



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
Humana Health Plan of Ohio, Inc.

NAIC Group Code	0119 (Current)	0119 (Prior)	NAIC Company Code	95348	Employer's ID Number	31-1154200
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]						
Incorporated/Organized	08/19/1985		Commenced Business	01/01/1986		
Statutory Home Office	4400 Easton Commons Way Suite 125 (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	500 West Main Street (Street and Number)		Louisville, KY, US 40202 513-784-5320 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)			
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)		Louisville, KY, US 40201-7436 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	500 West Main Street (Street and Number)		Louisville, KY, US 40202 513-784-5320 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)			
Internet Website Address	www.humana.com					
Statutory Statement Contact	Amanda Nethery (Name)		502-580-1624 (Area Code) (Telephone Number)			
	DOIINQUIRIES@humana.com (E-mail Address)		502-580-2099 (FAX Number)			
OFFICERS						
President & CEO	Bruce Dale Broussard		Chief Financial Officer	Susan Marie Diamond		
VP, Associate General Counsel & Corporate Secretary	Joseph Matthew Ruschell		SVP, Chief Actuary	Vanessa Marie Olson		
OTHER						
John Edward Barger III, SVP, Medicaid President	Courtney Danielle Durall, Assistant Corporate Secretary & Director, ESG Strategy		Douglas Allen Edwards, SVP, Enterprise Associate & Business Solutions			
Daniel Kevin Feld #, Associate VP, Tax	John-Paul William Felter, SVP, Chief Accounting Officer & Controller		Jeremy Leon Gaskill, VP, Medicare Regional President			
Leann Moren Hutchinson, VP, Group Business Operations	John Stephen Littig #, SVP, EG Medical		Robert Martin Marcoux Jr., VP & Treasurer			
Sean Joseph O'Reilly, SVP, Chief Compliance Officer	William Mark Preston, VP, Investments		George Renaudin II, President, Medicare & Medicaid			
Frederick William Roth #, VP, Medicare Supplement	Leah Sonnenschein Schraudenbach #, SVP, Chief Risk Officer		Michael Poul Tilton, SVP, Specialty & Retiree Solutions			
Ralph Martin Wilson, Vice President						
DIRECTORS OR TRUSTEES						
Bruce Dale Broussard	George Renaudin II		Joseph Matthew Ruschell			

State of Kentucky County of Jefferson SS:

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

Bruce Dale Broussard
President & CEO

Joseph Matthew Ruschell
VP, Associate General Counsel & Corporate Secretary

Robert Martin Marcoux, Jr.
VP & Treasurer

Subscribed and sworn to before me this
8th day of August, 2023

a. Is this an original filing? Yes [] No []
 b. If no,
 1. State the amendment number.....
 2. Date filed
 3. Number of pages attached.....

Julia Wentworth
Notary Public
January 10, 2025

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	50,307,832	0	50,307,832	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 \$ 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 \$ encumbrances)	0	0	0	0
5. Cash (\$11,540,292), cash equivalents (\$114,748,245) and short-term investments (\$0)	126,288,537	0	126,288,537	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	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	176,596,370	0	176,596,370	61,536,229
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	242,502	0	242,502	212,897
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	23,076,070	18,567	23,057,503	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 (\$739,457) and contracts subject to redetermination (\$2,310,377)	3,049,834	0	3,049,834	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	203,993	9,322	194,670	459,275
18.1 Current federal and foreign income tax recoverable and interest thereon	1,340,313	0	1,340,313	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 (\$7,242,079) and other amounts receivable	11,456,044	4,081,690	7,374,353	5,865,239
25. Aggregate write-ins for other than invested assets	3,486,949	3,406,983	79,966	30,047,831
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	227,314,933	12,264,097	215,050,836	119,465,117
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	227,314,933	12,264,097	215,050,836	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	1,386,835	1,386,835	0	0
2502. Prepaid Expenses	1,252,397	1,252,397	0	0
2503. Deposits	767,751	767,751	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	79,966	0	79,966	30,047,831
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	3,486,949	3,406,983	79,966	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)	81,132,289	5,602,004	86,734,293	21,926,739
2. Accrued medical incentive pool and bonus amounts	2,190,131	0	2,190,131	3,538,278
3. Unpaid claims adjustment expenses	617,680	0	617,680	162,647
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	36,470,148	0	36,470,148	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	20,542,599	0	20,542,599	2,232,393
9. General expenses due or accrued	8,862,673	0	8,862,673	1,981,506
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	120,540	0	120,540	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	20,579,420	0	20,579,420	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	4,967,590	0	4,967,590	1,948,842
23. Aggregate write-ins for other liabilities (including \$ 14,122 current)	21,194	0	21,194	45,654
24. Total liabilities (Lines 1 to 23)	175,560,589	5,602,004	181,162,593	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	(71,336,504)	(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	33,888,243	50,932,550
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	215,050,836	119,465,117
DETAILS OF WRITE-INS				
2301. Unclaimed Property	21,194	0	21,194	19,631
2302. Premium Payable	0	0	0	26,023
2303.	0	0	0	0
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)	21,194	0	21,194	45,654
2501.	XXX	XXX	0	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
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	0	0
3003.	XXX	XXX	0	0
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.....	578,846	197,125	392,652
2. Net premium income (including \$ 0 non-health premium income).....	....XXX.....	348,837,842	129,745,428	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.....	348,837,842	129,745,428	252,982,689
Hospital and Medical:				
9. Hospital/medical benefits	19,449,472	258,867,452	77,657,944	163,463,921
10. Other professional services	20,068	267,104	347,458	734,034
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	757,231	10,078,544	3,298,457	6,801,235
13. Prescription drugs	1,245,934	16,583,061	14,318,521	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	(478,165)	736,552	3,248,106
16. Subtotal (Lines 9 to 15)	21,472,705	285,317,997	96,358,932	203,589,510
Less:				
17. Net reinsurance recoveries	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	21,472,705	285,317,997	96,358,932	203,589,510
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 16,528,766 cost containment expenses	0	19,601,159	3,951,768	8,465,221
21. General administrative expenses	0	59,791,693	13,594,583	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).....	21,472,705	364,710,849	113,905,283	276,918,357
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	....XXX.....	(15,873,007)	15,840,145	(23,935,669)
25. Net investment income earned	0	2,803,840	99,072	1,365,640
26. Net realized capital gains (losses) less capital gains tax of \$ (13,482)	0	(50,719)	197,758	(389,580)
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,753,121	296,830	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	1	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.....	(13,119,884)	16,136,975	(22,959,608)
31. Federal and foreign income taxes incurred .....	....XXX.....	(967,971)	3,613,055	2,632,341
32. Net income (loss) (Lines 30 minus 31) .....	....XXX.....	(12,151,914)	12,523,920	(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	1	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	1	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	(12,151,914)	12,523,920	(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
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	(4,892,393)	(1,245,741)	(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)	(17,044,307)	11,278,179	7,101,051
49. Capital and surplus end of reporting period (Line 33 plus 48)	33,888,243	55,109,678	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

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	343,119,358	124,217,711	250,190,127
2. Net investment income	2,857,504	432,867	1,329,954
3. Miscellaneous income	0	0	(246,893)
4. Total (Lines 1 to 3)	345,976,862	124,650,577	251,273,187
5. Benefit and loss related payments	227,264,005	98,927,157	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	69,111,739	15,019,120	36,632,403
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$(86,335) tax on capital gains (losses)	(320,902)	1,111,196	1,713,175
10. Total (Lines 5 through 9)	296,054,841	115,057,473	243,125,927
11. Net cash from operations (Line 4 minus Line 10)	49,922,021	9,593,105	8,147,261
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,645,912	12,117,003	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)	3,645,912	12,117,003	15,683,546
13. Cost of investments acquired (long-term only):			
13.1 Bonds	10,617,999	10,809,402	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	22,007	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,640,006	10,809,402	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)	(6,994,094)	1,307,601	(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)	65,307,596	2,717,921	(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)	65,307,596	2,717,921	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)	108,235,523	13,618,626	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)	126,288,537	30,885,200	18,053,015

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

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STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

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											
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	115,989	0	20,920	0	0	0	208	10,224	84,637	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	578,846	0	130,659	0	0	0	1,214	59,429	387,544	0	0	0	0	0
Total Member Ambulatory Encounters for Period:														
7 Physician	532,155	0	78,481	0	0	0	849	119,278	333,547	0	0	0	0	0
8. Non-Physician	212,154	0	29,361	0	0	0	351	62,280	120,162	0	0	0	0	0
9. Total	744,309	0	107,842	0	0	0	1,200	181,558	453,709	0	0	0	0	0
10. Hospital Patient Days Incurred	64,208	0	2,737	0	0	0	7	14,242	47,222	0	0	0	0	0
11. Number of Inpatient Admissions	6,131	0	418	0	0	0	2	1,614	4,097	0	0	0	0	0
12. Health Premiums Written (a)	348,837,842	(4,322)	63,724,100	0	0	0	758,634	74,934,287	209,425,142	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	348,837,842	(4,322)	63,724,100	0	0	0	758,634	74,934,287	209,425,142	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	227,070,552	(10,308)	51,113,713	0	0	0	501,394	62,262,811	113,202,942	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	285,317,997	(10,308)	50,453,993	0	0	0	508,252	61,718,314	172,647,746	0	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 74,934,287

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc

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

Aging Analysis of Unpaid Claim

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999 Aggregate accounts not individually listed-uncovered	858,668	31,173	3,495	0	2,977	896,31
0399999 Aggregate accounts not individually listed-covered	3,310,512	120,186	13,474	34	11,478	3,455,68
0499999 Subtotals	4,169,180	151,360	16,969	34	14,455	4,351,99
0599999 Unreported claims and other claim reserves						82,382,29
0699999 Total amounts withheld						
0799999 Total claims unpaid						86,734,29
0899999 Accrued medical incentive pool and bonus amounts						2,190,13

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	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	(10,308)	0	0	0	(10,308)	0
2. Comprehensive (hospital and medical) group	7,267,043	43,846,670	871,137	9,836,548	8,138,179	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	(65,064)	566,458	4,825	144,336	(60,239)	105,174
7. Title XVIII - Medicare	5,176,737	56,216,088	2,047,776	10,609,387	7,224,513	10,768,627
8. Title XIX - Medicaid	0	113,202,947	0	63,276,608	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)	12,368,407	213,832,162	2,923,738	83,866,878	15,292,145	21,983,062
14. Health care receivables (a)	95,709	11,034,608	0	0	95,709	5,918,355
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	869,982	0	1,446,868	743,264	2,316,850	3,538,278
17. Totals (Lines 13 - 14 + 15 + 16)	13,142,681	202,797,555	4,370,606	84,610,141	17,513,287	19,602,986

(a) Excludes \$ 193,453 loans or advances to providers not yet expensed.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

In February 2023, Humana announced the company's planned exit from 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. Following a strategic review, Humana determined 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 18 to 24 months following the Company's February 2023 announcement.

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	\$ (12,151,914)	\$ (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	\$ (12,151,914)	\$ (25,591,950)
Surplus					
5. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 33,888,243	\$ 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	\$ 33,888,243	\$ 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.

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

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 not expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

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

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

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

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

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

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

D. Going Concern

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

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 June 30, 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 June 30, 2023:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$ (397,352)
2. Twelve Months or Longer	\$ (3,174,668)

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

1. Less than Twelve Months	\$ 16,843,133
2. Twelve Months or Longer	\$ 17,892,850

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

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

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

(3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	1,119,476	1,121,815	(2,339)	-	1,119,476	0.49%	0.52%
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	\$ 1,119,476	\$ 1,121,815	\$ (2,339)	-	\$ 1,119,476	0.49%	0.52%

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

Not Applicable.

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

Not Applicable.

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

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI* Securities

Not Applicable.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 June 30, 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 June 30, 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.

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

Not Applicable.

D. At June 30, 2023, the Company reported \$20,579,420 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- 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.
- 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.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- 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
 - Not Applicable.

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 June 30, 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.
- 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 June 30, 2023, the Company has recorded a receivable from CMS of \$179,334 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.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (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 June 30, 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 June 30, 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 June 30, 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 June 30, 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 Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	\$ 160,990,119	\$ 165,056,077	\$ 114,748,245	\$ 46,241,874	\$ -	\$ -	\$ -

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 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 expired on May 11, 2023.

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 August 7, 2023 for the Statutory Statement issued on August 7, 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)

(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)

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 June 30, 2023 that are subject to retrospective rating features was \$348,837,842, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

Not Applicable.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO) Yes (X) No ()

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) \$ 1,319,388

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 6,390

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 36,235

Operations (Revenue & Expenses)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ 756,558

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 1,805

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) \$ -

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 \$ -

(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	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)			
		1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)

a. Permanent ACA Risk Adjustment Program

1. Premium adjustments receivable (including high risk pool payments)	526,594	-	526,594	434,990	A.	961,584			
2. Premium adjustments (payables) (including high risk pool premium)	-	-	-	-	(36,235)	B.	(36,235)		
3. Subtotal ACA Permanent Risk Adjustment Program	526,594	-	526,594	-	434,990	(36,235)	961,584	(36,235)	

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	-	434,990	(36,235)	961,584	(36,235)

STATEMENT AS OF June 30, 2023 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2022 benefit year and the latest data from Wakely Consulting.

B. 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 June 30, 2023, \$13,284,520 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$4,391,414 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,089,699 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 \$2,079,396 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2023	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2023	-	-	-	-	-
6/30/2023	7,300,434	7,300,434	-	-	-
3/31/2023	6,542,760	6,486,495	6,441,896	-	-
12/31/2022	5,918,355	5,805,941	5,792,175	-	-
9/30/2022	5,830,371	5,947,347	5,914,080	5,102	28,165
6/30/2022	6,244,367	6,350,977	6,344,699	-	6,275
3/31/2022	5,817,837	5,610,830	5,531,969	78,861	-
12/31/2021	5,877,662	5,850,208	5,841,359	-	8,849
9/30/2021	4,810,187	5,056,340	5,008,514	43,180	4,647
6/30/2021	5,462,417	5,756,544	5,690,522	22,910	43,112
3/31/2021	4,373,942	4,523,366	4,493,993	-	29,374

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$ 35,297,000
- Date of the most recent evaluation of this liability December 31, 2022
- Was anticipated investment income utilized in the calculation? Yes () No (X)

31. Anticipated Salvage and Subrogation

Not Applicable.

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] 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? Yes [] No [X] N/A []
 If yes, attach an explanation.

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2020

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
.....

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

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 []

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: \$ C

13. Amount of real estate and mortgages held in short-term investments: \$ C

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

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

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

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

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] 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 []

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.....
Humana Inc.	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 [] 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 [] No []

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

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

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

18.2 If no, list exceptions:

.....

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	86.5 %
1.2 A&H cost containment percent	4.7 %
1.3 A&H expense percent excluding cost containment expenses	18.0 %

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

None

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

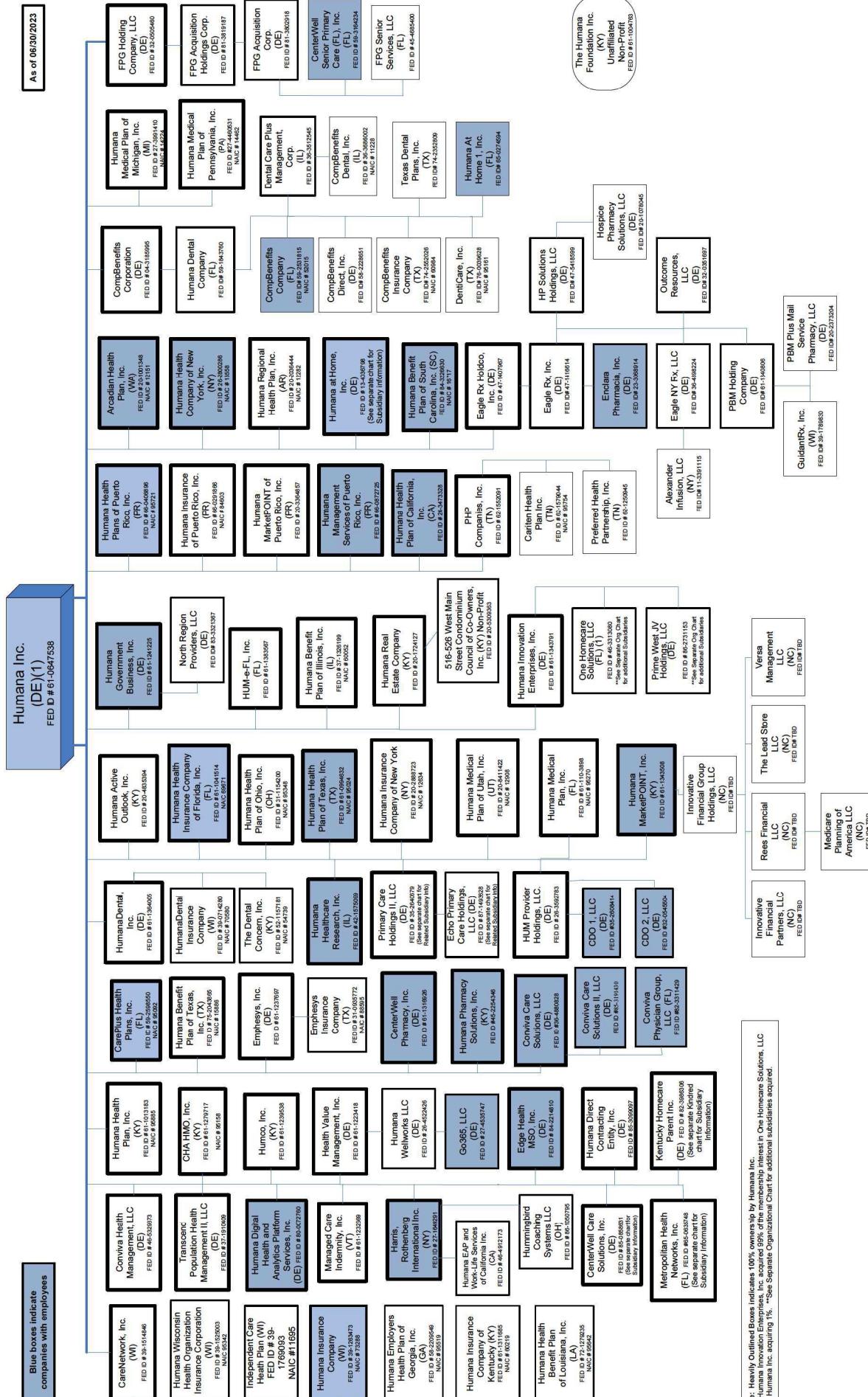
Direct Business Only

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0
15. Indiana	IN	L	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	L	74,934,997	0	0	0	0	0	74,934,997	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	L	63,719,779	(710)	209,425,142	0	758,634	0	273,902,845	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	63,719,779	74,934,287	209,425,142	0	758,634	0	0	348,837,842	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	63,719,779	74,934,287	209,425,142	0	758,634	0	0	348,837,842	0
DETAILS OF WRITE-INS										
58001.	XXX	0	0	0	0	0	0	0	0	0
58002.	XXX	0	0	0	0	0	0	0	0	0
58003.	XXX	0	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

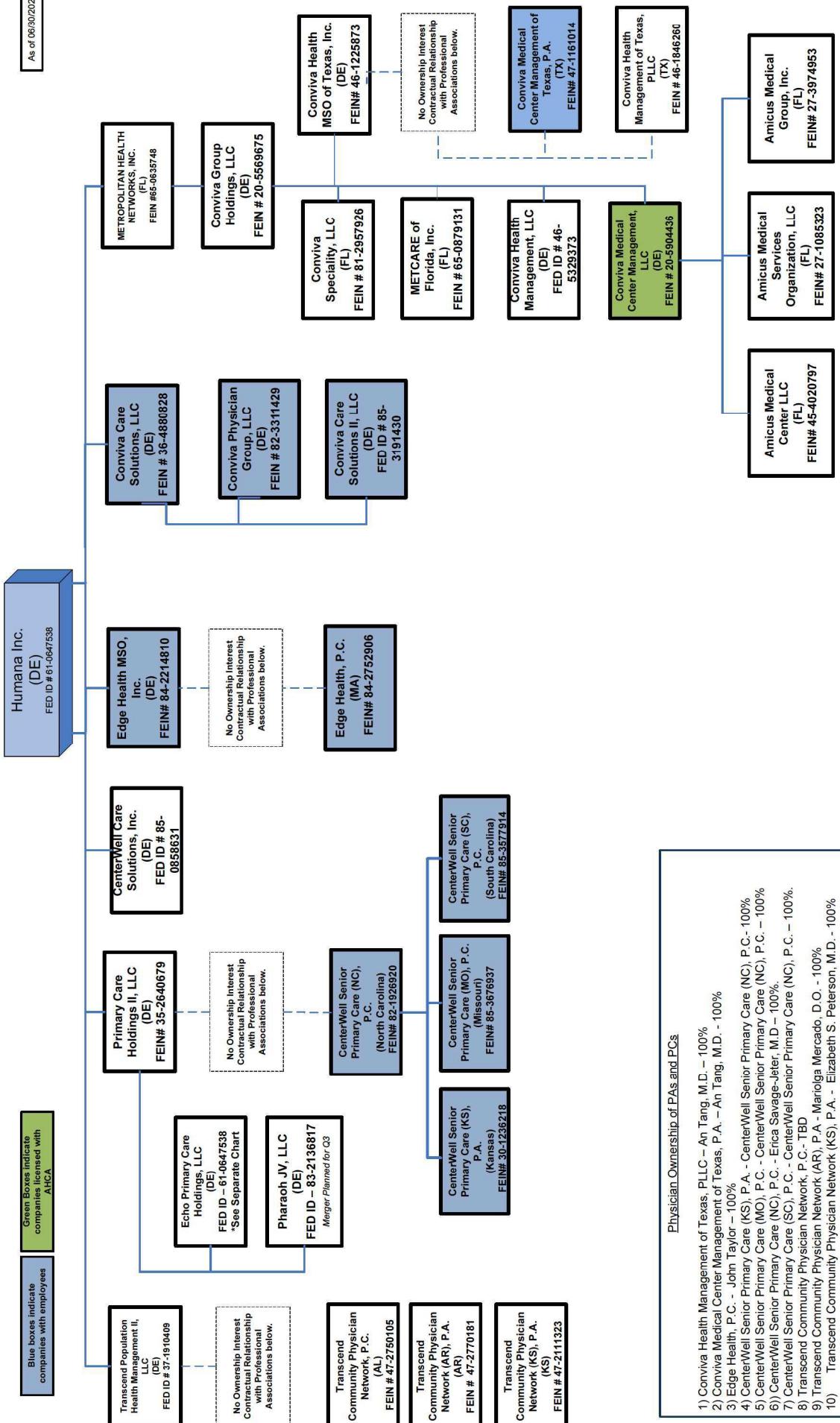


Value boxes indicate companies with employees

1

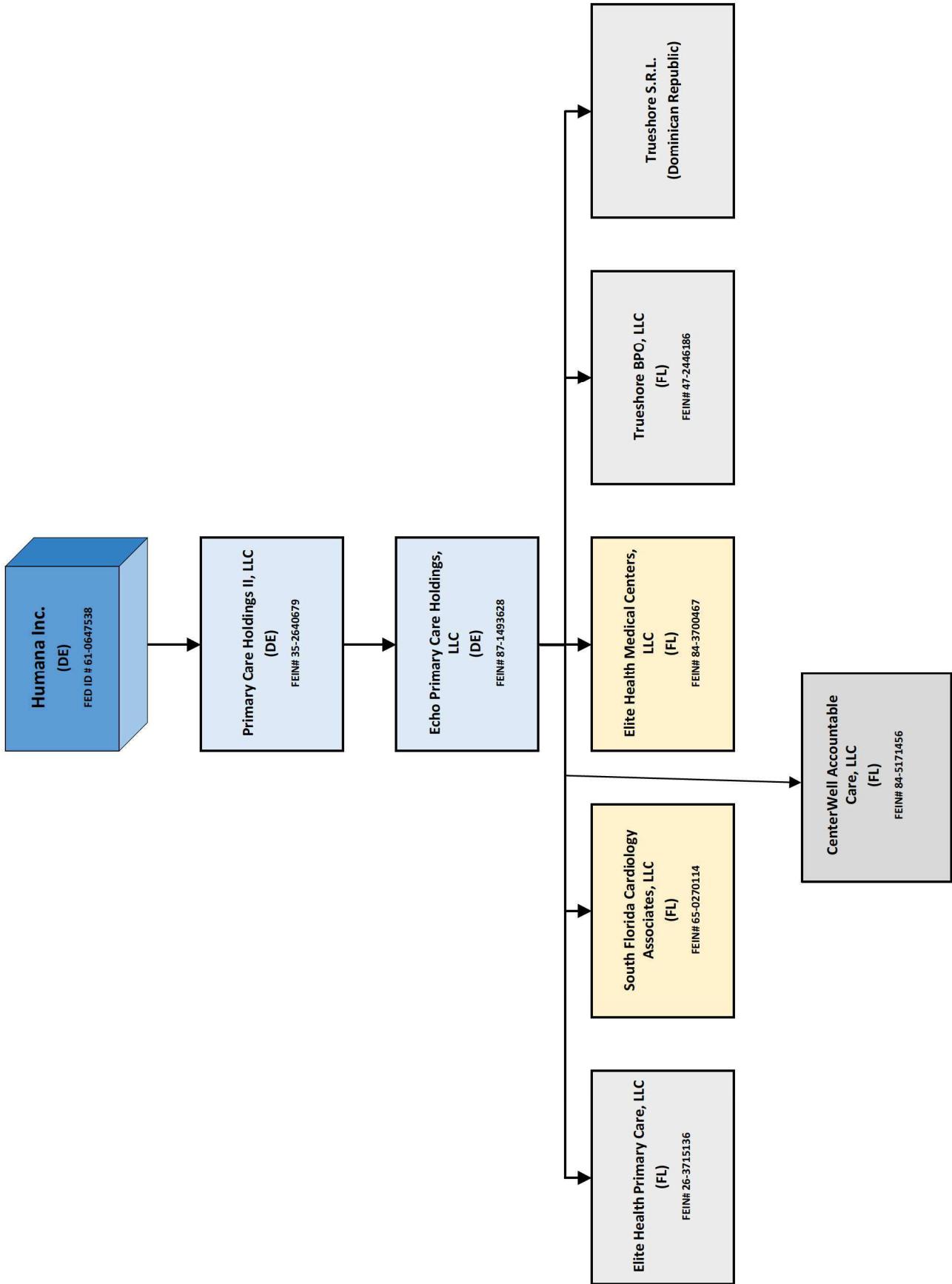
Note: Heavily Outlined Boxes indicates 100% ownership by Humana Inc.
(1) Humana Innovation Enterprises, Inc. acquired 99% of the membership interest in One Homecare Solutions, LLC with Humana Inc. acquiring 1%. **See Separate Organizational Chart for additional subsidiaries acquired.

As of 06/30/2023



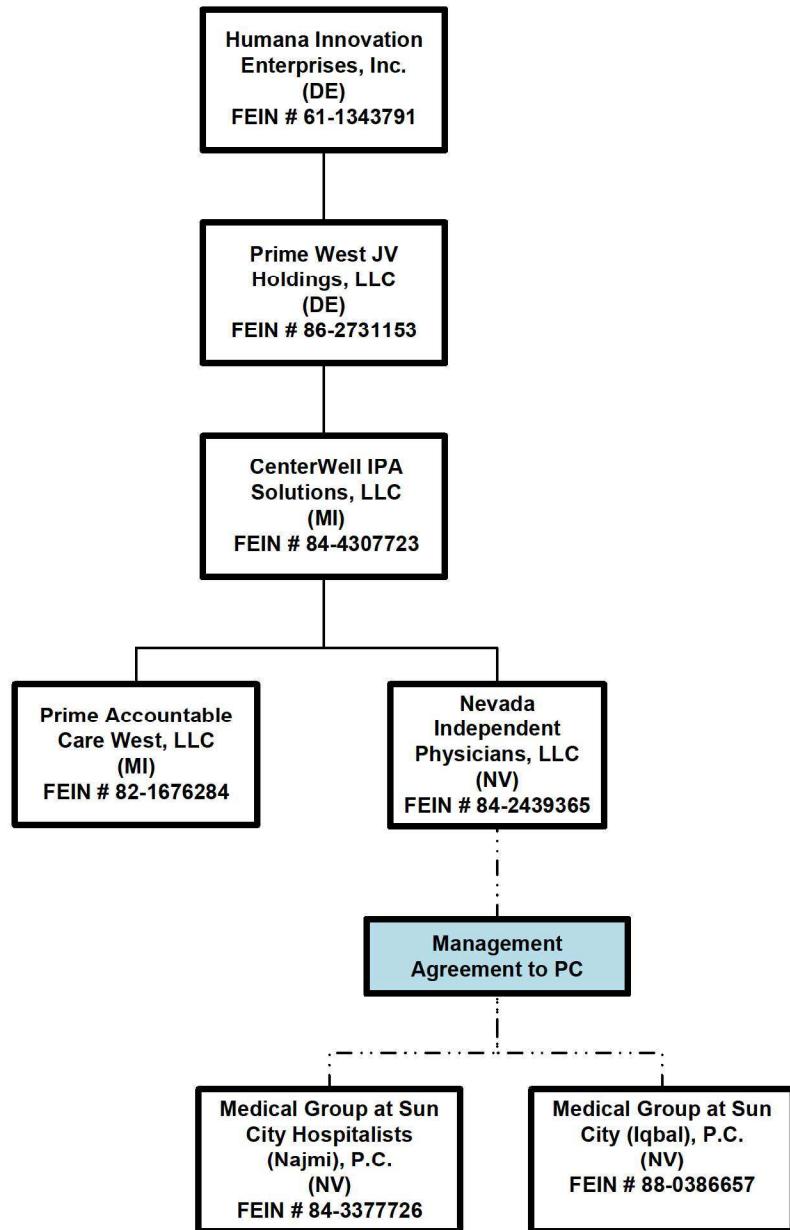
Physician Ownership of PAs and PCs

- 1) Conviva Health Management of Texas, PLLC – An Tang, M.D. – 100%
- 2) Conviva Medical Center Management of Texas, P.A. – An Tang, M.D. – 100%
- 3) Edge Health, P.C. – John Taylor – 100%
- 4) CenterWell Senior Primary Care (KS), P.A. – CenterWell Senior Primary Care (NC), P.C. – 100%
- 5) CenterWell Senior Primary Care (MO), P.C. – CenterWell Senior Primary Care (NC), P.C. – 100%
- 6) CenterWell Senior Primary Care (NC), P.C. – Erika Savage-Jeter, M.D. – 100%
- 7) CenterWell Senior Primary Care (SC), P.C. – CenterWell Senior Primary Care (NC), P.C. – 100%
- 8) Transcend Community Physician Network, P.C. – TBA
- 9) Transcend Community Physician Network (KS), P.A. – Elizabeth S. Peterson, M.D. – 100%
- 10) Transcend Community Physician Network (NC), P.A. – TBA

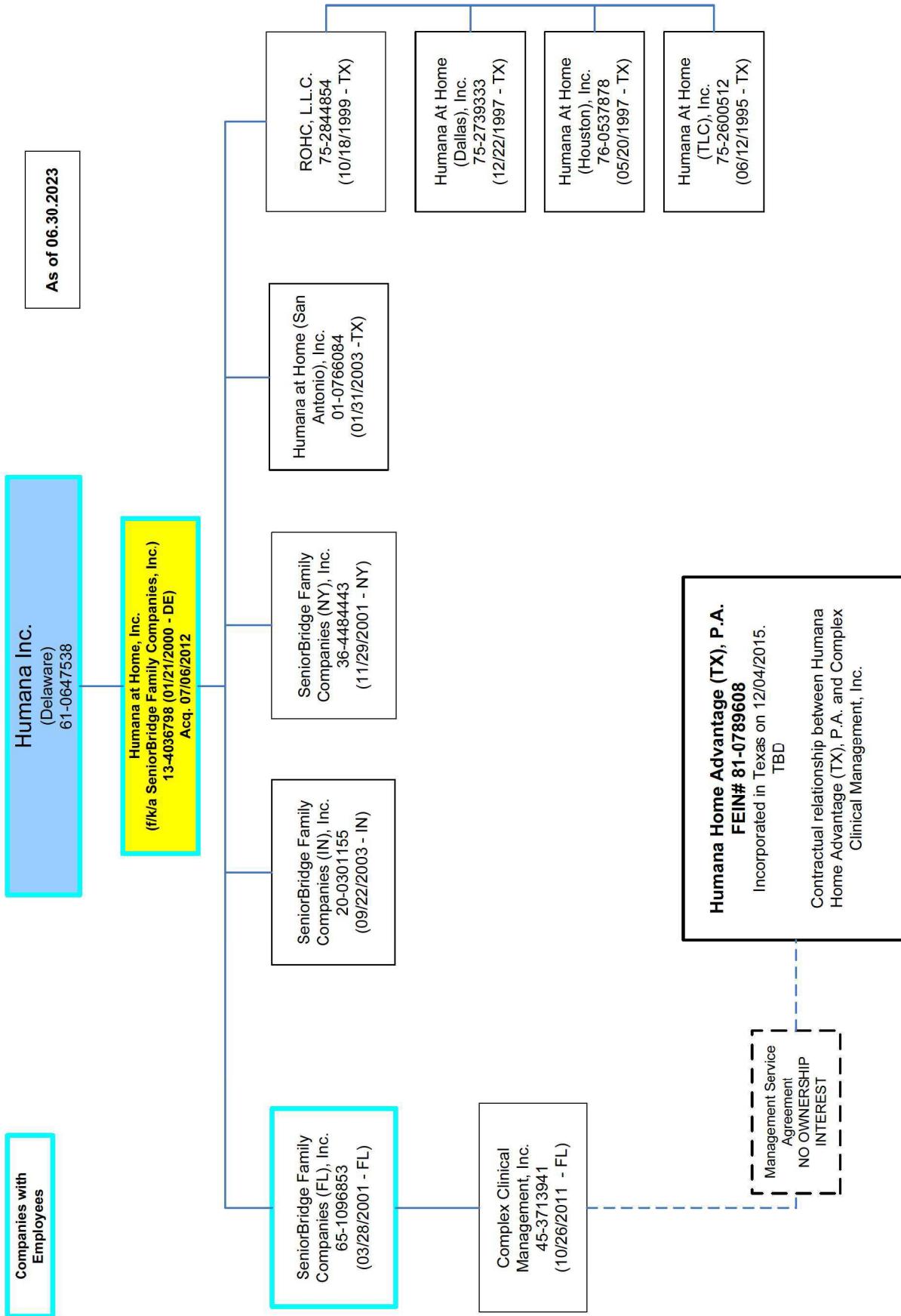
Echo Primary Care Holdings Organization Chart

Prime West Organizational Chart

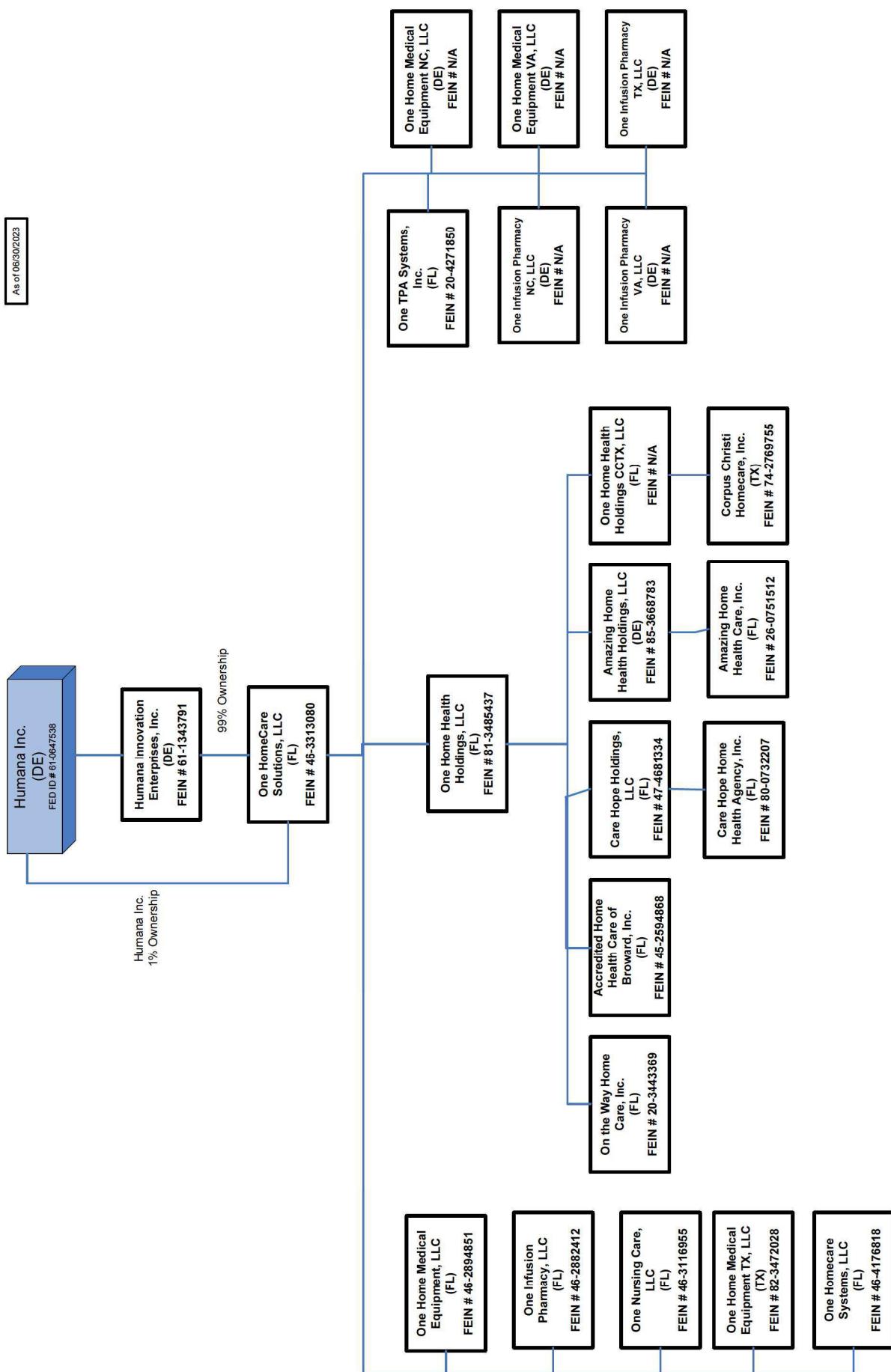
As of 06/30/2023



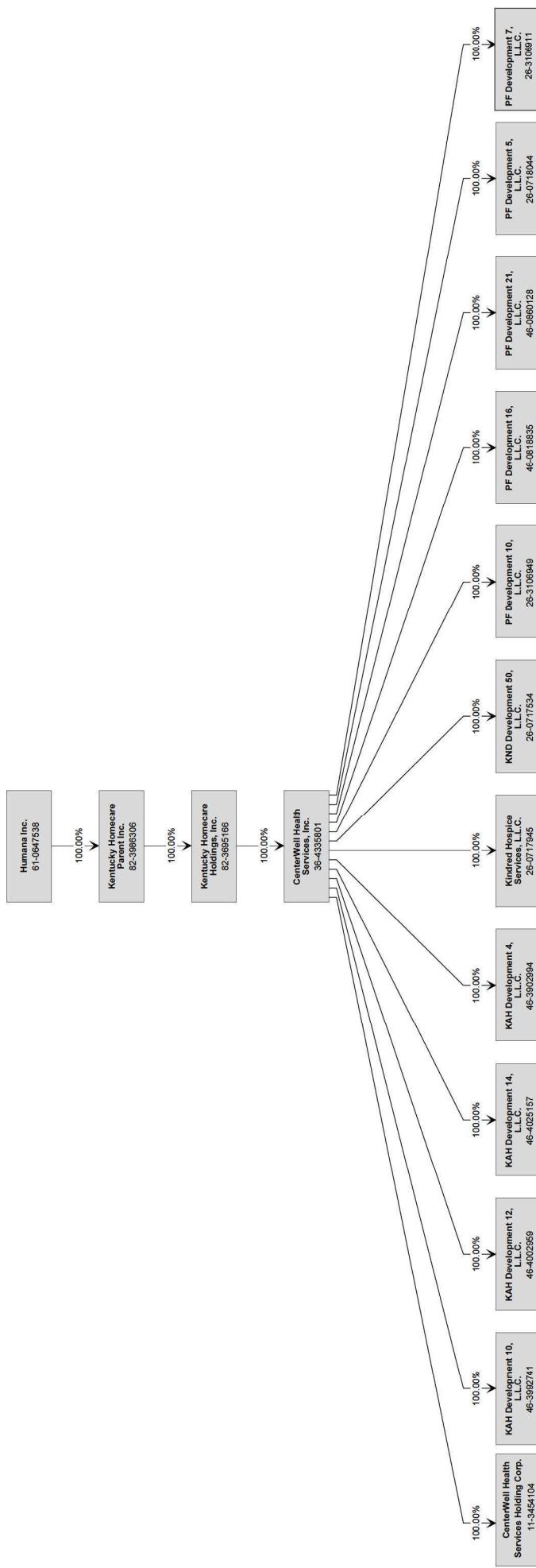
Zaffar Iqbal, M.D – 100% Ownership



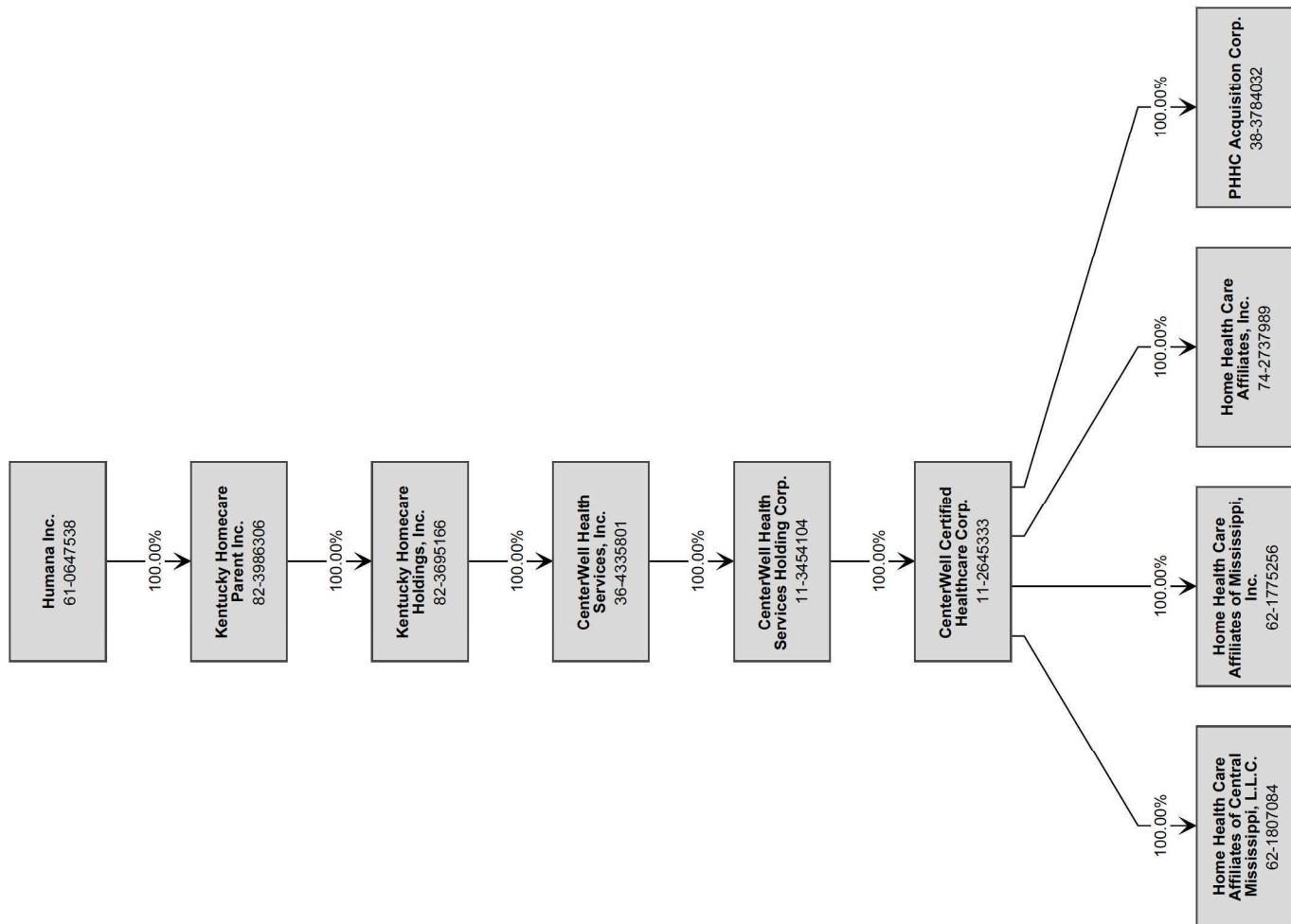
STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

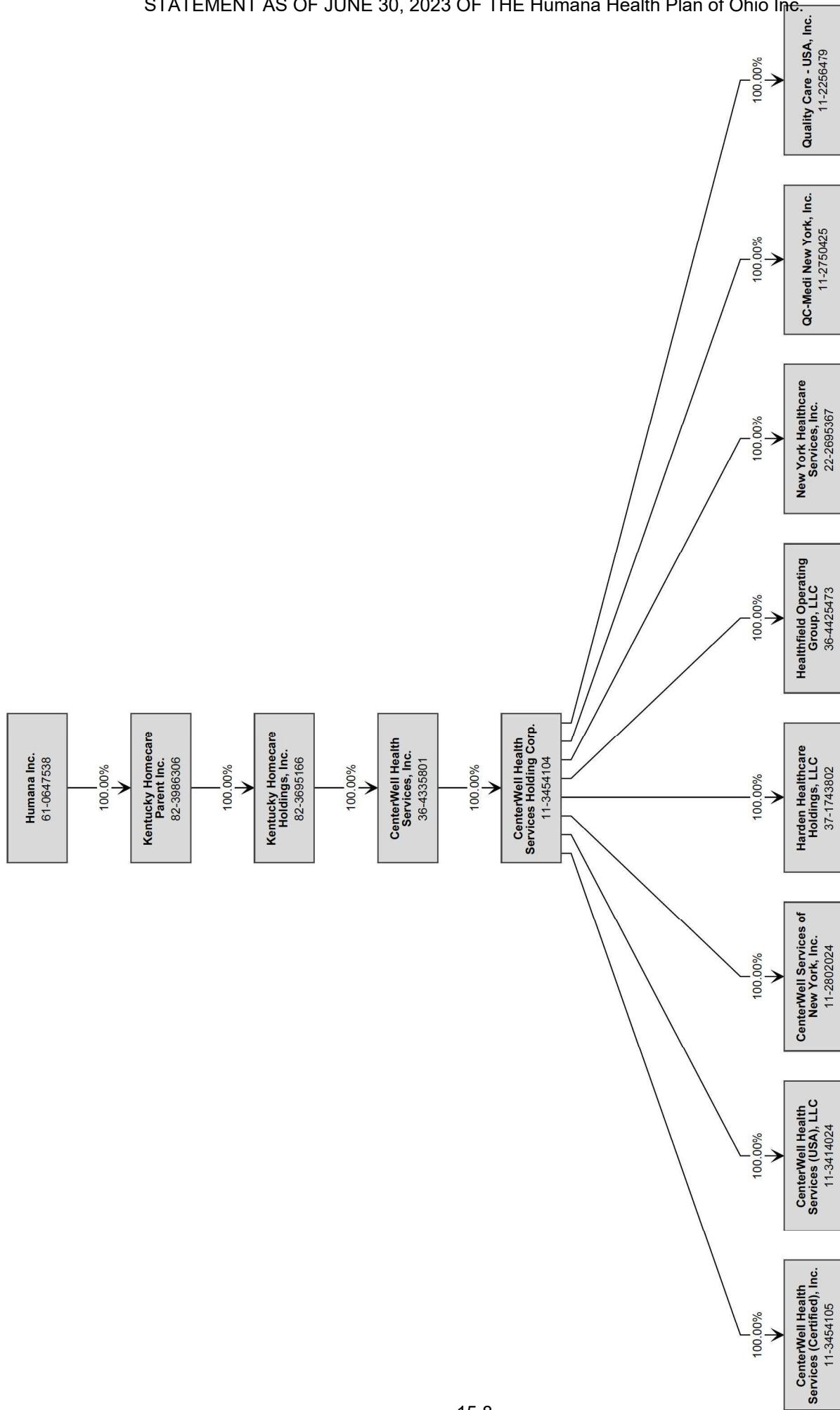


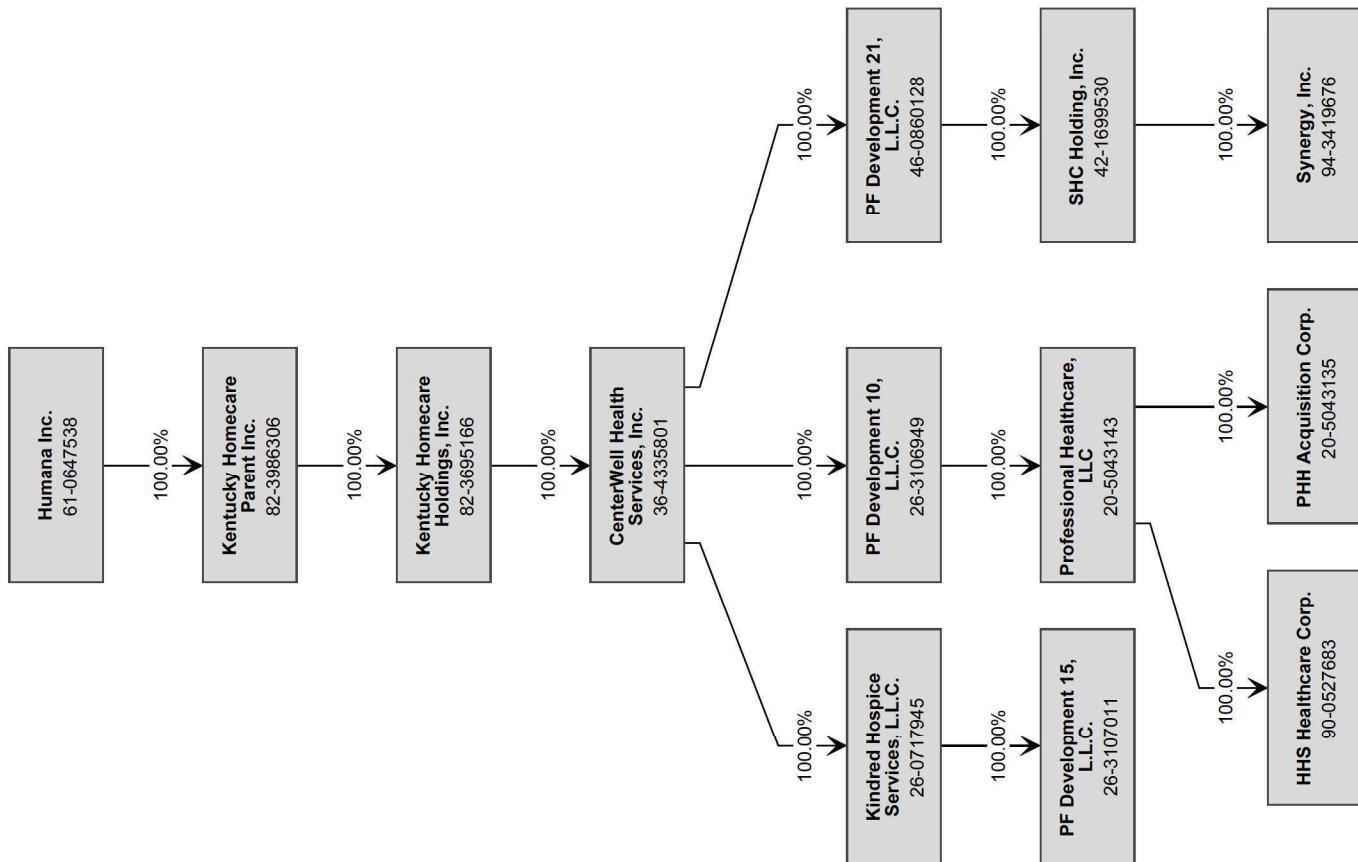
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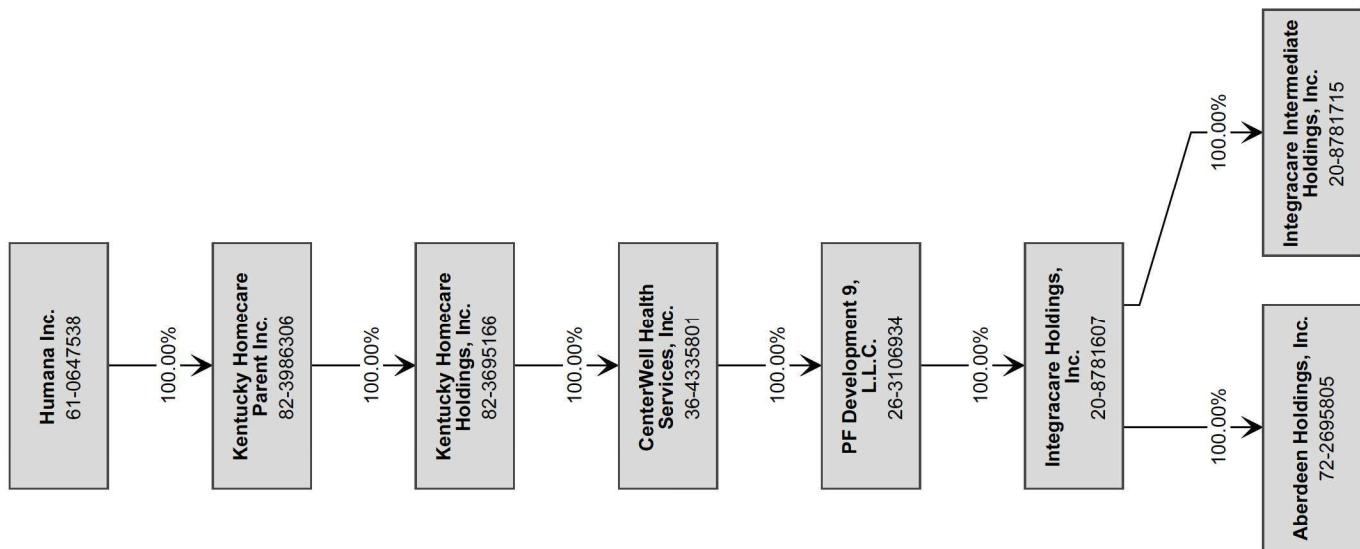


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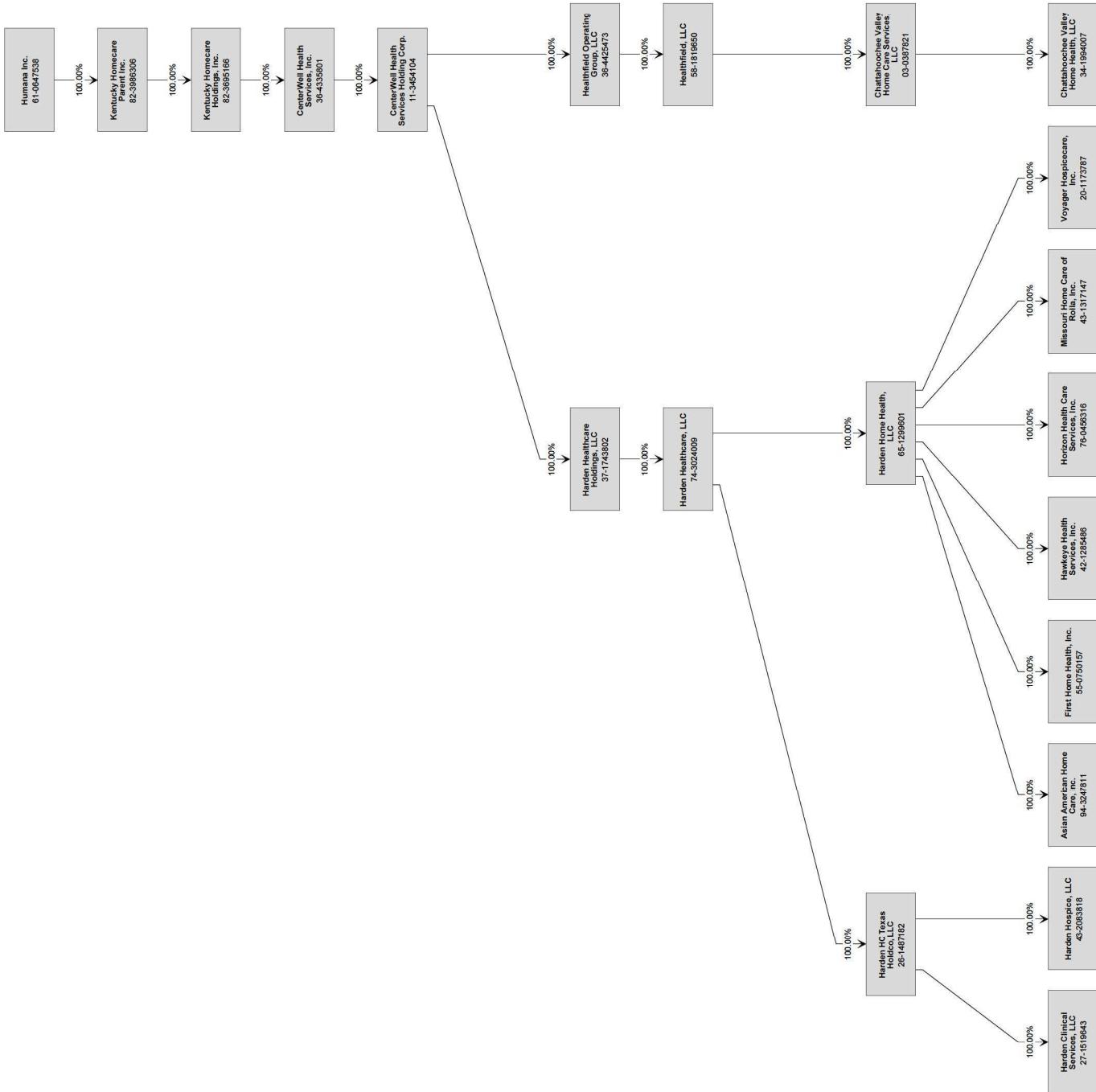




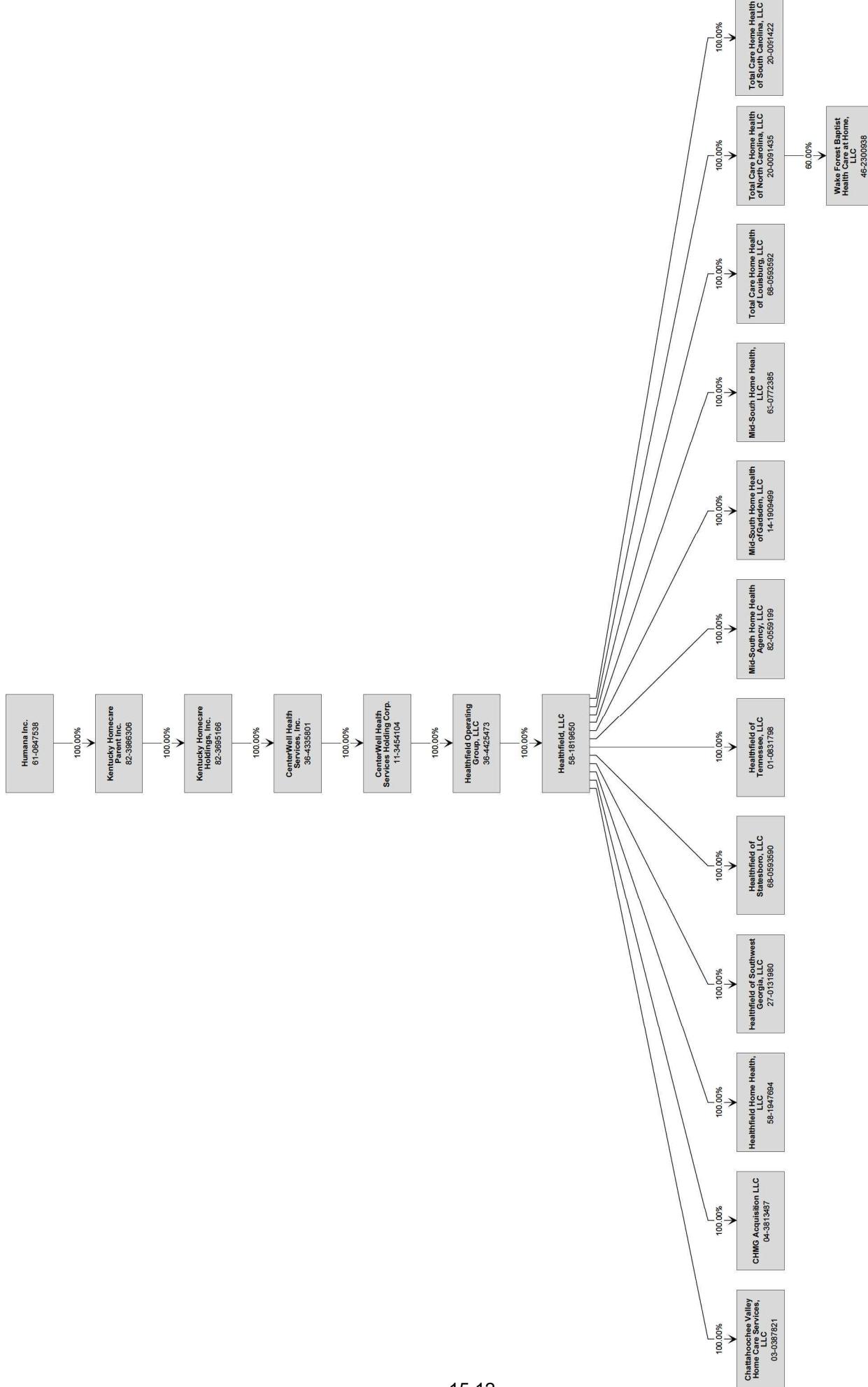




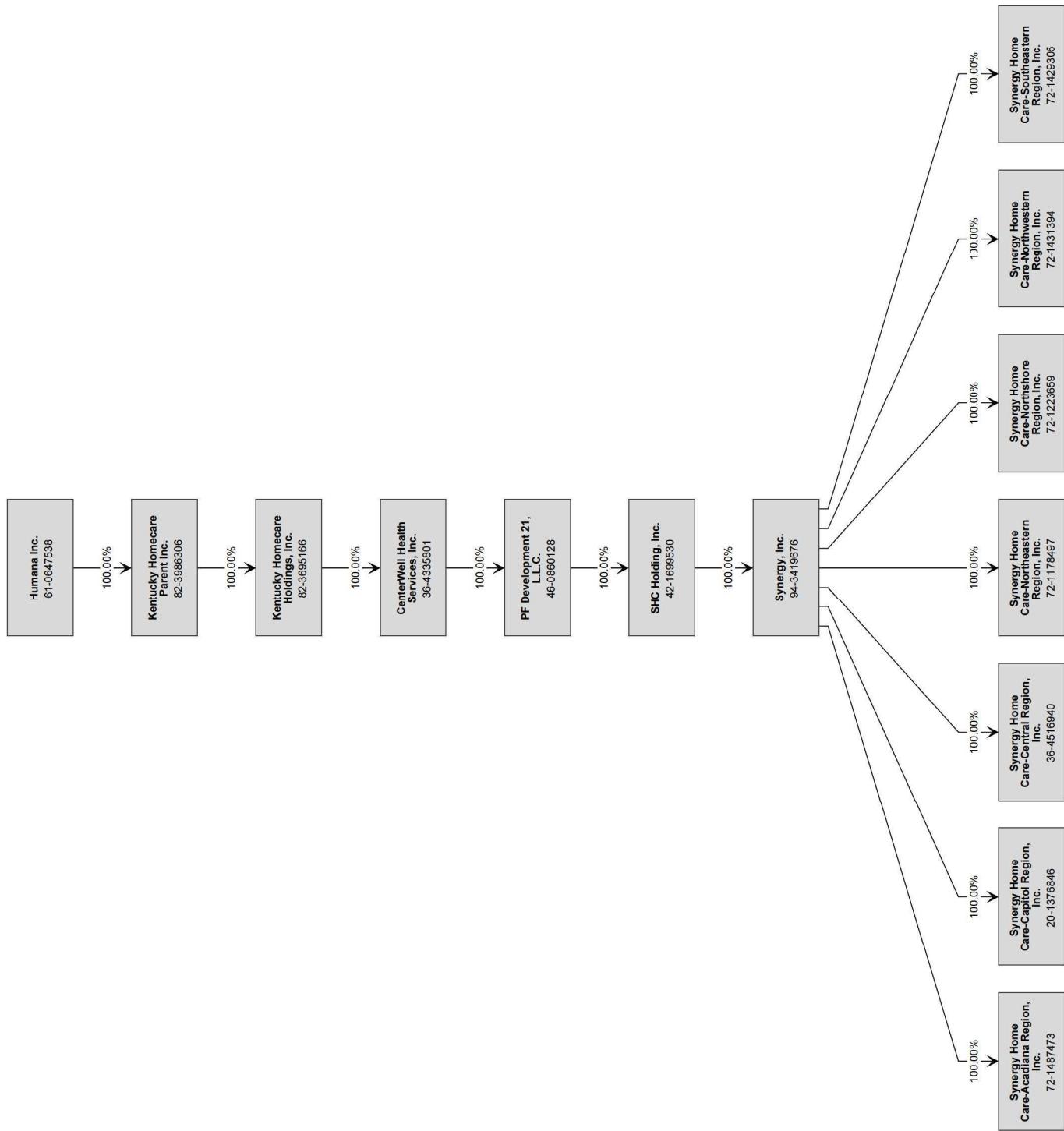
STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.



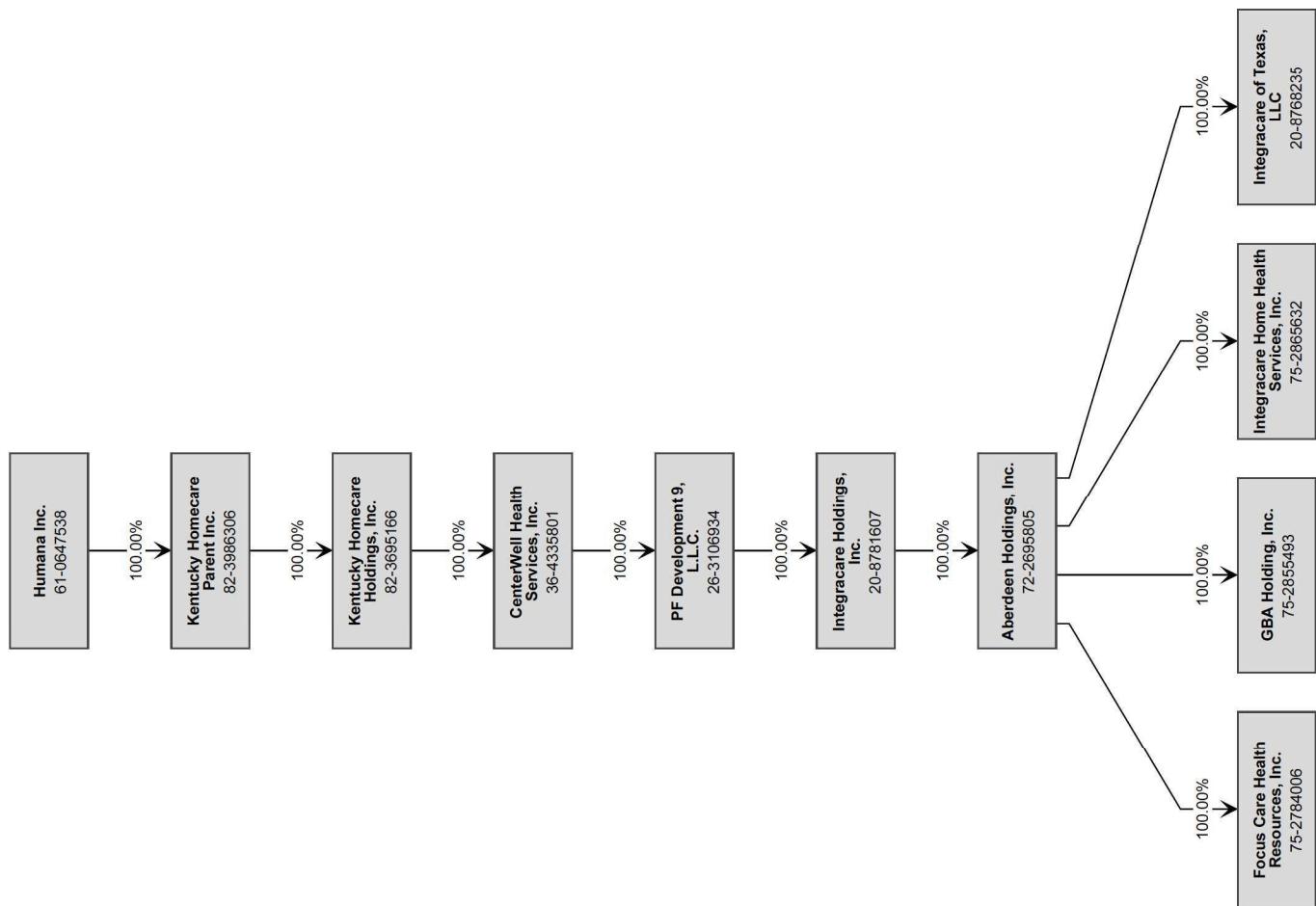
STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.



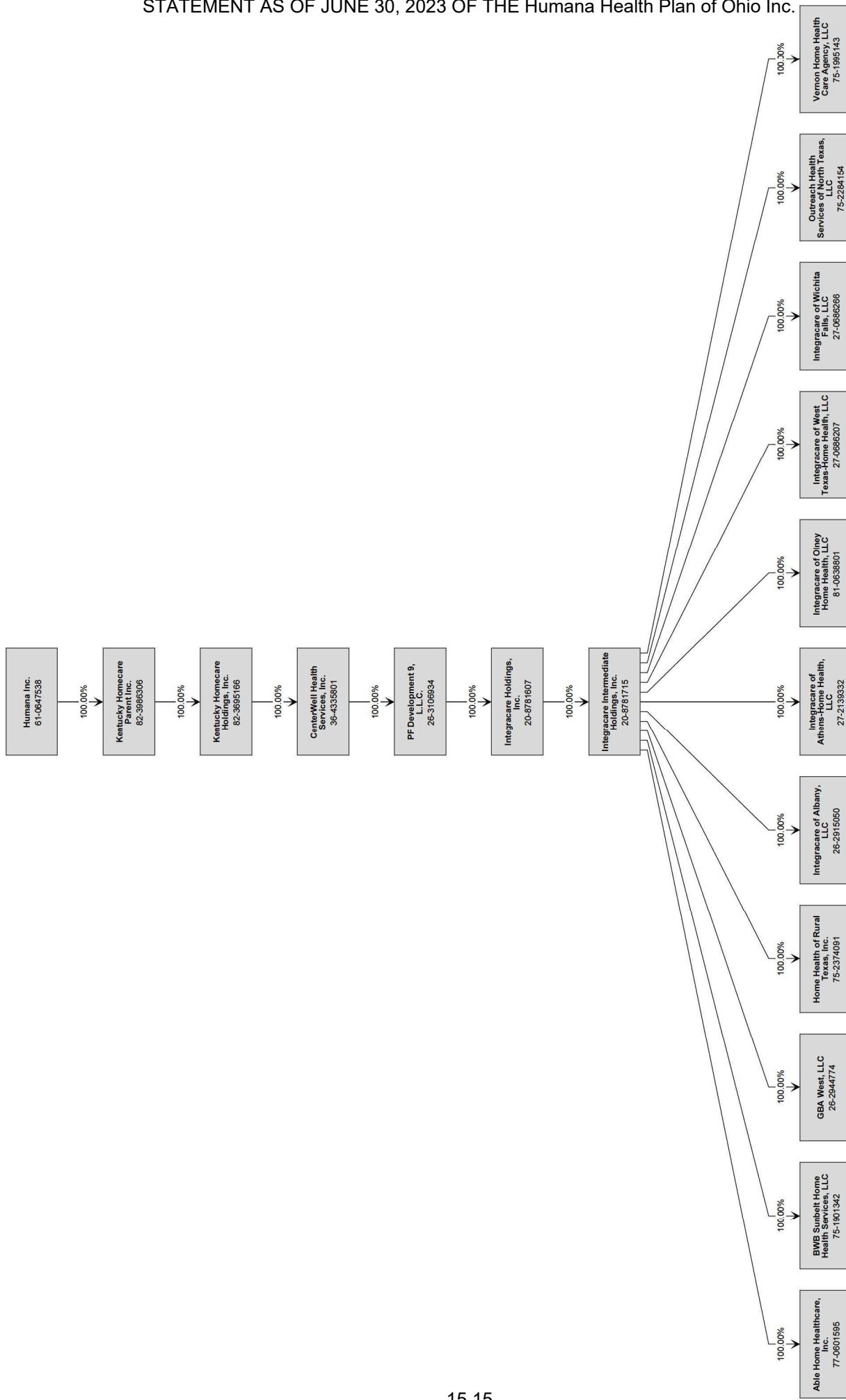
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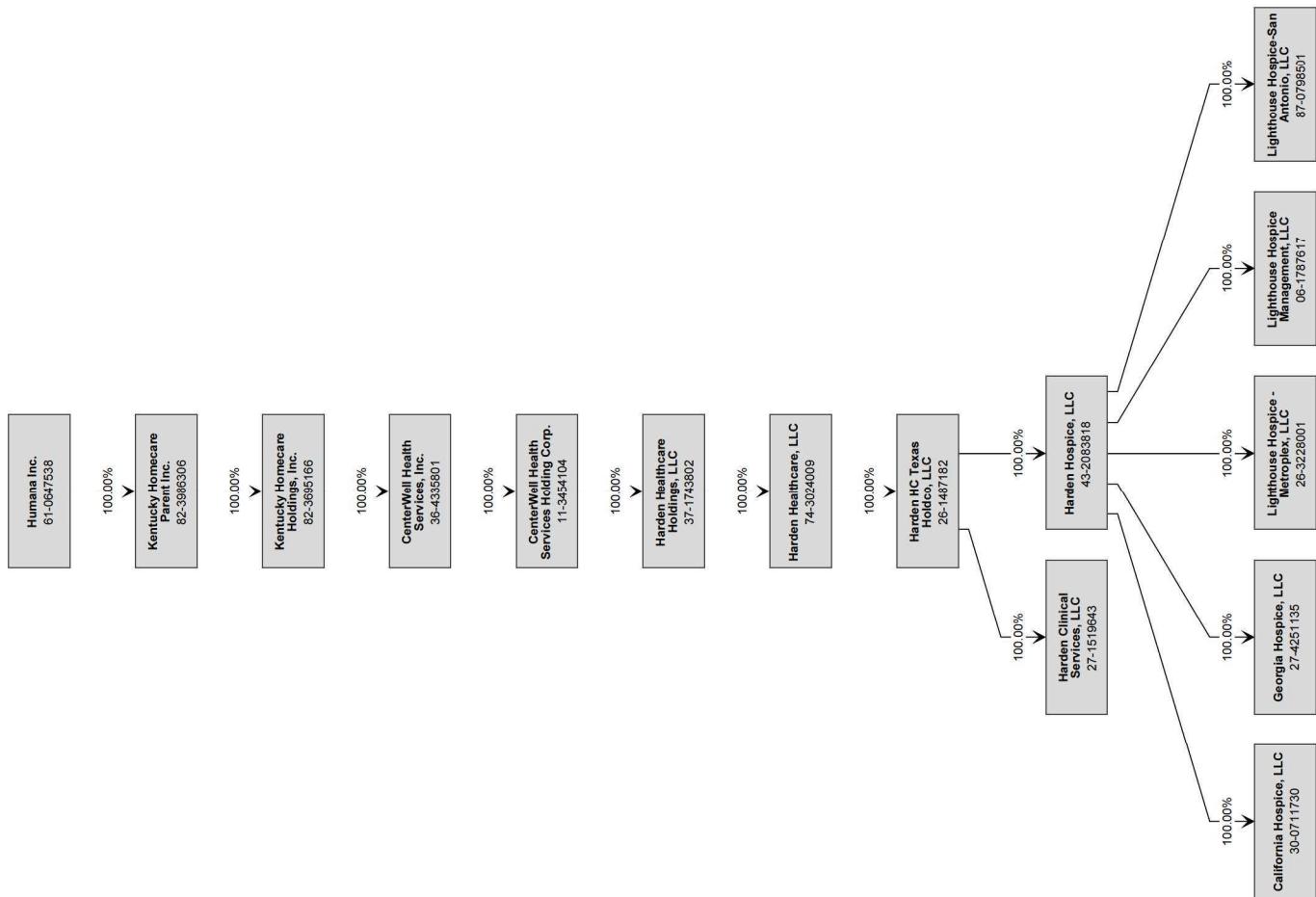
STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.



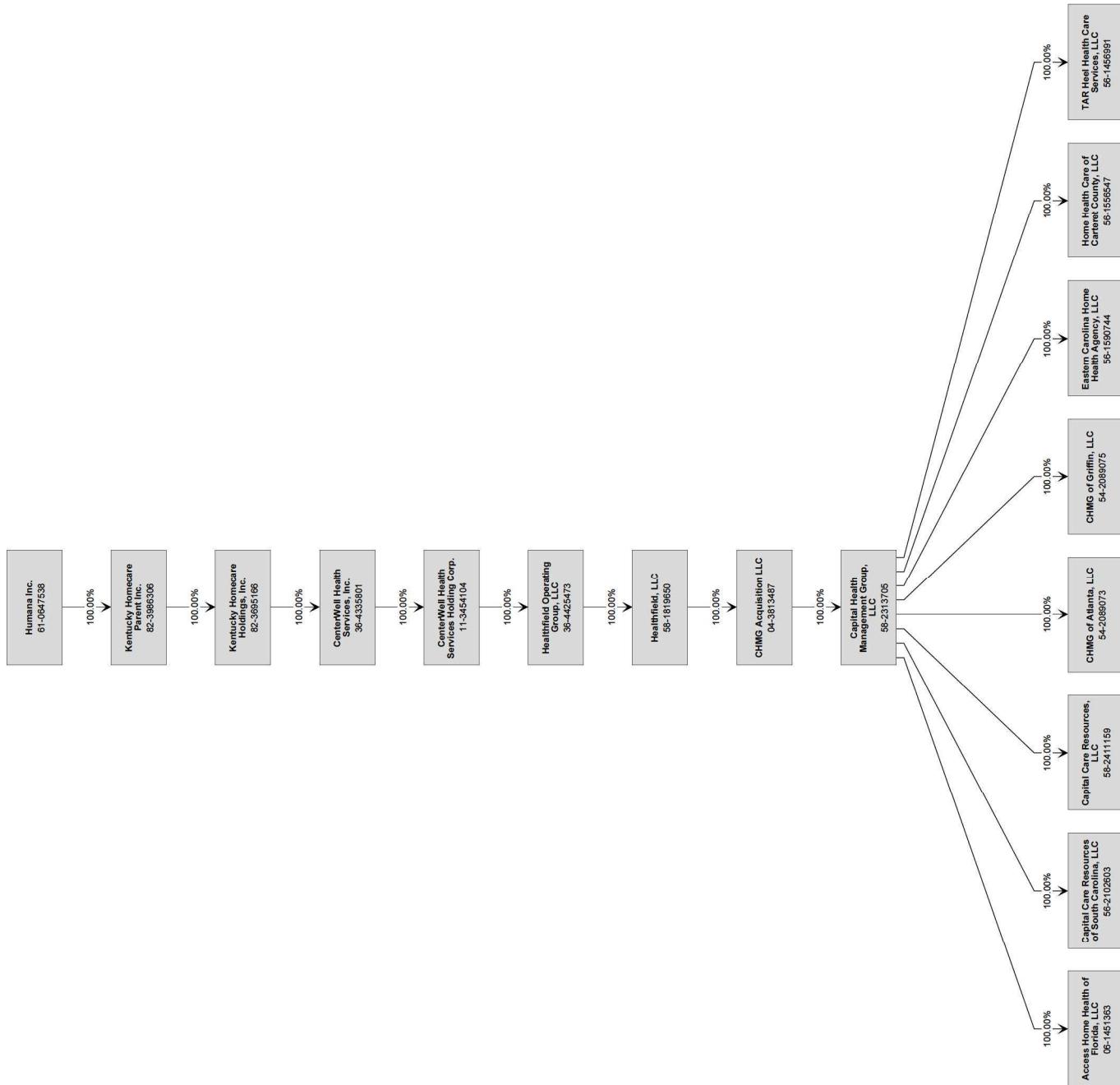
STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.



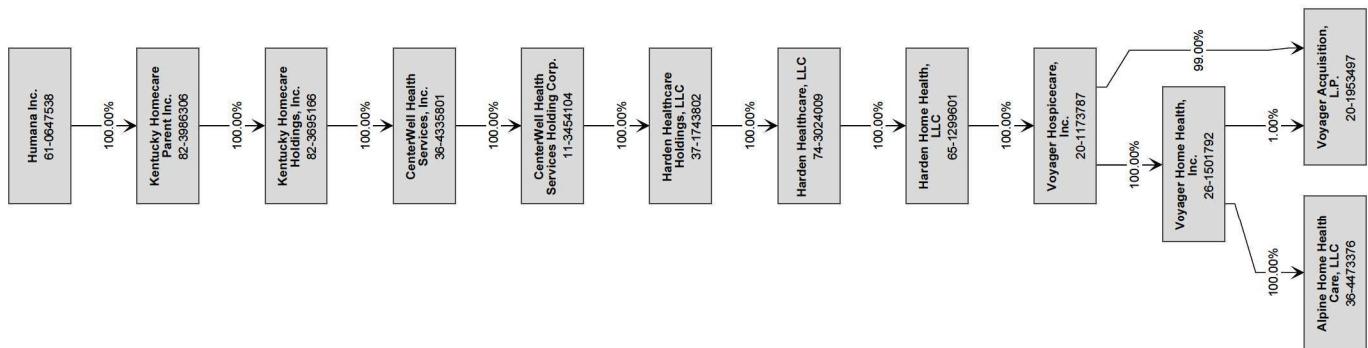
STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.



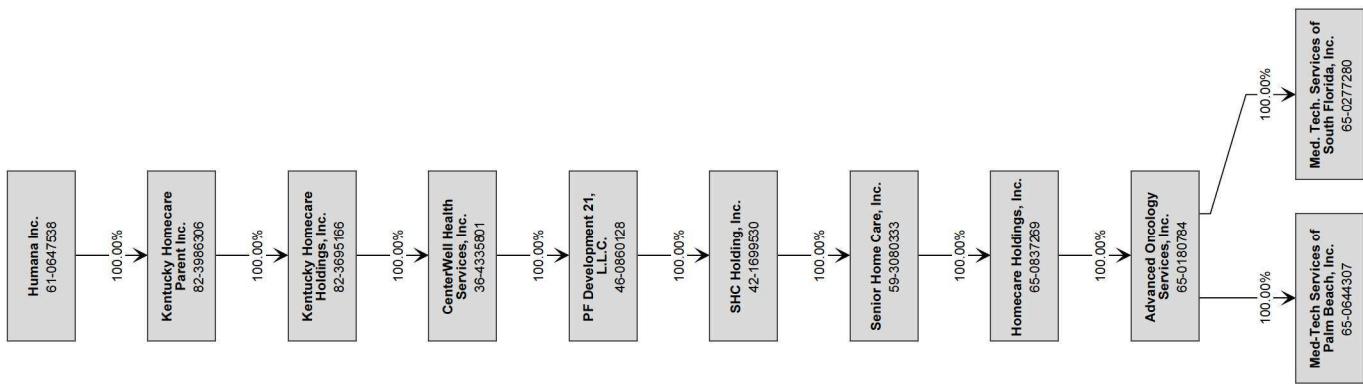
STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.



STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.



STATEMENT AS OF JUNE 30, 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 Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	20-5309363			516-526 West Main Street Condominium 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	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.....	HUM Provider Holdings, LLC	Ownership.....	100.000 ...	Humana Inc.	NO.....	0.....		
.0119	Humana Inc.	00000	32-0545504			CDO 2, LLC	DE.....NIA.....	HUM 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			Emphesys Insurance Company	TX.....IA.....	Emphesys, Inc.	Ownership.....	100.000 ...	Humana Inc.	NO.....	0.....		
.0119	Humana Inc.	00000	61-1237697			Emphesys, 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			HUM 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.....		
.0119	Humana Inc.	95024	61-0994632			Humana Health Plan of Texas, Inc.	TX.....IA.....	Humana Inc.	Ownership.....	100.000 ...	Humana Inc.	NO.....	0.....		

STATEMENT AS OF JUNE 30, 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 Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	95885	61-1013183			Humana Health Plan, Inc.		KY	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	95721	66-0406896			Humana Health Plans of Puerto Rico, Inc.		PR	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 1	Other	0.00	See Footnote 1	NO	2
.0119	Humana Inc.	00000	61-1343791			Humana Innovation Enterprises, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	73288	39-1263473			Humana Insurance Company		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	60219	61-1311685			Humana Insurance Company of Kentucky		KY	IA	Humana Insurance Company	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	12634	20-2888723			Humana Insurance Company of New York		NY	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	84603	66-0291866			Humana Insurance of Puerto Rico, Inc.		PR	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-3364857			Humana MarketPOINT of Puerto Rico, Inc.		PR	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1343508			Humana MarketPOINT, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	14224	27-3991410			Humana Medical Plan of Michigan, Inc.		MI	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	14462	27-4660531			Humana Medical Plan of Pennsylvania, Inc		PA	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	12908	20-8411422			Humana Medical Plan of Utah, Inc.		UT	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	95270	61-1103898			Humana Medical Plan, Inc.		FL	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	45-2254346			Humana Pharmacy Solutions, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1316926			CenterWell Pharmacy, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	12282	20-2036444			Humana Regional Health Plan, Inc.		AR	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	26-4522426			Humana WellWorks LLC		DE	NIA	Health Value Management, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	95342	39-1525003			Humana Wisconsin Health Organization		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	70580	39-0714280			Insurance Corporation		WI	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1364005			HumanaDental, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	27-4535747			Go365, LLC		DE	NIA	HumanaWellWorks LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1239538			Humco, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1383567			HUM-e-FL, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	86-1050795			Hummingbird Coaching Systems LLC		OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	11695	39-1769093			Independent Care Health Plan		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	61-1232669			Managed Care Indemnity, Inc.		VT	IA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5569675			Conviva Group Holdings, LLC		DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-5904436			Conviva Medical Center Management, LLC		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	81-2957926			Conviva Speciality, LLC		FL	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0879131			METCARE of Florida, Inc.		FL	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-0635728			Metropolitan Health Networks, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1552091			PHP Companies, Inc.		TN	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	62-1250945			Preferred Health Partnership, Inc.		TN	NIA	PHP Companies, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-1724127			Humana Real Estate Company		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-1225873			Conviva Health MSO of Texas, Inc.		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2844854			ROHC, L.L.C.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	65-1096853			SeniorBridge Family Companies (FL), Inc.		FL	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	20-0301155			SeniorBridge Family Companies (IN), Inc.		IN	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	36-4484443			SeniorBridge Family Companies (NY), Inc.		NY	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	01-0766084			Humana At Home (San Antonio), Inc.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	74-2352809			Texas Dental Plans, Inc.		TX	NIA	Humana Dental Company	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	54739	52-1157181			The Dental Concern, Inc.		KY	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	75-2600512			Humana At Home (TLC), Inc.		TX	NIA	ROHC, L.L.C.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	80-0072760			Humana Digital Health and Analytics Platform Services, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	NO	0
.0119	Humana Inc.	00000	46-5329373			Conviva Health Management, LLC		DE	NIA	Conviva Group Holdings, LLC	Ownership	100.00	Humana Inc.	NO	0

STATEMENT AS OF JUNE 30, 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 Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	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	87-1493624			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	46-3313084			Humana Innovation Enterprises, Inc. - 99%									
.0119	Humana Inc.	00000	46-4176818			One Homecare Solutions, LLC	FL.... NIA.	Humana Inc. - 1%	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	06-1451363			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	30-0711730			BWB Sunbelt Home Health Services, LLC	TX.... NIA.	Integracare Intermediate Holdings, Inc.	Ownership.....	100.000 ...	Humana Inc.	NO.	0		
.0119	Humana Inc.	00000	56-2102603			California Hospice, LLC	TX.... NIA.	Harden Hospice, LLC	Ownership.....	100.000 ...	Humana Inc.	NO.	0		
.0119	Humana Inc.	00000				Capital Care Resources of South Carolina, LLC	GA.... NIA.	Capital Health Management Group, 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 Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	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	
.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	

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0119	Humana Inc.	00000	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	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
.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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.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			Voyager Acquisition, L.P. ....	..TX....	NIA....	1% by Voyager Home Health, Inc. and 99% by Voyager Hospicecare, Inc.	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	26-1501792			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....	Harden Home Health, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
						Wake Forest Baptist Health Care at Home, LLC			60% owned by Total Care Home Health of North Carolina, LLC and 40% owned by Wake Forest University Baptist Medical Center .						
.0119	Humana Inc.	00000	46-2300938			Elite Health Medical Centers, LLC ....	..NC....	NIA....	Forest University Baptist Medical Center .	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	84-3700467			Elite Health Primary Care, LLC ....	..FL....	NIA....	Echo Primary Care Holdings, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	26-3715136			South Florida Cardiology Associates, LLC ....	..FL....	NIA....	Echo Primary Care Holdings, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	65-0270114			Trueshore BPO, LLC ....	..FL....	NIA....	Echo Primary Care Holdings, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	47-2446186			Trueshore S.R. I. ....	..DOM....	NIA....	Echo Primary Care Holdings, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	74-3052911			The Home Team of Kansas LLC ....	..MO....	NIA....	Harden Home Health, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	84-5171456			CenterWell Accountable Care, LLC ....	..FL....	NIA....	Echo Primary Care Holdings, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	87-3584872			One Home Medical Equipment NC, LLC ....	..DE....	NIA....	One Homecare Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	87-3611188			One Home Medical Equipment VA, LLC ....	..DE....	NIA....	One Homecare Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	87-3832743			One Infusion Pharmacy NC, LLC ....	..DE....	NIA....	One Homecare Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	87-3881471			One Infusion Pharmacy VA, LLC ....	..DE....	NIA....	One Homecare Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	45-4020797			Amicus Medical Center LLC ....	..FL....	NIA....	Conviva Medical Center Management, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	27-3974953			Amicus Medical Group, Inc. ....	..FL....	NIA....	Conviva Medical Center Management, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	27-1085323			Amicus Medical Services Organization, LLC ...	..FL....	NIA....	Conviva Medical Center Management, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	20-1078045			Hospice Pharmacy Solutions, LLC ....	..DE....	NIA....	HP Solutions Holdings, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	47-5418599			HP Solutions Holdings, LLC ....	..DE....	NIA....	Eagle Rx, Inc.	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	32-0351697			Outcome Resources, LLC ....	..DE....	NIA....	Eagle Rx, Inc.	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	88-3465849?			Innovative Financial Group Holdings, LLC ....	..NC....	NIA....	Humana MarketPOINT, Inc.	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	83-2232570?			Innovative Financial Partners, LLC ....	..NC....	NIA....	Innovative Financial Group Holdings, LLC .	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	84-5189010?			Medicare Planning of America LLC ....	..NC....	NIA....	Innovative Financial Group Holdings, LLC .	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	47-4085710?			Rees Financial ....	..NC....	NIA....	Innovative Financial Group Holdings, LLC .	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	84-2258899?			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
.0119	Humana Inc.	00000	86-2731153			Prime West JV Holdings, LLC ....	..DE....	NIA....	Humana Innovation Enterprises, Inc.	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	84-4307723			CenterWell IPA Solutions, LLC ....	..MI....	NIA....	Prime West JV Holdings, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	82-1676284			Prime Accountable Care West, ....	..MI....	NIA....	CenterWell IPA Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	84-2439365			Nevada Independent Physicians. LLC ....	..NV....	NIA....	CenterWell IPA Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0
.0119	Humana Inc.	00000	03-0523544			A and A Healthcare, Inc. ....	..FL....	NIA....	Vitality Home Care, Inc.	Ownership.....	100.000 ...	Humana Inc. ....	...NO....	0

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.0119	Humana Inc.	00000	45-2401497			All About Home Care, LLC .....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	11-3836040			Alterra care of Palm Beach County, LLC .....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	20-0110337			Alterra care, LLC .....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	20-7287186			Balanced Home Healthcare, Inc. ....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	20-1903568			Bridges Home Health Care, Inc. ....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	46-3433197			Medstar Home Health, LLC .....	.FL.....	NIA.....	Trident Home Health, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	20-5123865			M-SAC, Inc. ....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	45-2823888			Quality Living Home Healthcare, LLC .....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	35-2486995			Trident Home Health, LLC .....	.FL.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	81-4466479			Trilogy Home Health Care of SW FL, Inc .....	.DE.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	81-3442232			Trilogy Home Healthcare of NE FL, Inc .....	.DE.....	NIA.....	Vitality Home Care, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	81-2022629			Vitality HHS Holdings, Inc .....	.DE.....	NIA.....	CenterWell Health Services (USA), LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000	81-2019673			Vitality Home Care, Inc .....	.DE.....	NIA.....	Vitality HHS Holdings, Inc	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0
.0119	Humana Inc.	00000				One Infusion Pharmacy (TX), LLC .....	.DE.....	NIA.....	One HomeCare Solutions, LLC	Ownership.....	100.000 ...	Humana Inc. ....	...NO.....	0

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
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.	YES

Explanation:

1. This type of business is not written.

Bar Code:

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



STATEMENT AS OF JUNE 30, 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 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Federal Contingency Reserves	79,966	0	79,966	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	79,966	0	79,966	30,047,831

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	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 Year to Date	2 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	10,617,999	23,636,253
3. Accrual of discount	2,228	143,302
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	(64,201)	(188,660)
6. Deduct consideration for bonds and stocks disposed of	3,645,912	15,661,539
7. Deduct amortization of premium	85,496	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)	50,307,832	43,483,215
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	50,307,832	43,483,215

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	139,542,170	521,355,459	523,393,185	1,187,794	139,542,170	138,692,238	0	55,013,297
2. NAIC 2 (a)	10,857,866	56,936,212	62,289,817	119,224	10,857,866	5,623,486	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	150,400,036	578,291,671	585,683,002	1,307,018	150,400,036	144,315,723	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	150,400,036	578,291,671	585,683,002	1,307,018	150,400,036	144,315,723	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 \$90,776,315 ; NAIC 2 \$3,231,576 ; 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

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	17,652,948	14,416,601
2. Cost of cash equivalents acquired	1,173,545,853	485,224,586
3. Accrual of discount	1,847,888	250,643
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	1,078,298,444	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)	114,748,245	17,652,948
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	114,748,245	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 JUNE 30, 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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
912810-SA-7	UNITED STATES TREASURY		06/23/2023	Bank of America Securities	425,040	500,000	5,428	1.A	
912810-TN-8	UNITED STATES TREASURY		06/28/2023	WELLS FARGO SECURITIES	241,163	250,000	3,355	1.A	
912810-TR-9	UNITED STATES TREASURY		06/22/2023	BNP PARIBAS SECURITIES BOND	239,219	250,000	960	1.A	
91282C-FF-3	UNITED STATES TREASURY		06/28/2023	DEUTSCHE BANK SECURITIES, INC.	921,213	1,000,000	10,180	1.A FE	
91282C-GT-2	UNITED STATES TREASURY		04/18/2023	RBC CAPITAL MARKETS	249,395	250,000	470	1.A FE	
91282C-GU-9	UNITED STATES TREASURY		04/17/2023	Bank of America Securities	198,828	200,000	381	1.A FE	
91282C-HC-8	UNITED STATES TREASURY		06/22/2023	JP MORGAN SEC'S INC., - FIXED INCOME	482,755	500,000	1,788	1.A FE	
91282C-HE-4	UNITED STATES TREASURY		06/22/2023	MORGAN STANLEY CO	490,802	500,000	1,139	1.A FE	
91282C-HF-1	UNITED STATES TREASURY		05/31/2023	MORGAN STANLEY CO	200,641	200,000	20	1.A FE	
0109999999. Subtotal - Bonds - U.S. Governments					3,449,056	3,650,000	23,722	XXX	
3132DP-KY-3	FH S2D111 - RMBS		06/21/2023	MORGAN STANLEY CO	26,153	26,876	74	1.A	
3132DQ-C6-1	FH SD2793 - RMBS		06/21/2023	MORGAN STANLEY CO	22,299	22,849	63	1.A	
3132DQ-QV-1	FH SD3168 - RMBS		06/21/2023	CITIGROUP GLOBAL MARKETS INC.	79,375	80,000	244	1.A	
3132DQ-RM-0	FH SD3192 - RMBS		06/22/2023	MORGAN STANLEY CO	3,953,125	4,000,000	13,889	1.A	
3133KQ-VZ-6	FH RA8732 - RMBS		06/21/2023	Bank of America Securities	109,179	109,676	335	1.A	
314009-4Z-3	FN CA2639 - RMBS		06/21/2023	TD SECURITIES (USA) LLC	17,313	17,596	48	1.A	
3140XJ-WK-5	FN FS3349 - RMBS		06/21/2023	CITIGROUP GLOBAL MARKETS INC.	111,108	113,521	312	1.A	
0909999999. Subtotal - Bonds - U.S. Special Revenues					4,318,553	4,370,518	14,966	XXX	
03040W-BA-2	AMERICAN WATER CAPITAL CORP		06/26/2023	RBC CAPITAL MARKETS	43,710	45,000	150	2.A FE	
06051G-HV-4	BANK OF AMERICA CORP		06/27/2023	Bank of America Securities	75,014	85,000	1,176	1.G FE	
097023-CJ-2	BOEING CO		06/26/2023	BARCLAYS CAPITAL INC FIXED INC	38,370	45,000	257	2.C FE	
26884T-AV-4	ERAC USA FINANCE LLC		04/26/2023	RBC CAPITAL MARKETS	298,875	300,000	0	2.A FE	
278062-AH-7	EATON CORP		06/26/2023	MORGAN STANLEY CO	14,366	15,000	178	1.G FE	
37045X-EH-5	GENERAL MOTORS FINANCIAL COMPANY INC		06/20/2023	CITIGROUP GLOBAL MARKETS INC.	34,993	35,000	0	2.C FE	
460690-BU-3	INTERPUBLIC GROUP OF COMPANIES INC		06/06/2023	CITIGROUP GLOBAL MARKETS INC.	49,375	50,000	0	2.B FE	
46647P-DR-4	JPMORGAN CHASE & CO		05/24/2023	JP MORGAN SEC'S INC., - FIXED INCOME	40,000	40,000	0	1.E FE	
571748-BN-1	MARSH & MCLENNAN COMPANIES INC		06/26/2023	BARCLAYS CAPITAL INC FIXED INC	37,777	45,000	121	2.A FE	
63111X-AH-4	NASDAQ INC		06/22/2023	GOLDMAN	39,920	40,000	0	2.B FE	
693304-BF-3	PECO ENERGY CO		06/15/2023	PERSHING LLC	39,919	40,000	0	1.E FE	
74340X-CG-4	PROLOGIS LP		06/26/2023	GOLDMAN	74,542	75,000	0	1.E	
756109-BS-2	REALTY INCOME CORP		04/05/2023	WELLS FARGO SECURITIES	44,527	45,000	0	1.G FE	
92343V-GT-5	VERIZON COMMUNICATIONS INC		05/05/2023	WELLS FARGO SECURITIES	269,560	270,000	0	2.A FE	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,100,947	1,130,000	1,882	XXX	
2509999997. Total - Bonds - Part 3					8,868,556	9,150,518	40,570	XXX	
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	
2509999999. Total - Bonds					8,868,556	9,150,518	40,570	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					8,868,556	XXX	40,570	XXX	

STATEMENT AS OF JUNE 30, 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 CUSIP Ident- ification	2 Description	For- eign	Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- nation, NAIC Design- nation Modi- fier and SVO Admini- strative Symbol			
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value										
.912810-TR-9	UNITED STATES TREASURY		06/28/2023	GOLDMAN			241,484	.250,000	239,219	0	0	3	0	3	0	239,223	0	2,261	2,261	1,108	05/15/2053	1.A		
0109999999. Subtotal - Bonds - U.S. Governments							241,484	250,000	239,219	0	0	3	0	3	0	239,223	0	2,261	2,261	1,108	XXX	XXX		
.3131XK-WS-6	FH ZH4257 - RMBS		06/01/2023	Paydown					2,310	2,310	2,458	2,543	0	(234)	0	(234)	0	2,310	0	0	0	34	09/01/2047	1.A
.3132DN-4N-2	FH SD0829 - RMBS		06/01/2023	Paydown					8,896	8,896	9,176	9,168	0	(272)	0	(272)	0	8,896	0	0	0	118	01/01/2052	1.A
.3132DN-7K-3	FH SD1798 - RMBS		06/01/2023	Paydown					1,884	1,884	1,911	1,911	0	(27)	0	(27)	0	1,884	0	0	0	40	11/01/2052	1.A
.3132DN-7L-1	FH SD1799 - RMBS		06/01/2023	Paydown					1,258	1,258	1,275	1,275	0	(17)	0	(17)	0	1,258	0	0	0	25	11/01/2052	1.A
.3132DN-E2-5	FH SD1053 - RMBS		06/01/2023	Paydown					2,991	2,991	3,005	3,004	0	(13)	0	(13)	0	2,991	0	0	0	41	06/01/2052	1.A
.3132DN-G5-6	FH SD1120 - RMBS		06/01/2023	Paydown					1,320	1,320	1,342	1,342	0	(22)	0	(22)	0	1,320	0	0	0	23	06/01/2052	1.A
.3132DN-NS-8	FH SD1301 - RMBS		06/01/2023	Paydown					37,287	37,287	38,178	38,161	0	(875)	0	(875)	0	37,287	0	0	0	744	07/01/2052	1.A
.3132DN-QH-9	FH SD1356 - RMBS		06/01/2023	Paydown					35,934	35,934	36,715	36,703	0	(768)	0	(768)	0	35,934	0	0	0	795	07/01/2052	1.A
.3132DN-VJ-9	FH SD1517 - RMBS		06/01/2023	Paydown					827	827	828	828	0	(11)	0	(11)	0	827	0	0	0	16	09/01/2052	1.A
.3132DN-V5-6	FH SD1632 - RMBS		06/01/2023	Paydown					1,706	1,706	1,710	1,710	0	(4)	0	(4)	0	1,706	0	0	0	45	09/01/2052	1.A
.3132DN-Y6-4	FH SD1633 - RMBS		06/20/2023	Various					179,939	178,564	178,285	178,281	0	(8)	0	(8)	0	178,273	0	1,666	1,666	5,446	09/01/2052	1.A
.3132DN-Y7-2	FH SD1634 - RMBS		06/01/2023	Paydown					2,222	2,222	2,234	2,234	0	(12)	0	(12)	0	2,222	0	0	0	57	09/01/2052	1.A
.3132DN-Y8-0	FH SD1635 - RMBS		06/01/2023	Paydown					3,001	3,001	3,041	3,040	0	(39)	0	(39)	0	3,001	0	0	0	69	09/01/2052	1.A
.3132DV-LA-1	FH SD7521 - RMBS		06/01/2023	Paydown					5,522	5,522	5,910	5,938	0	(416)	0	(416)	0	5,522	0	0	0	58	07/01/2050	1.A
.3132DV-LC-7	FH SD7523 - RMBS		06/01/2023	Paydown					3,233	3,233	3,448	3,466	0	(233)	0	(233)	0	3,233	0	0	0	34	08/01/2050	1.A
.3132DV-LV-5	FH SD7540 - RMBS		06/01/2023	Paydown					3,900	3,900	4,113	4,114	0	(214)	0	(214)	0	3,900	0	0	0	41	05/01/2051	1.A
.31334Y-P5-0	FH QA2244 - RMBS		06/01/2023	Paydown					406	406	431	441	0	(35)	0	(35)	0	406	0	0	0	5	07/01/2046	1.A
.3133AS-KA-0	FH QC7489 - RMBS		06/01/2023	Paydown					2,428	2,428	2,468	2,466	0	(37)	0	(37)	0	2,428	0	0	0	18	09/01/2051	1.A
.3133BG-C6-3	FH QE6393 - RMBS		06/01/2023	Paydown					37,435	37,435	37,657	37,647	0	(212)	0	(212)	0	37,435	0	0	0	811	07/01/2046	1.A
.3133BJ-NS-7	FH QE8501 - RMBS		06/01/2023	Paydown					19,811	19,811	19,929	19,923	0	(112)	0	(112)	0	19,811	0	0	0	480	08/01/2052	1.A
.3133BM-06-5	FH QF0477 - RMBS		06/01/2023	Paydown					26,633	26,633	26,886	26,879	0	(246)	0	(246)	0	26,633	0	0	0	536	09/01/2052	1.A
.3133BQ-5W-2	FH QF3561 - RMBS		06/01/2023	Paydown					1,504	1,504	1,530	1,530	0	(27)	0	(27)	0	1,504	0	0	0	40	11/01/2052	1.A
.3133KK-3X-5	FH RA4414 - RMBS		06/01/2023	Paydown					10,817	10,817	11,496	11,532	0	(75)	0	(75)	0	10,817	0	0	0	115	01/01/2051	1.A
.3133KM-RT-4	FH RA5898 - RMBS		06/01/2023	Paydown					1,408	1,408	1,431	1,430	0	(22)	0	(22)	0	1,408	0	0	0	12	09/01/2051	1.A
.3133KN-KX-0	FH RA6610 - RMBS		06/01/2023	Paydown					17,188	17,188	17,588	17,578	0	(390)	0	(390)	0	17,188	0	0	0	212	01/01/2052	1.A
.3133KP-YM-4	FEDERAL HOME LOAN MORTGAGE CORPORATION -		06/01/2023	Paydown					1,077	1,077	1,049	0	0	(28)	0	(28)	0	1,077	0	0	0	9	09/01/2052	1.A
.3137BP-DW-6	FHR 4586 UP - CMO/RMBS		06/01/2023	Paydown					11,799	11,799	12,351	12,333	0	(534)	0	(534)	0	11,799	0	0	0	145	07/15/2045	1.A
.3137BS-ZE-6	FHR 4631 GP - CMO/RMBS		06/01/2023	Paydown					6,549	6,549	7,014	6,970	0	(421)	0	(421)	0	6,549	0	0	0	94	03/01/2046	1.A
.3140HD-7A-6	FN BK0888 - RMBS		06/01/2023	Paydown					2,056	2,056	2,220	2,421	0	(365)	0	(365)	0	2,056	0	0	0	36	07/01/2048	1.A
.3140J8-UX-9	FN BM4197 - RMBS		06/01/2023	Paydown					111	111	118	121	0	(9)	0	(9)	0	111	0	0	0	1	03/01/2047	1.A
.3140KV-EU-0	FN BQ9146 - RMBS		06/01/2023	Paydown					1,683	1,683	1,745	1,746	0	(62)	0	(62)	0	1,683	0	0	0	15	12/01/2050	1.A
.3140KV-F5-4	FN BQ9187 - RMBS		06/01/2023	Paydown					1,643	1,643	1,704	1,706	0	(63)	0	(63)	0	1,643	0	0	0	15	01/01/2051	1.A
.3140KV-GN-4	FN BQ9204 - RMBS		06/01/2023	Paydown					2,672	2,672	2,771	0	0	(99)	0	(99)	0	2,672	0	0	0	19	01/01/2051	1.A
.3140KX-SP-2	FN BR0525 - RMBS		06/01/2023	Paydown					343	343	357	358	0	(14)	0	(14)	0	343	0	0	0	3	12/01/2050	1.A
.3140L0-C8-8	FN BR1894 - RMBS		06/01/2023	Paydown					783	783	813	812	0	(29)	0	(29)	0	783	0	0	0	6	01/01/2051	1.A
.3140L0-D4-6	FN BR1922 - RMBS		06/01/2023	Paydown					1,024	1,024	1,064	1,065	0	(40)	0	(40)	0	1,024	0	0	0	9	01/01/2051	1.A
.3140L0-DR-5	FN BR1911 - RMBS		06/01/2023	Paydown					708	708	734	0	0	(26)	0	(26)	0	708	0	0	0	6	01/01/2051	1.A
.3140MR-2N-6	FN BW10780 - RMBS		06/01/2023	Paydown					953	953	965	0	0	(12)	0	(12)	0	953	0	0	0	16	08/01/2052	1.A
.3140MY-AD-4	FN BW16303 - RMBS		06/01/2023	Paydown					52,902	52,902	53,406	53,387												

STATEMENT AS OF JUNE 30, 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 CUSIP Ident- ification	2 Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- nation, NAIC Design- nation Modifier and SVO Adminis- trative Symbol						
															11	12	13	14	15													
..31400F-4E-6	FN CA8020 - RMBS		06/01/2023	Paydown		2,651	2,651	2,814	2,816	0	(165)	0	(165)	0	0	0	0	0	0	0	0	0	0	0	0	0	28	12/01/2050	1.A ..			
..31400G-3C-9	FN CA8894 - RMBS		06/01/2023	Paydown		9,720	9,720	10,379	10,374	0	(654)	0	(654)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	102	02/01/2051	1.A ..		
..31400G-U4-7	FN CA8702 - RMBS		06/01/2023	Paydown		14,695	14,695	15,699	15,600	0	(904)	0	(904)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	152	01/01/2036	1.A ..	
..31400G-ZQ-3	FN CA8850 - RMBS		06/01/2023	Paydown		7,165	7,165	7,427	7,414	0	(250)	0	(250)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	58	01/01/2051	1.A ..	
..31400L-MY-9	FN CB1274 - RMBS		06/01/2023	Paydown		3,930	3,930	4,107	4,102	0	(172)	0	(172)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41	08/01/2051	1.A ..	
..31400M-ST-7	FN CB2657 - RMBS		06/01/2023	Paydown		1,105	1,105	1,128	1,127	0	(22)	0	(22)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	01/01/2052	1.A ..	
..31400M-VP-6	FN CB2421 - RMBS		06/01/2023	Paydown		4,641	4,641	4,884	4,884	0	(243)	0	(243)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	58	12/01/2051	1.A ..	
..31400P-BA-4	FN CB3632 - RMBS		06/01/2023	Paydown		7,393	7,393	7,630	7,628	0	(235)	0	(235)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140	05/01/2052	1.A ..	
..31400P-BG-1	FN CB3638 - RMBS		06/01/2023	Paydown		2,282	2,282	2,319	2,319	0	(37)	0	(37)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	46	05/01/2052	1.A ..	
..31400P-ZB-6	FN CB4337 - RMBS		06/01/2023	Paydown		2,442	2,442	2,487	2,486	0	(44)	0	(44)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	44	08/01/2052	1.A ..	
..31400P-ZE-0	FN CB4340 - RMBS		06/01/2023	Paydown		2,390	2,390	2,400	2,400	0	(9)	0	(9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	39	08/01/2052	1.A ..	
..31400Q-F6-7	FN CB4688 - RMBS		06/01/2023	Paydown		34,872	34,872	35,896	35,877	0	(1,005)	0	(1,005)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	724	09/01/2052	1.A ..	
..31400Q-F9-1	FN CB4691 - RMBS		06/20/2023	Various		201,074	198,697	198,620	198,596	0	(134)	0	(134)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,020	09/01/2052	1.A ..	
..31400Q-GA-7	FN CB4692 - RMBS		06/01/2023	Paydown		13,680	13,680	14,001	14,002	0	(322)	0	(322)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	311	09/01/2052	1.A ..	
..31400Q-UM-5	FN CB5087 - RMBS		06/01/2023	Paydown		1,023	1,023	1,044	1,044	0	(21)	0	(21)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	11/01/2052	1.A ..	
..3140X8-3F-2	FN FM5297 - RMBS		06/01/2023	Paydown		1,916	1,916	2,049	2,095	0	(179)	0	(179)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	11/01/2050	1.A ..	
..3140X8-G6-8	FN FM4720 - RMBS		06/01/2023	Paydown		8,516	8,516	9,098	9,245	0	(729)	0	(729)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	110	01/01/2050	1.A ..	
..3140X8-UU-9	FN FM5094 - RMBS		06/01/2023	Paydown		9,636	9,636	10,300	10,752	0	(1,116)	0	(1,116)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	141	06/01/2049	1.A ..	
..3140X8-WR-4	FN FM5155 - RMBS		06/01/2023	Paydown		693	693	720	719	0	(26)	0	(26)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	12/01/2050	1.A ..	
..3140X8-V6-8	FN FM5232 - RMBS		06/01/2023	Paydown		1,607	1,607	1,718	1,750	0	(143)	0	(143)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22	06/01/2050	1.A ..	
..3140X8-Y7-6	FN FM5233 - RMBS		06/01/2023	Paydown		2,642	2,642	2,816	2,830	0	(188)	0	(188)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	01/01/2050	1.A ..	
..3140X8-YK-7	FN FM5213 - RMBS		06/01/2023	Paydown		2,453	2,453	2,553	2,551	0	(98)	0	(98)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	12/01/2050	1.A ..	
..3140X9-JB-2	FN FM5657 - RMBS		06/01/2023	Paydown		558	558	595	605	0	(47)	0	(47)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	12/01/2050	1.A ..	
..3140X9-UU-2	FN FM5984 - RMBS		06/01/2023	Paydown		13,921	13,921	14,382	14,370	0	(449)	0	(449)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	109	02/01/2051	1.A ..	
..3140X9-ID-3	FN FM6043 - RMBS		06/01/2023	Paydown		8,909	8,909	9,492	9,789	0	(880)	0	(880)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	131	06/01/2049	1.A ..	
..3140XB-QD-5	FN FM7651 - RMBS		06/01/2023	Paydown		22,499	22,499	23,072	23,114	0	(615)	0	(615)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	414	09/01/2049	1.A ..	
..3140XB-X7-0	FN FM7901 - RMBS		06/01/2023	Paydown		1,771	1,771	1,853	1,850	0	(79)	0	(79)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	07/01/2051	1.A ..	
..3140XC-AZ-8	FN FM8393 - RMBS		06/01/2023	Paydown		8,075	8,075	8,151	8,147	0	(72)	0	(72)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	63	10/01/2051	1.A ..	
..3140XC-YX-0	FN FM8825 - RMBS		06/01/2023	Paydown		1,642	1,642	1,668	1,666	0	(26)	0	(26)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	09/01/2051	1.A ..
..3140XD-2J-4	FN FM9776 - RMBS		06/01/2023	Paydown		14,057	14,057	14,434	14,434	0	(378)	0	(378)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196	11/01/2051	1.A ..	
..3140XF-H3-8	FN FS0249 - RMBS		06/01/2023	Paydown		6,798	6,798	7,070	7,061	0	(262)	0	(262)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	84	01/01/2052	1.A ..	
..3140XF-H5-3	FN FS0251 - RMBS		06/01/2023	Paydown		30,896	30,896	32,026	31,980	0	(1,085)	0	(1,085)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	370	01/01/2052	1.A ..	
..3140XF-HY-0	FN FS0246 - RMBS		06/01/2023	Paydown		1,088	1,088	1,135	1,133	0	(45)	0	(4																			

STATEMENT AS OF JUNE 30, 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 CUSIP Ident- ification	2 Description	For- eign	Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- nation, NAIC Design- nation Modifier and SVO Adminis- trative Symbol		
										11 Unrealized Valuation Increase/(Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
..35563P-ML-0	SCRT 2019-4 MA - CMO/RMBS		06/01/2023	Paydown		1,360	1,360	1,390	1,382	0	(22)	0	(22)	0	1,360	0	0	0	0	0	17	02/25/2059	1.A
0909999999. Subtotal - Bonds - U.S. Special Revenues					1,046,698	1,041,146	1,061,718	1,061,956	0	(21,015)	0	(21,015)	0	0	1,042,421	0	4,277	4,277	22,434	XXX	XXX		
..03740L-AG-7	AON CORP		06/20/2023	BARCLAYS CAPITAL INC		40,475	40,000	39,991	0	0	5	0	5	0	39,996	0	479	479	678	02/28/2033	2.A FE		
..04316J-AD-1	ARTHUR J. GALLAGHER & CO.		06/20/2023	WELLS FARGO SECURITIES		201,530	200,000	199,634	0	0	8	0	8	0	199,642	0	1,888	1,888	3,361	03/02/2033	2.B FE		
..056054-AA-7	BX 2019-XL A - CMBS		04/15/2023	Paydown		4,201	4,201	4,201	0	0	0	0	0	0	4,201	0	0	0	0	0	79	10/15/2036	1.A FE
..05608W-AA-2	BX 2021-SOAR A - CMBS		04/15/2023	Paydown		2,443	2,443	2,443	0	0	0	0	0	0	2,443	0	0	0	0	0	43	06/15/2038	1.A FE
..05946X-BV-4	BAFC 2003-1 A1 - CMO/RMBS		06/01/2023	Paydown		18	18	19	0	0	0	0	0	0	18	0	0	0	0	0	0	05/20/2033	1.D FE
..06051G-LC-1	BANK OF AMERICA CORP		06/20/2023	Various		20,631	20,000	20,000	0	0	0	0	0	0	20,000	0	631	631	765	11/10/2028	1.G FE		
..26884L-AP-4	EQT CORP		06/26/2023	Call @ 100.00		50,000	50,000	50,000	0	0	0	0	0	0	50,000	0	0	0	0	0	2,090	10/01/2025	2.C FE
..278865-BP-4	ECOLAB INC		06/20/2023	MORGAN STANLEY CO		122,353	120,000	119,282	119,301	0	69	0	69	0	119,370	0	2,984	2,984	3,763	01/15/2028	1.G FE		
..302987-AE-2	FRESB 2020-SB70 A1H - CMBS		06/01/2023	Paydown		179	179	180	185	0	(7)	0	(7)	0	179	0	0	0	0	0	2	10/25/2039	2.C FE
..33852J-AE-8	FSMT 217 A5 - CMO/RMBS		06/25/2023	Paydown		2,012	2,054	2,052	0	(40)	0	(40)	0	2,012	0	0	0	0	0	0	08/25/2051	1.A FE	
..36262W-AJ-5	GSMBS 21PJ8 A8 - CMO/RMBS		06/01/2023	Paydown		2,114	2,114	2,163	0	(47)	0	(47)	0	2,114	0	0	0	0	0	22	01/25/2052	1.A FE	
..46590M-AQ-3	JPMCC 2016-JP2 A3 - CMBS		06/01/2023	Paydown		43,723	43,723	46,006	45,329	0	(1,606)	0	(1,606)	0	43,723	0	0	0	0	0	559	08/17/2049	1.A FE
..46592W-AF-3	JPMMT 2112 A4 - CMO/RMBS		06/01/2023	Paydown		7,046	7,046	7,164	7,156	0	(110)	0	(110)	0	7,046	0	0	0	0	0	74	02/25/2052	1.A FE
..46647P-DR-4	JPMORGAN CHASE & CO		06/20/2023	WELLS FARGO SECURITIES		40,436	40,000	40,000	0	0	0	0	0	0	40,000	0	436	436	125	06/01/2034	1.E FE		
..46653X-AE-0	JPMMT 2021-INV5 A2A - CMO/RMBS		06/01/2023	Paydown		2,255	2,255	2,280	0	(25)	0	(25)	0	2,255	0	0	0	0	0	0	12/26/2051	1.A FE	
..46654W-AH-4	JPMMT 221 A4 - CMO/RMBS		06/01/2023	Paydown		1,773	1,773	1,756	0	(15)	0	(15)	0	1,773	0	0	0	0	0	0	18	07/25/2052	1.A FE
..61772C-AH-4	MSRM 213 A4 - CMO/RMBS		06/01/2023	Paydown		1,994	1,994	2,035	2,033	0	(40)	0	(40)	0	1,994	0	0	0	0	0	20	06/25/2051	1.A FE
..63942C-AA-0	NAVL 2021-D A - ABS		06/15/2023	Paydown		6,100	6,100	6,100	0	0	0	0	0	0	6,100	0	0	0	0	0	146	04/15/2060	1.A FE
..63942E-AA-6	NAVL 2021-E A - ABS		06/15/2023	Paydown		3,561	3,561	3,561	0	1	0	1	0	0	3,561	0	0	0	0	0	14	12/16/2069	1.A FE
..64034Q-AA-6	NSLT 2021-B AFL - ABS		06/20/2023	Paydown		4,408	4,408	4,408	0	0	0	0	0	0	4,408	0	0	0	0	0	100	04/20/2062	1.A FE
..64034Q-AB-4	NSLT 2021-B AX - ABS		06/20/2023	Paydown		4,408	4,408	4,408	0	1	0	1	0	0	4,408	0	0	0	0	0	26	04/20/2062	1.A FE
..64035D-AA-4	NSLT 21A A1 - ABS		06/20/2023	Paydown		6,220	6,220	6,214	6,406	0	(187)	0	(187)	0	6,220	0	0	0	0	0	141	04/20/2062	1.A FE
..64035D-AD-8	NSLT 21A AP2 - ABS		06/20/2023	Paydown		3,972	3,967	3,967	0	5	0	5	0	0	3,972	0	0	0	0	0	22	04/20/2062	1.A FE
..74936R-AE-4	RCKT 212 A5 - CMO/RMBS		06/01/2023	Paydown		1,772	1,772	1,809	1,806	0	(34)	0	(34)	0	1,772	0	0	0	0	0	19	06/25/2051	1.A FE
..78449F-AC-5	SMB 2016-A A2B - ABS		06/15/2023	Paydown	Bank of America Securities	10,185	10,185	10,220	10,583	0	(398)	0	(398)	0	10,185	0	0	0	0	0	259	05/15/2031	1.A FE
..842400-HS-5	SOUTHERN CALIFORNIA EDISON CO		06/21/2023	Securities		61,609	60,000	59,965	59,966	0	2	0	2	0	59,968	0	1,640	1,640	2,194	11/01/2027	1.G FE		
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					645,417	638,383	639,859	360,121	0	(2,387)	0	(2,387)	0	637,359	0	8,058	8,058	14,561	XXX	XXX			
2509999997. Total - Bonds - Part 4					1,933,599	1,929,529	1,940,797	1,422,077	0	(23,398)	0	(23,398)	0	1,919,002	0	14,597	14,597	38,103	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					1,933,599	1,929,529	1,940,797	1,422,077	0	(23,398)	0	(23,398)	0	1,919,002	0	14,597	14,597	38,103	XXX	XXX			
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	XXX		
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	XXX		
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX		
6009999999 - Totals					1,933,599	XXX	1,940,797	1,422,077	0	(23,398)	0	(23,398)	0	1,919,002	0	14,597	14,597	38,103	XXX	XXX			

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

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

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

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
PNC BANK	Louisville, KY	0.000	0	0	654,144	815,567	199,255	XXX.
JP MORGAN CHASE	New York, NY	0.000	0	0	14,820	1,714	3,355	XXX.
US BANK	St. Louis, MO	0.000	0	0	(3,081,218)	(4,590,316)	(3,579,366)	XXX.
JP MORGAN CHASE-Humana Health Plan of Ohio, Inc.	New York, NY	0.000	0	0	0	0	0	XXX.
JP Morgan Time Deposit	New York, NY	4.700	0	0	1,359,230	1,158,362	14,917,048	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	XXX
0199999. Totals - Open Depositories		XXX	XXX	0	0	(1,053,024)	(2,614,673)	11,540,292
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	XXX
0299999. Totals - Suspended Depositories		XXX	XXX	0	0	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	(1,053,024)	(2,614,673)	11,540,292
0499999. Cash in Company's Office		XXX	XXX	XXX	XXX	0	0	XXX
.....
.....
.....
.....
.....
0599999. Total - Cash		XXX	XXX	0	0	(1,053,024)	(2,614,673)	11,540,292

STATEMENT AS OF JUNE 30, 2023 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
.....	UNITED STATES TREASURY .....	.....	06/05/2023	0.000	07/13/2023	6,987,937	0	26,137
.....	UNITED STATES TREASURY .....	.....	06/20/2023	0.000	07/18/2023	9,976,389	0	15,278
.....	UNITED STATES TREASURY .....	.....	06/30/2023	0.000	07/25/2023	11,960,000	0	1,944
0019999999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						28,924,326	0	43,359
0109999999. Total - U.S. Government Bonds						28,924,326	0	43,359
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 AGRICULTURAL MORTGAGE CORP .....	.....	06/29/2023	0.000	07/17/2023	7,982,398	0	2,198
.....	FEDERAL AGRICULTURAL MORTGAGE CORP .....	.....	06/26/2023	0.000	07/27/2023	4,982,010	0	3,452
.....	FEDERAL HOME LOAN BANKS .....	.....	05/30/2023	0.000	07/05/2023	9,994,432	0	44,432
.....	FEDERAL HOME LOAN BANKS .....	.....	06/27/2023	0.000	07/21/2023	7,977,411	0	27,271
.....	FEDERAL HOME LOAN BANKS .....	.....	06/16/2023	0.000	07/24/2023	7,974,315	0	16,706
0819999999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						38,910,566	0	94,059
0909999999. Total - U.S. Special Revenues Bonds						38,910,566	0	94,059
.....	Brown-Forman Corporation .....	.....	06/16/2023	0.000	07/19/2023	3,231,576	0	7,020
.....	Illinois Tool Works Inc. .....	.....	05/31/2023	0.000	07/19/2023	4,987,050	0	22,303
.....	Koch Industries, Inc. .....	.....	06/26/2023	0.000	07/27/2023	2,988,907	0	2,133
.....	MetLife Short Term Funding LLC .....	.....	05/31/2023	0.000	07/06/2023	4,996,444	0	22,044
.....	Nestle! Finance International Ltd. .....	.....	06/29/2023	0.000	07/25/2023	4,983,133	0	1,406
.....	PepsiCo, Inc. .....	.....	05/31/2023	0.000	07/21/2023	4,985,889	0	21,872
1019999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						26,172,999	0	76,778
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						26,172,999	0	76,778
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						94,007,891	0	214,197
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						94,007,891	0	214,197
31846V-80-7	FIRST AMER:TRS OBG Y	SD.....	04/04/2023	4.710	.....	11	0	0
48122-23-9	JPMORGAN:US TRS+MM CAP .....	.....	06/30/2023	4.980	.....	20,740,343	0	5,567
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						20,740,354	0	5,567
.....
.....
8609999999 - Total Cash Equivalents						114,748,245	0	219,764