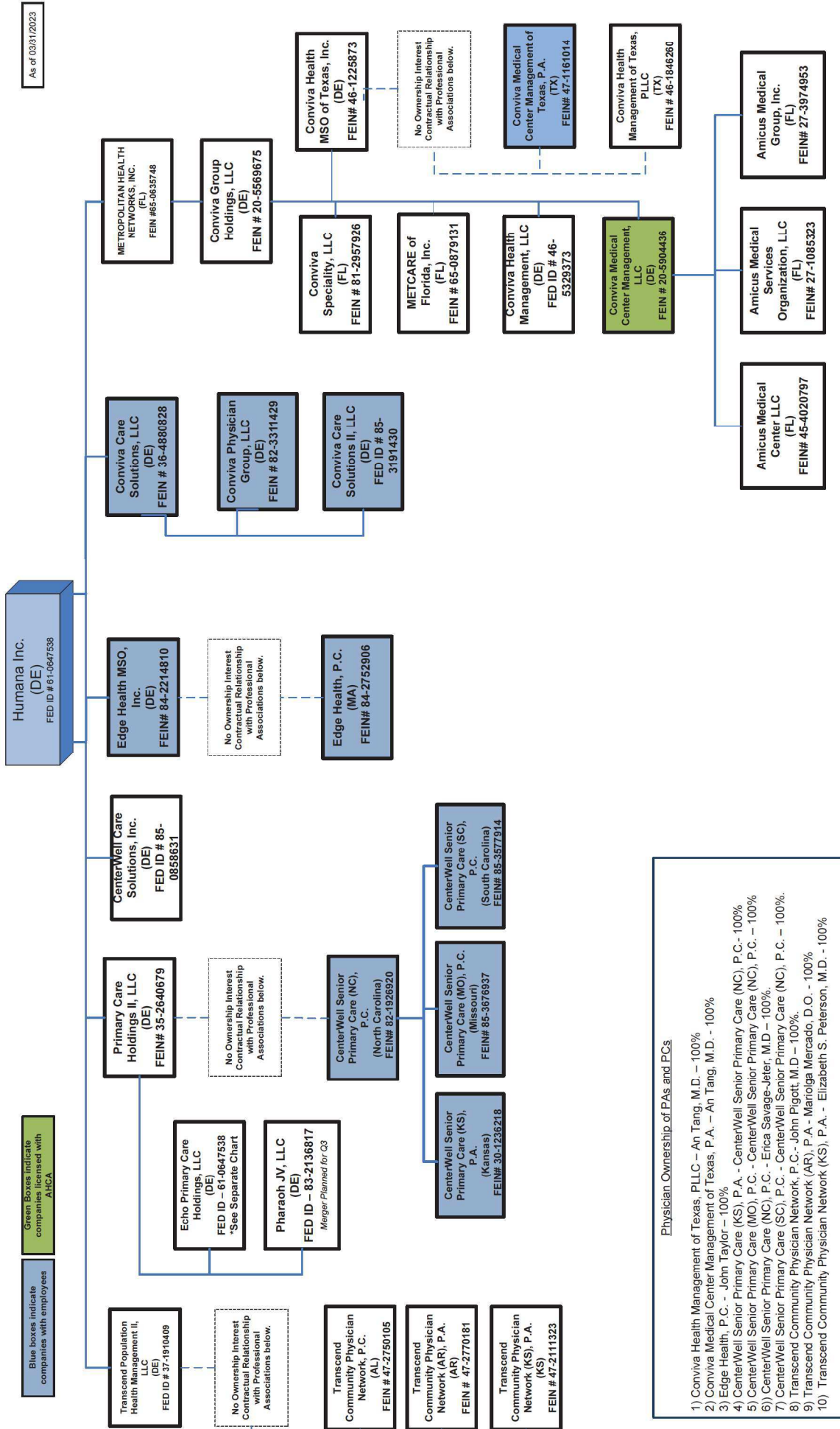
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

| Current Year to Date - Allocated by States and Territories | | | | | | | | | | | |
|--|-------------------|------------------------------|----------------------|--------------------|----------------|--|--|----------------------------|---------------------------|------------------------|--------|
| States, etc. | 1 | Direct Business Only | | | | | | | | | |
| | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 8 | Deposit-Type Contracts | |
| 1. Alabama | AL | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 2. Alaska | AK | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 3. Arizona | AZ | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 4. Arkansas | AR | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 5. California | CA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 6. Colorado | CO | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 7. Connecticut | CT | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 8. Delaware | DE | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 9. District of Columbia | DC | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 10. Florida | FL | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 11. Georgia | GA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 12. Hawaii | HI | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 13. Idaho | ID | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 14. Illinois | IL | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 15. Indiana | IN | .L.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 16. Iowa | IA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 17. Kansas | KS | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 18. Kentucky | KY | .L.....0 | 37,811,462 |0 |0 |0 |0 |0 | 37,811,462 |0 |0 |
| 19. Louisiana | LA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 20. Maine | ME | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 21. Maryland | MD | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 22. Massachusetts | MA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 23. Michigan | MI | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 24. Minnesota | MN | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 25. Mississippi | MS | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 26. Missouri | MO | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 27. Montana | MT | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 28. Nebraska | NE | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 29. Nevada | NV | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 30. New Hampshire | NH | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 31. New Jersey | NJ | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 32. New Mexico | NM | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 33. New York | NY | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 34. North Carolina | NC | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 35. North Dakota | ND | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 36. Ohio | OH | .L.....0 | 32,372,324 | (9) 72,568,237 |0 | 384,177 |0 |0 | 105,324,728 |0 |0 |
| 37. Oklahoma | OK | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 38. Oregon | OR | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 39. Pennsylvania | PA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 40. Rhode Island | RI | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 41. South Carolina | SC | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 42. South Dakota | SD | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 43. Tennessee | TN | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 44. Texas | TX | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 45. Utah | UT | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 46. Vermont | VT | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 47. Virginia | VA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 48. Washington | WA | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 49. West Virginia | WV | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 50. Wisconsin | WI | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 51. Wyoming | WY | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 52. American Samoa | AS | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 53. Guam | GU | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 54. Puerto Rico | PR | .N.....0 |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 |0 |
| 56. Northern Mariana Islands | MP | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 57. Canada | CAN | .N.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 58. Aggregate Other Aliens | OT | .XXX.....0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 59. Subtotal | .XXX | 32,372,324 | 37,811,452 | 72,568,237 |0 | 384,177 |0 |0 | 143,136,190 |0 |0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | .XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 61. Totals (Direct Business) | .XXX | 32,372,324 | 37,811,452 | 72,568,237 | 0 | 384,177 | 0 | 0 | 143,136,190 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 58001. | .XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 58002. | .XXX | | | | | | | | | | |
| 58003. | .XXX | | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | .XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | .XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

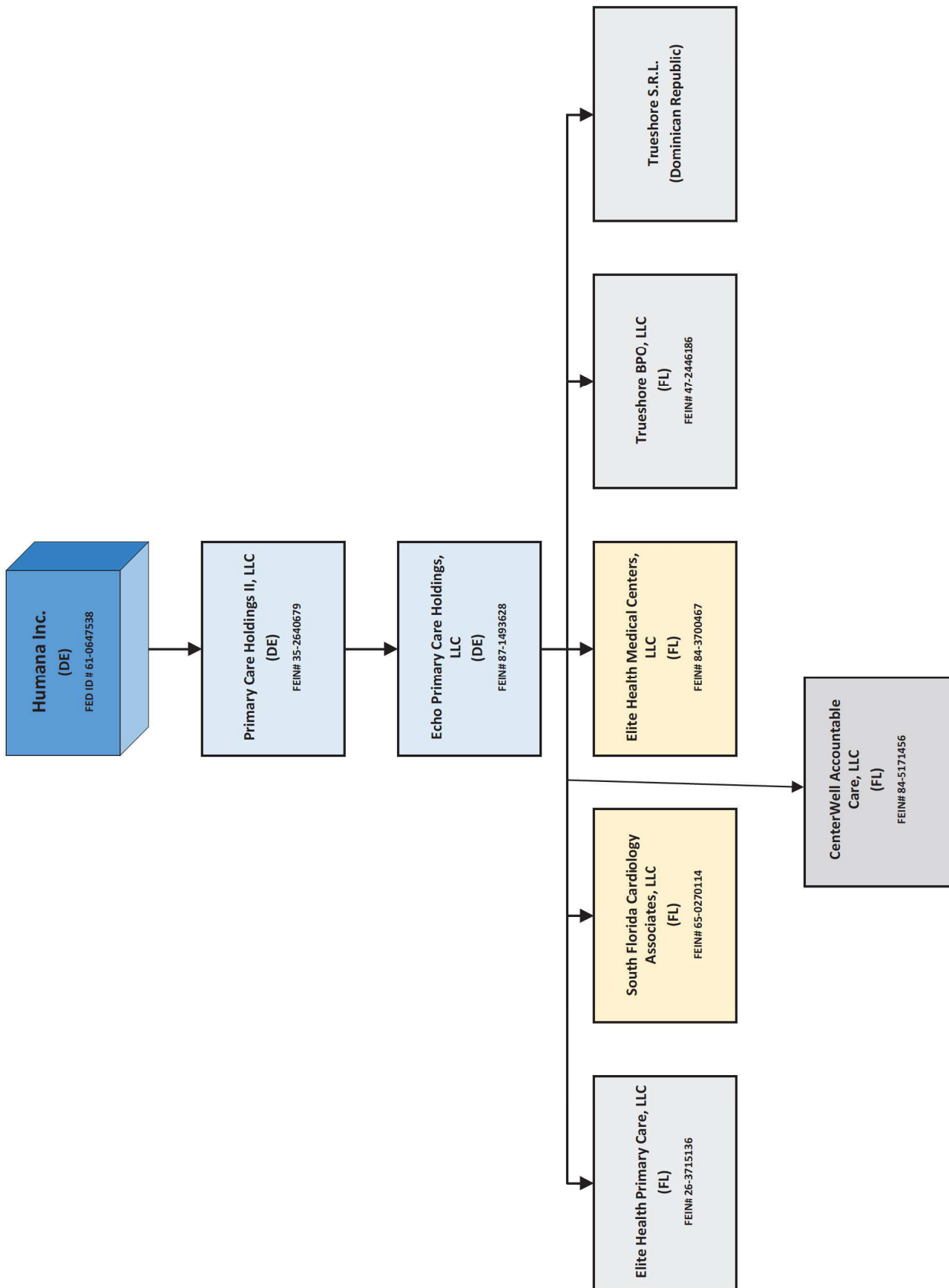
(a) Active Status Counts:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3 4. Q - Qualified - Qualified or accredited reinsurer..... 0
2. R - Registered - Non-domiciled RRGs..... 0 5. N - None of the above - Not allowed to write business in the state..... 54
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

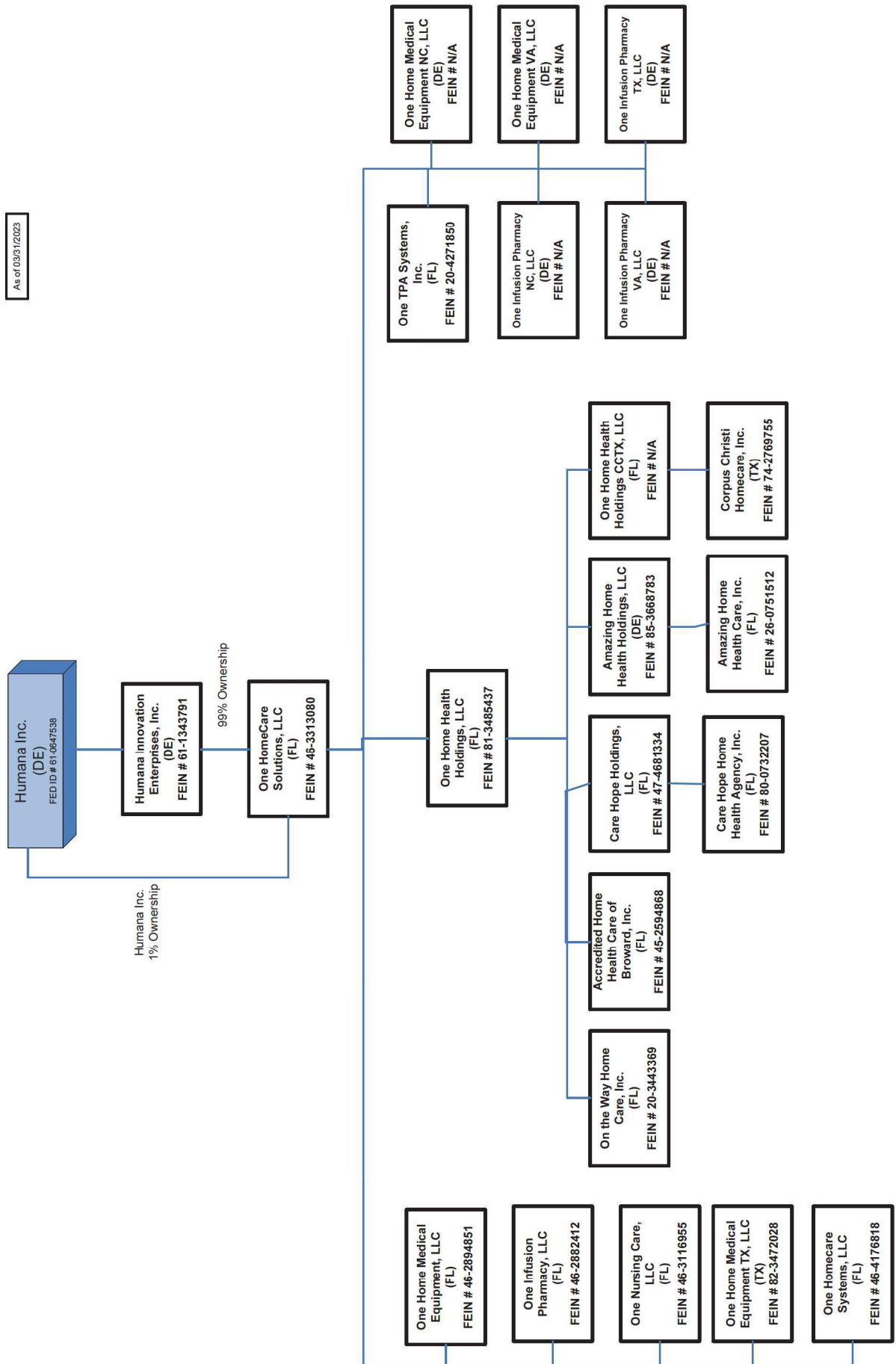
[illegible]

STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.



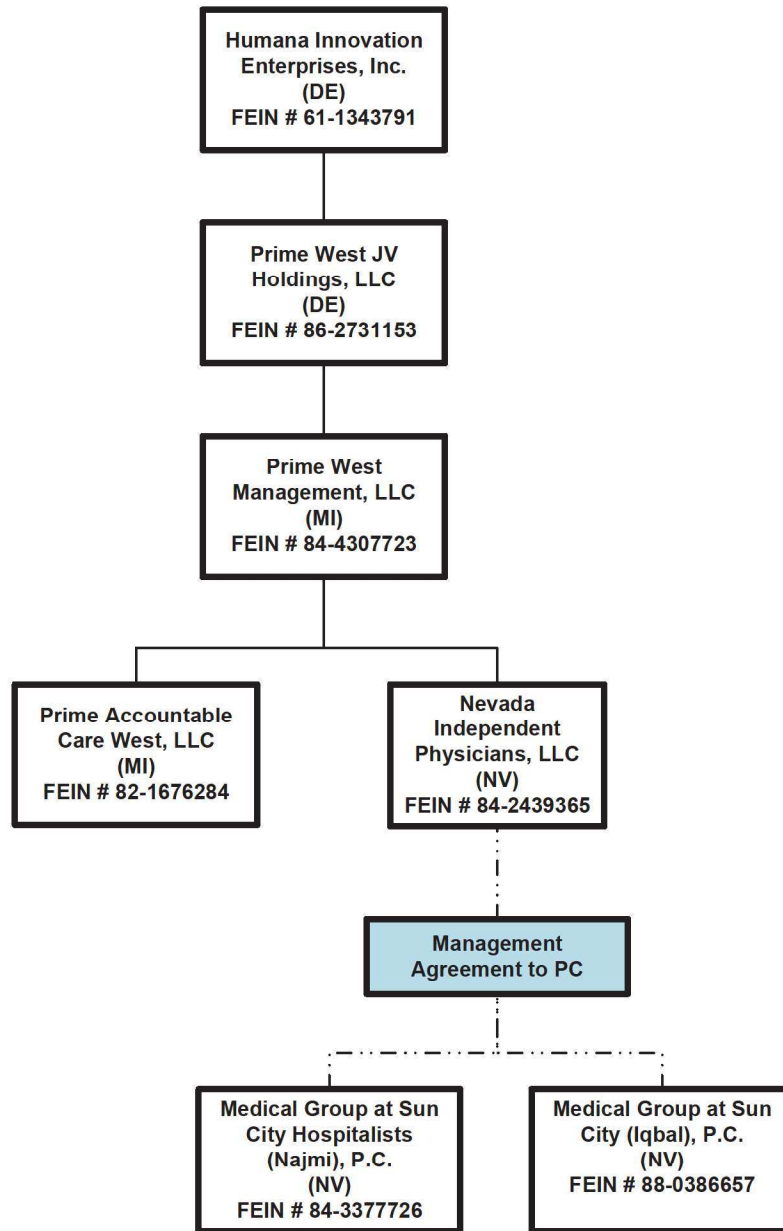
Echo Primary Care Holdings Organization Chart



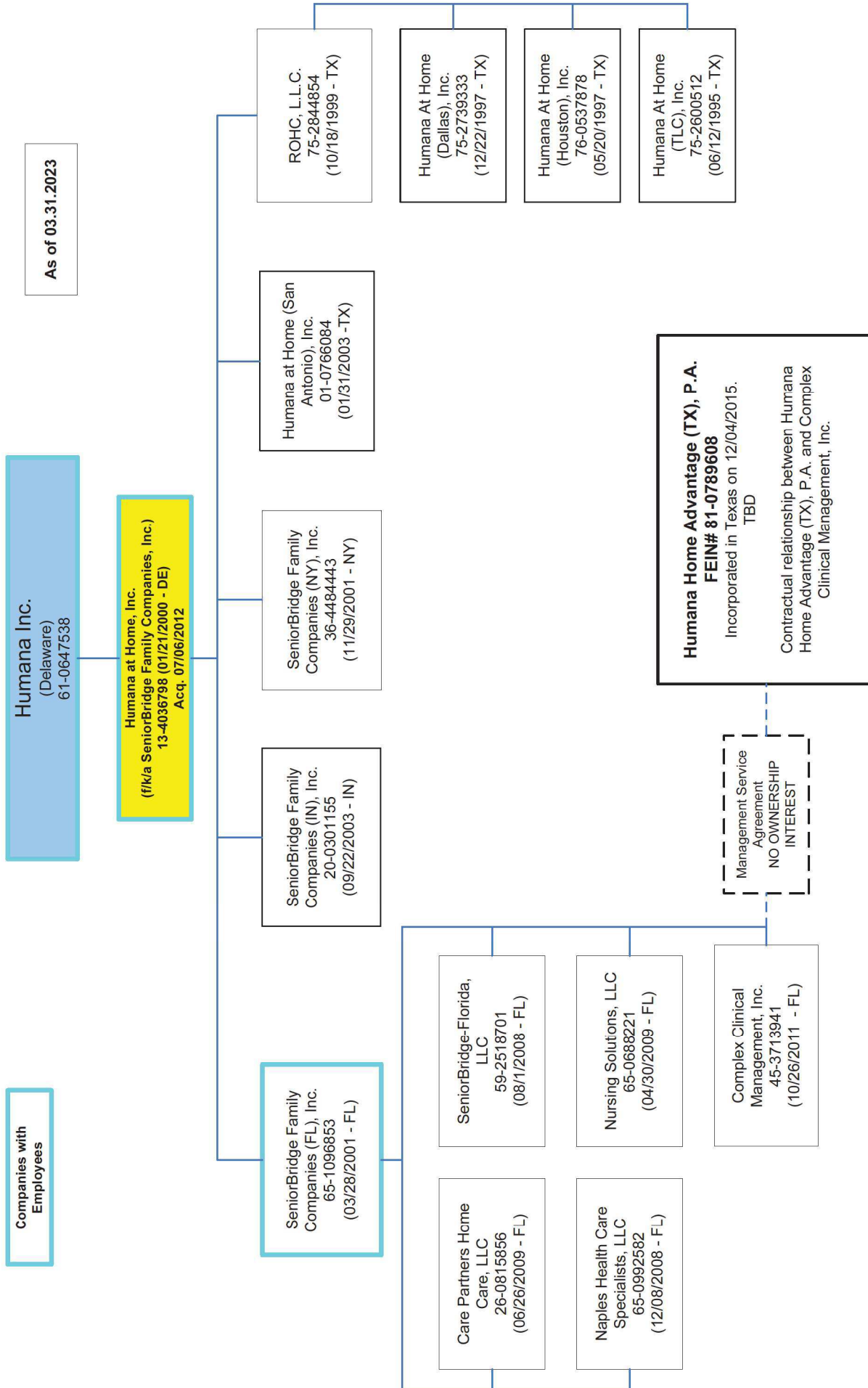


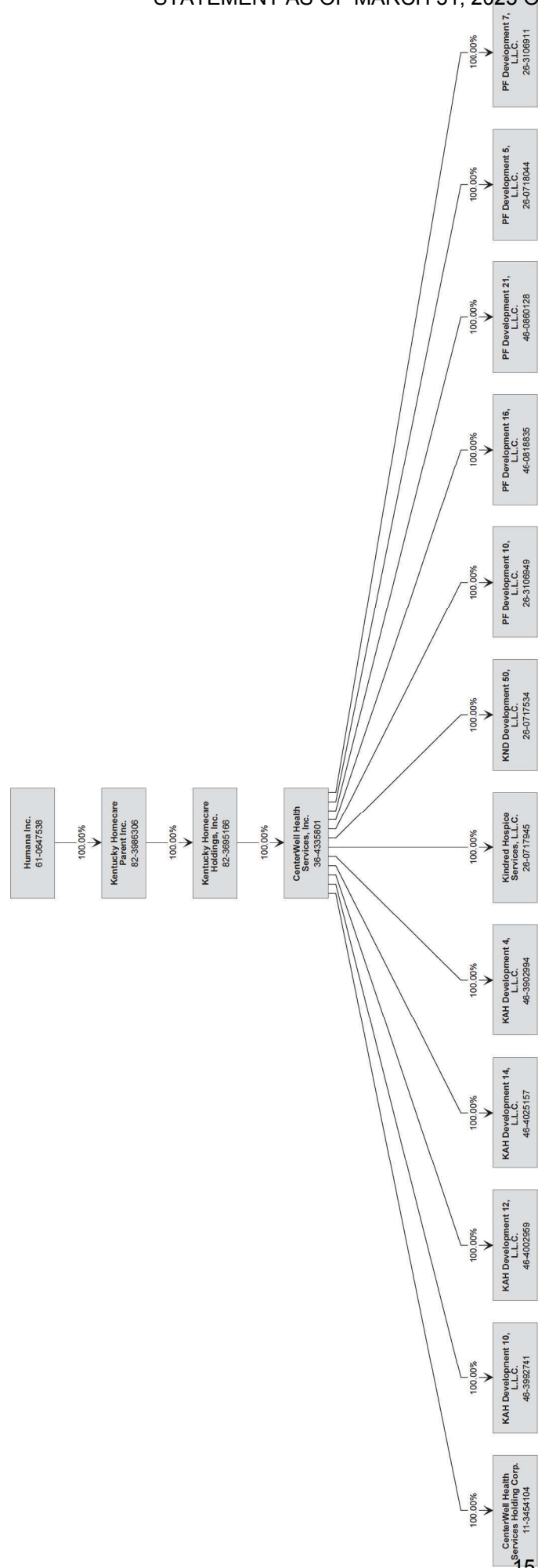
Prime West Organizational Chart

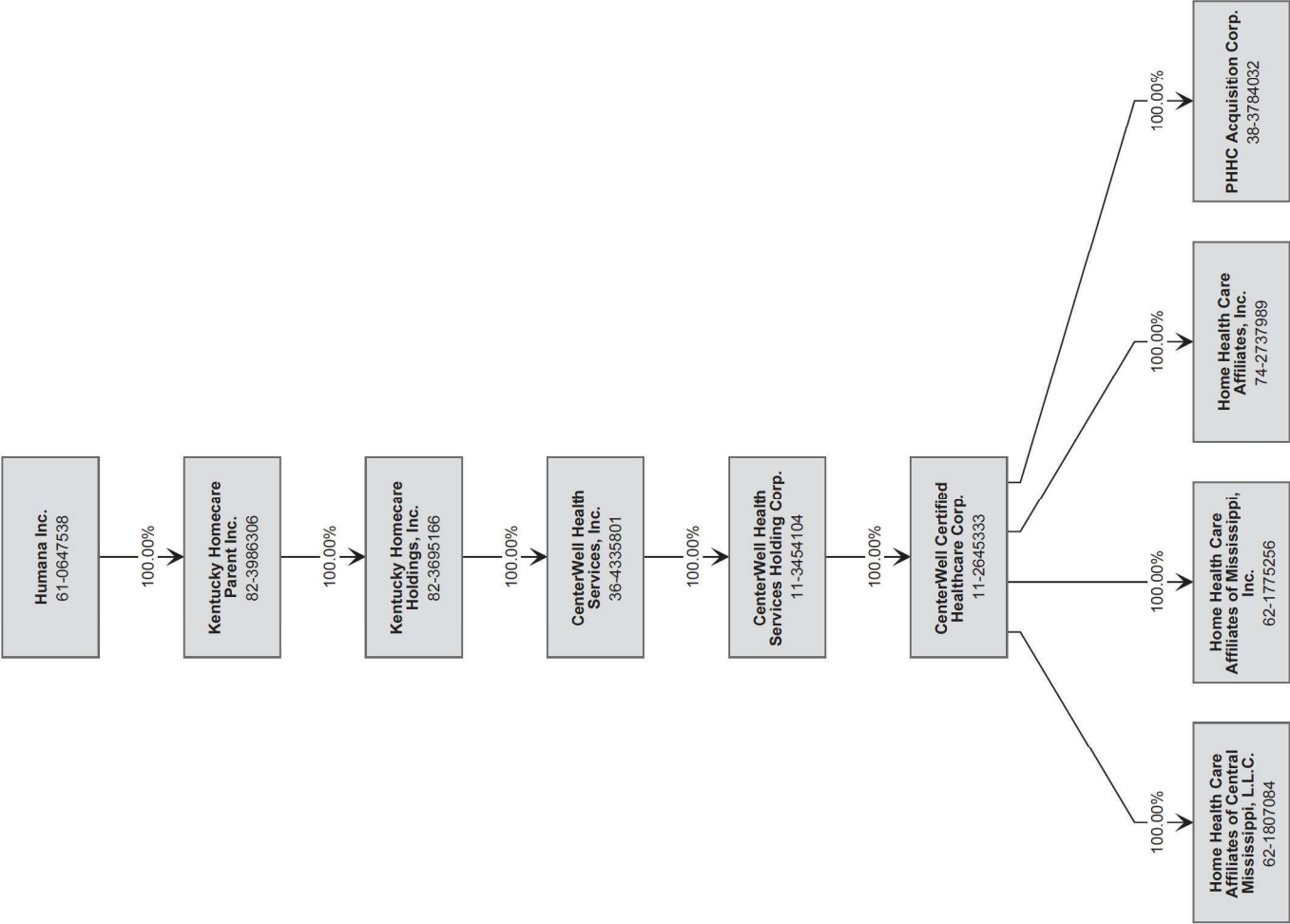
As of 03/31/2023

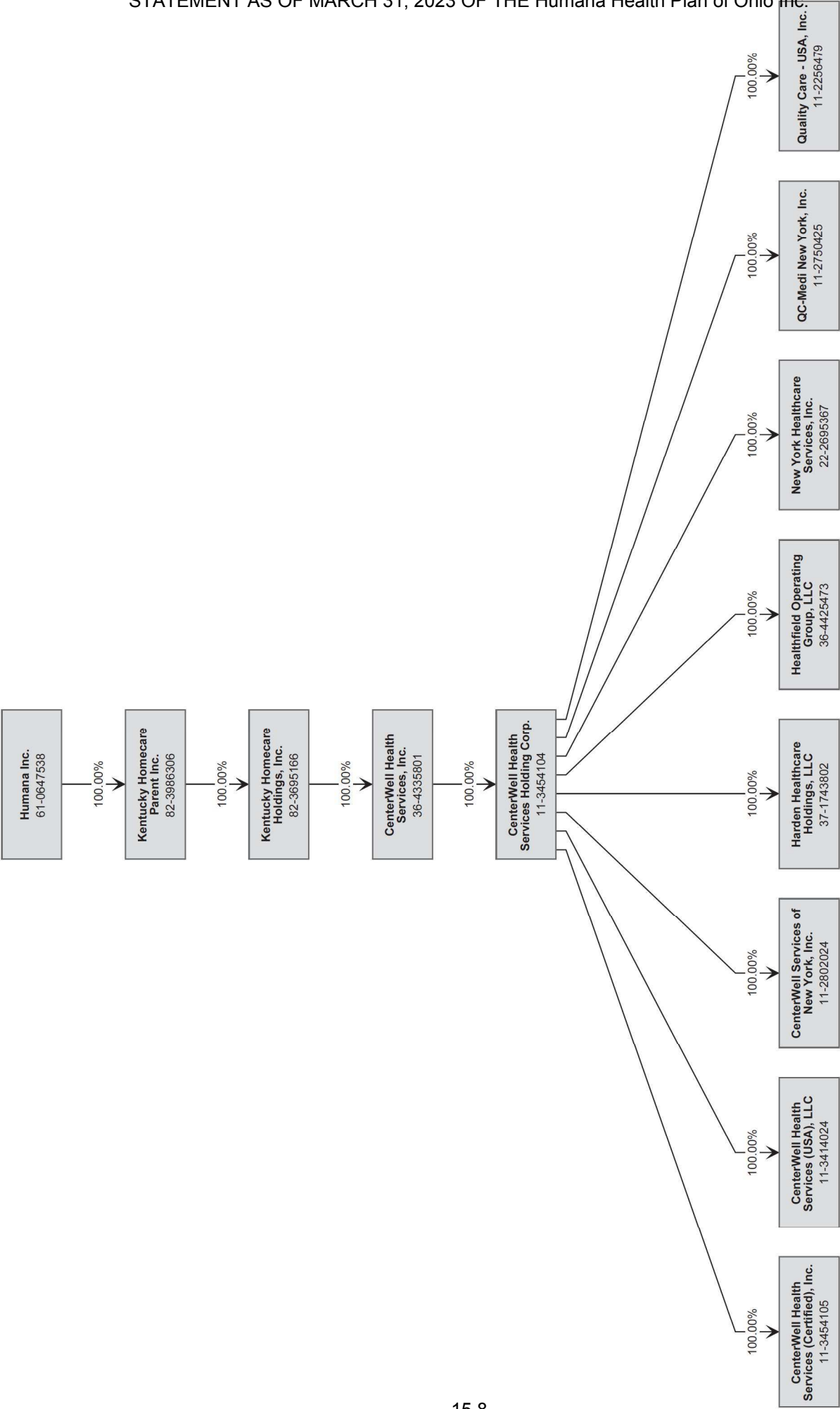


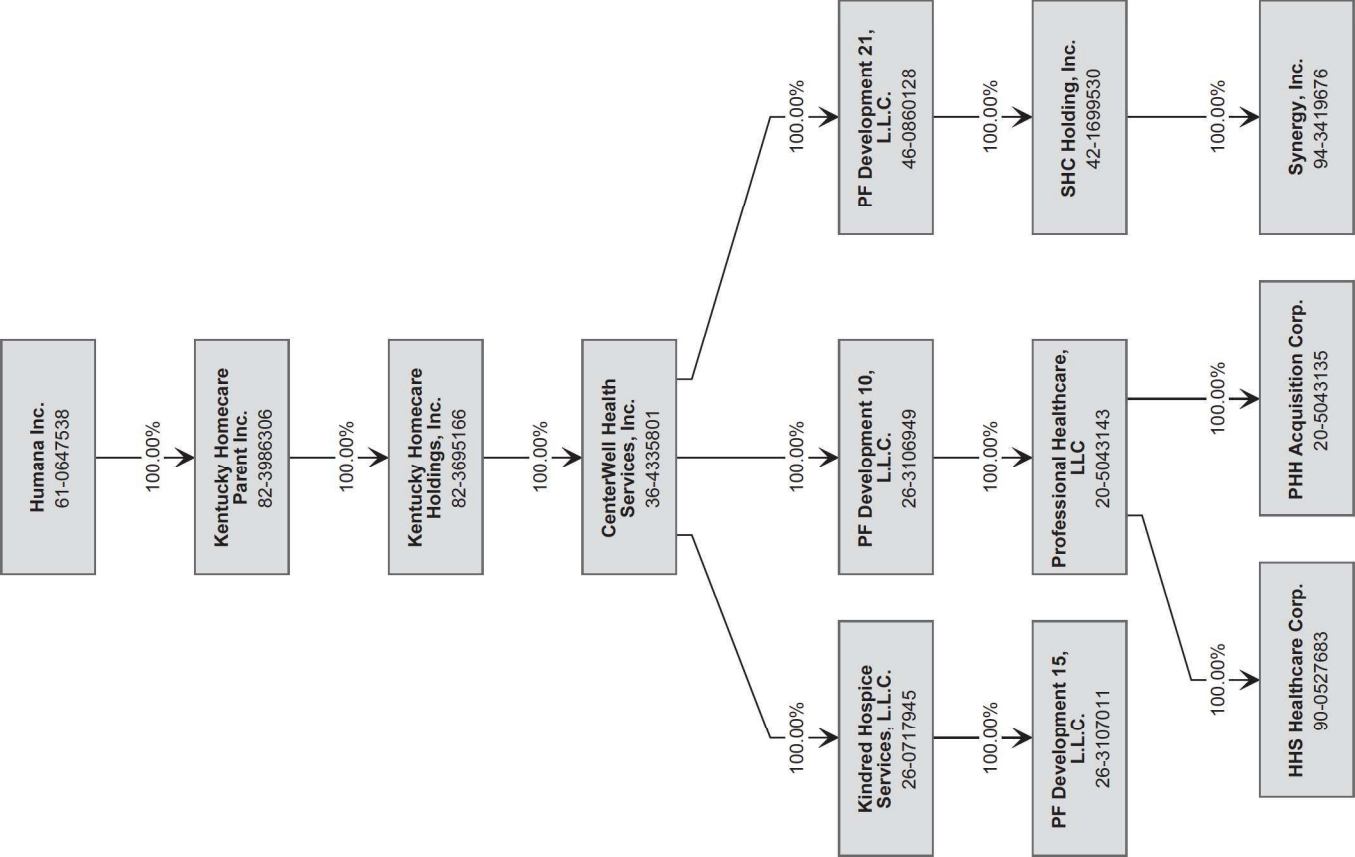
Zaffar Iqbal, M.D – 100% Ownership

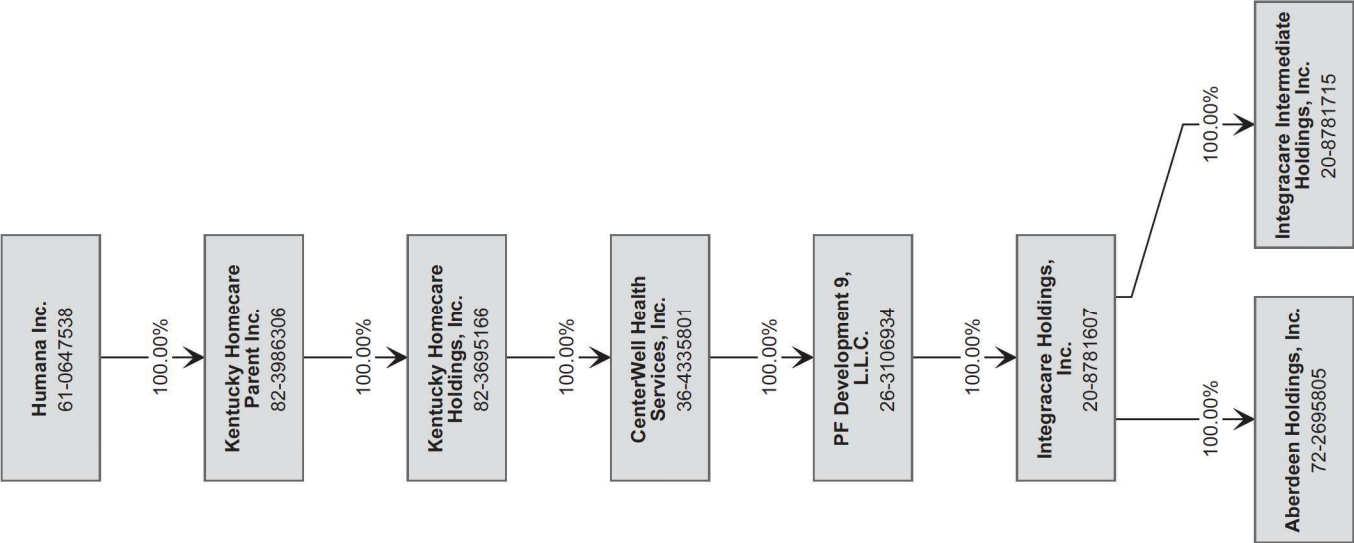




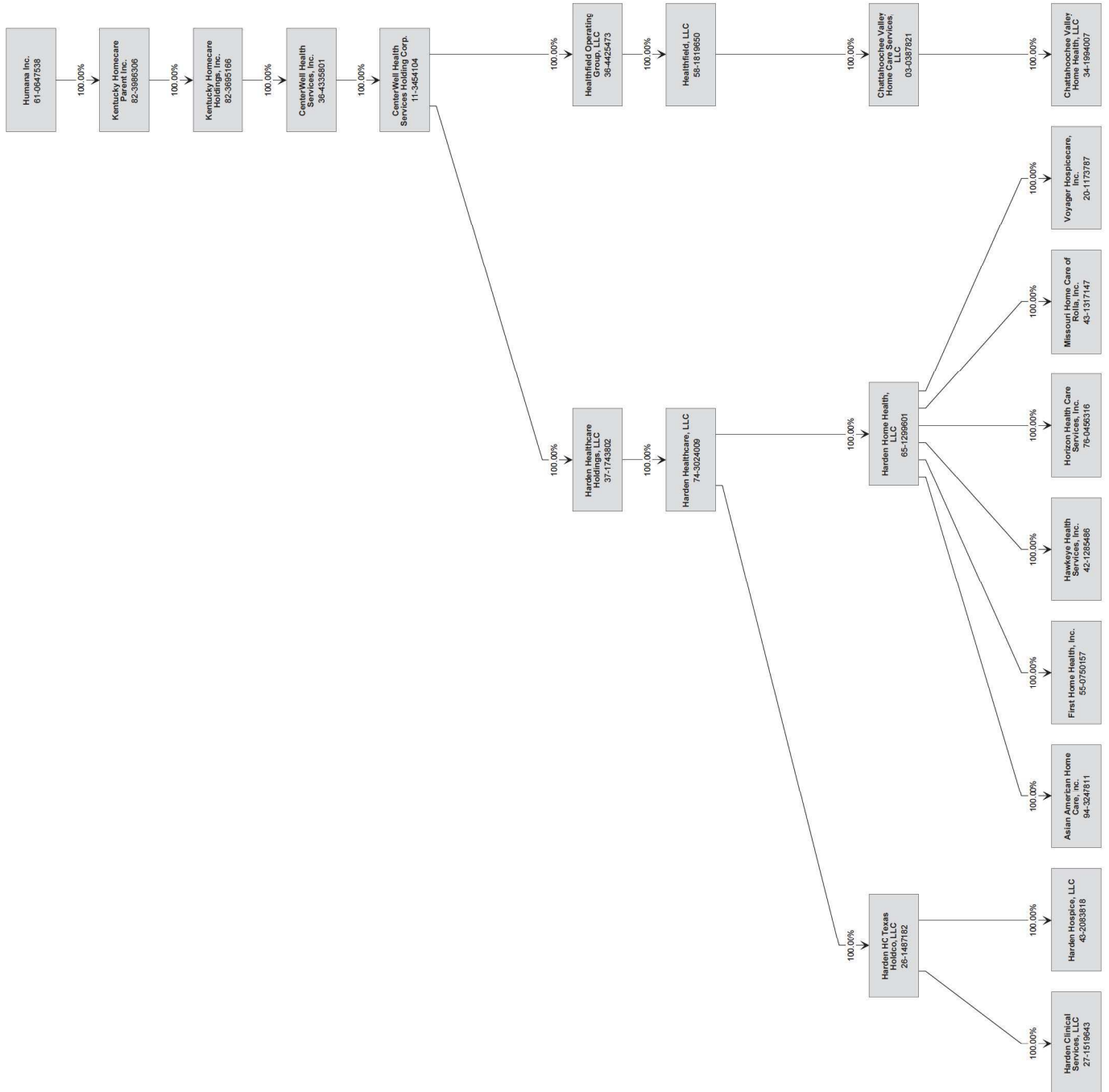




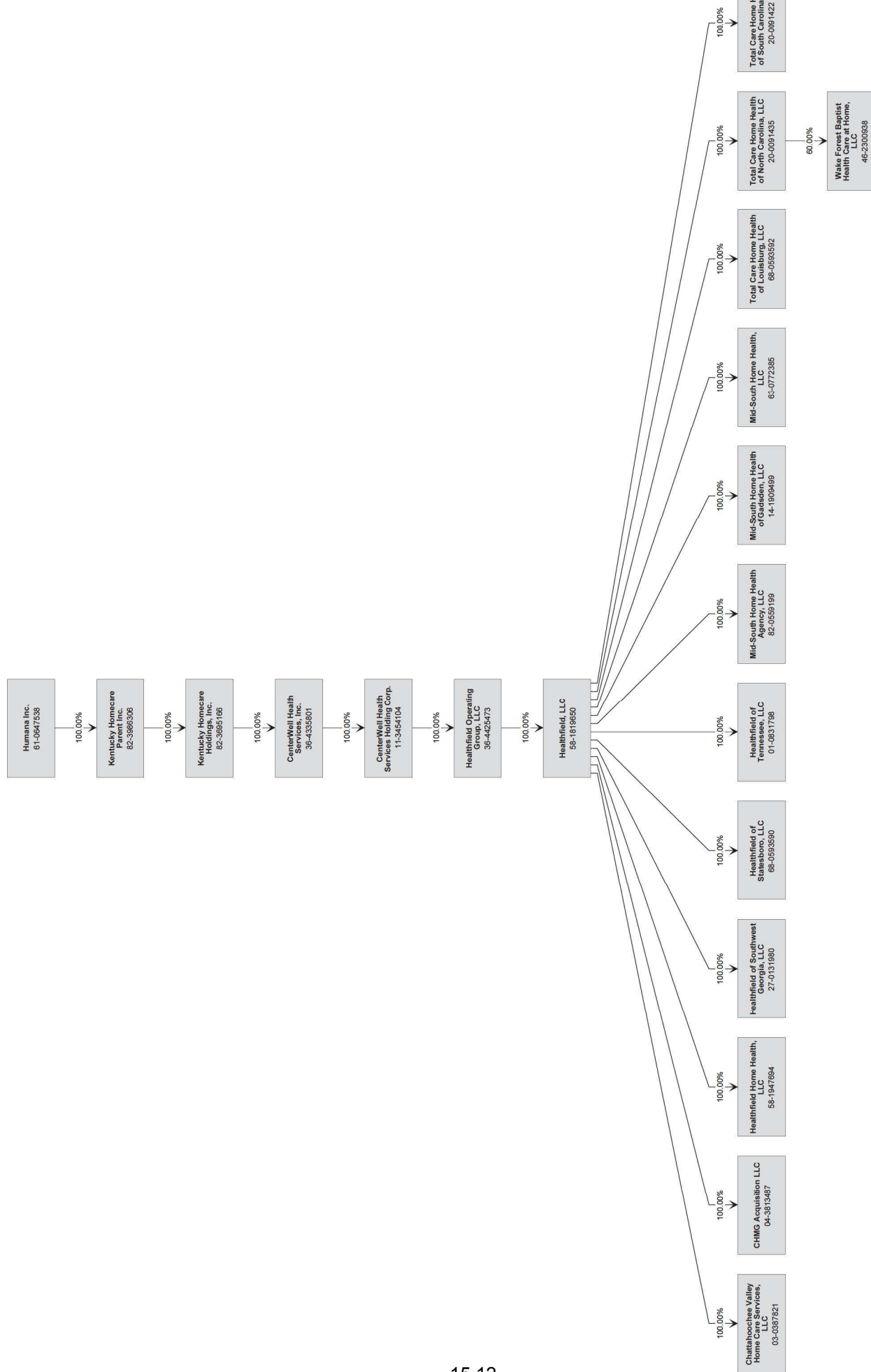


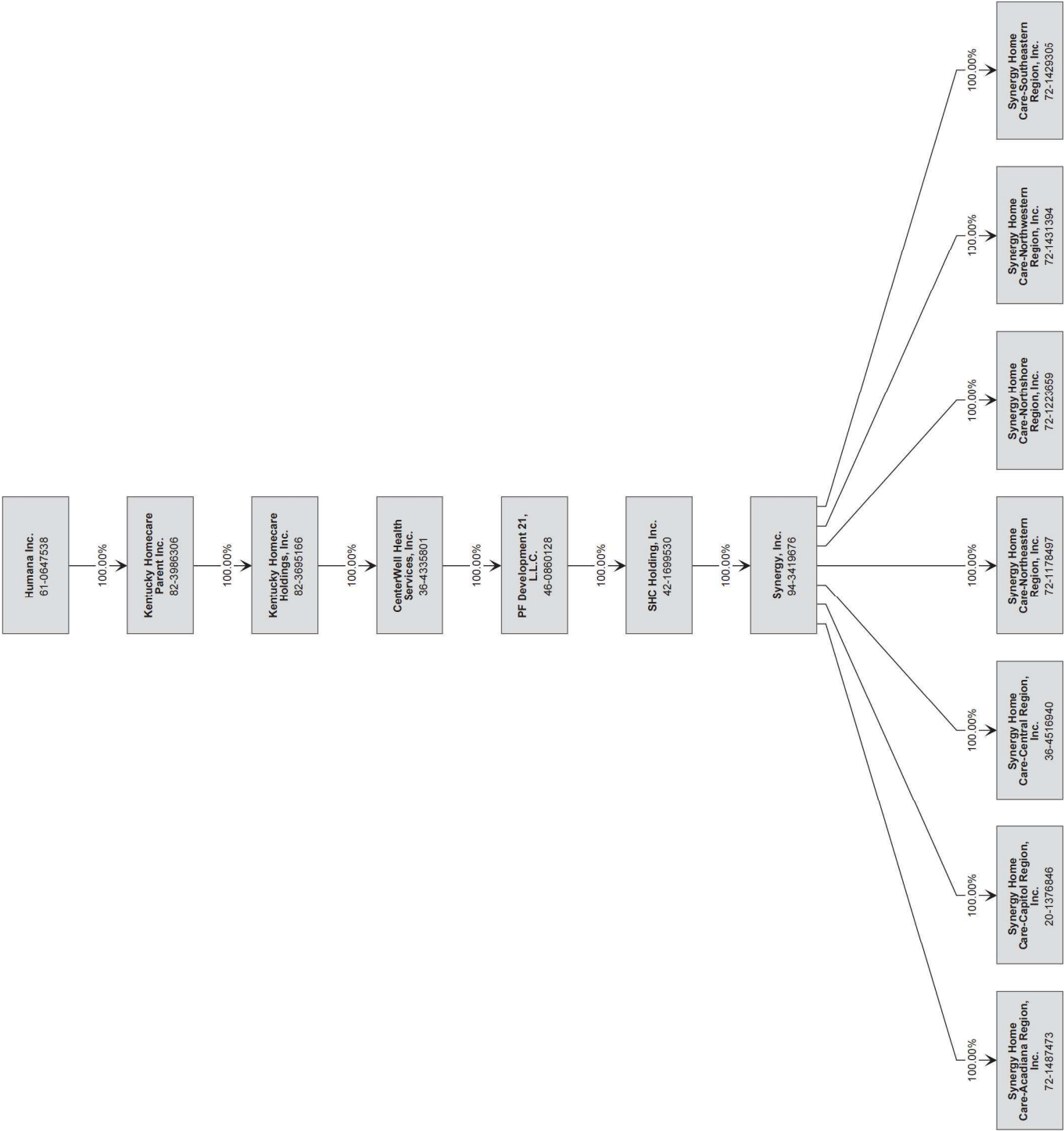


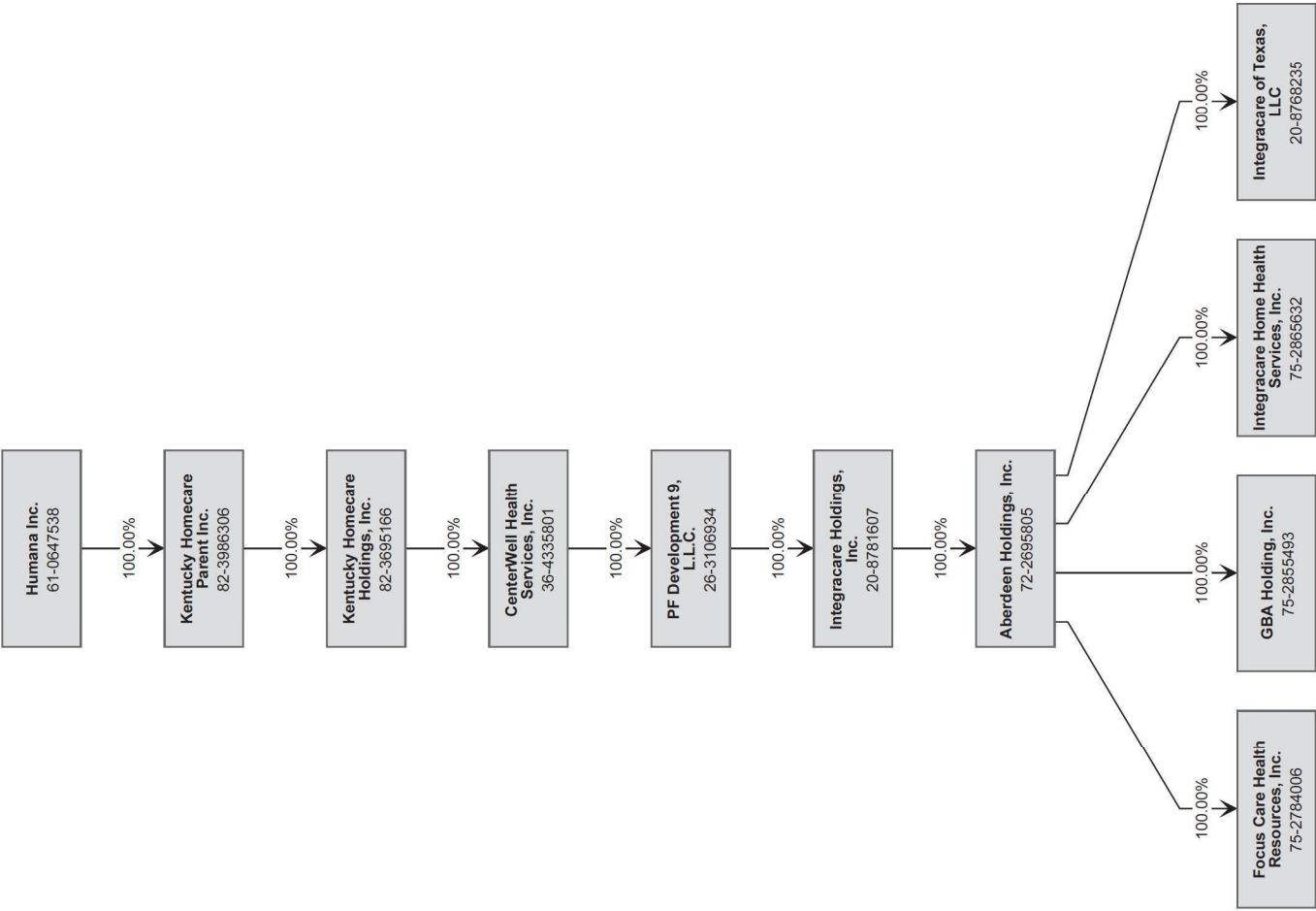
STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.



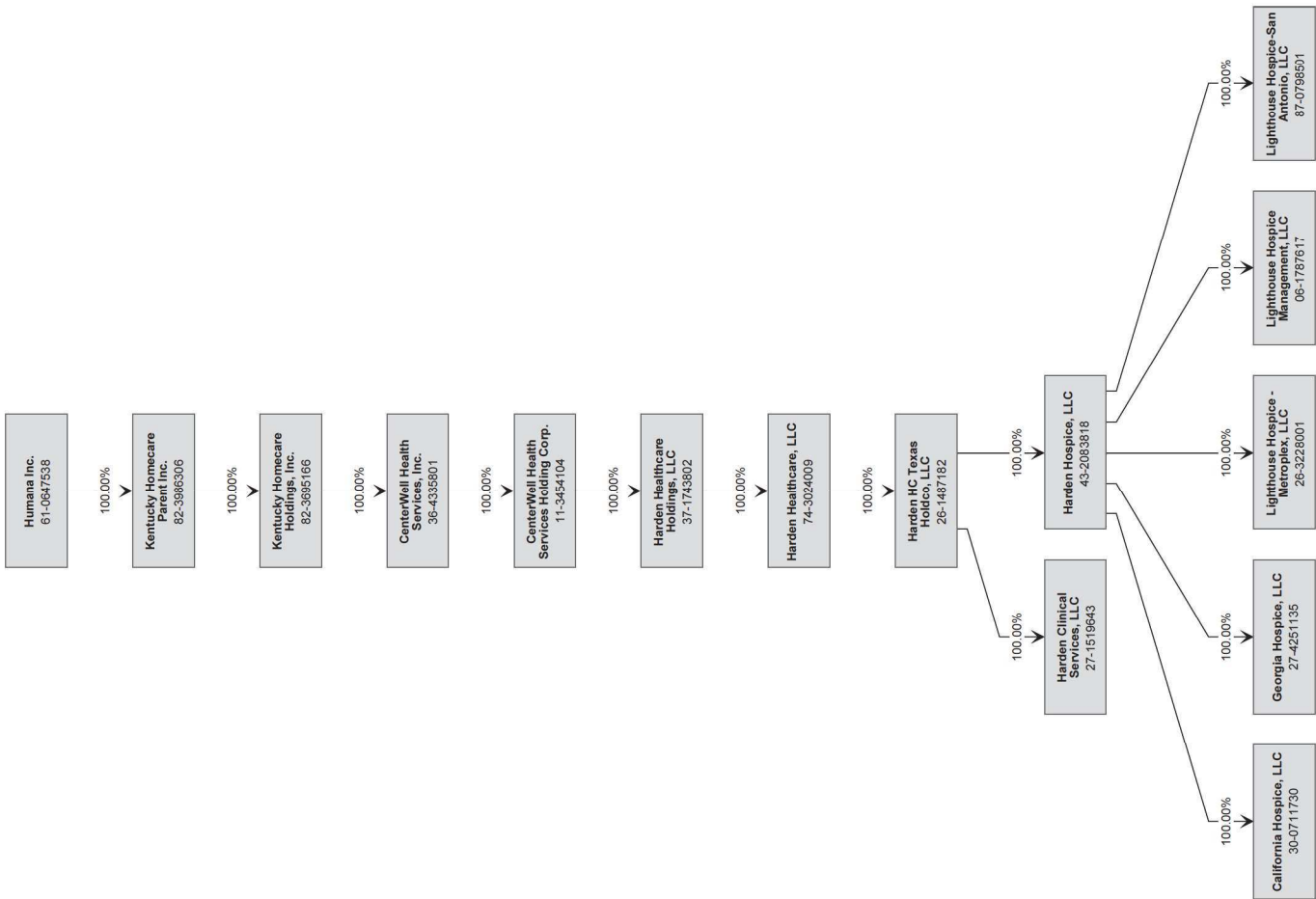
STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

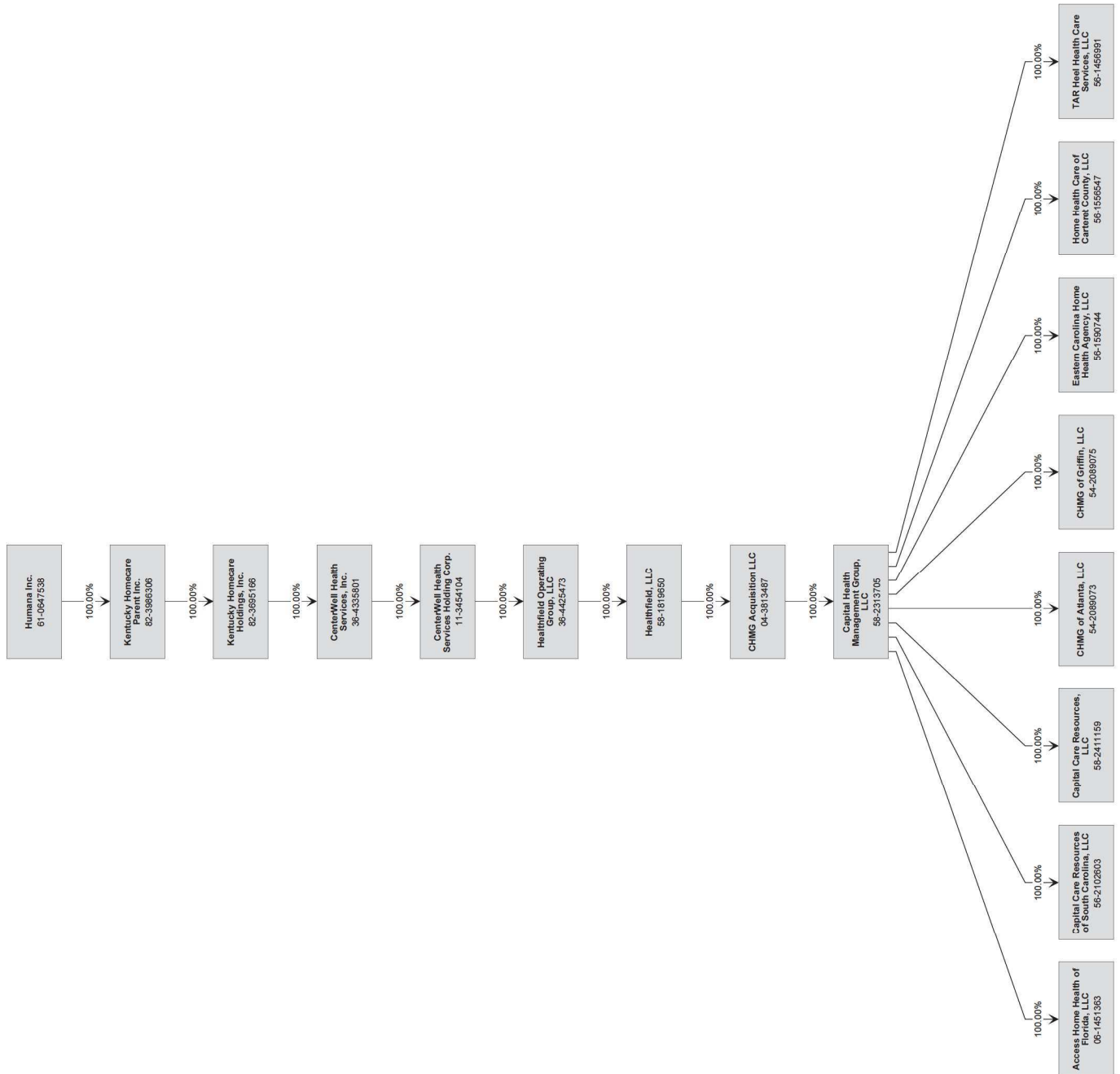


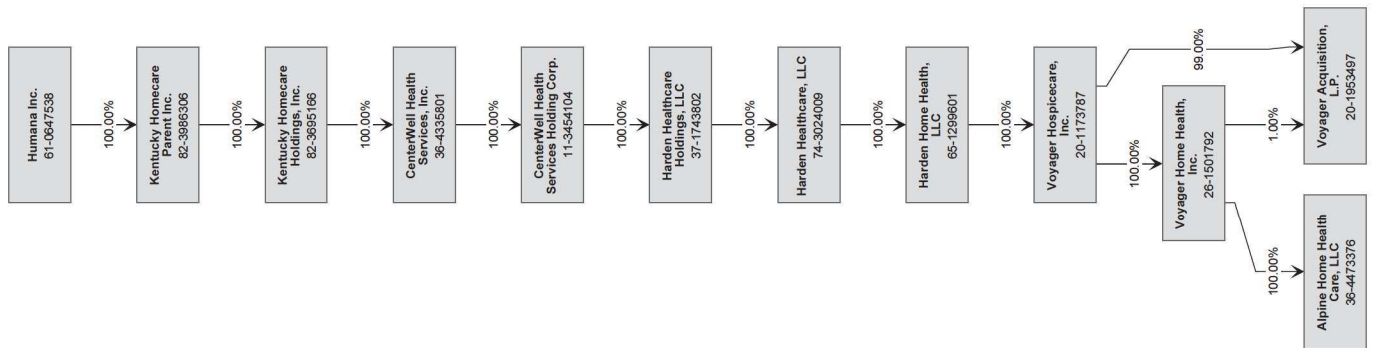


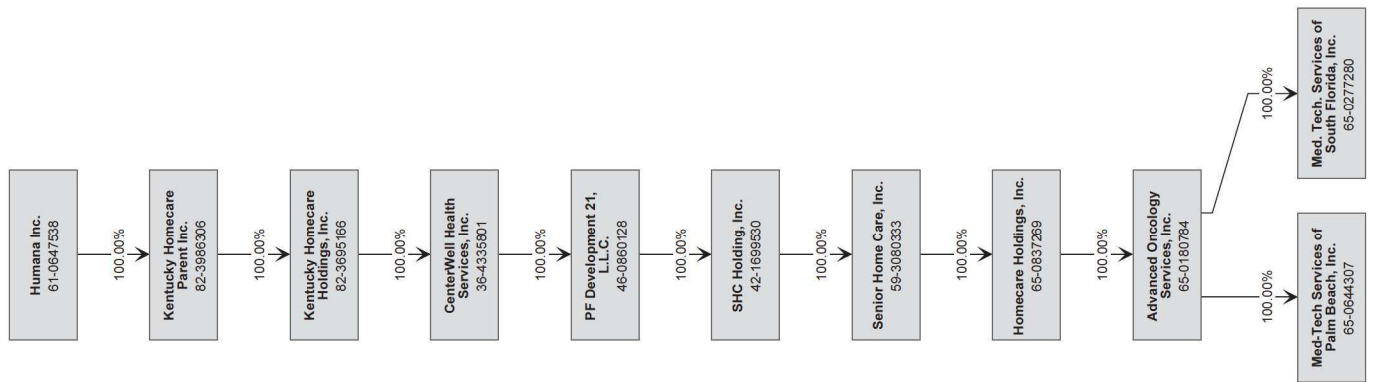












STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------|-------------------|------------|--------------|-----|--|---|-----------------------|-----------------------------------|--|--|---|--|--------------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percen-tage | 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 Condomium Council of Co-Owners, Inc. | .. KY | NIA | Humana Real Estate Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 12151 | 20-1001348 | | | | Arcadian Health Plan, Inc. | .. WA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 26-0815856 | | | | Care Partners Home Care, LLC | .. FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 39-1514846 | | | | CareNetwork, Inc. | .. WI | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 95092 | 59-2598550 | | | | CarePlus Health Plans, Inc. | .. FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 95754 | 62-1579044 | | | | Cariten Health Plan Inc. | .. TN | IA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 35-2608414 | | | | CDO 1, LLC | .. DE | NIA | HJM Provider Holdings, LLC | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 32-0545504 | | | | CDO 2, LLC | .. DE | NIA | HJM Provider Holdings, LLC | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 95158 | 61-1279717 | | | | CHA HMO, Inc. | .. KY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 52015 | 59-2531815 | | | | CompBenefits Company | .. FL | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 04-3185995 | | | | CompBenefits Corporation | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 11228 | 36-3686002 | | | | CompBenefits Dental, Inc. | .. IL | IA | Dental Care Plus Management, Corp. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 58-2228851 | | | | CompBenefits Direct, Inc. | .. DE | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 60984 | 74-2552026 | | | | CompBenefits Insurance Company | .. TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 45-3713941 | | | | Complex Clinical Management, Inc. | .. FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 42-1575099 | | | | Humana Healthcare Research, Inc. | .. IL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 36-4880828 | | | | Conviva Care Solutions, LLC | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 15886 | 75-2043865 | | | | Humana Benefit Plan of Texas, Inc. | .. TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 36-3512545 | | | | Dental Care Plus Management, Corp. | .. IL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 95161 | 76-0039628 | | | | DentiCare, Inc. | .. TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 88595 | 31-0935772 | | | | Empheys Insurance Company | .. TX | IA | Empheysys, Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 61-1237697 | | | | Empheysys, Inc. | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 59-3164234 | | | | CenterWell Senior Primary Care (FL), Inc. | .. FL | NIA | FPG Acquisition Corp. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 81-3802918 | | | | FPG Acquisition Corp. | .. DE | NIA | FPG Acquisition Holdings Corp. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 81-3819187 | | | | FPG Acquisition Holdings Corp. | .. DE | NIA | FPG Holding Company, LLC | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 32-0505460 | | | | FPG Holding Company, LLC | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 45-4685400 | | | | FPG Senior Services, LLC | .. FL | NIA | FPG Acquisition Corp. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 27-1649291 | | | | Harris, Rothenberg International Inc. | .. NY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 61-1223418 | | | | Health Value Management, Inc. | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 46-4912173 | | | | Humana EAP and Work-Life Services of California, Inc. | .. CA | IA | Harris, Rothenberg International Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 26-3592783 | | | | HJM Provider Holdings, LLC | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 20-4835394 | | | | Humana Active Outlook, Inc. | .. KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 75-2739333 | | | | Humana At Home (Dallas), Inc. | .. TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 76-0537878 | | | | Humana At Home (Houston), Inc. | .. TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 65-0274594 | | | | Humana At Home 1, Inc. | .. FL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 13-4036798 | | | | Humana at Home, Inc. | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 60052 | 37-1326199 | | | | Humana Benefit Plan of Illinois, Inc. | .. IL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 59-1843760 | | | | Humana Dental Company | .. FL | NIA | CompBenefits Corporation | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 95519 | 58-2209549 | | | | Humana Employers Health Plan of Georgia, Inc. | .. GA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 61-1241225 | | | | Humana Government Business, Inc. | .. DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 95642 | 72-1279235 | | | | Humana Health Benefit Plan of Louisiana, Inc. | .. LA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 13558 | 26-2800286 | | | | Humana Health Company of New York, Inc. | .. NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 69671 | 61-1041514 | | | | Humana Health Insurance Company of Florida, Inc. | .. FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 00000 | 26-3473328 | | | | Humana Health Plan of California, Inc. | .. CA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |
| . 0119 | Humana Inc. | 95348 | 31-1154200 | | | | Humana Health Plan of Ohio, Inc. | .. OH | RE | Humana Inc. | Ownership | 100.000 | Humana Inc. | .. NO | ... 0 |

STATEMENT AS OF MARCH 31, 2023 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 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Owner- ship Provide Perce- ntage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Re- quired? (Yes/No) | 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) | | | | | * |
| . 0119 ... | Humana Inc. | 95024 | 61-0994632 .. | ..... | ..... | ..... | Humana Health Plan of Texas, Inc. | .. TX..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 95885 | 61-1013183 .. | ..... | ..... | ..... | Humana Health Plan, Inc. | .. KY..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 95721 | 66-0406896 .. | ..... | ..... | ..... | Humana Health Plans of Puerto Rico, Inc. | .. PR..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | 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 |
| . 0119 ... | Humana Inc. | 00000 | 61-1343791 .. | ..... | ..... | ..... | Humana Innovation Enterprises, Inc. | .. DE..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 73288 | 39-1263473 .. | ..... | ..... | ..... | Humana Insurance Company | .. WI..... | .. IA..... | CareNetwork, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 60219 | 61-1311685 .. | ..... | ..... | ..... | Humana Insurance Company of Kentucky | .. KY..... | .. IA..... | Humana Insurance Company | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 12634 | 20-2888723 .. | ..... | ..... | ..... | Humana Insurance Company of New York | .. NY..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 84603 | 66-0291866 .. | ..... | ..... | ..... | Humana Insurance of Puerto Rico, Inc. | .. PR..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-3364857 .. | ..... | ..... | ..... | Humana MarketPOINT of Puerto Rico, Inc. | .. PR..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 61-1343508 .. | ..... | ..... | ..... | Humana MarketPOINT, Inc. | .. KY..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 14224 | 27-3991410 .. | ..... | ..... | ..... | Humana Medical Plan of Michigan, Inc. | .. MI..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 14462 | 27-4660531 .. | ..... | ..... | ..... | Humana Medical Plan of Pennsylvania, Inc. | .. PA..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 12908 | 20-8411422 .. | ..... | ..... | ..... | Humana Medical Plan of Utah, Inc. | .. UT..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 95270 | 61-1103898 .. | ..... | ..... | ..... | Humana Medical Plan, Inc. | .. FL..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 45-2254346 .. | ..... | ..... | ..... | Humana Pharmacy Solutions, Inc. | .. KY..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 61-1316926 .. | ..... | ..... | ..... | CenterWell Pharmacy, Inc. | .. DE..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 12282 | 20-2036444 .. | ..... | ..... | ..... | Humana Regional Health Plan, Inc. | .. AR..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 26-4522426 .. | ..... | ..... | ..... | Humana WellWorks LLC | .. DE..... | .. NIA..... | Health Value Management, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 95342 | 39-1525003 .. | ..... | ..... | ..... | Humana Wisconsin Health Organization Insurance Corporation | .. WI..... | .. IA..... | CareNetwork, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 70580 | 39-0714280 .. | ..... | ..... | ..... | HumanaDental Insurance Company | .. WI..... | .. IA..... | HumanaDental, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 61-1364005 .. | ..... | ..... | ..... | HumanaDental, Inc. | .. DE..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 27-4535747 .. | ..... | ..... | ..... | Go365, LLC | .. DE..... | .. NIA..... | HumanaWellworks LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 61-1239538 .. | ..... | ..... | ..... | Humco, Inc. | .. KY..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 61-1383567 .. | ..... | ..... | ..... | HUM-e-FL, Inc. | .. FL..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 86-1050795 .. | ..... | ..... | ..... | Hummingbird Coaching Systems LLC | .. OH..... | .. NIA..... | Harris, Rothenberg International Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 11695 | 39-1769093 .. | ..... | ..... | ..... | Independent Care Health Plan | .. WI..... | .. IA..... | CareNetwork, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 61-1232669 .. | ..... | ..... | ..... | Managed Care Indemnity, Inc. | .. VT..... | .. IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-5569675 .. | ..... | ..... | ..... | Conviva Group Holdings, LLC | .. DE..... | .. NIA..... | Metropolitan Health Networks, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-5904436 .. | ..... | ..... | ..... | Conviva Medical Center Management, LLC | .. DE..... | .. NIA..... | Conviva Group Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 81-2957926 .. | ..... | ..... | ..... | Conviva Speciality, LLC | .. FL..... | .. NIA..... | Conviva Group Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-0879131 .. | ..... | ..... | ..... | METCARE of Florida, Inc. | .. FL..... | .. NIA..... | Conviva Group Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-0635728 .. | ..... | ..... | ..... | Metropolitan Health Networks, Inc. | .. FL..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-0992582 .. | ..... | ..... | ..... | Naples Health Care Specialists, LLC | .. FL..... | .. NIA..... | SeniorBridge Family Companies (FL), Inc. . | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-0688221 .. | ..... | ..... | ..... | Nursing Solutions, LLC | .. FL..... | .. NIA..... | SeniorBridge Family Companies (FL), Inc. . | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 62-1552091 .. | ..... | ..... | ..... | PHP Companies, Inc. | .. TN..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 62-1250945 .. | ..... | ..... | ..... | Preferred Health Partnership, Inc. | .. TN..... | .. NIA..... | PHP Companies, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-1724127 .. | ..... | ..... | ..... | Humana Real Estate Company | .. KY..... | .. NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 46-1225873 .. | ..... | ..... | ..... | Humana Health MSO of Texas, Inc. | .. DE..... | .. NIA..... | Conviva Group Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 75-2844854 .. | ..... | ..... | ..... | ROHC, L.L.C. | .. TX..... | .. NIA..... | Humana at Home, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-1096853 .. | ..... | ..... | ..... | SeniorBridge Family Companies (FL), Inc. | .. FL..... | .. NIA..... | Humana at Home, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-0301155 .. | ..... | ..... | ..... | SeniorBridge Family Companies (IN), Inc. | .. IN..... | .. NIA..... | Humana at Home, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 36-4484443 .. | ..... | ..... | ..... | SeniorBridge Family Companies (NY), Inc. | .. NY..... | .. NIA..... | Humana at Home, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 01-0766084 .. | ..... | ..... | ..... | Humana At Home (San Antonio), Inc. | .. TX..... | .. NIA..... | Humana at Home, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 59-2518701 .. | ..... | ..... | ..... | SeniorBridge-Florida, LLC | .. FL..... | .. NIA..... | SeniorBridge Family Companies (FL), Inc. . | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 74-2352809 .. | ..... | ..... | ..... | Texas Dental Plans, Inc. | .. TX..... | .. NIA..... | Humana Dental Company | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 54739 | 52-1157181 .. | ..... | ..... | ..... | The Dental Concern, Inc. | .. KY..... | .. IA..... | HumanaDental, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |

STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------------|-------------------|---------------|--------------|-----|--|--|-----------------------|-----------------------------------|--|--|---|--|--------------------------------------|-------------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| . 0119 ... | Humana Inc. | 00000 | 75-2600512 .. | | | | Humana At Home (TLC), Inc. | .. TX..... | NIA..... | ROHC, L.L.C. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 80-0072760 .. | | | | Humana Digital Health and Analytics Platform Services, Inc. | .. DE..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 46-5329373 .. | | | | Conviva Health Management, LLC | .. DE..... | NIA..... | Conviva Group Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 66-0872725 .. | | | | Humana Management Services of Puerto Rico, Inc. | .. PR..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 83-3321367 .. | | | | North Region Providers, LLC | .. DE..... | NIA..... | Humana Government Business, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 35-2640679 .. | | | | Primary Care Holdings II, LLC | .. DE..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 37-1910409 .. | | | | Transcend Population Health Management II, LLC | .. DE..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 84-2214810 .. | | | | Edge Health MSO, Inc. | .. DE..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 84-3226630 .. | | | | Humana Benefit Plan of South Carolina, Inc. | .. SC..... | IA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 11-3391115 .. | | | | Alexander Infusion, LLC | .. NY..... | NIA..... | Eagle NY Rx, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 36-4898224 .. | | | | Eagle NY Rx, LLC | .. DE..... | NIA..... | Eagle Rx, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 47-1407967 .. | | | | Eagle Rx Holdco, Inc. | .. DE..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 47-1416614 .. | | | | Eagle Rx, Inc. | .. DE..... | NIA..... | Eagle Rx Holdco, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 23-3068914 .. | | | | Enclara Pharmacia, Inc. | .. DE..... | NIA..... | Eagle Rx, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 39-1789830 .. | | | | GuidantRx, Inc. | .. WI..... | NIA..... | PBM Holding Company | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 61-1340806 .. | | | | PBM Holding Company | .. DE..... | NIA..... | Eagle Rx, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-2373204 .. | | | | PBM Plus Mail Service Pharmacy, LLC | .. DE..... | NIA..... | PBM Holding Company | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 85-3191430 .. | | | | Conviva Care Solutions II, LLC | .. DE..... | NIA..... | Conviva Care Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 85-3099097 .. | | | | Humana Direct Contracting Entity, Inc. | .. DE..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 85-0858631 .. | | | | CenterWell Care Solutions, LLC | .. DE..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 87-1493628 .. | | | | Echo Primary Care Holdings, LLC | .. DE..... | NIA..... | Primary Care Holdings II, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 45-2594868 .. | | | | Accredited Home Health of Broward, Inc. | .. FL..... | NIA..... | One Home Health Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 26-0751512 .. | | | | Amazing Home Health Care, Inc. | .. FL..... | NIA..... | Amazing Home Health Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 85-3668783 .. | | | | Amazing Home Health Holdings, LLC | .. DE..... | NIA..... | One Home Health Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 47-4681334 .. | | | | Care Hope Holdings, Inc. | .. FL..... | NIA..... | One Home Health Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 80-0732207 .. | | | | Care Hope Home Health Agency, Inc. | .. FL..... | NIA..... | Care Hope Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 74-2769755 .. | | | | Corpus Christi Home Care, Inc. | .. TX..... | NIA..... | One Home Health Holdings CCTX, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-3443369 .. | | | | On the Way Home Care, Inc. | .. FL..... | NIA..... | One Home Health Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 81-3485437 .. | | | | One Home Health Holdings, LLC | .. FL..... | NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 82-2018741 .. | | | | One Home Health Holdings CCTX, LLC | .. TX..... | NIA..... | One Home Health Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 46-2894851 .. | | | | One Home Medical Equipment, LLC | .. FL..... | NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 82-3472028 .. | | | | One Home Medical Equipment TX, LLC | .. TX..... | NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 46-3116955 .. | | | | One Nursing Care, LLC | .. FL..... | NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 46-3313080 .. | | | | Humana Innovation Enterprises, Inc. - 99% | .. FL..... | NIA..... | Humana Inc. - 1% | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 46-4176818 .. | | | | Humana Inc. - 1% | .. FL..... | NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 46-2882412 .. | | | | One Homecare Systems, LLC | .. FL..... | NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 20-4271850 .. | | | | One Infusion Pharmacy, LLC | .. FL..... | NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 83-2136817 .. | | | | One TPA Systems, Inc. | .. FL..... | NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 72-2695805 .. | | | | Pharaoh JV, LLC | .. DE..... | NIA..... | Primary Care Holdings II, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 77-0601595 .. | | | | Aberdeen Holdings, Inc. | .. TX..... | NIA..... | Integracare Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 66-1451363 .. | | | | Able Home Healthcare, Inc. | .. TX..... | NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-0180784 .. | | | | Access Home Health of Florida, LLC | .. DE..... | NIA..... | Capital Health Management Group, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 36-4473376 .. | | | | Advanced Oncology Services, Inc. | .. FL..... | NIA..... | Homecare Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 11-3306095 .. | | | | Alpine Home Health Care, LLC | .. CO..... | NIA..... | Voyager Home Health, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 94-3247811 .. | | | | American Homecare Management Corp. | .. DE..... | NIA..... | Missouri Home Care of Rolla, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 75-1901342 .. | | | | Asian American Home Care, Inc. | .. CA..... | NIA..... | Harden Home Health, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | | | | | BWB Sunbelt Home Health Services, LLC | .. TX..... | NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | 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 Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Per-centage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| . 0119 ... | Humana Inc. | 00000 | 30-0711730 .. | ..... | ..... | ..... | California Hospice, LLC | .. TX..... | NIA..... | Harden Hospice, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 56-2102603 .. | ..... | ..... | ..... | Capital Care Resources of South Carolina, LLC | .. GA..... | NIA..... | Capital Health Management Group, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 58-2411159 .. | ..... | ..... | ..... | Capital Care Resources, LLC | .. GA..... | NIA..... | Capital Health Management Group, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 58-2313705 .. | ..... | ..... | ..... | Capital Health Management Group, LLC | .. GA..... | NIA..... | CHMG Acquisition LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 03-0387821 .. | ..... | ..... | ..... | Chattahoochee Valley Home Care Services, LLC | .. GA..... | NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 34-1994007 .. | ..... | ..... | ..... | Chattahoochee Valley Home Health, LLC | .. GA..... | NIA..... | Chattahoochee Valley Home Care Services, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 04-3813487 .. | ..... | ..... | ..... | CHMG Acquisition LLC | .. GA..... | NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 54-2089073 .. | ..... | ..... | ..... | CHMG of Atlanta, LLC | .. GA..... | NIA..... | Capital Health Management Group, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 54-2089075 .. | ..... | ..... | ..... | CHMG of Griffin, LLC | .. GA..... | NIA..... | Capital Health Management Group, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 56-1590744 .. | ..... | ..... | ..... | Eastern Carolina Home Health Agency, LLC | .. NC..... | NIA..... | Capital Health Management Group, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 55-0750157 .. | ..... | ..... | ..... | First Home Health, Inc. | .. WV..... | NIA..... | Harden Home Health, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 75-2784006 .. | ..... | ..... | ..... | Focus Care Health Resources, Inc. | .. TX..... | NIA..... | Aberdeen Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 75-2855493 .. | ..... | ..... | ..... | GBA Holding, Inc. | .. TX..... | NIA..... | Aberdeen Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 26-2944774 .. | ..... | ..... | ..... | GBA West, LLC | .. TX..... | NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 11-2645333 .. | ..... | ..... | ..... | CenterWell Certified Healthcare Corp. | .. DE..... | NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 11-3454105 .. | ..... | ..... | ..... | CenterWell Health Services (Certified), Inc. | .. DE..... | NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 11-3414024 .. | ..... | ..... | ..... | CenterWell Health Services (USA) LLC | .. DE..... | NIA..... | CenterWell Health Services Holding Corp. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 11-3454104 .. | ..... | ..... | ..... | CenterWell Health Services Holding Corp. | .. DE..... | NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 36-4335801 .. | ..... | ..... | ..... | CenterWell Health Services, Inc. | .. DE..... | NIA..... | Kentucky Homecare Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 11-2802024 .. | ..... | ..... | ..... | CenterWell Services of New York, Inc. | .. NY..... | NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 27-4251135 .. | ..... | ..... | ..... | Georgia Hospice, LLC | .. TX..... | NIA..... | Harden Hospice, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 64-0730826 .. | ..... | ..... | ..... | Gilbert's Home Health Agency, Inc. | .. MS..... | NIA..... | Home Health Care Affiliates, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 27-1519643 .. | ..... | ..... | ..... | Harden Clinical Services, LLC | .. TX..... | NIA..... | Harden HC Texas Holdco, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 26-1487182 .. | ..... | ..... | ..... | Harden HC Texas Holdco, LLC | .. TX..... | NIA..... | Harden Healthcare, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 37-1743802 .. | ..... | ..... | ..... | Harden Healthcare Holdings, LLC | .. DE..... | NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 74-3024009 .. | ..... | ..... | ..... | Harden Healthcare, LLC | .. TX..... | NIA..... | Harden Healthcare Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-1299601 .. | ..... | ..... | ..... | Harden Home Health, LLC | .. DE..... | NIA..... | Harden Healthcare, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 43-2083818 .. | ..... | ..... | ..... | Harden Hospice, LLC | .. TX..... | NIA..... | Harden HC Texas Holdco, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 42-1285486 .. | ..... | ..... | ..... | Hawkeye Health Services, Inc. | .. IA..... | NIA..... | Harden Home Health, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 58-1947694 .. | ..... | ..... | ..... | Healthfield Home Health, LLC | .. GA..... | NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 27-0131980 .. | ..... | ..... | ..... | Healthfield of Southwest Georgia, LLC | .. GA..... | NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 68-0593590 .. | ..... | ..... | ..... | Healthfield of Statesboro, LLC | .. GA..... | NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 01-0831798 .. | ..... | ..... | ..... | Healthfield of Tennessee, LLC | .. GA..... | NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 36-4425473 .. | ..... | ..... | ..... | Healthfield Operating Group, LLC | .. DE..... | NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 58-1819650 .. | ..... | ..... | ..... | Healthfield, LLC | .. DE..... | NIA..... | Healthfield Operating Group, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 90-0527683 .. | ..... | ..... | ..... | HHS Healthcare Corp. | .. DE..... | NIA..... | Professional Healthcare, LLC | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 62-1807084 .. | ..... | ..... | ..... | Home Health Care Affiliates of Central Mississippi, L.L.C. | .. MS..... | NIA..... | CenterWell Certified Healthcare Corp. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 62-1775256 .. | ..... | ..... | ..... | Home Health Care Affiliates of Mississippi, Inc. | .. MS..... | NIA..... | CenterWell Certified Healthcare Corp. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 74-2737989 .. | ..... | ..... | ..... | Home Health Care Affiliates, Inc. | .. MS..... | NIA..... | CenterWell Certified Healthcare Corp. | Ownership..... | 100.000 ... | 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..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 75-2374091 .. | ..... | ..... | ..... | Home Health of Rural Texas, Inc. | .. TX..... | NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 87-0494759 .. | ..... | ..... | ..... | Home Health Services, Inc. | .. UT..... | NIA..... | HHS Healthcare Corp. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 65-0837269 .. | ..... | ..... | ..... | Homecare Holdings, Inc. | .. FL..... | NIA..... | Senior Home Care, Inc. | Ownership..... | 100.000 ... | Humana Inc. | NO..... | 0 |
| . 0119 ... | Humana Inc. | 00000 | 76-0456316 .. | ..... | ..... | ..... | Horizon Health Care Services, Inc. | .. TX..... | NIA..... | Harden Home Health, LLC | Ownership..... | 100.000 ... | 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 Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| . 0119 ... | Humana Inc. |00000 | 20-8781607 .. | | | | Integracare Holdings, Inc. | ..DE..... |NIA..... | PF Development 9, L.L.C. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 75-2865632 .. | | | | Integracare Home Health Services, Inc. | ..TX..... |NIA..... | Aberdeen Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-8781715 .. | | | | Integracare Intermediate Holdings, Inc. | ..DE..... |NIA..... | Integracare Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-2915050 .. | | | | Integracare of Albany, LLC | ..TX..... |NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 27-2139332 .. | | | | Integracare of Athens-Home Health, LLC | ..TX..... |NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 81-0638801 .. | | | | Integracare of Olney Home Health, LLC | ..TX..... |NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-8768235 .. | | | | Integracare of Texas, LLC | ..TX..... |NIA..... | Aberdeen Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 27-0686207 .. | | | | Integracare of West Texas-Home Health, LLC .. | ..TX..... |NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 27-0686266 .. | | | | Integracare of Wichita Falls, LLC | ..TX..... |NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 46-3992741 .. | | | | KAH Development 10, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 46-4002959 .. | | | | KAH Development 12, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 46-4025157 .. | | | | KAH Development 14, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 46-3902994 .. | | | | KAH Development 4, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 82-3695166 .. | | | | Kentucky Homecare Holdings, Inc. | ..DE..... |NIA..... | Kentucky Homecare Parent Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 82-3986306 .. | | | | Kentucky Homecare Parent Inc. | ..DE..... |NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-0717945 .. | | | | Kindred Hospice Services, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-0717534 .. | | | | KND Development 50, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-3228001 .. | | | | Lighthouse Hospice – Metroplex, LLC | ..TX..... |NIA..... | Harden Hospice, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 06-1787617 .. | | | | Lighthouse Hospice Management, LLC | ..TX..... |NIA..... | Harden Hospice, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 87-0798501 .. | | | | Lighthouse Hospice-San Antonio, LLC | ..TX..... |NIA..... | Harden Hospice, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 47-1818578 .. | | | | Loving Peace Hospice, Inc. | ..IL..... |NIA..... | Hospice Development Company 3, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 65-0277280 .. | | | | Med. Tech. Services of South Florida, Inc. | ..FL..... |NIA..... | Advanced Oncology Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 65-1033439 .. | | | | Med-Tech Services of Dade, Inc. | ..FL..... |NIA..... | Homecare Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 65-0644307 .. | | | | Med-Tech Services of Palm Beach, Inc. | ..FL..... |NIA..... | Advanced Oncology Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 82-0559199 .. | | | | Mid-South Home Health Agency, LLC | ..AL..... |NIA..... | Horizon Health Network LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 14-1909499 .. | | | | Mid-South Home Health of Gadsden, LLC | ..GA..... |NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 63-0772385 .. | | | | Mid-South Home Health, LLC | ..DE..... |NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 65-1285069 .. | | | | Missouri Home Care of Rolla, Inc. | ..MO..... |NIA..... | Harden Home Health, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 22-2695367 .. | | | | New York Healthcare Services, Inc. | ..NY..... |NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 55-0633030 .. | | | | Nursing Care-Home Health Agency, Inc. | ..WV..... |NIA..... | First Home Health, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 22-3690699 .. | | | | OHS Service Corp. | ..TX..... |NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 75-2284154 .. | | | | Outreach Health Services of North Texas, LLC .. | ..TX..... |NIA..... | Integracare Intermediate Holdings, Inc. ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-3106949 .. | | | | PF Development 10, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | 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..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 46-0818835 .. | | | | PF Development 16, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 46-0860128 .. | | | | PF Development 21, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-0718044 .. | | | | PF Development 5, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-3106911 .. | | | | PF Development 7, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-3106934 .. | | | | PF Development 9, L.L.C. | ..DE..... |NIA..... | CenterWell Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 75-2378887 .. | | | | PHH Acquisition Corp. | ..DE..... |NIA..... | Professional Healthcare, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 33-1178066 .. | | | | PHHC Acquisition Corp. | ..DE..... |NIA..... | CenterWell Certified Healthcare Corp. | Ownership..... | 100.000 ... | 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..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-5043143 .. | | | | Professional Healthcare, LLC | ..DE..... |NIA..... | PF Development 10, L.L.C. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 11-2750425 .. | | | | QC-Medi New York, Inc. | ..NY..... |NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 11-2256479 .. | | | | Quality Care – USA, Inc. | ..NY..... |NIA..... | CenterWell Health Services Holding Corp. .. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 59-3080333 .. | | | | Senior Home Care, Inc. | ..FL..... |NIA..... | SHC Holding, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 42-1699530 .. | | | | SHC Holding, Inc. | ..DE..... |NIA..... | PF Development 21, L.L.C. | Ownership..... | 100.000 ... | 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 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Owner- ship Provide Percent- age | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Re- quired? (Yes/No) | 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) | | | | | |
| . 0119 ... | Humana Inc. |00000 | 87-0494757 .. | ..... | ..... | ..... | Southern Nevada Home Health Care, Inc. | ..NV..... | ..NIA..... | Home Health Services, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 72-1487473 .. | ..... | ..... | ..... | Synergy Home Care-Acadiana Region, Inc. | ..LA..... | ..NIA..... | Synergy, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-1376846 .. | ..... | ..... | ..... | Synergy Home Care-Capitol Region, Inc. | ..LA..... | ..NIA..... | Synergy, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 36-4516940 .. | ..... | ..... | ..... | Synergy Home Care-Central Region, Inc. | ..LA..... | ..NIA..... | Synergy, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 72-1178497 .. | ..... | ..... | ..... | Synergy Home Care-Northeastern Region, Inc. | ..LA..... | ..NIA..... | Synergy, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 72-1223659 .. | ..... | ..... | ..... | Synergy Home Care-Northshore Region, Inc. ... | ..LA..... | ..NIA..... | Synergy, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 72-1431394 .. | ..... | ..... | ..... | Synergy Home Care-Northwestern Region, Inc. | ..LA..... | ..NIA..... | Synergy, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 72-1429305 .. | ..... | ..... | ..... | Synergy Home Care-Southeastern Region, Inc. | ..LA..... | ..NIA..... | Synergy, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 94-3419676 .. | ..... | ..... | ..... | Synergy, Inc. | ..LA..... | ..NIA..... | SHC Holding, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 56-1456991 .. | ..... | ..... | ..... | TAR Heel Health Care Services, LLC | ..NC..... | ..NIA..... | Capital Health Management Group, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 68-0593592 .. | ..... | ..... | ..... | Total Care Home Health of Louisburg, LLC | ..GA..... | ..NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-0091435 .. | ..... | ..... | ..... | Total Care Home Health of North Carolina, LLC | ..GA..... | ..NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-0091422 .. | ..... | ..... | ..... | Total Care Home Health of South Carolina, LLC | ..GA..... | ..NIA..... | Healthfield, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 62-1669388 .. | ..... | ..... | ..... | Van Winkle Home Health Care, Inc. | ..MS..... | ..NIA..... | Home Health Care Affiliates, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 75-1995143 .. | ..... | ..... | ..... | Vernon Home Health Care Agency, LLC | ..TX..... | ..NIA..... | Integracare Intermediate Holdings, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-1953497 .. | ..... | ..... | ..... | 1% by Voyager Home Health, Inc. and 99% by | ..TX..... | ..NIA..... | Voyager Hospicecare, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-1501792 .. | ..... | ..... | ..... | Voyager Acquisition, L.P. | ..TX..... | ..NIA..... | Voyager Hospicecare, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-1173787 .. | ..... | ..... | ..... | Voyager Home Health, Inc. | ..DE..... | ..NIA..... | Voyager Hospicecare, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-1173787 .. | ..... | ..... | ..... | Voyager Hospicecare, Inc. | ..DE..... | ..NIA..... | 60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center . | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 46-2300938 .. | ..... | ..... | ..... | Wake Forest Baptist Health Care at Home, LLC | ..NC..... | ..NIA..... | Forest University Baptist Medical Center . | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 84-3700467 .. | ..... | ..... | ..... | Elite Health Medical Centers, LLC | ..FL..... | ..NIA..... | Echo Primary Care Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 26-3715136 .. | ..... | ..... | ..... | Elite Health Primary Care, LLC | ..FL..... | ..NIA..... | Echo Primary Care Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 65-0270114 .. | ..... | ..... | ..... | South Florida Cardiology Associates, LLC | ..FL..... | ..NIA..... | Echo Primary Care Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 47-2446186 .. | ..... | ..... | ..... | Trueshore BPO, LLC | ..FL..... | ..NIA..... | Echo Primary Care Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 74-3052911 .. | ..... | ..... | ..... | Trueshore S.R. I. | ..DOM..... | ..NIA..... | Echo Primary Care Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 87-3584872 .. | ..... | ..... | ..... | The Home Team of Kansas LLC | ..MO..... | ..NIA..... | Harden Home Health, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 87-3611188 .. | ..... | ..... | ..... | CenterWell Accountable Care, LLC | ..FL..... | ..NIA..... | Echo Primary Care Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 87-3832743 .. | ..... | ..... | ..... | One Home Medical Equipment NC, LLC | ..DE..... | ..NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 87-3881471 .. | ..... | ..... | ..... | One Home Medical Equipment VA, LLC | ..DE..... | ..NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 45-4020797 .. | ..... | ..... | ..... | One Infusion Pharmacy NC, LLC | ..DE..... | ..NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 27-3974953 .. | ..... | ..... | ..... | One Infusion Pharmacy VA, LLC | ..DE..... | ..NIA..... | One Homecare Solutions, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-1078045 .. | ..... | ..... | ..... | Amicus Medical Center LLC | ..FL..... | ..NIA..... | Conviva Medical Center Management, LLC ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 27-1085323 .. | ..... | ..... | ..... | Amicus Medical Group, Inc. | ..FL..... | ..NIA..... | Conviva Medical Center Management, LLC ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 20-1078045 .. | ..... | ..... | ..... | Amicus Medical Services Organization, LLC ... | ..FL..... | ..NIA..... | Conviva Medical Center Management, LLC ... | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 47-5418599 .. | ..... | ..... | ..... | Hospice Pharmacy Solutions, LLC | ..DE..... | ..NIA..... | HP Solutions Holdings, LLC | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 32-0351697 .. | ..... | ..... | ..... | HP Solutions Holdings, LLC | ..DE..... | ..NIA..... | Eagle Rx, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 88-3465849? .. | ..... | ..... | ..... | Outcome Resources, LLC | ..DE..... | ..NIA..... | Eagle Rx, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 83-2232570? .. | ..... | ..... | ..... | Innovative Financial Group Holdings, LLC | ..NC..... | ..NIA..... | Humana MarketPOINT, Inc. | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 84-5189010? .. | ..... | ..... | ..... | Innovative Financial Partners, LLC | ..NC..... | ..NIA..... | Innovative Financial Group Holdings, LLC . | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 47-4085710? .. | ..... | ..... | ..... | Medicare Planning of America LLC | ..NC..... | ..NIA..... | Innovative Financial Group Holdings, LLC . | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 84-2258899? .. | ..... | ..... | ..... | Rees Financial | ..NC..... | ..NIA..... | Innovative Financial Group Holdings, LLC . | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 82-4202700 .. | ..... | ..... | ..... | The Lead Store LLC | ..NC..... | ..NIA..... | Innovative Financial Group Holdings, LLC . | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |
| . 0119 ... | Humana Inc. |00000 | 82-4202700 .. | ..... | ..... | ..... | Versa Management LLC | ..NC..... | ..NIA..... | Innovative Financial Group Holdings, LLC . | Ownership..... | 100.000 ... | Humana Inc. |NO..... |0 |

STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

| 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, 2023 OF THE Humana Health Plan of Ohio Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

| | | Current Statement Date | | | 4 |
|-------|---|------------------------|--------------------|--------------------------------------|-----------------------------------|
| | | 1 | 2 | 3 | |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Prior Year Net Admitted Assets |
| 2504. | Federal Contingency Reserves | 64,038 | 0 | 64,038 | 47,831 |
| 2505. | Capital Contribution Receivable from Humana Inc. | 0 | 0 | 0 | 30,000,000 |
| 2597. | Summary of remaining write-ins for Line 25 from overflow page | 64,038 | 0 | 64,038 | 30,047,831 |

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 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 | (304,479) |
| 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) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 43,483,215 | 35,783,086 |
| 2. Cost of bonds and stocks acquired | 1,749,443 | 23,636,253 |
| 3. Accrual of discount | (256) | 143,302 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | (78,798) | (188,660) |
| 6. Deduct consideration for bonds and stocks disposed of | 1,712,313 | 15,661,539 |
| 7. Deduct amortization of premium | 44,137 | 229,227 |
| 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) | 43,397,154 | 43,483,215 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 43,397,154 | 43,483,215 |

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) | 55,013,297 | 274,545,124 | 190,441,977 | 425,725 | 139,542,170 | 0 | 0 | 55,013,297 |
| 2. NAIC 2 (a) | 2,426,113 | 22,515,011 | 14,115,134 | 31,876 | 10,857,866 | 0 | 0 | 2,426,113 |
| 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 | 57,439,410 | 297,060,135 | 204,557,111 | 457,602 | 150,400,036 | 0 | 0 | 57,439,410 |
| 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 | 57,439,410 | 297,060,135 | 204,557,111 | 457,602 | 150,400,036 | 0 | 0 | 57,439,410 |

(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 \$ 98,017,659 ; NAIC 2 \$ 8,985,223 ; NAIC 3 \$ 0 NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 17,652,948 | 14,416,601 |
| 2. Cost of cash equivalents acquired | 417,434,438 | 485,224,586 |
| 3. Accrual of discount | 501,995 | 250,643 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 0 | 0 |
| 6. Deduct consideration received on disposals | 316,709,444 | 482,238,881 |
| 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) | 118,879,938 | 17,652,948 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 118,879,938 | 17,652,948 |

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, 2023 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|--|---------|-----------------------|--|---------------------------------|----------------------|----------------------|---|--|
| CUSIP Identification | Description | Foreign | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol |
| 91282C-FV-8 | UNITED STATES TREASURY ..... | ..... | .....01/04/2023 | CITADEL SECURITIES LLC ..... | ..... | .....259,034 |250,000 |1,453 | 1.A FE |
| 91282C-GB-1 | UNITED STATES TREASURY ..... | ..... | .....01/04/2023 | MORGAN STANLEY CO ..... | ..... | .....301,958 |300,000 |161 | 1.A FE |
| 0109999999. Subtotal - Bonds - U.S. Governments | | | | | |560,991 |550,000 |1,613 | XXX |
| 3133KP-YM-4 | FEDERAL HOME LOAN MORTGAGE CORPORATION - ..... | ..... | .....02/03/2023 | JP MORGAN ..... | ..... | .....93,133 |95,629 |128 | 1.A |
| 3140XJ-LC-5 | FN FS3022 - RMBS ..... | ..... | .....02/03/2023 | JP MORGAN ..... | ..... | .....51,980 |53,484 |71 | 1.A |
| 0909999999. Subtotal - Bonds - U.S. Special Revenues | | | | | |145,113 |149,113 |199 | XXX |
| 015271-BA-6 | ALEXANDRIA REAL ESTATE EQUITIES INC ..... | ..... | .....02/02/2023 | GOLDMAN ..... | ..... | .....9,974 |10,000 |0 | 2.A FE |
| 031162-DQ-0 | AMGEN INC ..... | ..... | .....02/15/2023 | Bank of America Securities ..... | ..... | .....54,873 |55,000 |0 | 2.A FE |
| 03740L-AG-7 | AON CORP ..... | ..... | .....02/23/2023 | MORGAN STANLEY CO ..... | ..... | .....39,991 |40,000 |0 | 2.A FE |
| 04316J-AD-1 | ARTHUR J. GALLAGHER & CO. .... | ..... | .....02/27/2023 | Bank of America Securities ..... | ..... | .....199,634 |200,000 |0 | 2.B FE |
| 14040H-CX-1 | CAPITAL ONE FINANCIAL CORP ..... | ..... | .....01/25/2023 | MORGAN STANLEY CO ..... | ..... | .....35,000 |35,000 |0 | 2.A FE |
| 15189X-BB-3 | CENTERPOINT ENERGY HOUSTON ELECTRIC LLC ..... | ..... | .....03/20/2023 | MJFG SECURITIES AMERICAS INC. .... | ..... | .....24,939 |25,000 |0 | 1.F FE |
| 20030N-EC-1 | COMCAST CORP ..... | ..... | .....02/07/2023 | Bank of America Securities ..... | ..... | .....99,904 |100,000 |0 | 1.G FE |
| 277432-AX-8 | EASTMAN CHEMICAL CO ..... | ..... | .....02/22/2023 | JP MORGAN SECS INC., - FIXED INCOME ..... | ..... | .....34,995 |35,000 |0 | 2.B FE |
| 370334-CT-9 | GENERAL MILLS INC ..... | ..... | .....03/27/2023 | BARCLAYS CAPITAL INC FIXED INC ..... | ..... | .....29,939 |30,000 |0 | 2.B FE |
| 548661-EQ-6 | LOWE'S COMPANIES INC ..... | ..... | .....03/28/2023 | JP MORGAN SECS INC., - FIXED INCOME ..... | ..... | .....50,000 |50,000 |0 | 2.A FE |
| 65339K-CM-0 | NEXTERA ENERGY CAPITAL HOLDINGS INC ..... | ..... | .....02/06/2023 | MORGAN STANLEY CO ..... | ..... | .....89,814 |90,000 |0 | 2.A FE |
| 65473P-AN-5 | NISOURCE INC ..... | ..... | .....03/21/2023 | JP MORGAN SECS INC., - FIXED INCOME ..... | ..... | .....14,974 |15,000 |0 | 2.B FE |
| 666807-CH-3 | NORTHROP GRUMMAN CORP ..... | ..... | .....02/06/2023 | WELLS FARGO SECURITIES ..... | ..... | .....94,903 |95,000 |0 | 2.A FE |
| 68389X-CM-5 | ORACLE CORP ..... | ..... | .....02/02/2023 | Bank of America Securities ..... | ..... | .....14,971 |15,000 |0 | 2.B FE |
| 74340X-CE-9 | PROLOGIS LP ..... | ..... | .....03/23/2023 | Bank of America Securities ..... | ..... | .....104,806 |105,000 |0 | 1.F FE |
| 760759-BC-3 | REPUBLIC SERVICES INC ..... | ..... | .....03/21/2023 | JP MORGAN SECS INC., - FIXED INCOME ..... | ..... | .....19,898 |20,000 |0 | 2.B FE |
| 927804-GK-4 | VIRGINIA ELECTRIC AND POWER CO ..... | ..... | .....03/28/2023 | SCOTIA CAPITAL (USA) INC./NOVAAGENCY ..... | ..... | .....94,734 |95,000 |0 | 1.F FE |
| 976826-BR-7 | WISCONSIN POWER AND LIGHT CO ..... | ..... | .....03/27/2023 | MJFG SECURITIES AMERICAS INC. .... | ..... | .....19,966 |20,000 |0 | 1.G FE |
| 1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | |1,033,314 |1,035,000 |0 | XXX |
| 65339K-BP-4 | NEXTERA ENERGY CAPITAL HOLDINGS INC ..... | ..... | .....02/22/2023 | JP MORGAN SECS INC., - FIXED INCOME ..... | ..... | .....10,025 |10,000 |0 | 2.A FE |
| 1309999999. Subtotal - Bonds - Hybrid Securities | | | | | |10,025 |10,000 |0 | XXX |
| 2509999997. Total - Bonds - Part 3 | | | | | |1,749,443 |1,744,113 |1,812 | XXX |
| 2509999998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 2509999999. Total - Bonds | | | | | |1,749,443 |1,744,113 |1,812 | XXX |
| 4509999997. Total - Preferred Stocks - Part 3 | | | | | | 0 | XXX | 0 | XXX |
| 4509999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 4509999999. Total - Preferred Stocks | | | | | | 0 | XXX | 0 | XXX |
| 5989999997. Total - Common Stocks - Part 3 | | | | | | 0 | XXX | 0 | XXX |
| 5989999998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 5989999999. Total - Common Stocks | | | | | | 0 | XXX | 0 | XXX |
| 5999999999. Total - Preferred and Common Stocks | | | | | | 0 | XXX | 0 | XXX |
| 6009999999 - Totals | | | | | |1,749,443 | XXX |1,812 | XXX |

STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|------------------------------|--|--------------|------------------|----------------------|---------------------------------|--------------------|-----------|----------------|--|--|--|---|---|---|---|--|---|-------------------------------------|---|--|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Ident- ification | Description | For- eign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consid- eration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amor- tization)/ Accretion | Current Year's Other Than Temporary Impairment Recogn- ized | Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book /Adjusted Carrying Value | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Stated Con- tractual Maturity Date | NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol |
| ..3131XX-WS-6 | FH ZM4257 - RMBS | | 03/01/2023 | Paydown | | 2,943 | 2,943 | 3,132 | 3,241 | 0 | (298) | 0 | (298) | 0 | 2,943 | 0 | 0 | 0 | 17 | 09/01/2047 | 1.A |
| ..3132DN-4N-2 | FH SD0829 - RMBS | | 03/01/2023 | Paydown | | 9,766 | 9,766 | 10,074 | 10,064 | 0 | (298) | 0 | (298) | 0 | 9,766 | 0 | 0 | 0 | 49 | 01/01/2052 | 1.A |
| ..3132DN-7K-3 | FH SD1798 - RMBS | | 03/01/2023 | Paydown | | 1,038 | 1,038 | 1,053 | 1,053 | 0 | (15) | 0 | (15) | 0 | 1,038 | 0 | 0 | 0 | 8 | 11/01/2052 | 1.A |
| ..3132DN-7L-1 | FH SD1799 - RMBS | | 03/01/2023 | Paydown | | 1,355 | 1,355 | 1,373 | 1,373 | 0 | (19) | 0 | (19) | 0 | 1,355 | 0 | 0 | 0 | 10 | 11/01/2052 | 1.A |
| ..3132DN-E2-5 | FH SD1053 - RMBS | | 03/01/2023 | Paydown | | 1,146 | 1,146 | 1,151 | 1,151 | 0 | (5) | 0 | (5) | 0 | 1,146 | 0 | 0 | 0 | 6 | 06/01/2052 | 1.A |
| ..3132DN-G5-6 | FH SD1120 - RMBS | | 03/01/2023 | Paydown | | 1,387 | 1,387 | 1,411 | 1,411 | 0 | (23) | 0 | (23) | 0 | 1,387 | 0 | 0 | 0 | 13 | 06/01/2052 | 1.A |
| ..3132DN-NS-8 | FH SD1301 - RMBS | | 03/01/2023 | Paydown | | 29,540 | 29,540 | 30,247 | 30,233 | 0 | (693) | 0 | (693) | 0 | 29,540 | 0 | 0 | 0 | 218 | 07/01/2052 | 1.A |
| ..3132DN-QH-9 | FH SD1356 - RMBS | | 03/01/2023 | Paydown | | 23,720 | 23,720 | 24,235 | 24,227 | 0 | (507) | 0 | (507) | 0 | 23,720 | 0 | 0 | 0 | 225 | 07/01/2052 | 1.A |
| ..3132DN-VJ-9 | FH SD1517 - RMBS | | 03/01/2023 | Paydown | | 420 | 420 | 421 | 421 | 0 | (1) | 0 | (1) | 0 | 420 | 0 | 0 | 0 | 3 | 09/01/2052 | 1.A |
| ..3132DN-Y5-6 | FH SD1632 - RMBS | | 03/01/2023 | Paydown | | 495 | 495 | 496 | 496 | 0 | (1) | 0 | (1) | 0 | 495 | 0 | 0 | 0 | 5 | 09/01/2052 | 1.A |
| ..3132DN-Y6-4 | FH SD1633 - RMBS | | 03/01/2023 | Paydown | | 2,948 | 2,948 | 2,943 | 2,943 | 0 | 5 | 0 | 5 | 0 | 2,948 | 0 | 0 | 0 | 33 | 09/01/2052 | 1.A |
| ..3132DN-Y7-2 | FH SD1634 - RMBS | | 03/01/2023 | Paydown | | 1,420 | 1,420 | 1,428 | 1,427 | 0 | (8) | 0 | (8) | 0 | 1,420 | 0 | 0 | 0 | 18 | 09/01/2052 | 1.A |
| ..3132DN-Y8-0 | FH SD1635 - RMBS | | 03/01/2023 | Paydown | | 1,818 | 1,818 | 1,842 | 1,841 | 0 | (23) | 0 | (23) | 0 | 1,818 | 0 | 0 | 0 | 17 | 09/01/2052 | 1.A |
| ..3132DV-LA-1 | FH SD7521 - RMBS | | 03/01/2023 | Paydown | | 4,993 | 4,993 | 5,344 | 5,369 | 0 | (376) | 0 | (376) | 0 | 4,993 | 0 | 0 | 0 | 21 | 07/01/2050 | 1.A |
| ..3132DV-LC-7 | FH SD7523 - RMBS | | 03/01/2023 | Paydown | | 2,443 | 2,443 | 2,606 | 2,619 | 0 | (176) | 0 | (176) | 0 | 2,443 | 0 | 0 | 0 | 10 | 08/01/2050 | 1.A |
| ..3132DV-LV-5 | FH SD7540 - RMBS | | 03/01/2023 | Paydown | | 3,331 | 3,331 | 3,513 | 3,514 | 0 | (183) | 0 | (183) | 0 | 3,331 | 0 | 0 | 0 | 14 | 05/01/2051 | 1.A |
| ..31334Y-P5-0 | FH QA2244 - RMBS | | 03/01/2023 | Paydown | | 265 | 265 | 282 | 288 | 0 | (23) | 0 | (23) | 0 | 265 | 0 | 0 | 0 | 1 | 07/01/2046 | 1.A |
| ..3133AS-KA-0 | FH QC7489 - RMBS | | 03/01/2023 | Paydown | | 3,751 | 3,751 | 3,813 | 3,809 | 0 | (58) | 0 | (58) | 0 | 3,751 | 0 | 0 | 0 | 13 | 09/01/2051 | 1.A |
| ..3133BG-C6-3 | FH QE6393 - RMBS | | 03/01/2023 | Paydown | | 12,251 | 12,320 | 12,323 | 12,320 | 0 | (69) | 0 | (69) | 0 | 12,251 | 0 | 0 | 0 | 102 | 07/01/2052 | 1.A |
| ..3133BJ-NS-7 | FH QE8501 - RMBS | | 03/01/2023 | Paydown | | 29,316 | 29,316 | 29,490 | 29,482 | 0 | (166) | 0 | (166) | 0 | 29,316 | 0 | 0 | 0 | 351 | 08/01/2052 | 1.A |
| ..3133BM-O6-5 | FH QF0477 - RMBS | | 03/01/2023 | Paydown | | 8,852 | 8,852 | 8,936 | 8,934 | 0 | (82) | 0 | (82) | 0 | 8,852 | 0 | 0 | 0 | 98 | 09/01/2052 | 1.A |
| ..3133BQ-5W-2 | FH QF3561 - RMBS | | 03/01/2023 | Paydown | | 2,365 | 2,407 | 2,407 | 2,407 | 0 | (42) | 0 | (42) | 0 | 2,365 | 0 | 0 | 0 | 23 | 11/01/2052 | 1.A |
| ..3133KK-3X-5 | FH RA4414 - RMBS | | 03/01/2023 | Paydown | | 8,838 | 8,838 | 9,392 | 9,422 | 0 | (584) | 0 | (584) | 0 | 8,838 | 0 | 0 | 0 | 40 | 01/01/2051 | 1.A |
| ..3133KM-RT-4 | FH RA5898 - RMBS | | 03/01/2023 | Paydown | | 2,240 | 2,240 | 2,277 | 2,275 | 0 | (35) | 0 | (35) | 0 | 2,240 | 0 | 0 | 0 | 9 | 09/01/2051 | 1.A |
| ..3133KN-KX-0 | FH RA6610 - RMBS | | 03/01/2023 | Paydown | | 15,683 | 15,683 | 16,049 | 16,039 | 0 | (356) | 0 | (356) | 0 | 15,683 | 0 | 0 | 0 | 86 | 01/01/2052 | 1.A |
| ..3133KP-YM-4 | FEDERAL HOME LOAN MORTGAGE CORPORATION - | | 03/01/2023 | Paydown | | 198 | 198 | 193 | 0 | 0 | 5 | 0 | 5 | 0 | 198 | 0 | 0 | 0 | 1 | 09/01/2052 | 1.A |
| ..3137BP-DW-6 | FHR 4583 UP - CMO/RMBS | | 03/01/2023 | Paydown | | 13,036 | 13,036 | 13,646 | 13,626 | 0 | (590) | 0 | (590) | 0 | 13,036 | 0 | 0 | 0 | 65 | 07/15/2045 | 1.A |
| ..3137BS-ZE-6 | FHR 4631 GP - CMO/RMBS | | 03/01/2023 | Paydown | | 5,466 | 5,466 | 5,854 | 5,818 | 0 | (352) | 0 | (352) | 0 | 5,466 | 0 | 0 | 0 | 36 | 03/15/2046 | 1.A |
| ..3140HD-7A-6 | FN BK0888 - RMBS | | 03/01/2023 | Paydown | | 1,349 | 1,349 | 1,457 | 1,588 | 0 | (240) | 0 | (240) | 0 | 1,349 | 0 | 0 | 0 | 11 | 07/01/2048 | 1.A |
| ..3140J8-UX-9 | FN BMA197 - RMBS | | 03/01/2023 | Paydown | | 120 | 120 | 127 | 130 | 0 | (10) | 0 | (10) | 0 | 120 | 0 | 0 | 0 | 1 | 03/01/2047 | 1.A |
| ..3140KV-EU-0 | FN BQ9146 - RMBS | | 03/01/2023 | Paydown | | 1,051 | 1,051 | 1,090 | 1,090 | 0 | (39) | 0 | (39) | 0 | 1,051 | 0 | 0 | 0 | 4 | 12/01/2050 | 1.A |
| ..3140KV-F5-4 | FN BQ9187 - RMBS | | 03/01/2023 | Paydown | | 552 | 552 | 573 | 573 | 0 | (21) | 0 | (21) | 0 | 552 | 0 | 0 | 0 | 2 | 01/01/2051 | 1.A |
| ..3140KV-GN-4 | FN BQ9204 - RMBS | | 03/01/2023 | Paydown | | 640 | 640 | 664 | 663 | 0 | (24) | 0 | (24) | 0 | 640 | 0 | 0 | 0 | 2 | 01/01/2051 | 1.A |
| ..3140KX-SP-2 | FN BR0525 - RMBS | | 03/01/2023 | Paydown | | 981 | 981 | 1,022 | 1,022 | 0 | (41) | 0 | (41) | 0 | 981 | 0 | 0 | 0 | 2 | 12/01/2050 | 1.A |
| ..3140LO-C8-8 | FN BR1894 - RMBS | | 03/01/2023 | Paydown | | 1,314 | 1,314 | 1,364 | 1,363 | 0 | (49) | 0 | (49) | 0 | 1,314 | 0 | 0 | 0 | 4 | 01/01/2051 | 1.A |
| ..3140LO-D4-6 | FN BR1922 - RMBS | | 03/01/2023 | Paydown | | 482 | 482 | 500 | 501 | 0 | (19) | 0 | (19) | 0 | 482 | 0 | 0 | 0 | 2 | 01/01/2051 | 1.A |
| ..3140LO-DR-5 | FN BR1911 - RMBS | | 03/01/2023 | Paydown | | 710 | 710 | 736 | 736 | 0 | (26) | 0 | (26) | 0 | 710 | 0 | 0 | 0 | 2 | 01/01/2051 | 1.A |
| ..3140MR-2N-6 | FN BW0780 - RMBS | | 03/01/2023 | Paydown | | 187 | 187 | 189 | 189 | 0 | (2) | 0 | (2) | 0 | 187 | 0 | 0 | 0 | 1 | 08/01/2052 | 1.A |
| ..3140MY-AD-4 | FN BW6303 - RMBS | | 03/01/2023 | Paydown | | 4,206 | 4,206 | 4,246 | 4,244 | 0 | (39) | 0 | (39) | 0 | 4,206 | 0 | 0 | 0 | 32 | 08/01/2052 | 1.A |
| ..3140N3-A5-8 | FN BW9927 - RMBS | | 03/01/2023 | Paydown | | 2,659 | 2,659 | 2,694 | 2,695 | 0 | (36) | 0 | (36) | 0 | 2,659 | 0 | 0 | 0 | 24 | 10/01/2052 | 1.A |
| ..3140QE-AP-7 | FN CA6313 - RMBS | | 03/01/2023 | Paydown | | 4,754 | 4,754 | 5,076 | 5,172 | 0 | (419) | 0 | (419) | 0 | 4,754 | 0 | 0 | 0 | 21 | 07/01/2050 | 1.A |
| ..3140QE-DX-7 | FN CA6417 - RMBS | | 03/01/2023 | Paydown | | 4,046 | 4,046 | 4,326 | 4,394 | 0 | (347) | 0 | (347) | 0 | 4,046 | 0 | 0 | 0 | 17 | 07/01/2050 | 1.A |
| ..3140QE-KY-7 | FN CA6610 - RMBS | | 03/01/2023 | Paydown | | 3,754 | 3,754 | 4,013 | 4,085 | 0 | (331) | 0 | (331) | 0 | 3,754 | 0 | 0 | 0 | 23 | 08/01/2050 | 1.A |
| ..3140QE-YJ-5 | FN CA7012 - RMBS | | 03/01/2023 | Paydown | | 5,601 | 5,601 | 5,744 | 5,747 | 0 | (146) | 0 | (146) | 0 | 5,601 | 0 | 0 | 0 | 19 | 09/01/2050 | 1.A |
| ..3140QF-4E-6 | FN CA8020 - RMBS | | 03/01/2023 | Paydown | | 2,203 | 2,203 | 2,339 | 2,341 | 0 | (138) | 0 | (138) | 0 | 2,203 | 0 | 0 | 0 | 9 | 12/01/2050 | 1.A |
| ..3140QG-3C-9 | FN CA8894 - RMBS | | 03/01/2023 | Paydown | | 9,572 | 9,572 | 10,221 | 10,215 | 0 | (644) | 0 | (644) | 0 | 9,572 | 0 | 0 | 0 | 41 | 02/01/2051 | 1.A |

STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|--|---------------------------|--------------|------------------|----------------------|---------------------------------|--------------------|-----------|----------------|--|--|--|---|---|---|---|--|---|-------------------------------------|---|--|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | For- eign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consid- eration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amor- tization)/ Accretion | Current Year's Other Than Temporary Impairment Recogn- ized | Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book /Adjusted Carrying Value | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Stated Con- tractual Maturity Date | NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol |
| ..31400G-U4-7 | FN CA8702 - RMBS | | 03/01/2023 | Paydown | | 11,223 | 11,223 | 11,990 | 11,914 | 0 | (691) | 0 | (691) | 0 | 11,223 | 0 | 0 | 0 | 44 | 01/01/2036 | 1.A |
| ..31400G-Z0-3 | FN CA8850 - RMBS | | 03/01/2023 | Paydown | | 6,359 | 6,359 | 6,592 | 6,581 | 0 | (222) | 0 | (222) | 0 | 6,359 | 0 | 0 | 0 | 23 | 02/01/2051 | 1.A |
| ..31400L-MY-9 | FN CB1274 - RMBS | | 03/01/2023 | Paydown | | 3,165 | 3,165 | 3,307 | 3,303 | 0 | (138) | 0 | (138) | 0 | 3,165 | 0 | 0 | 0 | 12 | 08/01/2051 | 1.A |
| ..31400M-ST-7 | FN CB2657 - RMBS | | 03/01/2023 | Paydown | | 1,035 | 1,035 | 1,056 | 1,055 | 0 | (20) | 0 | (20) | 0 | 1,035 | 0 | 0 | 0 | 5 | 01/01/2052 | 1.A |
| ..31400M-VP-6 | FN CB2421 - RMBS | | 03/01/2023 | Paydown | | 3,979 | 3,979 | 4,196 | 4,186 | 0 | (208) | 0 | (208) | 0 | 3,979 | 0 | 0 | 0 | 16 | 12/01/2051 | 1.A |
| ..31400P-BA-4 | FN CB3632 - RMBS | | 03/01/2023 | Paydown | | 26,233 | 26,233 | 27,073 | 27,068 | 0 | (835) | 0 | (835) | 0 | 26,233 | 0 | 0 | 0 | 145 | 05/01/2052 | 1.A |
| ..31400P-BG-1 | FN CB3638 - RMBS | | 03/01/2023 | Paydown | | 1,425 | 1,425 | 1,448 | 1,448 | 0 | (23) | 0 | (23) | 0 | 1,425 | 0 | 0 | 0 | 13 | 05/01/2052 | 1.A |
| ..31400P-ZB-6 | FN CB4337 - RMBS | | 03/01/2023 | Paydown | | 1,971 | 1,971 | 2,008 | 2,007 | 0 | (36) | 0 | (36) | 0 | 1,971 | 0 | 0 | 0 | 12 | 08/01/2052 | 1.A |
| ..31400P-ZE-0 | FN CB4340 - RMBS | | 03/01/2023 | Paydown | | 1,709 | 1,709 | 1,716 | 1,716 | 0 | (7) | 0 | (7) | 0 | 1,709 | 0 | 0 | 0 | 15 | 08/01/2052 | 1.A |
| ..31400Q-F6-7 | FN CB4688 - RMBS | | 03/01/2023 | Paydown | | 25,772 | 25,772 | 26,529 | 26,515 | 0 | (743) | 0 | (743) | 0 | 25,772 | 0 | 0 | 0 | 221 | 09/01/2052 | 1.A |
| ..31400Q-F9-1 | FN CB4691 - RMBS | | 03/01/2023 | Paydown | | 2,979 | 2,979 | 3,005 | 3,004 | 0 | (26) | 0 | (26) | 0 | 2,979 | 0 | 0 | 0 | 26 | 09/01/2052 | 1.A |
| ..31400Q-GA-7 | FN CB4692 - RMBS | | 03/01/2023 | Paydown | | 5,912 | 5,912 | 6,050 | 6,051 | 0 | (139) | 0 | (139) | 0 | 5,912 | 0 | 0 | 0 | 51 | 09/01/2052 | 1.A |
| ..31400Q-UM-5 | FN CB5087 - RMBS | | 03/01/2023 | Paydown | | 752 | 752 | 767 | 767 | 0 | (15) | 0 | (15) | 0 | 752 | 0 | 0 | 0 | 7 | 11/01/2052 | 1.A |
| ..3140X8-3F-2 | FN FMS297 - RMBS | | 03/01/2023 | Paydown | | 1,699 | 1,699 | 1,816 | 1,857 | 0 | (159) | 0 | (159) | 0 | 1,699 | 0 | 0 | 0 | 6 | 11/01/2050 | 1.A |
| ..3140X8-G6-8 | FN FIM4720 - RMBS | | 03/01/2023 | Paydown | | 6,192 | 6,192 | 6,616 | 6,723 | 0 | (530) | 0 | (530) | 0 | 6,192 | 0 | 0 | 0 | 31 | 10/01/2050 | 1.A |
| ..3140X8-UJ-9 | FN FMS094 - RMBS | | 03/01/2023 | Paydown | | 9,680 | 9,680 | 10,347 | 10,801 | 0 | (1,121) | 0 | (1,121) | 0 | 9,680 | 0 | 0 | 0 | 56 | 06/01/2049 | 1.A |
| ..3140X8-WR-4 | FN FMS155 - RMBS | | 03/01/2023 | Paydown | | 448 | 448 | 465 | 465 | 0 | (17) | 0 | (17) | 0 | 448 | 0 | 0 | 0 | 1 | 12/01/2050 | 1.A |
| ..3140X8-Y6-8 | FN FMS232 - RMBS | | 03/01/2023 | Paydown | | 684 | 684 | 731 | 745 | 0 | (61) | 0 | (61) | 0 | 684 | 0 | 0 | 0 | 3 | 06/01/2050 | 1.A |
| ..3140X8-Y7-6 | FN FMS233 - RMBS | | 03/01/2023 | Paydown | | 1,217 | 1,217 | 1,297 | 1,304 | 0 | (87) | 0 | (87) | 0 | 1,217 | 0 | 0 | 0 | 8 | 11/01/2050 | 1.A |
| ..3140X8-YK-7 | FN FMS213 - RMBS | | 03/01/2023 | Paydown | | 3,010 | 3,010 | 3,133 | 3,130 | 0 | (120) | 0 | (120) | 0 | 3,010 | 0 | 0 | 0 | 9 | 12/01/2050 | 1.A |
| ..3140X9-JB-2 | FN FMS657 - RMBS | | 03/01/2023 | Paydown | | 901 | 901 | 961 | 978 | 0 | (76) | 0 | (76) | 0 | 901 | 0 | 0 | 0 | 5 | 12/01/2050 | 1.A |
| ..3140X9-UJ-2 | FN FMS984 - RMBS | | 03/01/2023 | Paydown | | 11,473 | 11,473 | 11,853 | 11,843 | 0 | (370) | 0 | (370) | 0 | 11,473 | 0 | 0 | 0 | 37 | 02/01/2051 | 1.A |
| ..3140X9-WD-3 | FN FIM6043 - RMBS | | 03/01/2023 | Paydown | | 9,083 | 9,083 | 9,677 | 9,980 | 0 | (897) | 0 | (897) | 0 | 9,083 | 0 | 0 | 0 | 52 | 06/01/2049 | 1.A |
| ..3140XB-QD-5 | FN FIM7651 - RMBS | | 03/01/2023 | Paydown | | 11,388 | 11,388 | 11,678 | 11,699 | 0 | (311) | 0 | (311) | 0 | 11,388 | 0 | 0 | 0 | 91 | 09/01/2049 | 1.A |
| ..3140XB-X7-0 | FN FIM7901 - RMBS | | 03/01/2023 | Paydown | | 1,233 | 1,233 | 1,290 | 1,288 | 0 | (55) | 0 | (55) | 0 | 1,233 | 0 | 0 | 0 | 5 | 07/01/2051 | 1.A |
| ..3140XC-4Z-8 | FN FIM8939 - RMBS | | 03/01/2023 | Paydown | | 4,208 | 4,208 | 4,248 | 4,246 | 0 | (38) | 0 | (38) | 0 | 4,208 | 0 | 0 | 0 | 15 | 10/01/2051 | 1.A |
| ..3140XC-YX-0 | FN FIM8925 - RMBS | | 03/01/2023 | Paydown | | 1,587 | 1,587 | 1,613 | 1,612 | 0 | (25) | 0 | (25) | 0 | 1,587 | 0 | 0 | 0 | 6 | 09/01/2051 | 1.A |
| ..3140XD-2J-4 | FN FIM9776 - RMBS | | 03/01/2023 | Paydown | | 19,604 | 19,604 | 20,130 | 20,130 | 0 | (527) | 0 | (527) | 0 | 19,604 | 0 | 0 | 0 | 91 | 11/01/2051 | 1.A |
| ..3140XF-H3-8 | FN FS0249 - RMBS | | 03/01/2023 | Paydown | | 11,101 | 11,101 | 11,545 | 11,528 | 0 | (428) | 0 | (428) | 0 | 11,101 | 0 | 0 | 0 | 45 | 01/01/2052 | 1.A |
| ..3140XF-H5-3 | FN FS0251 - RMBS | | 03/01/2023 | Paydown | | 20,002 | 20,002 | 20,734 | 20,705 | 0 | (702) | 0 | (702) | 0 | 20,002 | 0 | 0 | 0 | 107 | 01/01/2052 | 1.A |
| ..3140XF-HY-0 | FN FS0246 - RMBS | | 03/01/2023 | Paydown | | 706 | 706 | 737 | 735 | 0 | (29) | 0 | (29) | 0 | 706 | 0 | 0 | 0 | 4 | 01/01/2052 | 1.A |
| ..3140XF-LL-3 | FN FS0330 - RMBS | | 03/01/2023 | Paydown | | 7,027 | 7,027 | 7,266 | 7,257 | 0 | (230) | 0 | (230) | 0 | 7,027 | 0 | 0 | 0 | 34 | 01/01/2052 | 1.A |
| ..3140XG-7F-0 | FN FS1793 - RMBS | | 03/01/2023 | Paydown | | 10,690 | 10,690 | 10,746 | 10,744 | 0 | (54) | 0 | (54) | 0 | 10,690 | 0 | 0 | 0 | 56 | 05/01/2052 | 1.A |
| ..3140XG-CH-0 | FN FS0971 - RMBS | | 03/01/2023 | Paydown | | 2,893 | 2,893 | 2,909 | 2,909 | 0 | (16) | 0 | (16) | 0 | 2,893 | 0 | 0 | 0 | 14 | 01/01/2052 | 1.A |
| ..3140XG-VJ-5 | FN FS1516 - RMBS | | 03/01/2023 | Paydown | | 3,305 | 3,305 | 3,302 | 3,302 | 0 | 3 | 0 | 3 | 0 | 3,305 | 0 | 0 | 0 | 22 | 05/01/2052 | 1.A |
| ..3140XG-WM-7 | FN FS1551 - RMBS | | 03/01/2023 | Paydown | | 1,015 | 1,015 | 1,023 | 1,023 | 0 | (8) | 0 | (8) | 0 | 1,015 | 0 | 0 | 0 | 7 | 03/01/2050 | 1.A |
| ..3140XG-ZA-0 | FN FS1636 - RMBS | | 03/01/2023 | Paydown | | 3,247 | 3,247 | 3,255 | 3,254 | 0 | (7) | 0 | (7) | 0 | 3,247 | 0 | 0 | 0 | 22 | 04/01/2052 | 1.A |
| ..3140XH-3U-9 | FN FS2610 - RMBS | | 03/01/2023 | Paydown | | 2,243 | 2,243 | 2,278 | 2,277 | 0 | (34) | 0 | (34) | 0 | 2,243 | 0 | 0 | 0 | 16 | 08/01/2052 | 1.A |
| ..3140XH-BY-8 | FN FS2686 - RMBS | | 03/01/2023 | Paydown | | 4,087 | 4,087 | 4,117 | 4,117 | 0 | (29) | 0 | (29) | 0 | 4,087 | 0 | 0 | 0 | 29 | 08/01/2052 | 1.A |
| ..3140XJ-LC-5 | FN FS3022 - RMBS | | 03/01/2023 | Paydown | | 80 | 80 | 78 | 80 | 0 | 2 | 0 | 2 | 0 | 80 | 0 | 0 | 0 | 0 | 10/01/2052 | 1.A |
| ..3140XJ-QG-1 | FN FS3154 - RMBS | | 03/01/2023 | Paydown | | 1,816 | 1,816 | 1,794 | 1,794 | 0 | 22 | 0 | 22 | 0 | 1,816 | 0 | 0 | 0 | 17 | 07/01/2052 | 1.A |
| ..31418C-MG-6 | FN MA3058 - RMBS | | 03/01/2023 | Paydown | | 4,834 | 4,834 | 5,226 | 5,517 | 0 | (683) | 0 | (683) | 0 | 4,834 | 0 | 0 | 0 | 30 | 07/01/2047 | 1.A |
| ..31418D-HL-9 | FN MA3834 - RMBS | | 03/01/2023 | Paydown | | 1,231 | 1,231 | 1,287 | 1,326 | 0 | (95) | 0 | (95) | 0 | 1,231 | 0 | 0 | 0 | 6 | 11/01/2049 | 1.A |
| ..35563P-LH-0 | SCRT 2019-3 MA - CMO/RMBS | | 03/01/2023 | Paydown | | 1,570 | 1,570 | 1,641 | 1,623 | 0 | (53) | 0 | (53) | 0 | 1,570 | 0 | 0 | 0 | 9 | 10/25/2058 | 1.A |
| ..35563P-ML-0 | SCRT 2019-4 MA - CMO/RMBS | | 03/01/2023 | Paydown | | 1,359 | 1,359 | 1,389 | 1,381 | 0 | (22) | 0 | (22) | 0 | 1,359 | 0 | 0 | 0 | 7 | 02/25/2059 | 1.A |
| 0909999999. Subtotal - Bonds - U.S. Special Revenues | | | | | | 487,330 | 487,330 | 503,229 | 504,460 | 0 | (17,401) | 0 | (17,401) | 0 | 487,330 | 0 | 0 | 0 | 3,141 | XXX | XXX |

STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|--|--------------------------------|--------------|------------------|----------------------|---------------------------------|--------------------|-----------|----------------|--|--|--|---|---|---|---|--|---|-------------------------------------|---|--|--|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| CUSIP Identification | Description | For- eign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consid- eration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amor- tization)/ Accretion | Current Year's Other Than Temporary Impairment Recog- nized | Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book /Adjusted Carrying Value | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Stated Con- tractual Maturity Date | NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol |
| ..05608W-AA-2 | BX 2021-SOAR A - CMBS | | 03/15/2023 | Paydown | | 1,377 | 1,377 | 1,377 | 1,377 | 0 | 0 | 0 | 0 | 0 | 1,377 | 0 | 0 | 0 | 18 | 06/15/2038 | 1.A FE |
| ..05946X-BV-4 | BAFC 2003-1 A1 - CMO/RMBS | | 03/01/2023 | Paydown | | 6 | 6 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 05/20/2033 | 1.D FE |
| ..302987-AE-2 | FRESB 2020-SB70 A1H - CMBS | | 03/01/2023 | Paydown | | 186 | 186 | 187 | 193 | 0 | (7) | 0 | (7) | 0 | 186 | 0 | 0 | 0 | 1 | 10/25/2039 | 2.C FE |
| ..33852J-AE-8 | FSMT 217 A5 - CMO/RMBS | | 03/25/2023 | Paydown | | 1,358 | 1,358 | 1,386 | 1,385 | 0 | (27) | 0 | (27) | 0 | 1,358 | 0 | 0 | 0 | 6 | 08/25/2051 | 1.A FE |
| ..36262W-AJ-5 | GSMB 21PJ8 A8 - CMO/RMBS | | 03/01/2023 | Paydown | | 1,531 | 1,531 | 1,566 | 1,565 | 0 | (34) | 0 | (34) | 0 | 1,531 | 0 | 0 | 0 | 6 | 01/25/2052 | 1.A FE |
| ..46592W-AF-3 | JPMMT 2112 A4 - CMO/RMBS | | 03/01/2023 | Paydown | | 4,427 | 4,427 | 4,501 | 4,496 | 0 | (69) | 0 | (69) | 0 | 4,427 | 0 | 0 | 0 | 19 | 02/25/2052 | 1.A FE |
| ..46653X-AE-0 | JPMMT 2021-INV5 A2A - CMO/RMBS | | 03/01/2023 | Paydown | | 2,089 | 2,089 | 2,113 | 2,112 | 0 | (23) | 0 | (23) | 0 | 2,089 | 0 | 0 | 0 | 9 | 12/26/2051 | 1.A FE |
| ..46654W-AH-4 | JPMMT 221 A4 - CMO/RMBS | | 03/25/2023 | Paydown | | 1,087 | 1,087 | 1,078 | 1,078 | 0 | 9 | 0 | 9 | 0 | 1,087 | 0 | 0 | 0 | 4 | 07/25/2052 | 1.A FE |
| ..61772C-AH-4 | MSRM 213 A4 - CMO/RMBS | | 03/01/2023 | Paydown | | 1,179 | 1,179 | 1,203 | 1,202 | 0 | (23) | 0 | (23) | 0 | 1,179 | 0 | 0 | 0 | 6 | 06/25/2051 | 1.A FE |
| ..63942C-AA-0 | NAVSL 2021-D A - ABS | | 03/15/2023 | Paydown | | 6,112 | 6,112 | 6,112 | 6,112 | 0 | 0 | 0 | 0 | 0 | 6,112 | 0 | 0 | 0 | 58 | 04/15/2060 | 1.A FE |
| ..63942E-AA-6 | NAVSL 2021-E A - ABS | | 03/15/2023 | Paydown | | 3,327 | 3,327 | 3,327 | 3,327 | 0 | 1 | 0 | 1 | 0 | 3,327 | 0 | 0 | 0 | 5 | 12/16/2069 | 1.A FE |
| ..64034Q-AA-6 | NSLT 2021-B AFL - ABS | | 03/20/2023 | Paydown | | 4,622 | 4,622 | 4,622 | 4,622 | 0 | 0 | 0 | 0 | 0 | 4,622 | 0 | 0 | 0 | 41 | 04/20/2062 | 1.A FE |
| ..64034Q-AB-4 | NSLT 2021-B AFX - ABS | | 03/20/2023 | Paydown | | 4,622 | 4,622 | 4,621 | 4,621 | 0 | 1 | 0 | 1 | 0 | 4,622 | 0 | 0 | 0 | 11 | 04/20/2062 | 1.A FE |
| ..64035D-AA-4 | NSLT 21A A1 - ABS | | 03/20/2023 | Paydown | | 6,304 | 6,304 | 6,298 | 6,494 | 0 | (189) | 0 | (189) | 0 | 6,304 | 0 | 0 | 0 | 58 | 04/20/2062 | 1.A FE |
| ..64035D-AD-8 | NSLT 21A AP2 - ABS | | 03/20/2023 | Paydown | | 4,026 | 4,026 | 4,021 | 4,021 | 0 | 5 | 0 | 5 | 0 | 4,026 | 0 | 0 | 0 | 9 | 04/20/2062 | 1.A FE |
| ..74936R-AE-4 | RCKT 212 A5 - CMO/RMBS | | 03/01/2023 | Paydown | | 1,065 | 1,065 | 1,087 | 1,085 | 0 | (20) | 0 | (20) | 0 | 1,065 | 0 | 0 | 0 | 5 | 06/25/2051 | 1.A FE |
| ..78449F-AC-5 | SMB 2016-A A2B - ABS | | 03/15/2023 | Paydown | | 11,515 | 11,515 | 11,554 | 11,965 | 0 | (450) | 0 | (450) | 0 | 11,515 | 0 | 0 | 0 | 112 | 05/15/2031 | 1.A FE |
| ..87166F-AD-5 | SYNCHRONY BANK | | 03/31/2023 | RBC CAPITAL MARKETS | | 1,170,150 | 1,250,000 | 1,248,700 | 1,248,844 | 0 | 104 | 0 | 104 | 0 | 1,248,948 | 0 | (78,798) | (78,798) | 41,400 | 08/23/2025 | 2.C FE |
| 1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 1,224,983 | 1,304,833 | 1,303,759 | 1,304,505 | 0 | (724) | 0 | (724) | 0 | 1,303,781 | 0 | (78,798) | (78,798) | 41,768 | XXX | XXX |
| 2509999997. Total - Bonds - Part 4 | | | | | | 1,712,313 | 1,792,163 | 1,806,988 | 1,808,965 | 0 | (18,125) | 0 | (18,125) | 0 | 1,791,111 | 0 | (78,798) | (78,798) | 44,909 | XXX | XXX |
| 2509999998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2509999999. Total - Bonds | | | | | | 1,712,313 | 1,792,163 | 1,806,988 | 1,808,965 | 0 | (18,125) | 0 | (18,125) | 0 | 1,791,111 | 0 | (78,798) | (78,798) | 44,909 | XXX | XXX |
| 4509999997. Total - Preferred Stocks - Part 4 | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 4509999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4509999999. Total - Preferred Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 5989999997. Total - Common Stocks - Part 4 | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 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 | XXX | XXX |
| 5999999999. Total - Preferred and Common Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 6009999999 - Totals | | | | | | 1,712,313 | XXX | 1,806,988 | 1,808,965 | 0 | (18,125) | 0 | (18,125) | 0 | 1,791,111 | 0 | (78,798) | (78,798) | 44,909 | XXX | XXX |

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

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

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

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|--|------|------------------|--|--|---|--------------|-------------|------|
| | | | | | 6 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | | | | * |
| JP Morgan Time Deposit | | 4.450 | 0 | 0 | 842,553 | 633,196 | 274,607 | XXX. |
| US BANK St. Louis,MO | | 0.000 | 0 | 0 | (685,455) | (700,443) | (3,321,398) | XXX. |
| WELLS FARGO Atlanta, GA | | 0.000 | 0 | 0 | 47 | 0 | 0 | XXX. |
| JP MORGAN CHASE New York, NY | | 0.000 | 0 | 0 | 690,476 | 5,821 | 4,808 | XXX. |
| PNC BANK Louisville, KY | | 0.000 | 0 | 0 | 775,295 | 1,398,071 | 322,195 | XXX. |
| 0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 0 | 0 | 1,622,916 | 1,336,644 | (2,719,789) | XXX |
| 0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | 1,622,916 | 1,336,644 | (2,719,789) | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | 0 | 0 | 0 | XXX |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 0599999. Total - Cash | XXX | XXX | 0 | 0 | 1,622,916 | 1,336,644 | (2,719,789) | XXX |

STATEMENT AS OF MARCH 31, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|--|---------|------------------|------------------|------------------|------------------------------|------------------------------------|-----------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| 0109999999. Total - U.S. Government Bonds | | | | | | 0 | 0 | 0 |
| 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 ..... | ..... | 03/31/2023 | 0.000 | 04/03/2023 | 9,997,583 | 0 | 1,208 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/24/2023 | 0.000 | 04/06/2023 | 4,697,028 | 0 | 4,751 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/29/2023 | 0.000 | 04/10/2023 | 8,989,761 | 0 | 3,411 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/21/2023 | 0.000 | 04/17/2023 | 997,954 | 0 | 1,404 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/22/2023 | 0.000 | 04/19/2023 | 2,993,171 | 0 | 3,787 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/28/2023 | 0.000 | 04/20/2023 | 7,980,277 | 0 | 4,146 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/17/2023 | 0.000 | 04/26/2023 | 9,967,155 | 0 | 19,655 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/31/2023 | 0.000 | 04/28/2023 | 13,553,159 | 0 | 3,154 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/27/2023 | 0.000 | 05/05/2023 | 9,955,880 | 0 | 6,472 |
| ..... | FEDERAL HOME LOAN BANKS ..... | ..... | 03/30/2023 | 0.000 | 05/25/2023 | 9,929,491 | 0 | 2,602 |
| 0819999999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations | | | | | | 79,061,459 | 0 | 50,590 |
| 0909999999. Total - U.S. Special Revenues Bonds | | | | | | 79,061,459 | 0 | 50,590 |
| ..... | Apple Inc. .... | ..... | 03/30/2023 | 0.000 | 04/18/2023 | 4,988,785 | 0 | 1,319 |
| ..... | John Deere Canada ULC ..... | ..... | 02/22/2023 | 0.000 | 04/20/2023 | 3,990,120 | 0 | 19,760 |
| ..... | Dominion Energy, Inc. .... | ..... | 03/21/2023 | 0.000 | 04/12/2023 | 2,994,766 | 0 | 5,234 |
| ..... | Koch Industries, Inc. .... | ..... | 03/17/2023 | 0.000 | 04/10/2023 | 4,993,963 | 0 | 10,063 |
| ..... | Nestl? Finance International Ltd. .... | ..... | 03/29/2023 | 0.000 | 04/26/2023 | 4,983,333 | 0 | 2,000 |
| ..... | Republic Services, Inc. .... | ..... | 03/21/2023 | 0.000 | 04/18/2023 | 2,991,883 | 0 | 5,253 |
| ..... | Tyson Foods, Inc. .... | ..... | 03/21/2023 | 0.000 | 04/04/2023 | 2,998,575 | 0 | 5,225 |
| 1019999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations | | | | | | 27,941,424 | 0 | 48,854 |
| 1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | | | 27,941,424 | 0 | 48,854 |
| 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 | | | | | | 107,002,882 | 0 | 99,443 |
| 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 | | | | | | 107,002,882 | 0 | 99,443 |
| 31846V-80-7 | FIRST AMER:TRS OBG Y | SD..... | 02/28/2023 | 4.390 ..... | ..... | 0 | 11 | 0 |
| 4812C2-23-9 | JPMORGAN:US TRS+MM CAP ..... | ..... | 03/31/2023 | 4.670 ..... | ..... | 11,877,055 | 0 | 5,075 |
| 8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO | | | | | | 11,877,055 | 11 | 5,075 |
| | | | | | | | | |
| 8609999999 - Total Cash Equivalents | | | | | | 118,879,937 | 11 | 104,519 |