



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 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	VP & Treasurer	Robert Martin Marcoux Jr.

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	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
19th day of February, 2024

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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	86,994,366	0	86,994,366	43,483,215
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$ (2,965,929) , Schedule E - Part 1), cash equivalents (\$ 128,064,655 , Schedule E - Part 2) and short-term investments (\$ 0 , Schedule DA)	125,098,726	0	125,098,726	18,053,015
6. Contract loans, (including \$ 0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	212,093,092	0	212,093,092	61,536,229
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued .....	.439,047	0	.439,047	212,897
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	66,332,783	15,127	66,317,656	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 (\$ 19,378) and contracts subject to redetermination (\$ 3,307,452)	3,326,830	0	3,326,830	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	336,553	11,884	324,669	459,275
18.1 Current federal and foreign income tax recoverable and interest thereon	3,803,454	0	3,803,454	679,762
18.2 Net deferred tax asset	7,087,770	0	7,087,770	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 (\$ 7,291,548) and other amounts receivable	8,289,201	656,446	7,632,755	5,865,239
25. Aggregate write-ins for other than invested assets	2,001,917	1,954,086	47,831	30,047,831
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	303,710,647	2,637,543	301,073,104	119,465,117
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	303,710,647	2,637,543	301,073,104	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 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Deposits	1,077,689	1,077,689	0	0
2502. Prepaid Expenses	668,660	668,660	0	0
2503. Prepaid Commissions .....	.207,737	.207,737	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	47,831	0	47,831	30,047,831
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,001,917	1,954,086	47,831	30,047,831

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	100,473,135	7,267,784	107,740,919	21,926,739
2. Accrued medical incentive pool and bonus amounts	2,389,000	0	2,389,000	3,538,278
3. Unpaid claims adjustment expenses	714,178	0	714,178	162,647
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	26,321,114	0	26,321,114	36,473,133
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	68,474	0	68,474	56,323
8. Premiums received in advance	462,682	0	462,682	2,232,393
9. General expenses due or accrued	14,783,352	0	14,783,352	1,981,506
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	21,569	0	21,569	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	21,686,615	0	21,686,615	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	3,094,491	0	3,094,491	1,948,842
23. Aggregate write-ins for other liabilities (including \$ 3,788 current)	1,556,383	0	1,556,383	45,654
24. Total liabilities (Lines 1 to 23)	171,570,994	7,267,784	178,838,778	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	195,223,747	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	(72,990,421)	(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	122,234,326	50,932,550
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	301,073,104	119,465,117
DETAILS OF WRITE-INS				
2301. Premium Payable	1,533,241	0	1,533,241	26,023
2302. Unclaimed Property	23,141	0	23,141	19,631
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	1,556,383	0	1,556,383	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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	1,355,864	392,652
2. Net premium income (including \$ 0 non-health premium income)	XXX.....	796,047,101	253,229,582
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	0	0
4. Fee-for-service (net of \$ 0 medical expenses)	XXX.....	0	0
5. Risk revenue	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues	XXX.....	0	(246,893)
8. Total revenues (Lines 2 to 7)	XXX.....	796,047,101	252,982,689
Hospital and Medical:			
9. Hospital/medical benefits	47,571,452	612,745,909	163,463,921
10. Other professional services	74,530	959,977	734,034
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	2,138,677	27,547,317	6,801,235
13. Prescription drugs	2,339,942	30,139,714	29,342,214
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	(145,491)	3,248,106
16. Subtotal (Lines 9 to 15)	52,124,601	671,247,426	203,589,510
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	52,124,601	671,247,426	203,589,510
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$ 33,864,969 cost containment expenses	0	39,971,786	8,465,221
21. General administrative expenses	0	132,220,973	29,556,038
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	(10,364,870)	35,307,588
23. Total underwriting deductions (Lines 18 through 22).....	52,124,601	833,075,315	276,918,357
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	(37,028,214)	(23,935,669)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	6,881,889	1,365,640
26. Net realized capital gains (losses) less capital gains tax of \$ 105,661	0	362,344	(389,580)
27. Net investment gains (losses) (Lines 25 plus 26)	0	7,244,233	976,059
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	3	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.....	(29,783,978)	(22,959,608)
31. Federal and foreign income taxes incurred	XXX.....	(7,126,683)	2,632,341
32. Net income (loss) (Lines 30 minus 31)	XXX	(22,657,295)	(25,591,950)
DETAILS OF WRITE-INS			
0601.	XXX.....	0	0
0602.	XXX.....		
0603.	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. Loss on Disposal	XXX.....	0	(246,893)
0702.	XXX.....		
0703.	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	(246,893)
1401.	0	0	0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous Income	0	3	1
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	3	1

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	50,932,550	43,831,499
34. Net income or (loss) from Line 32	(22,657,295)	(25,591,950)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	(775,089)	7,367,683
39. Change in nonadmitted assets	4,734,161	(4,674,682)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	90,000,000	30,000,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	71,301,776	7,101,051
49. Capital and surplus end of reporting period (Line 33 plus 48)	122,234,326	50,932,550
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	728,476,218	250,190,127
2. Net investment income	6,834,187	1,329,954
3. Miscellaneous income	0	(246,893)
4. Total (Lines 1 through 3)	735,310,405	251,273,187
5. Benefit and loss related payments	588,721,977	204,780,348
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	157,920,891	36,632,403
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ (83,504) tax on capital gains (losses)	(3,897,329)	1,713,175
10. Total (Lines 5 through 9)	742,745,539	243,125,927
11. Net cash from operations (Line 4 minus Line 10)	(7,435,134)	8,147,261
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	48,809,194	15,661,539
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(2)	0
12.7 Miscellaneous proceeds	0	22,007
12.8 Total investment proceeds (Lines 12.1 to 12.7)	48,809,193	15,683,546
13. Cost of investments acquired (long-term only):		
13.1 Bonds	92,030,786	23,636,253
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	22,007	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	92,052,793	23,636,253
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(43,243,600)	(7,952,707)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	90,000,000	30,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	67,724,445	(29,408,113)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	157,724,445	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)	107,045,711	786,441
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	18,053,015	17,266,574
19.2 End of year (Line 18 plus Line 19.1)	125,098,726	18,053,015

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

--	--

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

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

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	(4,322)	0	0	(4,322)
2. Comprehensive (hospital and medical) group	117,395,270	0	0	117,395,270
3. Medicare Supplement	0	0	0	0
4. Vision only	0	0	0	0
5. Dental only	0	0	0	0
6. Federal Employees Health Benefits Plan	1,633,525	0	0	1,633,525
7. Title XVIII - Medicare	150,282,124	0	0	150,282,124
8. Title XIX - Medicaid	526,740,503	0	0	526,740,503
9. Credit A&H	0	0	0	0
10. Disability Income	0	0	0	0
11. Long-Term Care	0	0	0	0
12. Other health	0	0	0	0
13. Health subtotal (Lines 1 through 12)	796,047,101	0	0	796,047,101
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	796,047,101	0	0	796,047,101

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
		2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Payments during the year:														
1.1	Direct	587,002,308	(10,269)	99,696,550	0	0	0	1,415,889	124,717,621	361,182,516	0	0	0	0	
1.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.4	Net	587,002,308	(10,269)	99,696,550	0	0	0	1,415,889	124,717,621	361,182,516	0	0	0	0	
2.	Paid medical incentive pools and bonuses	1,003,788	0	0	0	0	0	0	1,003,788	0	0	0	0	0	
3.	Claim liability December 31, current year from Part 2A:														
3.1	Direct	107,740,919	(40)	9,628,468	0	0	0	210,731	14,905,199	82,996,561	0	0	0	0	
3.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	
3.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
3.4	Net	107,740,919	(40)	9,628,468	0	0	0	210,731	14,905,199	82,996,561	0	0	0	0	
4.	Claim reserve December 31, current year from Part 2D:														
4.1	Direct	68,474	0	68,474	0	0	0	0	0	0	0	0	0	0	
4.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	
4.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
4.4	Net	68,474	0	68,474	0	0	0	0	0	0	0	0	0	0	
5.	Accrued medical incentive pools and bonuses, current year	2,389,000	0	0	0	0	0	0	2,389,000	0	0	0	0	0	
6.	Net health care receivables (a)	1,435,723	0	409,711	0	0	0	50,243	955,897	19,871	0	0	0	0	
7.	Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.	Claim liability December 31, prior year from Part 2A:														
8.1	Direct	21,926,739	0	11,052,939	0	0	0	105,174	10,768,627	0	0	0	0	0	
8.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
8.4	Net	21,926,739	0	11,052,939	0	0	0	105,174	10,768,627	0	0	0	0	0	
9.	Claim reserve December 31, prior year from Part 2D:														
9.1	Direct	56,323	0	56,323	0	0	0	0	0	0	0	0	0	0	
9.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.4	Net	56,323	0	56,323	0	0	0	0	0	0	0	0	0	0	
10.	Accrued medical incentive pools and bonuses, prior year	3,538,278	0	0	0	0	0	0	3,538,278	0	0	0	0	0	
11.	Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	
12.	Incurred Benefits:														
12.1	Direct	671,392,916	(10,308)	97,874,520	0	0	0	1,471,203	127,898,296	444,159,206	0	0	0	0	
12.2	Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	
12.3	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
12.4	Net	671,392,916	(10,308)	97,874,520	0	0	0	1,471,203	127,898,296	444,159,206	0	0	0	0	
13.	Incurred medical incentive pools and bonuses	(145,491)	0	0	0	0	0	0	0	(145,491)	0	0	0	0	

(a) Excludes \$ 593,916 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
1. Reported in Process of Adjustment:														
1.1 Direct	13,238,377	(40)	2,439,535	0	0	0	68,194	2,699,230	8,031,457	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	13,238,377	(40)	2,439,535	0	0	0	68,194	2,699,230	8,031,457	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	84,443,076	0	6,987,233	0	0	0	142,537	9,200,926	68,112,381	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	84,443,076	0	6,987,233	0	0	0	142,537	9,200,926	68,112,381	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	10,059,466	0	201,700	0	0	0	0	3,005,043	6,852,723	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	10,059,466	0	201,700	0	0	0	0	3,005,043	6,852,723	0	0	0	0	0
4. TOTALS:														
4.1 Direct	107,740,919	(40)	9,628,468	0	0	0	210,731	14,905,199	82,996,561	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	107,740,919	(40)	9,628,468	0	0	0	210,731	14,905,199	82,996,561	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	(10,269)	0	(40)	0	(10,308)	0
2. Comprehensive (hospital and medical) group	7,443,483	92,253,067	73,261	9,623,681	7,516,744	11,109,262
3. Medicare Supplement	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Dental Only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	(28,821)	1,444,710	6,787	203,943	(22,034)	105,174
7. Title XVIII - Medicare	6,635,283	118,082,337	679,224	14,225,976	7,314,507	10,768,627
8. Title XIX - Medicaid	0	361,182,516	0	82,996,561	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)	14,039,676	572,962,632	759,232	107,050,161	14,798,909	21,983,062
14. Health care receivables (a)	62,530	7,291,548	0	0	62,530	5,918,355
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	1,003,788	0	1,165,082	1,223,917	2,168,870	3,538,278
17. Totals (Lines 13 - 14 + 15 + 16)	14,980,934	565,671,084	1,924,315	108,274,079	16,905,249	19,602,986

(a) Excludes \$ 593,916 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	17,172	16,635	16,534	16,504	16,496
2. 2019	124,859	136,294	136,514	136,600	136,595
3. 2020	XXX	109,821	118,009	119,807	120,100
4. 2021	XXX	XXX	96,619	102,806	103,240
5. 2022	XXX	XXX	XXX	96,088	102,807
6. 2023	XXX	XXX	XXX	XXX	92,253

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	17,781	16,642	16,534	16,504	16,496
2. 2019	139,148	136,616	136,559	136,600	136,595
3. 2020	XXX	124,594	119,959	120,161	120,100
4. 2021	XXX	XXX	108,981	103,394	103,245
5. 2022	XXX	XXX	XXX	106,256	102,875
6. 2023	XXX	XXX	XXX	XXX	101,877

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	(Col. 5/1) Percent	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)						
1. 2019	155,053	136,595	1,299	1.0	137,894	88.9	0	0	0	137,894	88.9
2. 2020	151,041	120,100	1,142	1.0	121,242	80.3	0	0	0	121,242	80.3
3. 2021	128,819	103,240	982	1.0	104,222	80.9	5	0	0	104,227	80.9
4. 2022	131,716	102,807	978	1.0	103,785	78.8	68	1	1	103,854	78.8
5. 2023	117,391	92,253	877	1.0	93,130	79.3	9,624	82	82	102,836	87.6

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

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

(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

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

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019										
2. 2020										
3. 2021										
4. 2022										
5. 2023										

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	160	160	160	160	160
2. 2019	2,477	2,697	2,697	2,697	2,697
3. 2020	XXX	1,330	1,638	1,638	1,638
4. 2021	XXX	XXX	1,693	1,679	1,679
5. 2022	XXX	XXX	XXX	1,547	1,518
6. 2023	XXX	XXX	XXX	XXX	1,445

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	168	160	160	160	160
2. 2019	2,775	2,703	2,697	2,697	2,697
3. 2020	XXX	1,458	1,641	1,638	1,638
4. 2021	XXX	XXX	1,769	1,683	1,679
5. 2022	XXX	XXX	XXX	1,648	1,525
6. 2023	XXX	XXX	XXX	XXX	1,649

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	2,453	2,697	26	1.0	2,723	111.0	0	0	2,723	111.0
2. 2020	1,946	1,638	16	1.0	1,654	85.0	0	0	1,654	85.0
3. 2021	1,603	1,679	16	1.0	1,695	105.7	0	0	1,695	105.7
4. 2022	1,308	1,518	14	1.0	1,532	117.1	7	0	1,539	117.6
5. 2023	1,634	1,445	14	1.0	1,458	89.3	204	0	1,662	101.8

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	247	(20)	(31)	(42)	(42)
2. 2019	44,680	47,736	47,579	47,588	47,587
3. 2020	XXX	71,952	78,849	78,654	78,691
4. 2021	XXX	XXX	92,423	99,651	99,711
5. 2022	XXX	XXX	XXX	92,077	99,620
6. 2023	XXX	XXX	XXX	XXX	118,082

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	247	(20)	(31)	(42)	(42)
2. 2019	48,929	47,767	47,583	47,588	47,587
3. 2020	XXX	80,955	80,377	78,660	78,691
4. 2021	XXX	XXX	103,117	101,218	99,726
5. 2022	XXX	XXX	XXX	104,810	101,449
6. 2023	XXX	XXX	XXX	XXX	133,532

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	52,905	47,587	453	1.0	48,039	90.8	0	0	48,039	90.8
2. 2020	89,933	78,691	748	1.0	79,439	88.3	0	0	79,439	88.3
3. 2021	107,276	99,711	948	1.0	100,660	93.8	14	0	100,674	93.8
4. 2022	120,206	99,620	947	1.0	100,567	83.7	1,830	.9	102,406	85.2
5. 2023	150,282	118,082	1,123	1.0	119,205	79.3	15,450	77	134,733	89.7

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	0	0	0	0	0
2. 2019	0	0	0	0	0
3. 2020	XXX	0	0	0	0
4. 2021	XXX	XXX	0	0	0
5. 2022	XXX	XXX	XXX	0	0
6. 2023	XXX	XXX	XXX	XXX	361,183

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	0	0	0	0	0
2. 2019	0	0	0	0	0
3. 2020	XXX	0	0	0	0
4. 2021	XXX	XXX	0	0	0
5. 2022	XXX	XXX	XXX	0	0
6. 2023	XXX	XXX	XXX	XXX	444,179

12.XI

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2020	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2021	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2022	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2023	526,741	361,183	3,435	1.0	364,617	69.2	82,997	545	448,159	85.1

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	17,579	16,775	16,663	16,623	16,615
2. 2019	172,016	186,727	186,790	186,885	186,879
3. 2020	XXX	183,103	198,496	200,099	200,429
4. 2021	XXX	XXX	190,735	204,136	204,630
5. 2022	XXX	XXX	XXX	189,711	203,945
6. 2023	XXX	XXX	XXX	XXX	572,963

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	18,196	16,782	16,663	16,623	16,615
2. 2019	190,851	187,086	186,839	186,885	186,879
3. 2020	XXX	207,007	201,977	200,459	200,429
4. 2021	XXX	XXX	213,867	206,295	204,650
5. 2022	XXX	XXX	XXX	212,713	205,849
6. 2023	XXX	XXX	XXX	XXX	681,237

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2019	210,411	186,879	1,777	1.0	188,656	89.7	0	0	188,656	89.7
2. 2020	242,920	200,429	1,906	1.0	202,335	83.3	0	0	202,335	83.3
3. 2021	237,698	204,630	1,946	1.0	206,576	86.9	20	0	206,596	86.9
4. 2022	253,230	203,945	1,940	1.0	205,884	81.3	1,905	10	207,799	82.1
5. 2023	796,047	572,963	5,449	1.0	578,412	72.7	108,274	704	687,390	86.4

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13
		2	3	Medicare Supplement										
		Total	Individual	Group										
1.	Unearned premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	Additional policy reserves (a)	24,919,979	0	3,235,449	0	0	0	0	4,415,094	17,269,435	0	0	0	0
3.	Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Reserve for rate credits or experience rating refunds (including \$0 for investment income)	226,064	0	0	0	0	0	0	226,064	0	0	0	0	0
5.	Aggregate write-ins for other policy reserves	1,175,071	0	0	0	0	0	0	1,174,571	500	0	0	0	0
6.	Totals (gross)	26,321,114	0	3,235,449	0	0	0	0	5,815,730	17,269,935	0	0	0	0
7.	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	Totals (Net)(Page 3, Line 4)	26,321,114	0	3,235,449	0	0	0	0	5,815,730	17,269,935	0	0	0	0
9.	Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Reserve for future contingent benefits	68,474	0	68,474	0	0	0	0	0	0	0	0	0	0
11.	Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals (gross)	68,474	0	68,474	0	0	0	0	0	0	0	0	0	0
13.	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Totals (Net)(Page 3, Line 7)	68,474	0	68,474	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.	Risk Adjustment Premium Payable	1,175,071	0	0	0	0	0	0	1,174,571	500	0	0	0	0
0502.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0503.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	1,175,071	0	0	0	0	0	0	1,174,571	500	0	0	0	0
1101.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1102.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1103.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$24,919,979 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 0 for occupancy of own building)	168,661	36,650	349,801	413	555,524
2. Salary, wages and other benefits	14,495,129	3,270,236	31,414,023	36,944	49,216,332
3. Commissions (less \$ ceded plus \$ 0 assumed)	0	0	8,024,309	437	8,024,746
4. Legal fees and expenses	276,057	59,974	601,369	690	938,091
5. Certifications and accreditation fees	4,248	2,813	27,376	32	34,470
6. Auditing, actuarial and other consulting services	376,476	79,417	812,664	883	1,269,440
7. Traveling expenses	158,704	33,928	326,219	382	519,232
8. Marketing and advertising	2,613,244	556,076	5,357,879	6,362	8,533,562
9. Postage, express and telephone	1,074,045	233,189	2,271,453	2,653	3,581,339
10. Printing and office supplies	72,219	15,507	357,410	421	445,557
11. Occupancy, depreciation and amortization	177,173	38,502	379,134	4	594,812
12. Equipment	9,746	2,119	20,667	24	32,556
13. Cost or depreciation of EDP equipment and software	2,561,563	556,819	5,372,347	1,881	8,492,610
14. Outsourced services including EDP, claims, and other services	9,909,293	885,689	16,212,146	17,173	27,024,301
15. Boards, bureaus and association fees	64,145	13,823	134,080	157	212,205
16. Insurance, except on real estate	102,037	22,173	216,174	255	340,638
17. Collection and bank service charges	154,235	33,515	326,675	385	514,811
18. Group service and administration fees	943,284	113,253	293,737	114	1,350,388
19. Reimbursements by uninsured plans	0	0	(6,189)	0	(6,189)
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	219,634	47,727	549,213	649	.817,223
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	(625,800)	0	(625,800)
23.2 State premium taxes	0	0	863,662	0	863,662
23.3 Regulatory authority licenses and fees	0	0	55,462,439	400	55,462,840
23.4 Payroll taxes	0	0	1,790,394	2,103	1,792,496
23.5 Other (excluding federal income and real estate taxes)	0	0	644,542	27	644,568
24. Investment expenses not included elsewhere	470,874	102,321	992,484	23,713	1,589,392
25. Aggregate write-ins for expenses	14,202	3,086	52,766	14	70,069
26. Total expenses incurred (Lines 1 to 25)	33,864,969	6,106,817	132,220,973	96,117	(a) 172,288,876
27. Less expenses unpaid December 31, current year	0	714,178	14,783,352	0	15,497,531
28. Add expenses unpaid December 31, prior year	0	162,647	1,981,506	0	2,144,153
29. Amounts receivable relating to uninsured plans, prior year	0	0	459,275	0	459,275
30. Amounts receivable relating to uninsured plans, current year	0	0	324,669	0	324,669
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	33,864,969	5,555,285	119,284,521	96,117	158,800,893
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	14,202	3,086	52,766	14	70,069
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	14,202	3,086	52,766	14	70,069

(a) Includes management fees of \$ 96,325,800 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) .....91,704	150,582
1.1 Bonds exempt from U.S. tax	(a) .....0	0
1.2 Other bonds (unaffiliated)	(a) .....1,540,152	1,644,939
1.3 Bonds of affiliates	(a) .....0	0
2.1 Preferred stocks (unaffiliated)	(b) .....0	0
2.11 Preferred stocks of affiliates	(b) .....0	0
2.2 Common stocks (unaffiliated) .....	.....0	0
2.21 Common stocks of affiliates .....	.....0	0
3. Mortgage loans	(c) .....0	0
4. Real estate	(d) .....0	0
5. Contract Loans .....	.....0	0
6. Cash, cash equivalents and short-term investments	(e) .....5,129,557	5,182,425
7. Derivative instruments	(f) .....0	0
8. Other invested assets .....	.....0	0
9. Aggregate write-ins for investment income .....	.....0	60
10. Total gross investment income	6,761,414	6,978,006
11. Investment expenses	(g) .....93,587	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....2,530	
13. Interest expense	(h) .....0	
14. Depreciation on real estate and other invested assets	(i) .....0	
15. Aggregate write-ins for deductions from investment income .....	.....0	
16. Total deductions (Lines 11 through 15)	96,117	
17. Net investment income (Line 10 minus Line 16)	6,881,889	
DETAILS OF WRITE-INS		
0901. Misc Income .....	.....0	60
0902. .....	.....
0903. .....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	60
1501. .....	.....
1502. .....	.....
1503. .....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....0	
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	

(a) Includes \$46,687 accrual of discount less \$225,135 amortization of premium and less \$287,978 paid for accrued interest on purchases.

(b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.

(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.

(d) Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.

(e) Includes \$4,330,815 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.

(f) Includes \$0 accrual of discount less \$0 amortization of premium.

(g) Includes \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$0 interest on surplus notes and \$0 interest on capital notes.

(i) Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	92,330	0	92,330	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	375,677	0	375,677	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(2)	0	(2)	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	468,005	0	468,005	0	0
DETAILS OF WRITE-INS					
0901. .....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	15,127	42,007	26,880
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	11,884	8,008	(3,876)
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	4,747,534	4,747,534
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	656,446	53,115	(603,331)
25. Aggregate write-ins for other than invested assets	1,954,086	2,521,040	566,954
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,637,543	7,371,703	4,734,161
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	2,637,543	7,371,703	4,734,161
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Deposits	1,077,689	420,114	(657,575)
2502. Prepaid Expenses	668,660	1,387,220	718,560
2503. Prepaid Commissions	207,737	713,705	505,969
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,954,086	2,521,040	566,954

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	8,774	86,247	94,975	107,987	126,273	1,118,818
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	333	156	206	265	257	2,489
4. Point of Service	23,519	21,748	20,808	18,199	15,703	234,557
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	32,626	108,151	115,989	126,451	142,233	1,355,864
DETAILS OF WRITE-INS						
0601.	0	0	0	0	0	0
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

STATEMENT AS OF December 31, 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 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 Humana's long-term strategic plans. The exit from this line of business will be phased over the 18 to 24 months following the 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	\$ (22,657,295)	\$ (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	\$ (22,657,295)	\$ (25,591,950)
Surplus					
5. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 122,234,326	\$ 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	\$ 122,234,326	\$ 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 December 31, 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 expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

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

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

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

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

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

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

D. Going Concern

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

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

STATEMENT AS OF December 31, 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 December 31, 2023.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at December 31, 2023:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$ (192,991)
2. Twelve Months or Longer	\$ (3,020,169)

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

1. Less than Twelve Months	\$ 20,395,476
2. Twelve Months or Longer	\$ 20,789,270

(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 December 31, 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	1,117,091	1,121,815	(4,724)	-	1,117,091	0.37%	0.37%
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	\$ 1,117,091	\$ 1,121,815	\$ (4,724)	-	\$ 1,117,091	0.37%	0.37%

(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 December 31, 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.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 439,047
2. Nonadmitted	\$ -
3. Admitted	\$ 439,047

D. The aggregate deferred interest.

	Amount
Aggregate Deferred Interest	\$ -

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

	Amount
Cumulative amounts of PIK interest included in the current principal balance	\$ -

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 went into effect for tax years beginning after 2022. The Company is an applicable corporation for 2023 as the average adjusted financial statement income for Humana Inc. and Subsidiaries for the applicable three-tax-year period exceeds the \$1 billion income-based threshold. However, the Company does not expect to incur a CAMT liability in 2023 as its regular tax liability is expected to exceed the tentative minimum tax. Further, no other taxable entities or taxable groups within the Company's structure are expected to exceed the average adjusted financial statement income threshold. The Company has not made an accounting policy election to disregard CAMT when evaluating the need for a valuation allowance for its non-CAMT DTAs.

A. Deferred Tax Assets/(Liabilities)

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

	December 31, 2023		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 7,097,304	\$ -	\$ 7,097,304
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	7,097,304	-	7,097,304
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	7,097,304	-	7,097,304
f. Deferred tax liabilities	(9,534)	-	(9,534)
g. Net admitted deferred tax asset/(liability)	\$ 7,087,770	\$ -	\$ 7,087,770

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

NOTES TO THE FINANCIAL STATEMENTS

	December 31, 2022		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 7,877,334	\$ -	\$ 7,877,334
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	7,877,334	-	7,877,334
d. Deferred tax assets nonadmitted	(4,747,534)	-	(4,747,534)
e. Net admitted deferred tax assets	3,129,800	-	3,129,800
f. Deferred tax liabilities	(14,475)	-	(14,475)
g. Net admitted deferred tax asset/(liability)	\$ 3,115,325	\$ -	\$ 3,115,325

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ (780,030)	\$ -	\$ (780,030)
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	(780,030)	-	(780,030)
d. Deferred tax assets nonadmitted	4,747,534	-	4,747,534
e. Net admitted deferred tax assets	3,967,504	-	3,967,504
f. Deferred tax liabilities	4,941	-	4,941
g. Net admitted deferred tax asset/(liability)	\$ 3,972,445	\$ -	\$ 3,972,445

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

	December 31, 2023		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 2,632,876	\$ -	\$ 2,632,876
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	4,464,428	-	4,464,428
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	4,464,428
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	17,271,983
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 7,097,304	\$ -	\$ 7,097,304

	December 31, 2022		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 2,632,502	\$ -	\$ 2,632,502
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	482,823	-	482,823
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	482,823
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	7,172,584
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	14,475	-	14,475
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 3,129,800	\$ -	\$ 3,129,800

	Change		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 374	\$ -	\$ 374
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	3,981,605	-	3,981,605
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	3,981,605
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	10,099,399
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(14,475)	-	(14,475)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 3,967,504	\$ -	\$ 3,967,504

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

	December 31, 2023	December 31, 2022
a. Ratio percentage used to determine recovery period and threshold limitation amount	485%	611%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	115,146,556	47,817,225

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

NOTES TO THE FINANCIAL STATEMENTS

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

	December 31, 2023		
	Ordinary	Capital	
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage			
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 7,097,304	\$ -	
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 7,097,304	\$ -	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	
	December 31, 2022		
	Ordinary	Capital	
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage			
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 7,877,334	\$ -	
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 3,129,800	\$ -	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	
	Change		
	Ordinary	Capital	
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage			
1. Adjusted gross DTAs amount from note 9A1(c)	\$ (780,030)	\$ -	
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 3,967,504	\$ -	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	
b. Does the Company's tax planning strategies include the use of reinsurance? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
B. There are no temporary differences for which a DTL has not been established.			
C. Current and deferred income taxes			
(1) Current income taxes incurred consist of the following major components:			
	December 31, 2023	December 31, 2022	Change
a. Federal	\$ (7,127,057)	\$ 2,632,502	\$ (9,759,559)
b. Foreign	-	-	-
c. Subtotal	(7,127,057)	2,632,502	(9,759,559)
d. Federal income tax on net capital gains	105,661	(103,559)	209,220
e. Utilization of capital loss carryforwards	-	-	-
f. Other	374	(161)	535
g. Federal and foreign income taxes incurred	\$ (7,021,022)	\$ 2,528,782	\$ (9,549,804)

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

NOTES TO THE FINANCIAL STATEMENTS

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

DTAs resulting from Book/Tax Differences in:

		December 31, 2023	December 31, 2022	Change
a. Ordinary				
1. Discounting of unpaid losses	\$ 6,706,638	\$ 7,679,584	\$ (972,946)	
2. Unearned premium reserve	19,433	93,760	(74,327)	
3. Policyholder reserves	-	-	-	
4. Investments and other	-	-	-	
5. Deferred acquisition costs	-	-	-	
6. Policyholder dividends accrual	-	-	-	
7. Fixed assets	-	-	-	
8. Compensation and benefit accruals	-	-	-	
9. Pension accruals	-	-	-	
10. Receivables – nonadmitted	-	-	-	
11. Net operating loss carry-forward	-	-	-	
12. Tax credit carry-forward	-	-	-	
13. Other	-	-	-	
14. Bad debts	128,455	5,707	122,748	
15. Accrued litigation	-	-	-	
16. CMS Rx reserve	15,815	9,516	6,299	
17. CMS risk corridor -ACA	-	-	-	
18. Medicare risk adjustment data	-	-	-	
19. Miscellaneous reserves	226,963	88,767	138,196	
20. Accrued lease	-	-	-	
21. Section 197 intangible	-	-	-	
22. Premium Rebates MER	-	-	-	
23. Provider contracts	-	-	-	
24. Premium acquisition expense	-	-	-	
99. Subtotal	7,097,304	7,877,334	(780,030)	
b. Statutory valuation allowance adjustment	-	-	-	
c. Nonadmitted	-	(4,747,534)	4,747,534	
d. Admitted Ordinary DTAs	7,097,304	3,129,800	3,967,504	
e. Capital				
1. Investments	-	-	-	
2. Net capital loss carry-forward	-	-	-	
3. Real estate	-	-	-	
4. Other	-	-	-	
99. Subtotal	-	-	-	
f. Statutory valuation allowance adjustment	-	-	-	
g. Nonadmitted	-	-	-	
h. Admitted capital DTAs	-	-	-	
i. Admitted DTAs	\$ 7,097,304	\$ 3,129,800	\$ 3,967,504	

DTLs resulting from Book/Tax Differences in:

		December 31, 2023	December 31, 2022	Change
a. Ordinary				
1. Investments	\$ -	\$ -	\$ -	-
2. Fixed assets	-	-	-	-
3. Deferred and uncollected premium	-	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-	-
5. Other	-	-	-	-
6. Premium acquisition reserve	(2,868)	(4,477)	1,609	
7. CMS Rx reserve	-	-	-	
8. Reserve transition adjustment	(6,666)	(9,998)	3,332	
9. Accrued lease	-	-	-	
99. Subtotal	(9,534)	(14,475)	4,941	
b. Capital				
1. Investments	-	-	-	-
2. Real estate	-	-	-	-
3. Other	-	-	-	-
99. Subtotal	-	-	-	-
c. DTLs	\$ (9,534)	\$ (14,475)	\$ 4,941	
(4) Net deferred tax asset/(liability)	\$ 7,087,770	\$ 3,115,325	\$ 3,972,445	

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

NOTES TO THE FINANCIAL STATEMENTS

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2023 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ (29,678,317)	\$ (6,232,447)	21.00%
Tax-exempt interest	(68,030)	(14,286)	0.05%
Dividends received deduction	-	-	0.00%
Proration	17,007	3,571	(0.01%)
Meals & entertainment, lobbying expenses, etc.	175	37	0.00%
Statutory valuation allowance adjustment	-	-	0.00%
Change to nonadmitted assets & deferred tax true-up	(13,376)	(2,809)	0.01%
Other, including prior year true-up	5	1	0.00%
Total	\$ (29,742,536)	\$ (6,245,933)	21.05%

Federal income taxes incurred [expense/(benefit)]	\$ (7,126,683)	24.01%
Tax on capital gains/(losses)	105,661	(0.36%)
Change in net deferred income tax [charge/(benefit)]	775,089	(2.60%)
Total statutory income taxes	\$ (6,245,933)	21.05%

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

(1) At December 31, 2023, the Company had no net operating loss carry-forwards.

At December 31, 2023, the Company had no capital loss carry-forwards.

At December 31, 2023, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2022 and 2023 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2022	2,632,876	(103,559)	2,529,317
2023	-	-	-
Total	\$ 2,632,876	\$ (103,559)	\$ 2,529,317

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

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

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2023 CONSOLIDATED FEDERAL INCOME TAX RETURN

**CALENDAR YEAR ENDED DECEMBER 31, 2023
AFFILIATIONS SCHEDULE**

**CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201**

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
3	A & A HOME CARE INC.	03-0523544
4	ABERDEEN HOLDINGS, INC.	72-2695805
5	ABLE HOME HEALTHCARE, INC.	77-0601595
6	ADVANCED ONCOLOGY SERVICES, INC.	65-0180784
7	ALPINE HOME HEALTH CARE, LLC	36-4473376
8	AMERICAN HOME CARE MANAGEMENT CORP.	11-3306095
9	AMICUS MEDICAL CENTER, LLC	45-4020797

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

NOTES TO THE FINANCIAL STATEMENTS

10	AMICUS MEDICAL GROUP, INC.	27-3974953
11	AMICUS MEDICAL SERVICES ORGANIZATION, LLC	27-1085323
12	ARCADIAN HEALTH PLAN, INC.	20-1001348
13	ASIAN AMERICAN HOME CARE, INC.	94-3247811
14	BALANCED HOME HEALTHCARE, INC.	27-0287186
15	BRIDGES HOME HEALTH, INC.	20-1903568
16	CARENNETWORK, INC.	39-1514846
17	CAREPLUS HEALTH PLANS, INC.	59-2598550
18	CARITEN HEALTH PLAN INC.	62-1579044
19	CENTERWELL CARE SOLUTIONS, INC.	85-0858631
20	CENTERWELL CERTIFIED HEALTHCARE CORP.	11-2645333
21	CENTERWELL HEALTH SERVICES (CERTIFIED), INC.	11-3454105
22	CENTERWELL HEALTH SERVICES HOLDING CORP.	11-3454104
23	CENTERWELL HEALTH SERVICES, INC.	36-4335801
24	CENTERWELL PHARMACY, INC.	61-1316926
25	CENTERWELL SENIOR PRIMARY CARE (AZ) CS, P.C.	93-2245383
26	CENTERWELL SENIOR PRIMARY CARE (FL), INC.	59-3164234
27	CENTERWELL SENIOR PRIMARY CARE (KS), P.A.	30-1236218
28	CENTERWELL SENIOR PRIMARY CARE (MO), P.C.	85-3676937
29	CENTERWELL SENIOR PRIMARY CARE (NC), P.C.	82-1926920
30	CENTERWELL SENIOR PRIMARY CARE (SC), P.C.	85-3577914
31	CENTERWELL SERVICES OF NEW YORK, INC.	11-2802024
32	CHA HMO, INC.	61-1279717
33	COMPBENEFITS COMPANY	59-2531815
34	COMPBENEFITS CORPORATION	04-3185995
35	COMPBENEFITS DENTAL, INC.	36-3686002
36	COMPBENEFITS DIRECT, INC.	58-2228851
37	COMPBENEFITS INSURANCE COMPANY	74-2552026
38	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
39	CONVIVA HEALTH MANAGEMENT, LLC	46-5329373
40	CONVIVA HEALTH MSO OF TEXAS, INC.	46-1225873
41	CONVIVA MEDICAL CENTER MANAGEMENT OF TEXAS, P.A.	47-1161014
42	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
43	DENTICARE, INC.	76-0039628
44	EAGLE RX HOLDCO, INC.	47-1407967
45	EAGLE RX, INC.	47-1416614
46	EDGE HEALTH MSO, INC.	84-2214810
47	EDGE HEALTH, P.C.	84-2752906
48	EMPHESYS INSURANCE COMPANY	31-0935772
49	EMPHESYS, INC.	61-1237697
50	ENCLARA PHARMACIA, INC.	23-3068914
51	FIRST HOME HEALTH, INC.	55-0750157
52	FOCUS CARE HEALTH RESOURCES, INC.	75-2784006
53	FPG ACQUISITION CORP.	81-3802918
54	FPG ACQUISITION HOLDINGS CORP.	81-3819187
55	FPG HOLDING COMPANY, LLC	32-0505460
56	GBA HOLDING, INC.	75-2855493
57	GILBERT'S HOME HEALTH AGENCY, INC.	64-0730826
58	GUIDANTRX, INC.	39-1789830
59	HARRIS, ROTHENBERG INTERNATIONAL INC.	27-1649291
60	HAWKEYE HEALTH SERVICES, INC.	42-1285486
61	HEALTH VALUE MANAGEMENT, INC.	61-1223418
62	HHS HEALTHCARE CORP.	90-0527683
63	HOME HEALTH CARE AFFILIATES OF MISSISSIPPI, INC.	62-1775256
64	HOME HEALTH CARE AFFILIATES, INC.	74-2737989
65	HOME HEALTH OF RURAL TEXAS, INC.	75-2374091
66	HOME HEALTH SERVICES, INC.	87-0494759
67	HOME CARE HOLDINGS, INC.	65-0837269
68	HORIZON HEALTH CARE SERVICES, INC.	76-0456316
69	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
70	HUMANA AT HOME (DALLAS), INC.	75-2739333
71	HUMANA AT HOME (HOUSTON), INC.	76-0537878
72	HUMANA AT HOME (SAN ANTONIO), INC	01-0766084
73	HUMANA AT HOME (TLC), INC.	75-2600512
74	HUMANA AT HOME 1, INC.	65-0274594
75	HUMANA AT HOME, INC.	13-4036798
76	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
77	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
78	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865

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

NOTES TO THE FINANCIAL STATEMENTS

79	HUMANA DENTAL COMPANY	59-1843760
80	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.	80-0072760
81	HUMANA DIRECT CONTRACTING ENTITY, INC.	85-3099097
82	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC.	46-4912173
83	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
84	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
85	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
86	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
87	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
88	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
89	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
90	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
91	HUMANA HEALTH PLAN, INC.	61-1013183
92	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
93	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
94	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
95	HUMANA INSURANCE COMPANY	39-1263473
96	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
97	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
98	HUMANA MARKETPOINT, INC.	61-1343508
99	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
100	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
101	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
102	HUMANA MEDICAL PLAN, INC.	61-1103898
103	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
104	HUMANA REAL ESTATE COMPANY	20-1724127
105	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
106	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
107	HUMANADENTAL INSURANCE COMPANY	39-0714280
108	HUMANADENTAL, INC.	61-1364005
109	HUMCO, INC.	61-1239538
110	HUM-E-FL, INC.	61-1383567
111	INDEPENDENT CARE HEALTH PLAN	39-1769093
112	INTEGRACARE HOLDINGS, INC.	20-8781607
113	INTEGRACARE HOME HEALTH SERVICES, INC.	75-2865632
114	INTEGRACARE INTERMEDIATE HOLDINGS, INC.	20-8781715
115	KENTUCKY HOME CARE HOLDINGS, INC.	82-3695166
116	KENTUCKY HOME CARE PARENT INC.	82-3986306
117	MANAGED CARE INDEMNITY, INC.	61-1232669
118	MED. TECH. SERVICES OF SOUTH FLORIDA, INC.	65-0277280
119	MEDICAL GROUP AT SUN CITY (IQBAL), P.C.	88-0386657
120	MEDICAL GROUP AT SUN CITY HOSPITALISTS (NAJMI), P.C.	84-3377726
121	MED-TECH SERVICES OF DADE, INC.	65-1033439
122	MED-TECH SERVICES OF PALM BEACH, INC.	65-0644307
123	METCARE OF FLORIDA, INC.	65-0879131
124	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
125	MISSOURI HOME CARE OF ROLLA, INC.	43-1317147
126	M-SAC, INC.	20-5123865
127	NEW YORK HEALTHCARE SERVICES, INC.	22-2695367
128	NURSING CARE-HOME HEALTH AGENCY, INC.	55-0633030
129	PBM HOLDING COMPANY	61-1340806
130	PBM PLUS MAIL SERVICE PHARMACY, LLC	20-2373204
131	PHH ACQUISITION CORP.	20-5043135
132	PHHC ACQUISITION CORP.	38-3784032
133	PHP COMPANIES, INC.	62-1552091
134	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
135	QC-MEDI NEW YORK, INC.	11-2750425
136	QUALITY CARE - USA, INC.	11-2256479
137	QUALITY LIVING HOME HEALTH CARE, LLC	45-2823888
138	ROHC, L.L.C.	75-2844854
139	SENIOR HOME CARE, INC.	59-3080333
140	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
141	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
142	SHC HOLDING, INC.	42-1699530
143	SOUTHERN NEVADA HOME HEALTH CARE, INC.	87-0494757
144	SYNERGY HOME CARE-ACADIANA REGION, INC.	72-1487473
145	SYNERGY HOME CARE-CAPITOL REGION, INC.	20-1376846
146	SYNERGY HOME CARE-CENTRAL REGION, INC.	36-4516940

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

NOTES TO THE FINANCIAL STATEMENTS

147	SYNERGY HOME CARE-NORTHEASTERN REGION, INC.	72-1178497
148	SYNERGY HOME CARE-NORTHSHERE REGION, INC.	72-1223659
149	SYNERGY HOME CARE-NORTHWESTERN REGION, INC.	72-1431394
150	SYNERGY HOME CARE-SOUTHEASTERN REGION, INC.	72-1429305
151	SYNERGY, INC.	93-3419676
152	TEXAS DENTAL PLANS, INC.	74-2352809
153	THE DENTAL CONCERN, INC.	52-1157181
154	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
155	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
156	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
157	TRILOGY HOME HEALTHCARE NE FL, INC	81-3442232
158	TRILOGY HOME HEALTHCARE SW FL, INC	81-4466479
159	VAN WINKLE HOME HEALTH CARE, INC.	62-1669388
160	VITALITY HHS HOLDINGS, INC.	81-2022629
161	VITALITY HOME CARE, INC	81-2019673
162	VOYAGER HOME HEALTH, INC.	26-1501792
163	VOYAGER HOSPICECARE, INC.	20-1173787

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

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-B. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2023 and 2022 were \$88,573,316 and \$28,930,198, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

In the ordinary course of business, the Company also has a contracted relationship with Humana Pharmacy Solutions, Inc. (HPS). HPS is responsible for designing pharmacy benefits, including defining member co-share responsibilities, determining formulary listings, contracting with retail pharmacies, confirming member eligibility, reviewing drug utilization, and processing claims for Humana entities. HPS has various contracts with pharmacy manufacturers to provide the Company with purchase discounts and volume rebates on certain prescription drugs utilized by its members. The Company has an agreement with HPS to collect pharmacy rebates on its behalf and remit them to the Company on a monthly basis. The Company had \$72,670,762 and \$62,609,266 of administrative service and prescription costs in 2023 and 2022, respectively, with HPS. The prescription costs included in fees paid to HPS are gross of the pharmacy rebates that the Company receives, see Footnote 28, and also includes payments for Medicare Part D claims that CMS reimburses the Company for through the Coverage Gap, Low Income and Reinsurance subsidies.

Included in the payments to HPS are also costs incurred from Humana Pharmacy, Inc. Humana Pharmacy, Inc. provides covered members with prescription services through use of the mail order as well as brick and mortar locations. These services are limited to maintenance medication prescription drug and allied services and supplies normally provided to the general public in the ordinary course of pharmacy business. The Company had \$20,778,615 and \$18,967,244 of prescription costs in 2023 and 2022, respectively, with Humana Pharmacy, Inc.

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

The Company received a \$30,000,000 capital contribution on February 22, 2023. In accordance with the SSAP No. 72 Surplus and Quasi-Reorganization, this transaction was treated as a Type I subsequent event and was recorded as an admitted asset as of December 31, 2022. The Ohio Department of Insurance approved this transaction prior to the payment of this capital contribution. Additionally, the Company received a \$30,000,000 and \$60,000,000 capital contribution from Humana Inc. on September 27, 2023 and December 29, 2023, respectively.

C. (1) Detail of Material Related Party Transactions

Not Applicable.

(2) Detail of Material Related Party Transactions Involving Services

Not Applicable.

(3) Detail of Material Related Party Transactions Exchange of Assets and Liabilities

Not Applicable.

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

Not Applicable.

D. At December 31, 2023, the Company reported \$21,686,615 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. Not Applicable.

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

NOTES TO THE FINANCIAL STATEMENTS

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

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

O. SCA Loss Tracking

Not Applicable.

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

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

Humana Inc.’s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$276,415,225 and \$270,539,838 for the years ended December 31, 2023 and 2022, respectively. As of December 31, 2023 and 2022, the fair market value of the Humana Retirement Savings Plan’s assets was \$7,361,090,600 and \$6,432,021,537, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

A. The Company has \$- 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. Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the greater of 10% of total surplus or net income from the

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

NOTES TO THE FINANCIAL STATEMENTS

prior year. All ordinary dividends are limited to available and accumulated surplus funds. Any dividends paid in the twelve months preceding a proposed dividend are considered in determining whether a dividend is extraordinary. Based on these restrictions, no dividend was available without prior approval.

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

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

- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. Not Applicable.
- H. Not Applicable.
- I. Not Applicable.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.
- K. Not Applicable.
- L. Not Applicable.
- M. Not Applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments
 - Not Applicable.
- B. Assessments
 - Not Applicable.
- C. Gain Contingencies
 - Not Applicable.
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits
 - Not Applicable.
- E. Joint and Several Liabilities
 - Not Applicable.
- F. All Other Contingencies

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

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

15. Leases

- A. Lessee Operating Lease
 - (1) The Company had entered into operating leases for medical and administrative office space and equipment with lease terms that ended in 2022. Operating lease rental payments charged to expenses for the year ended December 31, 2022 were \$76,925, with no operating lease rental payments charged to expenses for the year ended December 31, 2023.
 - (2) Noncancelable Lease Terms:
 - Not Applicable.
 - (3) The Company is not involved in any sales-leaseback transactions.
- B. Lessor Leases
 - Not Applicable.

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of December 31, 2023, the Company has recorded a receivable from CMS of \$312,347 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at December 31, 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 December 31, 2023.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2022 and December 31, 2023.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2023.

(5) Derivative Fair Values

Not Applicable.

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

NOTES TO THE FINANCIAL STATEMENTS

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	\$ 211,540,787	\$ 215,059,021	\$ 128,064,655	\$ 83,476,132	\$ -	\$ -	\$ -

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.

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

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

NOTES TO THE FINANCIAL STATEMENTS

loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 28, 2024 for the Statutory Statement issued on February 28, 2024.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

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.

STATEMENT AS OF December 31, 2023 OF Humana Health Plan of Ohio, Inc.**NOTES TO THE FINANCIAL STATEMENTS**

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

C. The amount of net premiums written by the Company at December 31, 2023 that are subject to retrospective rating features was \$796,047,101, 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)	\$ 1,976,014	
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 3,321	
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ -	
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 2,405,412	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 4,082	
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ -	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -	
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -	
Operations (Revenues & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ -	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -	
9. ACA Reinsurance contributions – not reported as ceded premiums	\$ -	
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors	\$ -	
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -	
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income	\$ -	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -	

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

NOTES TO THE FINANCIAL STATEMENTS

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences		Adjustments		Unsettled Balances as of the Reporting Date				
			Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)			
			1	2	3	4	5	6	7		
	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		1,055,833		(529,239)		529,344		A.	105	
2. Premium adjustments (payables) (including high risk pool premium)					(99,842)		99,842		(99,842)	B.	
3. Subtotal ACA Permanent Risk Adjustment Program	526,594		1,055,833	(99,842)	(529,239)		99,842	529,344	(99,842)	105	
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		1,055,833	(99,842)	(529,239)		99,842	529,344	(99,842)	105	

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 December 31, 2023, \$15,138,552 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,929,344 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$2,697,737 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 \$2,687,434 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

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

NOTES TO THE FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2023	\$ 5,669,346	\$ 5,669,346	\$ -	\$ -	\$ -
9/30/2023	5,916,294	6,040,557	2,593,150	2,903,051	-
6/30/2023	6,395,086	6,458,263	3,859,047	2,273,630	431
3/31/2023	6,170,306	6,166,992	3,682,597	2,223,718	(13,760)
12/31/2022	5,918,355	5,811,253	3,561,455	2,240,392	-
9/30/2022	5,830,371	5,828,915	5,700,019	128,896	-
6/30/2022	6,244,367	6,446,306	6,495,207	(48,901)	-
3/31/2022	5,817,837	5,610,429	5,517,944	92,485	-
12/31/2021	5,877,662	5,853,246	5,847,232	6,014	-
9/30/2021	4,810,187	5,037,906	4,971,320	66,586	-
6/30/2021	5,462,417	5,749,222	5,682,876	23,234	43,112
3/31/2021	4,373,942	4,522,890	4,493,433	84	29,373

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 24,919,979
2. Date of the most recent evaluation of this liability December 31, 2023
3. Was anticipated investment income utilized in the calculation? Yes (X) No ()

31. Anticipated Salvage and Subrogation

Not Applicable.

,

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

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

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

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

1.3 State Regulating? Ohio

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

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

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

2.2 If yes, date of change:

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

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

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/23/2022

3.4 By what department or departments?
Ohio Department of Insurance

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

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

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

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

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

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

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

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

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

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

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

1 Nationality	2 Type of Entity
.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
 Not Applicable
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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

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

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

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

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

 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 Ethics Every Day was amended in June 2023 to update content based on operational changes, clarify content where necessary and perform general document maintenance.
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

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

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

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

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

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

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

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

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

22.2 If answer is yes:

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

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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

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

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

INVESTMENT

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto
.....

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

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

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

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

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

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

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

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

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

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

26.21 Subject to repurchase agreements	\$0
26.22 Subject to reverse repurchase agreements	\$0
26.23 Subject to dollar repurchase agreements	\$0
26.24 Subject to reverse dollar repurchase agreements	\$0
26.25 Placed under option agreements	\$0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$0
26.27 FHLB Capital Stock	\$0
26.28 On deposit with states	\$1,117,091
26.29 On deposit with other regulatory bodies	\$0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$0
26.32 Other	\$0

26.3 For category (26.26) provide the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC	U.....
Humana Inc.	I.....

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	206,709,667	203,191,433	(3,518,234)
31.2 Preferred stocks	0	0	0
31.3 Totals	206,709,667	203,191,433	(3,518,234)

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

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

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

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

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

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

33.2 If no, list exceptions:
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
 Has the reporting entity self-designated PLGI securities? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 a. The shares were purchased prior to January 1, 2019.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 d. The fund only or predominantly holds bonds in its portfolio.
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%)) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
39.21 Held directly Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....

OTHER

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

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

1 Name	2 Amount Paid
.....

41.1 Amount of payments for legal expenses, if any? \$ 12,464

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

1 Name	2 Amount Paid
SQUIRE SANDERS (US)LPP .....	..... 9,522

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

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

1 Name	2 Amount Paid
.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ 0
1.6	Individual policies:	
	Most current three years: 1.61 Total premium earned 1.62 Total incurred claims 1.63 Number of covered lives	\$ 0 \$ 0 0
	All years prior to most current three years: 1.64 Total premium earned 1.65 Total incurred claims 1.66 Number of covered lives	\$ 0 \$ 0 0
1.7	Group policies:	
	Most current three years: 1.71 Total premium earned 1.72 Total incurred claims 1.73 Number of covered lives	\$ 0 \$ 0 0
	All years prior to most current three years: 1.74 Total premium earned 1.75 Total incurred claims 1.76 Number of covered lives	\$ 0 \$ 0 0
2.	Health Test:	
	1 Current Year	2 Prior Year
2.1	Premium Numerator	796,047,101 253,229,582
2.2	Premium Denominator	796,047,101 253,229,582
2.3	Premium Ratio (2.1/2.2)	1.000 1.000
2.4	Reserve Numerator	136,519,507 61,994,474
2.5	Reserve Denominator	136,519,507 61,994,474
2.6	Reserve Ratio (2.4/2.5)	1.000 1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
5.2	If no, explain: Stop-Loss Reinsurance is not required	
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical \$ 0 5.32 Medical Only \$ 0 5.33 Medicare Supplement \$ 0 5.34 Dental & Vision \$ 0 5.35 Other Limited Benefit Plan \$ 0 5.36 Other \$ 0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Provider contracts include hold harmless and continuation of benefits provisions. Insurer has an indemnity agreement with the parent company.	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
7.2	If no, give details	
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 55,697 8.2 Number of providers at end of reporting year 147,386
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months.. \$ 20,304,293 9.22 Business with rate guarantees over 36 months \$ 0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

GENERAL INTERROGATORIES

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

10.2 If yes:
10.21 Maximum amount payable bonuses.....\$ 2,389,000
10.22 Amount actually paid for year bonuses.....\$ 1,003,788
10.23 Maximum amount payable withholds.....\$ 0
10.24 Amount actually paid for year withholds.....\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio

11.4 If yes, show the amount required. \$ 23,529,081

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

See state regulation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

FIVE-YEAR HISTORICAL DATA

	1 2023	2 2022	3 2021	4 2020	5 2019
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	301,073,104	119,465,117	81,207,458	82,513,573	65,492,580
2. Total liabilities (Page 3, Line 24)	178,838,778	68,532,567	37,375,959	42,205,972	32,693,466
3. Statutory minimum capital and surplus requirement	23,529,081	23,480,952	23,054,145	23,299,134	23,810,418
4. Total capital and surplus (Page 3, Line 33)	122,234,326	50,932,550	43,831,499	40,307,601	32,799,114
Income Statement (Page 4)					
5. Total revenues (Line 8)	796,047,101	252,982,689	237,697,140	243,410,362	209,920,451
6. Total medical and hospital expenses (Line 18)	671,247,426	203,589,510	206,164,639	201,069,586	192,434,068
7. Claims adjustment expenses (Line 20)	39,971,786	8,465,221	7,431,886	7,486,658	7,078,754
8. Total administrative expenses (Line 21)	132,220,973	29,556,038	26,417,845	30,929,752	26,439,141
9. Net underwriting gain (loss) (Line 24)	(37,028,214)	(23,935,669)	4,994,075	(3,345,674)	(15,775,512)
10. Net investment gain (loss) (Line 27)	7,244,233	976,059	716,453	848,350	1,306,737
11. Total other income (Lines 28 plus 29)	3	1	0	1	(10,869)
12. Net income or (loss) (Line 32)	(22,657,295)	(25,591,950)	6,546,454	(4,256,553)	(11,762,817)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(7,435,134)	8,147,261	(2,083,123)	5,488,819	3,144,175
Risk-Based Capital Analysis					
14. Total adjusted capital	122,234,326	50,932,550	43,831,499	40,307,601	32,799,114
15. Authorized control level risk-based capital	23,725,846	7,843,027	7,684,715	7,766,378	7,936,806
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	142,233	32,626	32,003	34,011	37,353
17. Total members months (Column 6, Line 7)	1,355,864	392,652	385,757	421,659	458,657
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	84.3	80.4	86.7	82.6	91.7
20. Cost containment expenses	4.3	2.9	2.7	2.6	2.8
21. Other claims adjustment expenses	0.8	0.5	0.5	0.5	0.5
22. Total underwriting deductions (Line 23)	104.7	109.4	97.9	101.4	107.5
23. Total underwriting gain (loss) (Line 24)	(4.7)	(9.5)	2.1	(1.4)	(7.5)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	16,905,249	17,577,500	18,872,719	14,241,512	18,196,172
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	19,602,986	20,783,237	20,696,520	16,637,705	13,797,739
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

Yes No

If no, please explain: _____

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0
15. Indiana	IN	L	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0
18. Kentucky	KY	L	150,314,616	0	0	0	0	0	150,314,616	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	117,390,949	(32,492)	526,740,503	0	1,633,525	0	645,732,485	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	XXX	117,390,949	150,282,124	526,740,503	0	1,633,525	0	796,047,101	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	117,390,949	150,282,124	526,740,503	0	1,633,525	0	0	796,047,101	0
DETAILS OF WRITE-INS		XXX	0	0	0	0	0	0	0	0
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
58999	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

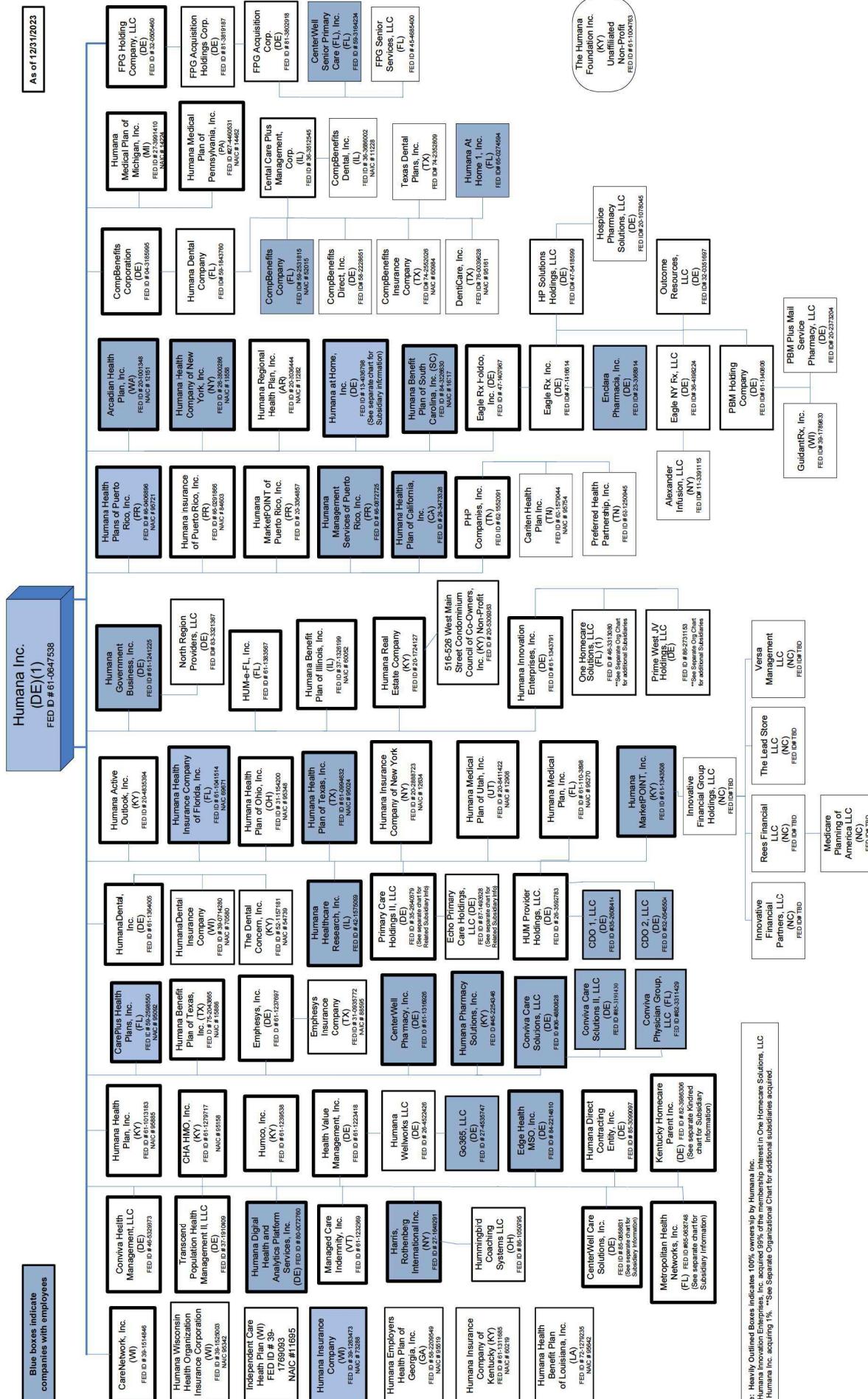
(a) Active Status Counts:

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

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

The Company reports premium based on the situs of the contract

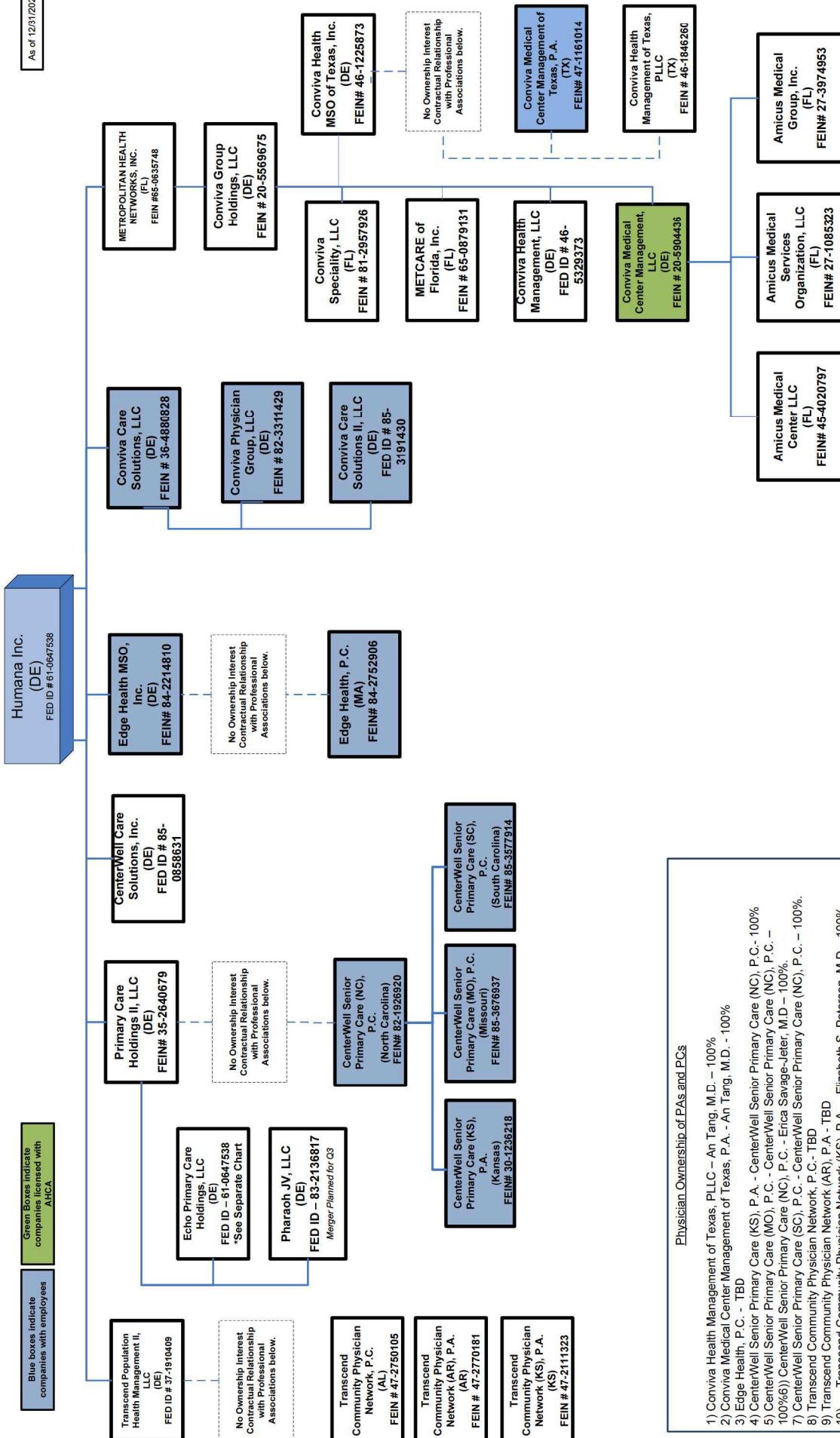


Blue boxes indicate companies with employees

4

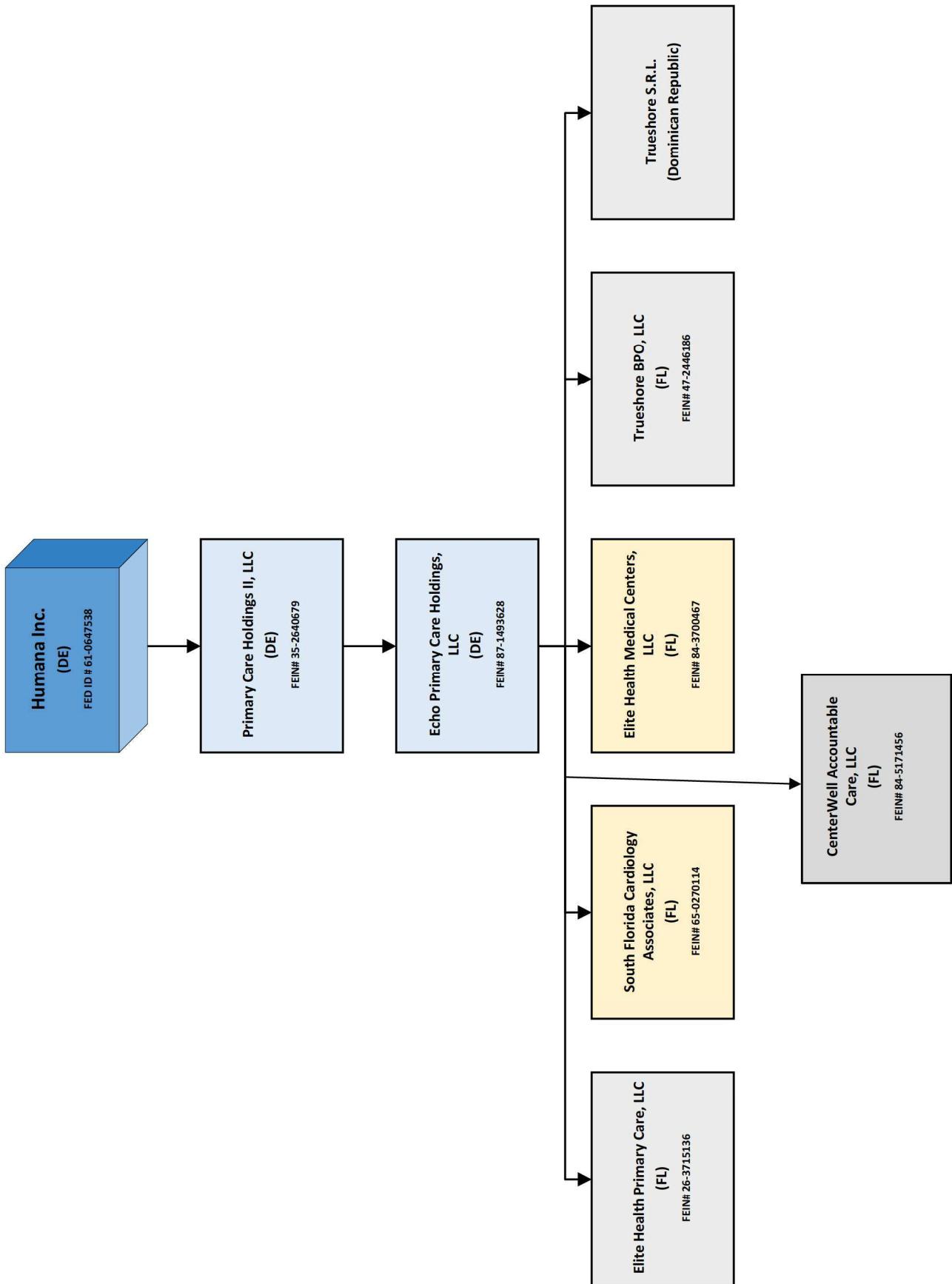
Note: Heavily Outlined Boxes indicates 100% owners ip by Humana Inc.
(1) Humana Innovation Enterprises, Inc. acquired 99% of the membership interest in One Homecare Solutions, LLC with Humana Inc. acquiring 1%. **See Separate Organizational Chart for additional subsidiaries acquired.

As of 12/31/2023



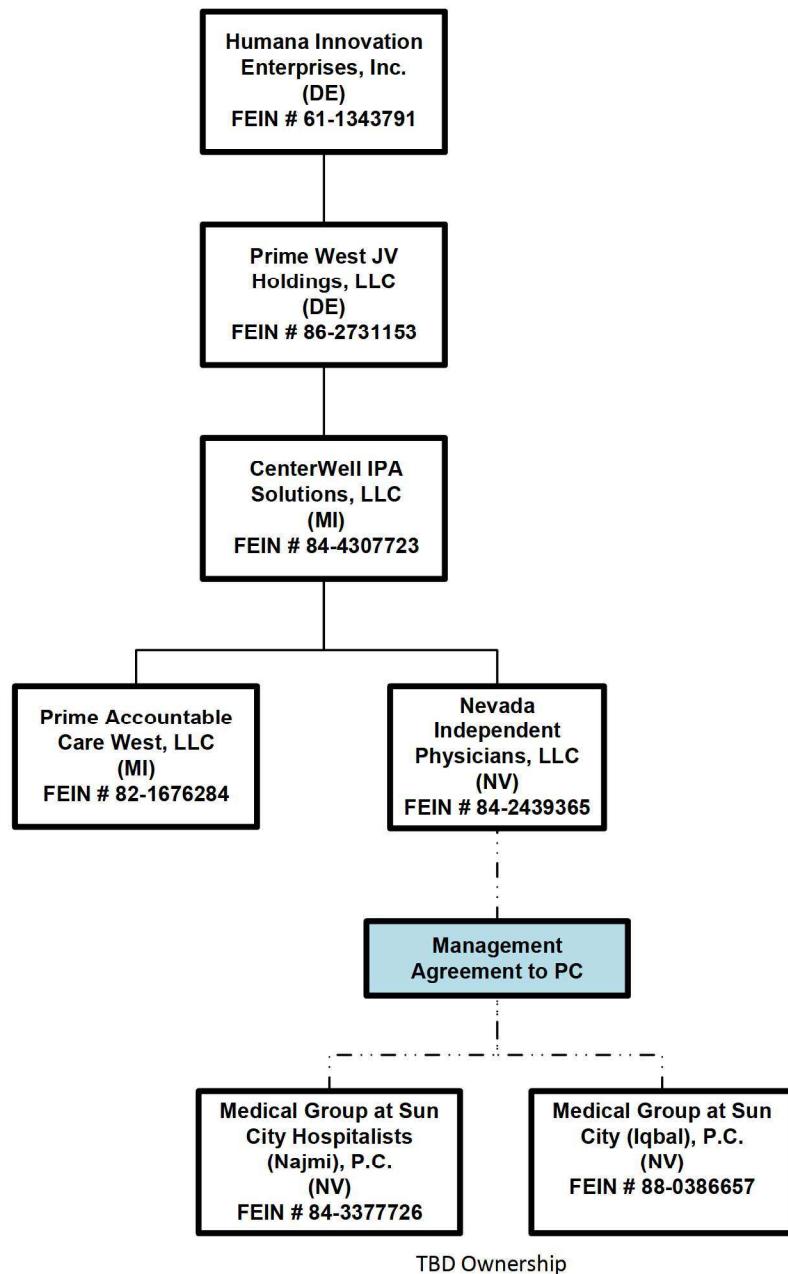
Physician Ownership of PAs and PCs

- 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. – TBD
- 4) CenterWell Senior Primary Care (KS), P.A. – CenterWell Senior Primary Care (NC), P.C. – 100%
- 5) CenterWell Senior Primary Care (MO), P.C. – CenterWell Senior Primary Care (NC), P.C. – 100%
- 6) CenterWell Senior Primary Care (NC), P.C. – Erica Savage-Jeter, M.D. – 100%
- 7) CenterWell Senior Primary Care (NC), P.C. – CenterWell Senior Primary Care (NC), P.C. – 100%
- 8) Transcend Community Physician Network, P.C. – TBD
- 9) Transcend Community Physician Network (AR), P.A. – TBD
- 10) Transcend Community Physician Network (KS), P.A. – Elizabeth S. Peterson, M.D. – 100%

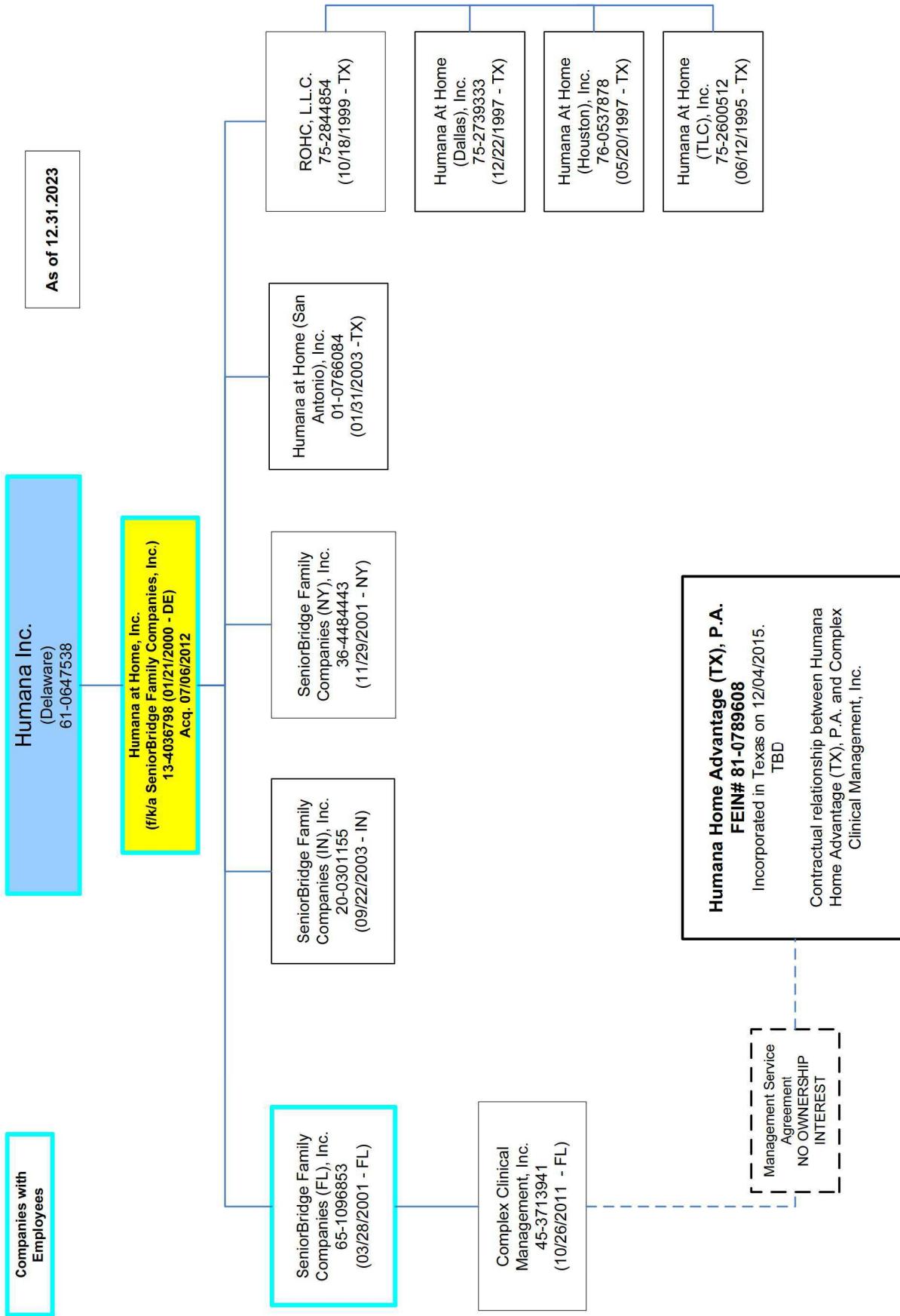
Echo Primary Care Holdings Organization Chart

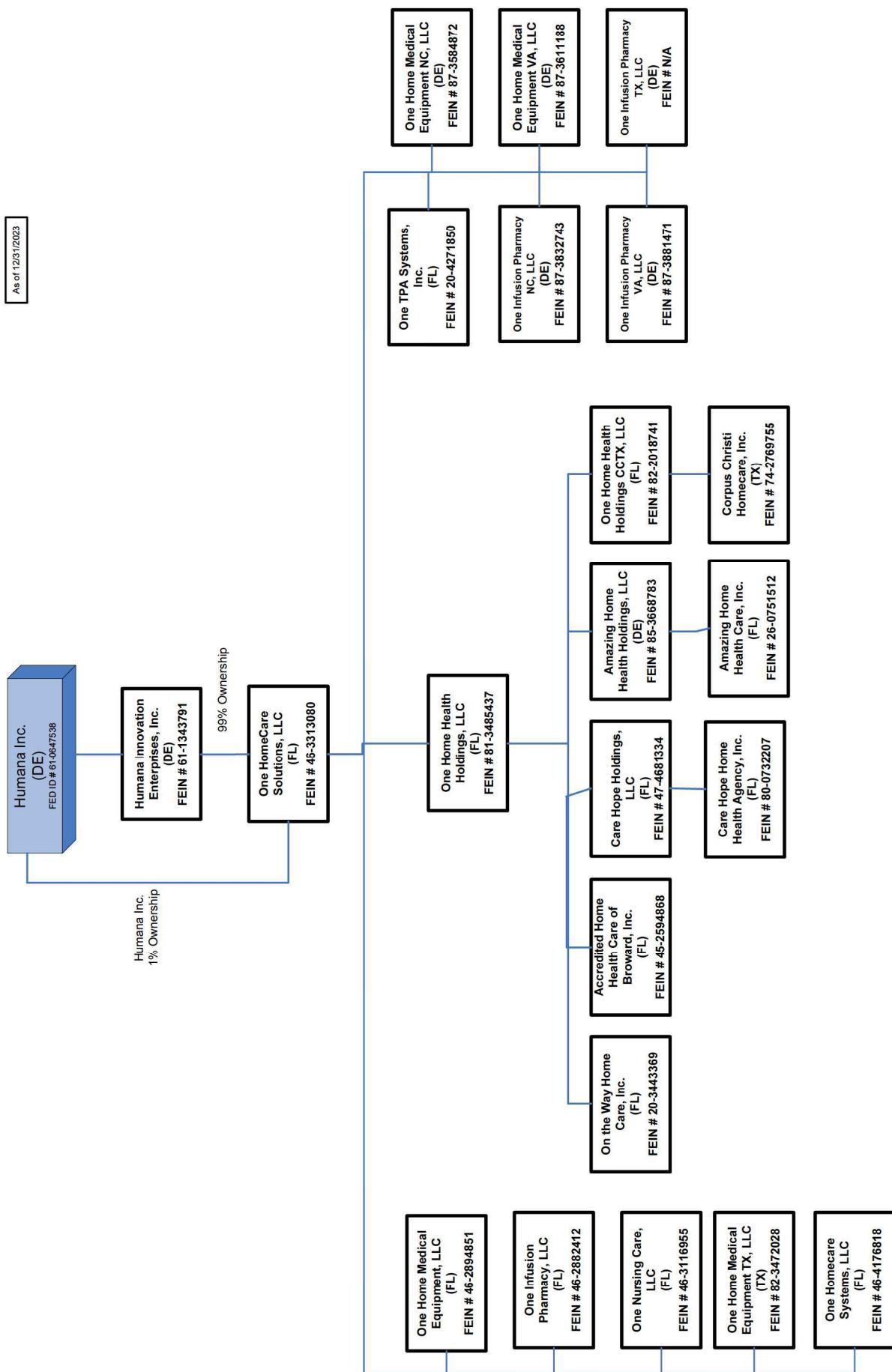
Prime West Organizational Chart

As of 12/31/2023

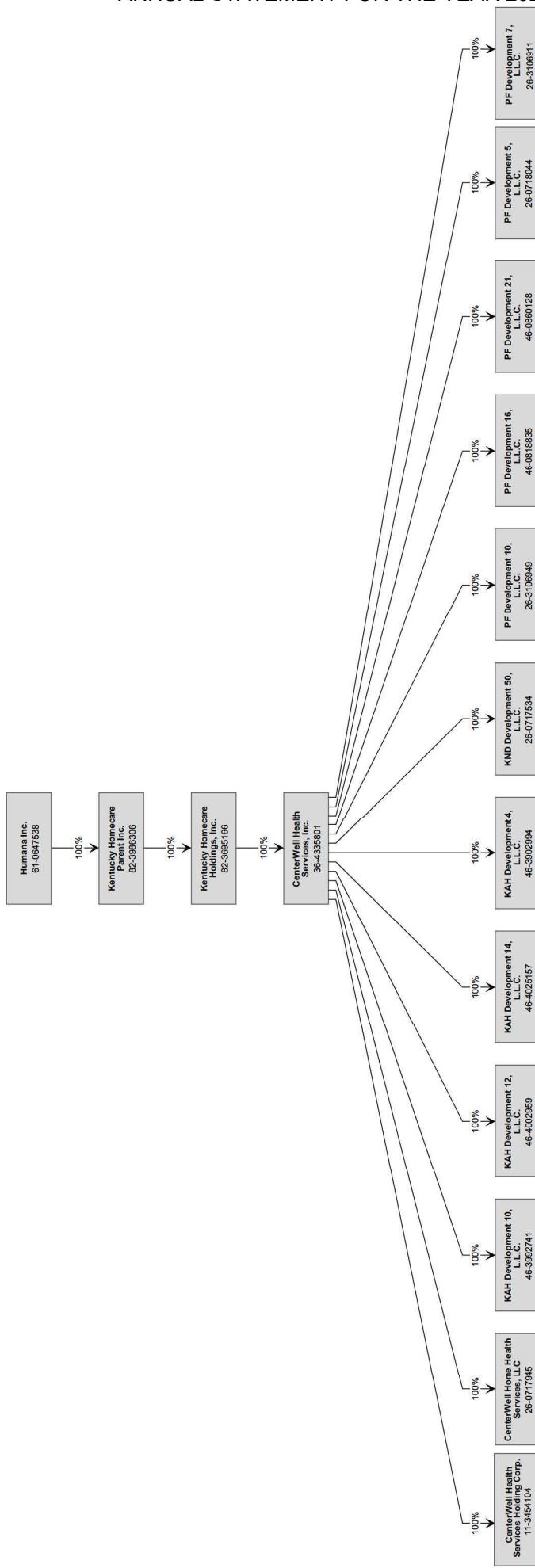


TBD Ownership

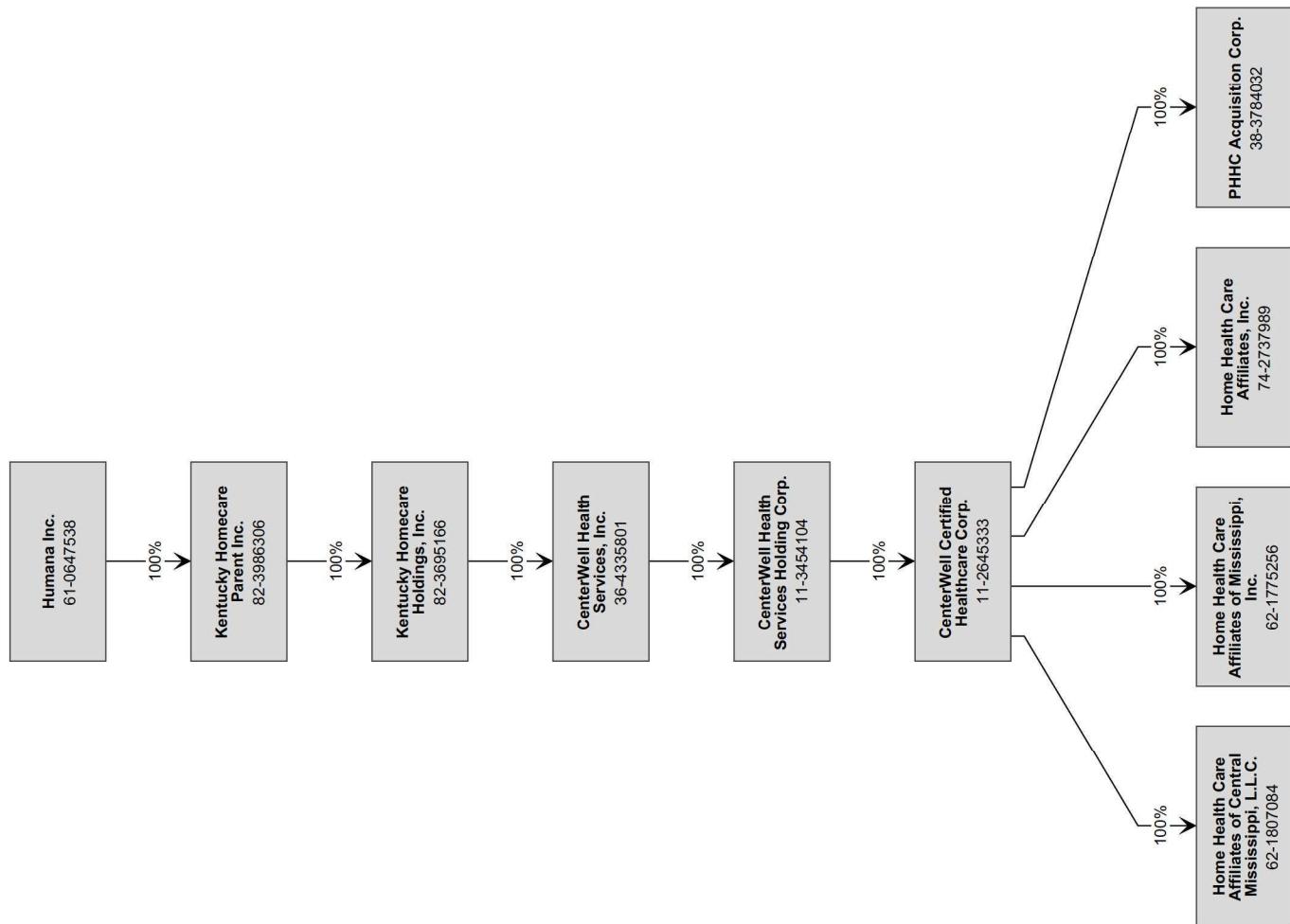


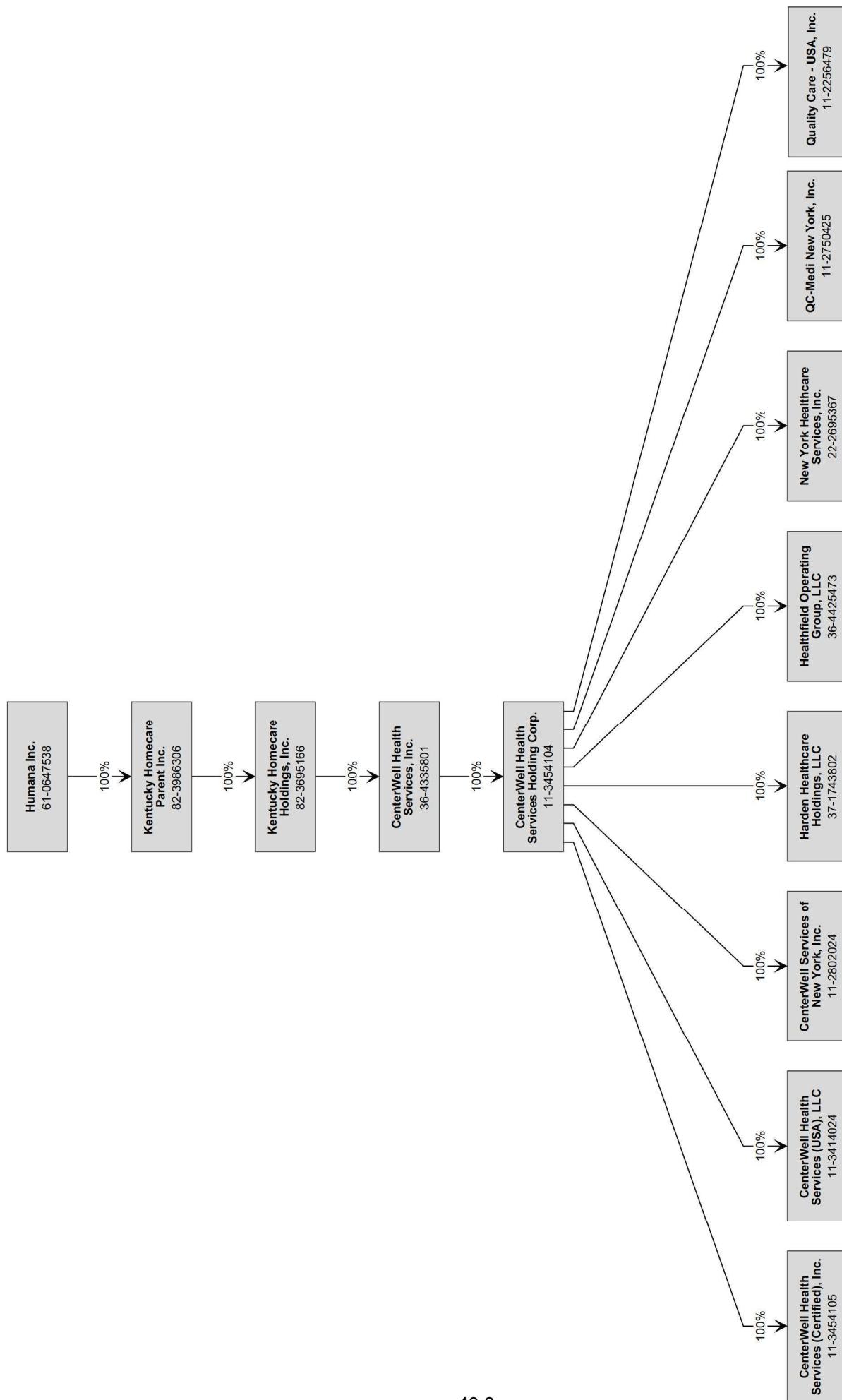


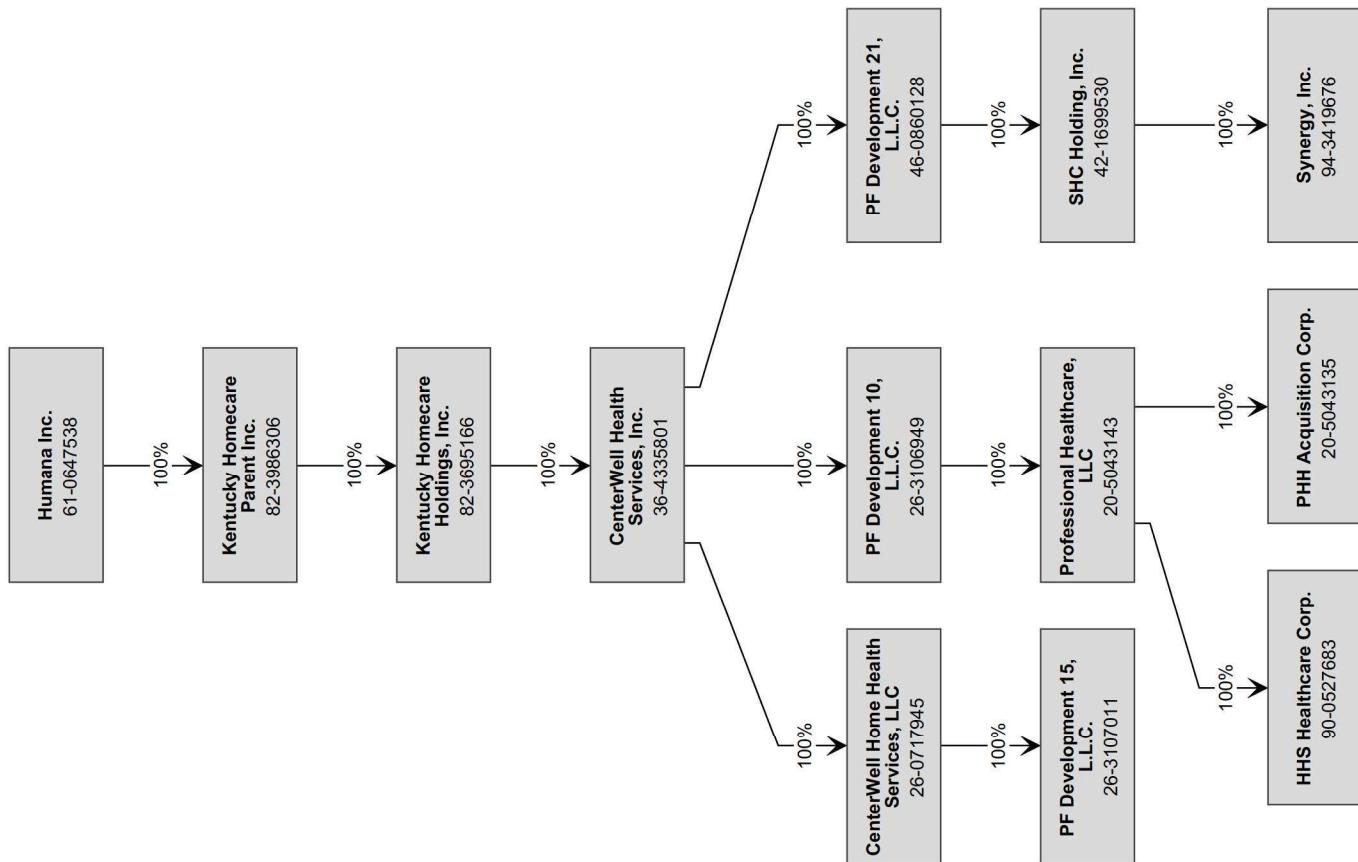
ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



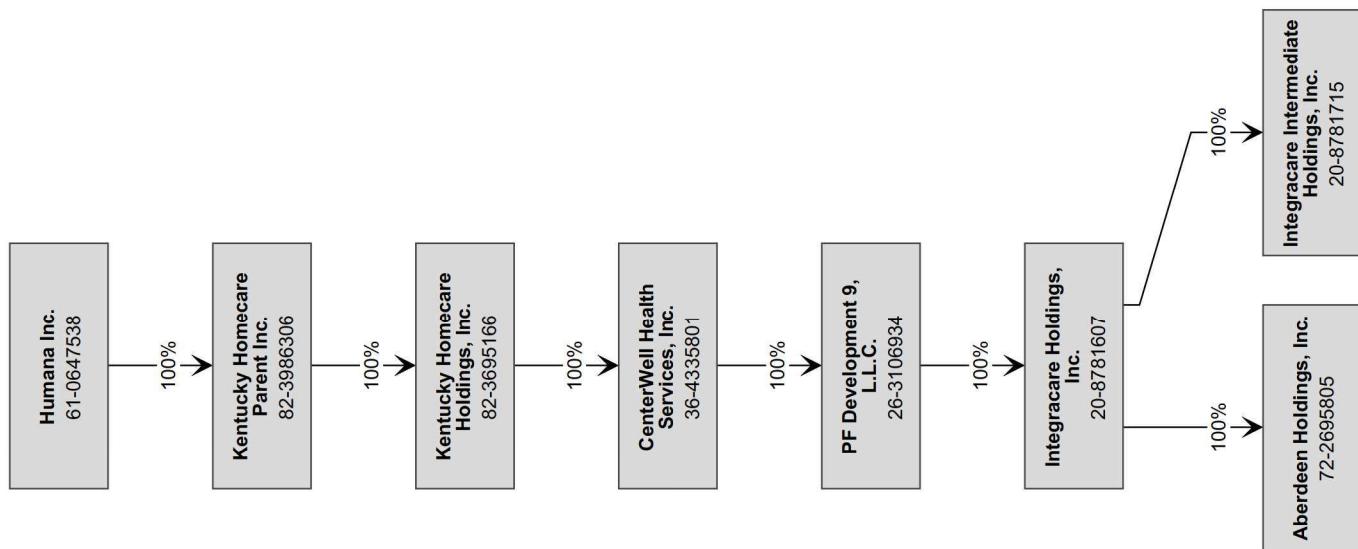
ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



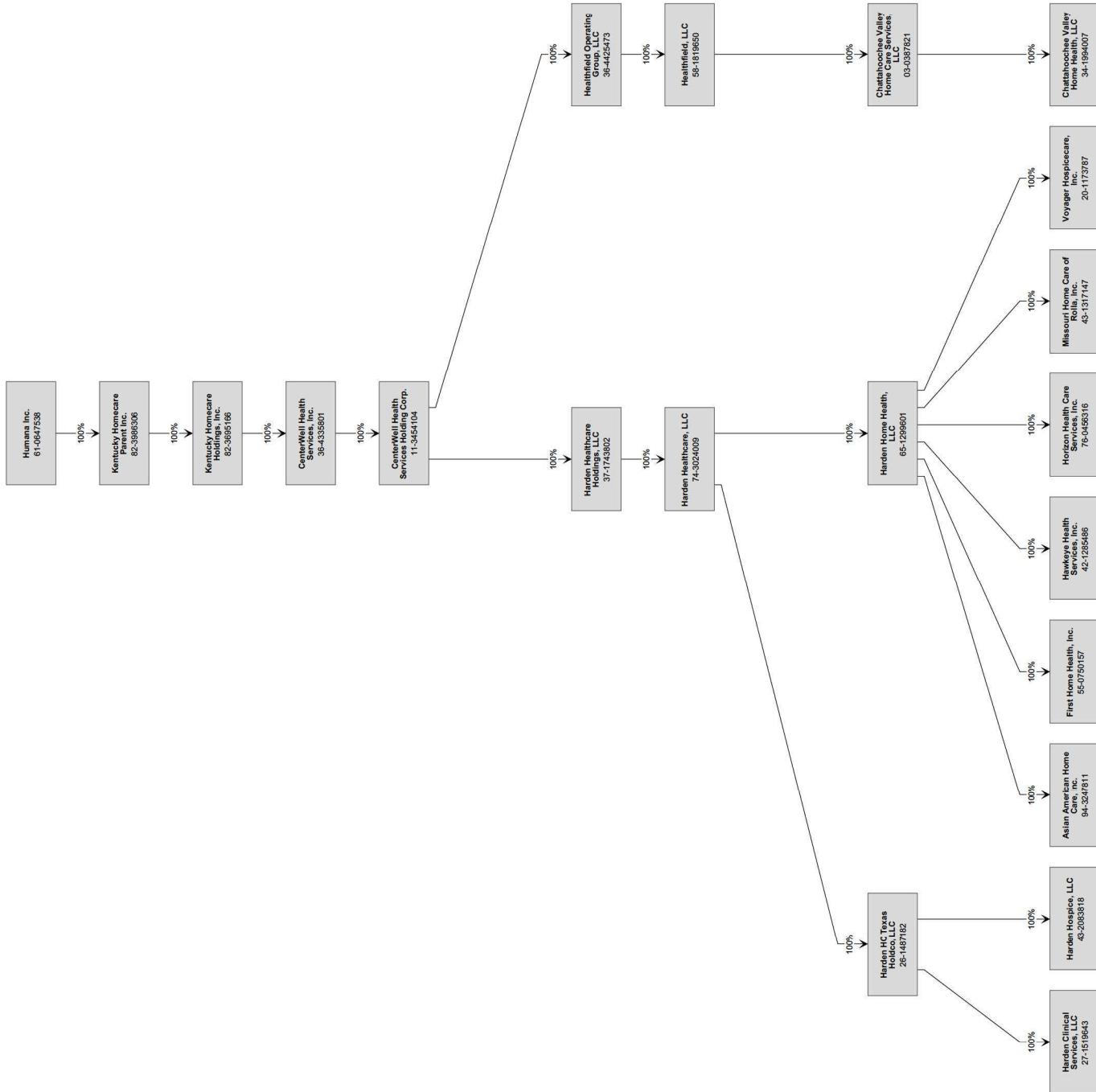




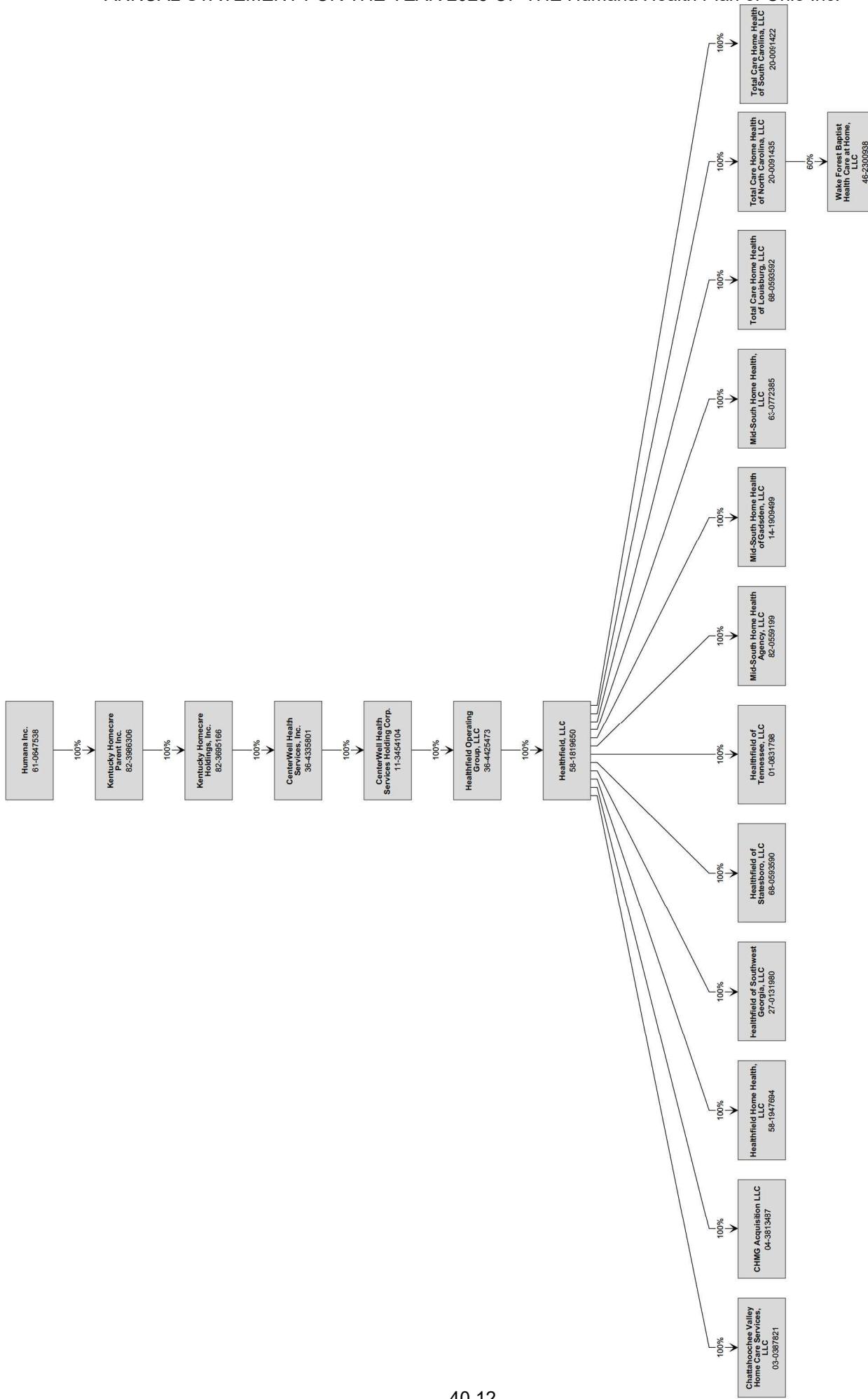
ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

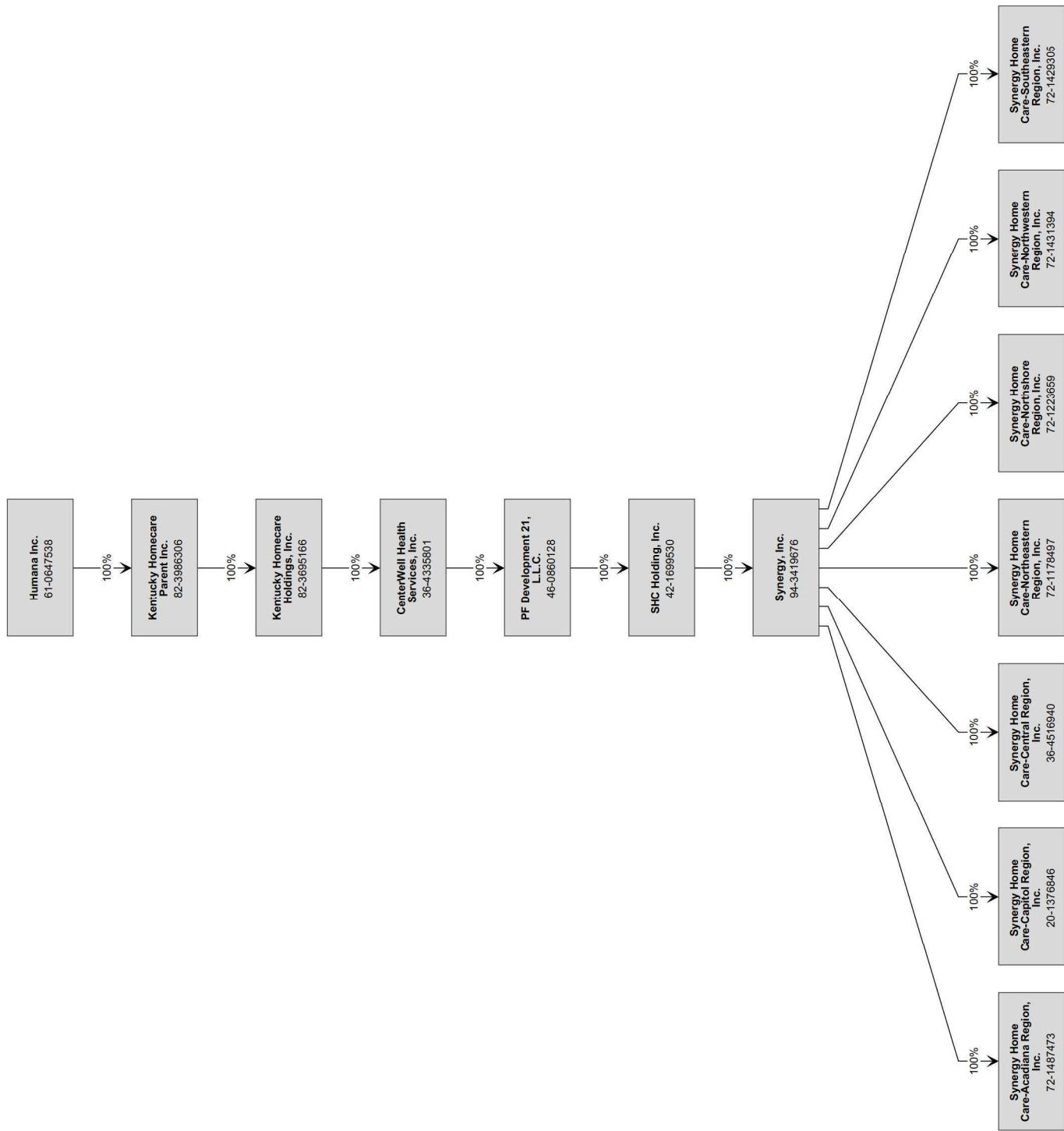


ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

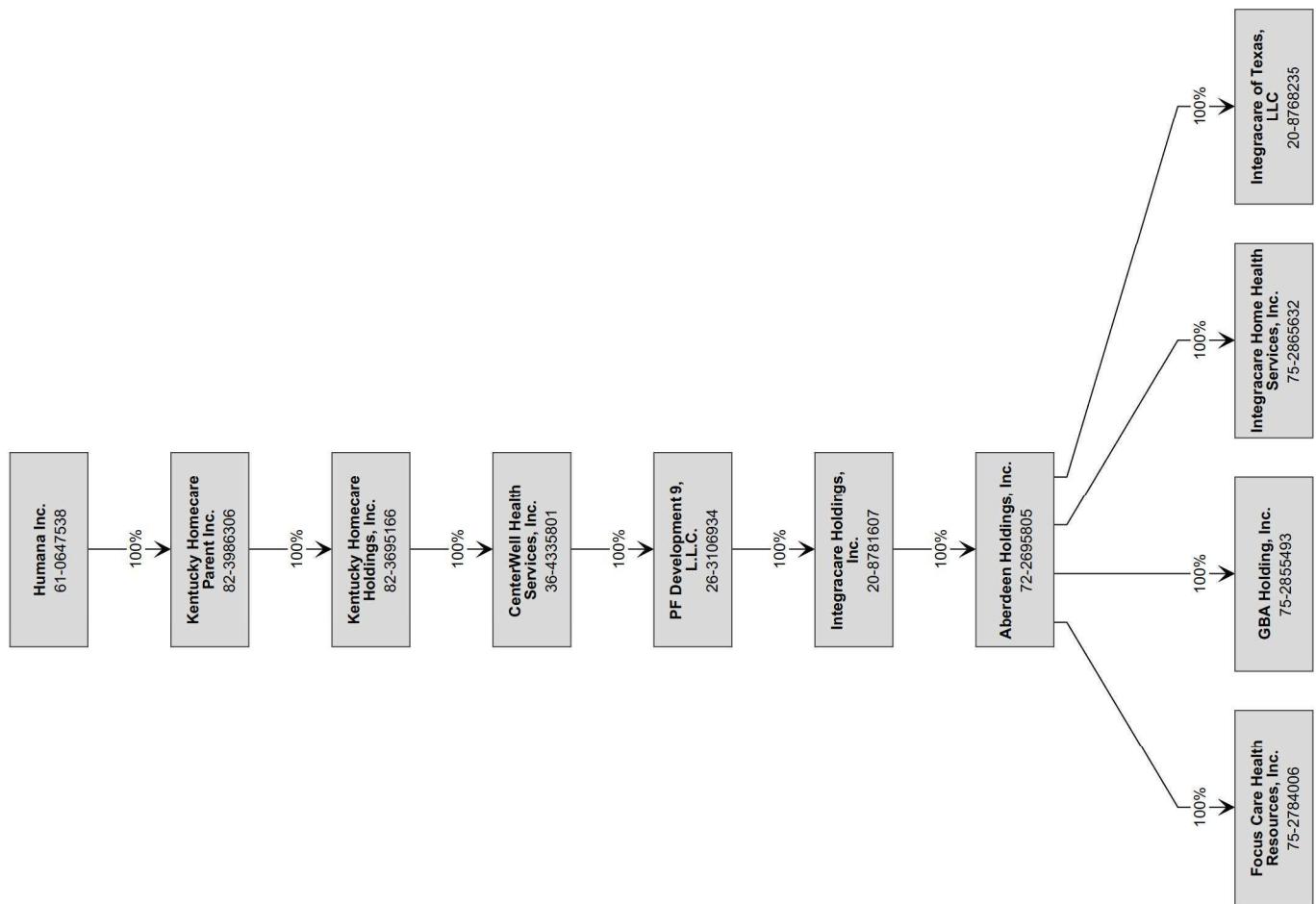


ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

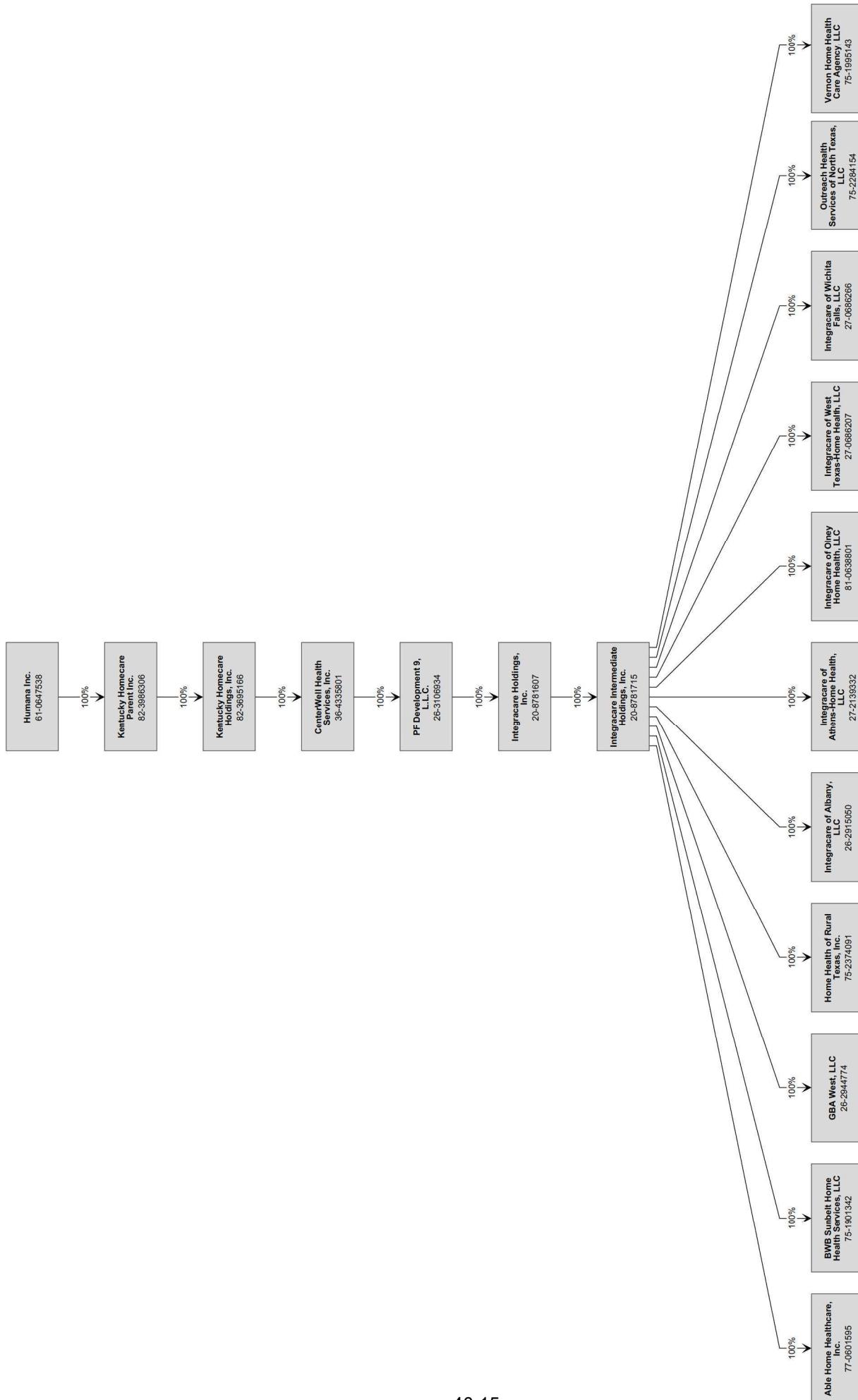




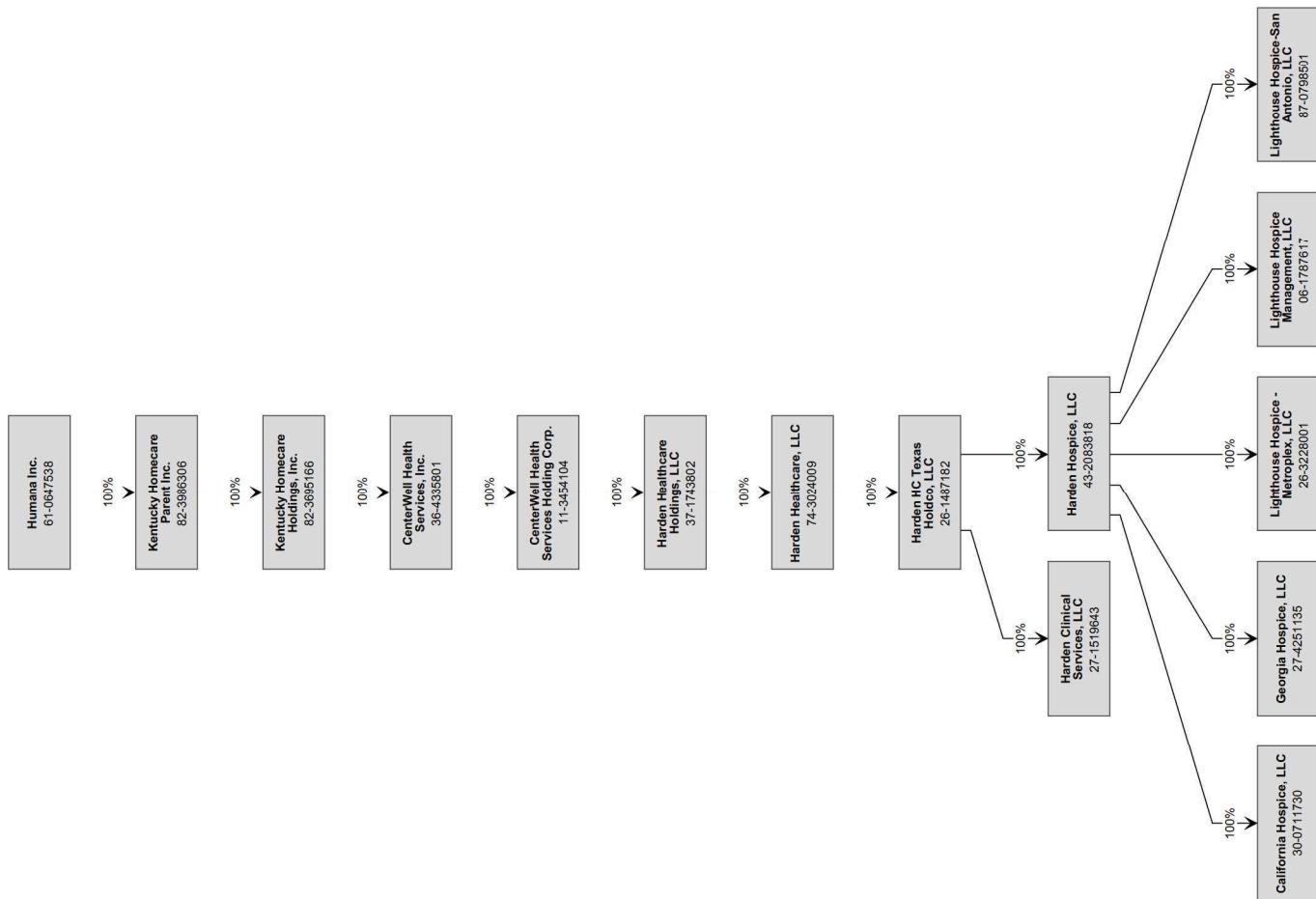
ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



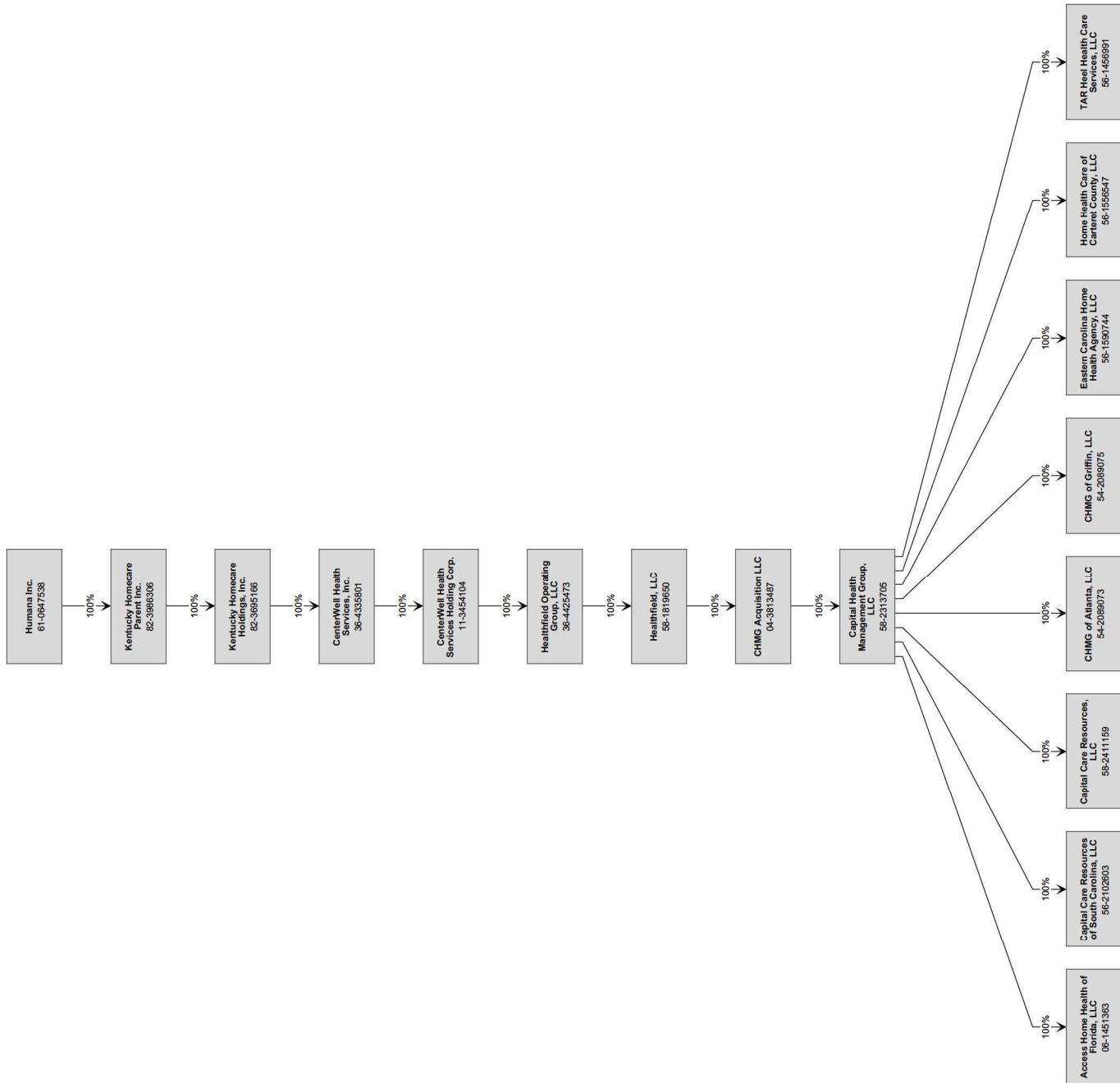
ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



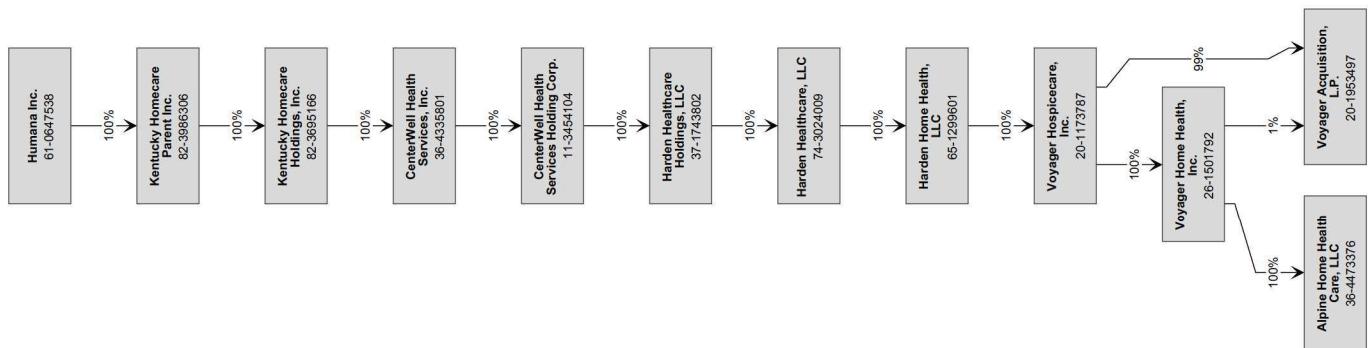
ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



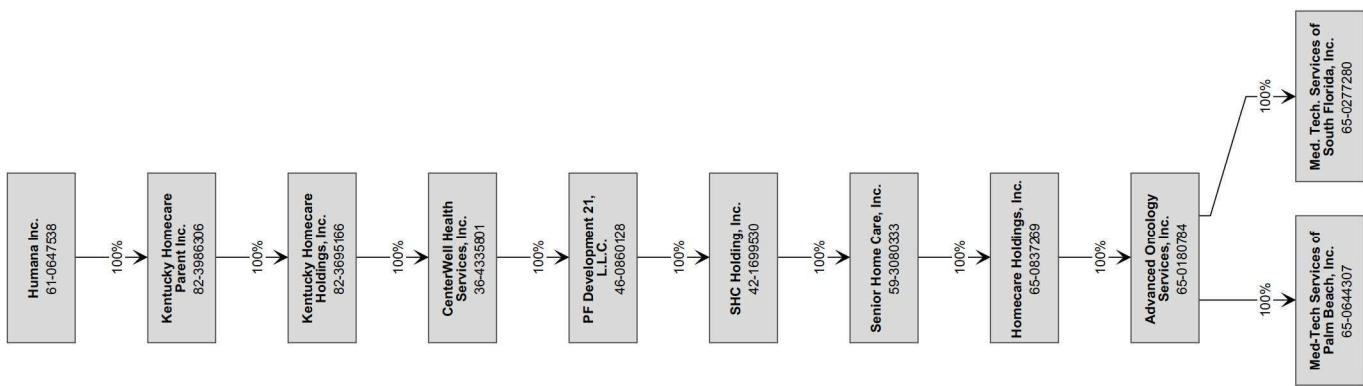
ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Humana Health Plan of Ohio Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Federal Contingency Reserves	47,831	0	47,831	47,831
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	47,831	0	47,831	30,047,831