



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan of Ohio, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 95348 Employer's ID Number 31-1154200
(Current) (Prior)

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 [] No []

Incorporated/Organized 08/19/1985 Commenced Business 01/01/1986

Statutory Home Office c/o CT Corporation System, 4400 Easton Commons Way, Suite 125, Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 West Main Street
(Street and Number)
Louisville, KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740036, Louisville, KY, US 40201-7436
(Street and Number or P.O. Box) (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, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Andrew Fleenor, 410-324-3416
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OFFICERS

President George Renaudin II Chief Financial Officer Celeste Marie Mellet #
Secretary Courtney Danielle Durall VP & Treasurer Robert Martin Marcoux Jr.

OTHER

Erin Fegan Banet #, SVP, Chief Audit and Risk Officer John Edward Barger III, SVP, Medicaid President Susan Renee Crowe #, SVP, Chief Compliance Officer
Daniel Kevin Feld, Associate VP, Tax John-Paul William Felter, SVP, Chief Accounting Officer & Contoller William Mark Preston, VP, Investments
Frederick William Roth, VP, Medicare Supplement Lisa Thornell Stephens #, SVP & Chief Operating Officer, Insurance Gilbert Alan Stewart, SVP, Medicare Divisional Leader

DIRECTORS OR TRUSTEES

Susan Renee Crowe # Courtney Danielle Durall # George Renaudin II

State of Kentucky SS
County of Jefferson

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.

George Renaudin II
President

Courtney Danielle Durall
Secretary

Robert Martin Marcoux, Jr.
VP & Treasurer

Subscribed and sworn to before me this 20th day of February, 2026

- 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, 2029

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

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)	152,380,872	0	152,380,872	118,423,046
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 \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$ 63,277,311 , Schedule E - Part 1), cash equivalents (\$ 14,324,994 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	77,602,304	0	77,602,304	109,080,322
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)	17,802,109	0	17,802,109	1,952,173
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	247,785,285	0	247,785,285	229,455,541
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	1,239,681	0	1,239,681	756,809
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	85,066,804	10,840	85,055,964	80,047,355
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 (\$ 790,464) and contracts subject to redetermination (\$ 47,841,764)	48,632,228	0	48,632,228	40,565,234
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	1,608,777	17,957	1,590,820	876,683
18.1 Current federal and foreign income tax recoverable and interest thereon	3,294,100	0	3,294,100	0
18.2 Net deferred tax asset	5,263,780	0	5,263,780	5,875,298
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	0
24. Health care (\$ 3,035,611) and other amounts receivable	17,863,382	14,351,101	3,512,281	3,340,079
25. Aggregate write-ins for other-than-invested assets	30,000,000	0	30,000,000	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	440,754,038	14,379,898	426,374,141	360,916,998
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	440,754,038	14,379,898	426,374,141	360,916,998
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Capital Contributions from Humana Inc.	30,000,000	0	30,000,000	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	30,000,000	0	30,000,000	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	130,136,890	8,800,328	138,937,218	140,013,674
2. Accrued medical incentive pool and bonus amounts	985,907	0	985,907	999,531
3. Unpaid claims adjustment expenses.....	1,011,412	0	1,011,412	1,364,862
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	40,136,947	0	40,136,947	12,041,544
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	0	0	0	1,467
8. Premiums received in advance.....	42,542	0	42,542	19,200
9. General expenses due or accrued.....	22,432,966	0	22,432,966	21,642,996
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	0	0	0	766,405
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.....	25,009	0	25,009	13,375
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.....	59,661,807	0	59,661,807	57,164,402
16. Derivatives.....	0	0	0	0
17. Payable for securities.....	0	0	0	0
18. Payable for securities lending	17,802,109	0	17,802,109	1,952,173
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.....	422,710	0	422,710	952,684
23. Aggregate write-ins for other liabilities (including \$3,809,462 current).....	10,209,693	0	10,209,693	4,661,998
24. Total liabilities (Lines 1 to 23).....	282,867,992	8,800,328	291,668,320	241,594,311
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	240,223,747	195,223,747
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	(105,518,927)	(75,902,060)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$0).....	XXX	XXX	0	0
32.20 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	134,705,821	119,322,687
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	426,374,141	360,916,998
DETAILS OF WRITE-INS				
2301. Premium Payable	10,104,143	0	10,104,143	4,639,623
2302. Unclaimed Property	105,550	0	105,550	22,375
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above).....	10,209,693	0	10,209,693	4,661,998
2501.	XXX	XXX	0	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above).....	XXX	XXX	0	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	2,353,724	2,013,224
2. Net premium income (including \$0 non-health premium income)	XXX	1,322,890,109	1,186,896,210
3. Change in unearned premium reserves and reserve for rate credits	XXX	27,930	(27,930)
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,322,918,039	1,186,868,280
Hospital and Medical:			
9. Hospital/medical benefits	75,647,450	1,055,695,927	936,672,113
10. Other professional services	158,665	2,181,242	2,136,923
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	3,979,362	54,706,284	45,946,614
13. Prescription drugs	1,638,813	22,529,590	15,508,396
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	972,078	17,009,549
16. Subtotal (Lines 9 to 15)	81,424,290	1,136,085,121	1,017,273,595
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	81,424,290	1,136,085,121	1,017,273,595
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$39,991,592 cost containment expenses	0	46,618,481	46,304,344
21. General administrative expenses	0	188,343,824	147,998,820
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	(10,997,808)	(13,990,646)
23. Total underwriting deductions (Lines 18 through 22).....	81,424,290	1,360,049,618	1,197,586,113
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(37,131,579)	(10,717,833)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	12,377,837	9,949,547
26. Net realized capital gains (losses) less capital gains tax of \$297,918	0	1,120,738	145,436
27. Net investment gains (losses) (Lines 25 plus 26)	0	13,498,575	10,094,983
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	16,849	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	(23,616,155)	(622,849)
31. Federal and foreign income taxes incurred	XXX	(3,592,018)	(1,684,826)
32. Net income (loss) (Lines 30 minus 31)	XXX	(20,024,137)	1,061,977
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 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX	0	0
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.	0	0	0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous Income	0	16,849	1
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	16,849	1

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	119,322,687	122,234,326
34. Net income or (loss) from Line 32	(20,024,137)	1,061,977
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	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	(611,518)	(1,212,472)
39. Change in nonadmitted assets	(8,981,211)	(2,761,144)
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	45,000,000	0
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)	15,383,134	(2,911,639)
49. Capital and surplus end of reporting period (Line 33 plus 48)	134,705,821	119,322,687
DETAILS OF WRITE-INS		
4701.	0	0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,354,427,836	1,138,205,636
2. Net investment income	11,836,523	9,523,441
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,366,264,359	1,147,729,077
5. Benefit and loss related payments	1,146,114,878	986,889,349
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	235,798,709	189,336,486
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 245,586 tax on capital gains (losses)	766,405	(6,216,025)
10. Total (Lines 5 through 9)	1,382,679,992	1,170,009,810
11. Net cash from operations (Line 4 minus Line 10)	(16,415,633)	(22,280,734)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	200,779,633	23,041,758
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	(417)	11
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	200,779,216	23,041,769
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds	233,259,946	54,178,009
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	15,849,936	1,952,173
13.7 Total investments acquired (Lines 13.1 to 13.6)	249,109,882	56,130,182
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)	(48,330,666)	(33,088,413)
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	15,000,000	0
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)	18,268,281	39,350,742
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	33,268,281	39,350,742
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)	(31,478,018)	(16,018,404)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	109,080,322	125,098,726
19.2 End of year (Line 18 plus Line 19.1)	77,602,304	109,080,322

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	1,322,890,109	0	(36,690)	0	0	0	52,656	160,346,394	1,162,527,749	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	27,930	0	27,930	0	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,322,918,039	0	(8,760)	0	0	0	52,656	160,346,394	1,162,527,749	0	0	0	0	0
8. Hospital/medical benefits	1,055,695,927	251,885	(1,198,427)	0	0	0	(29,533)	112,224,612	944,447,391	0	0	0	0	XXX
9. Other professional services	2,181,242	0	32	0	0	0	0	1,816,864	364,346	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	54,706,284	0	(14,048)	0	0	0	0	2,194,297	52,526,035	0	0	0	0	XXX
12. Prescription drugs	22,529,590	0	342,508	0	0	0	(56,708)	22,210,365	33,425	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	972,078	0	0	0	0	0	0	972,078	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	1,136,085,121	251,885	(869,936)	0	0	0	(86,242)	139,418,216	997,371,198	0	0	0	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	1,136,085,121	251,885	(869,936)	0	0	0	(86,242)	139,418,216	997,371,198	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 39,991,592 cost containment expenses	46,618,481	0	(16,049)	0	0	0	2	5,361,980	41,272,547	0	0	0	0	0
20. General administrative expenses	188,343,824	(3,829)	(52,630)	0	0	0	(126,976)	11,936,856	176,590,404	0	0	0	0	0
21. Increase in reserves for accident and health contracts	(10,997,808)	0	(57,122)	0	0	0	55,655	(2,168,159)	(8,828,182)	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	1,360,049,619	248,056	(995,737)	0	0	0	(157,561)	154,548,894	1,206,405,967	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(37,131,580)	(248,056)	986,977	0	0	0	210,216	5,797,501	(43,878,217)	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
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	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 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	0	0	0	0
2. Comprehensive (hospital and medical) group	(36,690)	0	0	(36,690)
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	52,656	0	0	52,656
7. Title XVIII - Medicare	160,346,394	0	0	160,346,394
8. Title XIX - Medicaid	1,162,527,749	0	0	1,162,527,749
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)	1,322,890,109	0	0	1,322,890,109
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	1,322,890,109	0	0	1,322,890,109

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	1,145,285,849	130,869	(307,282)	0	0	0	136,589	137,493,815	1,007,831,857	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	1,145,285,849	130,869	(307,282)	0	0	0	136,589	137,493,815	1,007,831,857	0	0	0	0	0
2. Paid medical incentive pools and bonuses	985,702	0	0	0	0	0	0	985,702	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	138,937,218	0	12,966	0	0	0	23,386	14,195,457	124,705,409	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	138,937,218	0	12,966	0	0	0	23,386	14,195,457	124,705,409	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0	0	0	0	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	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	985,907	0	0	0	0	0	0	985,907	0	0	0	0	0	0
6. Net health care receivables (a)	9,094,883	(121,016)	(635,108)	0	0	0	242,149	423,820	9,185,037	0	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	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	140,013,674	0	1,209,261	0	0	0	4,068	12,819,313	125,981,032	0	0	0	0	0
8.2 Reinsurance assumed	0	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	0
8.4 Net	140,013,674	0	1,209,261	0	0	0	4,068	12,819,313	125,981,032	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	1,467	0	1,467	0	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	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	1,467	0	1,467	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	999,531	0	0	0	0	0	0	999,531	0	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	0
12. Incurred Benefits:														
12.1 Direct	1,135,113,043	251,885	(869,936)	0	0	0	(86,242)	138,446,138	997,371,198	0	0	0	0	0
12.2 Reinsurance assumed	0	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	0
12.4 Net	1,135,113,043	251,885	(869,936)	0	0	0	(86,242)	138,446,138	997,371,198	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	972,078	0	0	0	0	0	0	972,078	0	0	0	0	0	0

(a) Excludes \$ 139,575 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 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
	Total	2 Individual	3 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. Reported in Process of Adjustment:														
1.1 Direct	12,517,993	0	1,730	0	0	0	1,951	2,430,551	10,083,761	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	12,517,993	0	1,730	0	0	0	1,951	2,430,551	10,083,761	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	117,207,597	0	11,236	0	0	0	21,435	10,288,423	106,886,502	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	117,207,597	0	11,236	0	0	0	21,435	10,288,423	106,886,502	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	9,211,628	0	0	0	0	0	0	1,476,482	7,735,146	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	9,211,628	0	0	0	0	0	0	1,476,482	7,735,146	0	0	0	0	0
4. TOTALS:														
4.1 Direct	138,937,218	0	12,966	0	0	0	23,386	14,195,457	124,705,409	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	138,937,218	0	12,966	0	0	0	23,386	14,195,457	124,705,409	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	130,869	0	0	0	130,869	0
2. Comprehensive (hospital and medical) group	(307,282)	0	12,966	0	(294,316)	1,210,728
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	136,589	0	23,386	0	159,975	4,068
7. Title XVIII - Medicare	9,279,817	128,213,998	945,481	13,249,975	10,225,298	12,819,313
8. Title XIX - Medicaid	91,079,567	916,752,290	(1,987,844)	126,693,254	89,091,723	125,981,032
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)	100,319,560	1,044,966,288	(1,006,011)	139,943,229	99,313,549	140,015,141
14. Health care receivables (a)	(327,181)	17,574,318	0	0	(327,181)	8,152,254
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	980,827	4,876	0	985,907	980,827	999,531
17. Totals (Lines 13 - 14 + 15 + 16)	101,627,568	1,027,396,846	(1,006,011)	140,929,136	100,621,557	132,862,418

(a) Excludes \$ 139,575 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	8,307	10,162	10,441	10,357	10,367
2. 2021	96,619	102,806	103,240	103,359	103,378
3. 2022	XXX	96,088	102,807	103,391	103,425
4. 2023	XXX	XXX	92,253	93,938	93,858
5. 2024	XXX	XXX	XXX	8,580	8,420
6. 2025	XXX	XXX	XXX	XXX	0

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	10,302	10,515	10,441	10,357	10,367
2. 2021	108,981	103,394	103,245	103,359	103,378
3. 2022	XXX	106,256	102,875	103,404	103,425
4. 2023	XXX	XXX	101,877	94,181	93,859
5. 2024	XXX	XXX	XXX	9,535	8,432
6. 2025	XXX	XXX	XXX	XXX	0

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 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. 2021	128,819	103,378	983	1.0	104,361	81.0	0	0	104,361	81.0
2. 2022	131,716	103,425	984	1.0	104,409	79.3	0	0	104,409	79.3
3. 2023	117,391	93,858	893	1.0	94,751	80.7	0	5	94,756	80.7
4. 2024	9,303	8,420	80	1.0	8,500	91.4	13	140	8,652	93.0
5. 2025	(37)	0	0	0.0	0	0.0	0	0	0	0.0

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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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	NONE				
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	NONE				
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	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 (Col. 3/2) Percent	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 4/2) Percent	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. 2021	NONE									
2. 2022										
3. 2023										
4. 2024										
5. 2025										

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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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					

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 (Col. 3/2)	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Percent (Col. 9/1)
1.	2021	NONE								
2.	2022									
3.	2023									
4.	2024									
5.	2025									

ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	308	308	308	308	308
2. 2021	1,693	1,679	1,679	1,679	1,679
3. 2022	XXX	1,547	1,518	1,518	1,518
4. 2023	XXX	XXX	1,445	1,369	1,369
5. 2024	XXX	XXX	XXX	0	137
6. 2025	XXX	XXX	XXX	XXX	0

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	311	308	308	308	308
2. 2021	1,769	1,683	1,679	1,679	1,679
3. 2022	XXX	1,648	1,525	1,518	1,518
4. 2023	XXX	XXX	1,649	1,373	1,369
5. 2024	XXX	XXX	XXX	0	160
6. 2025	XXX	XXX	XXX	XXX	0

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. 2021	1,603	1,679	16	1.0	1,695	105.7	0	0	1,695	105.7
2. 2022	1,308	1,518	14	1.0	1,532	117.1	0	0	1,532	117.1
3. 2023	1,634	1,369	13	1.0	1,382	84.6	0	0	1,382	84.6
4. 2024	(144)	137	1	1.0	138	(95.5)	23	0	161	(111.7)
5. 2025	53	0	0	0.0	0	0.0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	6,729	6,532	6,568	6,549	6,548
2. 2021	92,423	99,651	99,711	99,712	99,687
3. 2022	XXX	92,077	99,620	99,438	99,458
4. 2023	XXX	XXX	118,082	128,050	128,062
5. 2024	XXX	XXX	XXX	135,483	145,738
6. 2025	XXX	XXX	XXX	XXX	128,219

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	8,261	6,539	6,568	6,549	6,548
2. 2021	103,117	101,218	99,726	99,712	99,687
3. 2022	XXX	104,810	101,449	99,442	99,458
4. 2023	XXX	XXX	133,532	129,544	128,072
5. 2024	XXX	XXX	XXX	147,803	146,673
6. 2025	XXX	XXX	XXX	XXX	142,455

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. 2021	107,276	99,687	948	1.0	100,635	93.8	0	0	100,635	93.8
2. 2022	120,206	99,458	946	1.0	100,404	83.5	0	0	100,404	83.5
3. 2023	150,282	128,062	1,218	1.0	129,280	86.0	10	0	129,290	86.0
4. 2024	164,076	145,738	1,386	1.0	147,124	89.7	935	4	148,063	90.2
5. 2025	160,346	128,219	1,219	1.0	129,438	80.7	14,236	58	143,733	89.6

ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	0	0	0	0	0
2. 2021	0	0	0	0	0
3. 2022	XXX	0	0	0	0
4. 2023	XXX	XXX	361,183	430,408	430,280
5. 2024	XXX	XXX	XXX	761,973	853,179
6. 2025	XXX	XXX	XXX	XXX	916,752

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	0	0	0	0	0
2. 2021	0	0	0	0	0
3. 2022	XXX	0	0	0	0
4. 2023	XXX	XXX	444,179	428,676	430,357
5. 2024	XXX	XXX	XXX	889,685	851,115
6. 2025	XXX	XXX	XXX	XXX	1,043,446

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. 2021	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2022	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2023	526,741	430,280	4,092	1.0	434,372	82.5	77	0	434,449	82.5
4. 2024	1,013,662	853,179	8,114	1.0	861,293	85.0	(2,065)	(13)	859,215	84.8
5. 2025	1,162,528	916,752	8,718	1.0	925,471	79.6	126,693	817	1,052,981	90.6

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ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	15,344	17,002	17,317	17,213	17,223
2. 2021	190,735	204,136	204,630	204,750	204,744
3. 2022	XXX	189,711	203,945	204,347	204,401
4. 2023	XXX	XXX	572,963	653,764	653,569
5. 2024	XXX	XXX	XXX	906,035	1,007,474
6. 2025	XXX	XXX	XXX	XXX	1,044,971

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	18,874	17,362	17,317	17,213	17,223
2. 2021	213,867	206,295	204,650	204,750	204,744
3. 2022	XXX	212,713	205,849	204,364	204,401
4. 2023	XXX	XXX	681,237	653,774	653,657
5. 2024	XXX	XXX	XXX	1,047,023	1,006,381
6. 2025	XXX	XXX	XXX	XXX	1,185,900

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. 2021	237,698	204,744	1,947	1.0	206,691	87.0	0	0	206,691	87.0
2. 2022	253,230	204,401	1,944	1.0	206,345	81.5	0	0	206,345	81.5
3. 2023	796,047	653,569	6,215	1.0	659,785	82.9	87	5	659,877	82.9
4. 2024	1,186,896	1,007,474	9,581	1.0	1,017,055	85.7	(1,093)	131	1,016,092	85.6
5. 2025	1,322,890	1,044,971	9,938	1.0	1,054,909	79.7	140,929	876	1,196,714	90.5

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0	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) ..	126,201	0	0	0	0	0	0	126,201	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	40,010,745	0	171,462	0	0	0	0	820,860	39,018,424	0	0	0	0
6. Totals (gross)	40,136,947	0	171,462	0	0	0	0	947,061	39,018,424	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)	40,136,947	0	171,462	0	0	0	0	947,061	39,018,424	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	0	0	0	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)	0	0	0	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)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Risk Adjustment Premium Payable	40,010,745	0	171,462	0	0	0	0	820,860	39,018,424	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 through 0503 plus 0598) (Line 5 above)	40,010,745	0	171,462	0	0	0	0	820,860	39,018,424	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 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

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)	125,788	22,643	258,393	364	407,188
2. Salary, wages and other benefits	16,571,954	3,165,428	47,240,372	64,241	67,041,996
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	3,715,890	816	3,716,706
4. Legal fees and expenses	230,343	41,465	1,058,871	668	1,331,347
5. Certifications and accreditation fees	3,944	2,253	25,742	36	31,976
6. Auditing, actuarial and other consulting services ...	606,160	108,931	1,305,246	1,751	2,022,088
7. Traveling expenses	220,203	39,424	449,439	633	709,699
8. Marketing and advertising	3,442,536	618,694	7,062,627	9,954	11,133,811
9. Postage, express and telephone	1,316,164	236,637	2,700,790	3,780	4,257,370
10. Printing and office supplies	92,057	16,437	764,719	1,074	874,287
11. Occupancy, depreciation and amortization	179,758	32,359	379,126	13	591,255
12. Equipment	12,120	2,182	24,924	35	39,261
13. Cost or depreciation of EDP equipment and software	3,965,930	713,629	6,842,244	2,264	11,524,067
14. Outsourced services including EDP, claims, and other services	11,910,876	1,408,043	24,647,978	34,224	38,001,120
15. Boards, bureaus and association fees	57,710	10,166	114,244	160	182,279
16. Insurance, except on real estate	249,784	44,965	513,653	724	809,126
17. Collection and bank service charges	251,653	45,301	517,502	730	815,185
18. Group service and administration fees	264,137	30,044	194,787	188	489,156
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	290,573	52,308	745,359	1,051	1,089,290
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	(244,991)	0	(244,991)
23.2 State premium taxes	0	0	11,434,288	0	11,434,288
23.3 Regulatory authority licenses and fees	0	0	75,241,490	583	75,242,073
23.4 Payroll taxes	0	0	2,735,503	3,841	2,739,344
23.5 Other (excluding federal income and real estate taxes)	0	0	23,675	23	23,698
24. Investment expenses not included elsewhere	168,468	30,327	350,389	82,668	631,852
25. Aggregate write-ins for expenses	31,436	5,651	241,567	289	278,943
26. Total expenses incurred (Lines 1 to 25)	39,991,592	6,626,888	188,343,824	210,110	(a) 235,172,415
27. Less expenses unpaid December 31, current year	0	1,011,412	22,432,966	0	23,444,378
28. Add expenses unpaid December 31, prior year	0	1,364,862	21,642,996	0	23,007,858
29. Amounts receivable relating to uninsured plans, prior year	0	0	876,683	0	876,683
30. Amounts receivable relating to uninsured plans, current year	0	0	1,590,820	0	1,590,820
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	39,991,592	6,980,339	188,267,991	210,110	235,450,032
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	31,436	5,651	241,567	289	278,943
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	31,436	5,651	241,567	289	278,943

(a) Includes management fees of \$131,505,729 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 1,177,513	1,592,309
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 4,647,505	4,733,897
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) 6,204,367	6,254,570
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	7,171
10. Total gross investment income	12,029,384	12,587,947
11. Investment expenses		(g) 205,663
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 4,447
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)		210,110
17. Net investment income (Line 10 minus Line 16)		12,377,837
DETAILS OF WRITE-INS		
0901. Misc Income	0	7,171
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	7,171
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 369,422 accrual of discount less \$ 310,982 amortization of premium and less \$ 689,870 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 \$ 4,656,351 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	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	106,810	0	106,810	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	1,312,262	0	1,312,262	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	(417)	0	(417)	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)	1,418,656	0	1,418,656	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 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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	10,840	16,636	5,796
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	17,957	15,847	(2,110)
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
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	14,351,101	5,234,313	(9,116,788)
25. Aggregate write-ins for other-than-invested assets	0	131,891	131,891
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,379,898	5,398,687	(8,981,211)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	14,379,898	5,398,687	(8,981,211)
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Commissions	0	131,891	131,891
2502.	0	0	0
2503.	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	131,891	131,891

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	197,053	199,068	201,016	191,683	188,174	2,353,724
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	226	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
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	197,279	199,068	201,016	191,683	188,174	2,353,724
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 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Ohio Department of Insurance (the Department) recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SSAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations from the Codification currently exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SSAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	2025	2024
Net (Loss)/Income					
1. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ (20,024,137)	\$ 1,061,977
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC				-	-
4. NAIC SSAP	xxx	xxx	xxx	\$ <u>(20,024,137)</u>	\$ <u>1,061,977</u>
Surplus					
5. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 134,705,821	\$ 119,322,687
6. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
8. NAIC SSAP	xxx	xxx	xxx	\$ <u>134,705,821</u>	\$ <u>119,322,687</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value,

NOTES TO THE FINANCIAL STATEMENTS

the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

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

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is utilized 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.

NOTES TO THE FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

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. Asset-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, 2025.

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, 2025:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(2,476)
2. Twelve Months or Longer	\$	(2,265,080)

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

1. Less than Twelve Months	\$	2,221,948
2. Twelve Months or Longer	\$	22,519,451

(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.

NOTES TO THE FINANCIAL STATEMENTS

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company participates in securities lending transactions. The book/adjusted carrying value and fair value of securities on loan at December 31, 2025 and December 31, 2024 was \$19,431,183 and \$2,148,691, respectively. Book/adjusted carrying value approximates fair value due to the short-term maturity of the investments. The Company maintains effective control over the loaned securities and requires collateral initially equal to at least 102% of the market value of the loaned securities. Collateral received consists of cash and fixed-income securities. Non-cash collateral is not recorded in the statements of assets, liabilities, capital and surplus, as the Company does not have the right to sell, pledge, or otherwise reinvest the non-cash collateral. The Company did not have OTTIs on invested collateral at December 31, 2025 and December 31, 2024.
- (2) The Company has not pledged any of its assets as collateral that are not reclassified and separately reported in the statement of assets, liabilities, capital and surplus.

(3) Collateral Received

- a. The aggregate amounts of contractually obligated open collateral positions and the corresponding liabilities that represented the Company's obligations to return the collateral at December 31, 2025 and December 31, 2024 were as follows:

	December 31, 2025	December 31, 2024
(1) Securities Lending		
a. Open	\$ -	\$ -
b. 30 days or less	17,802,109	1,952,173
c. 31 to 60 days	-	-
d. 61 to 90 days	-	-
e. Greater than 90 days	-	-
f. Sub-total (Sum of a+b+c+d+e)	<u>17,802,109</u>	<u>1,952,173</u>
g. Securities received	<u>1,629,405</u>	<u>244,892</u>
h. Total collateral received (f+g)	<u>\$ 19,431,514</u>	<u>\$ 2,197,065</u>

- b. The fair value of the collateral and the portion of the collateral that was sold or repledged was \$19,431,514 and \$2,197,065, at December 31, 2025 and December 31, 2024, respectively.
- c. Cash collateral is invested in fixed income, short-term and cash equivalent securities and the offsetting collateral liability is included in payable for securities lending in the statements of assets, liabilities, capital and surplus. Non-cash collateral consists of fixed income debt securities.

- (4) The Company did not have any securities lending transactions administered by an affiliated agent which were "one-line" at December 31, 2025 and December 31, 2024.

(5) Collateral Reinvested

- a. The aggregate amounts of reinvested cash collateral and securities available to repledge by maturity term at December 31, 2025 and December 31, 2024 were as follows:

(1) Securities Lending	December 31, 2025		December 31, 2024	
	Amortized		Amortized	
	Cost	Fair Value	Cost	Fair Value
a. Open	\$ -	\$ -	\$ -	\$ -
b. 30 days or less	11,636,869	11,636,945	1,359,738	1,359,749
c. 31 to 60 days	4,128,537	4,128,558	363,813	363,815
d. 61 to 90 days	223,164	223,286	27,990	27,983
e. 91 to 120 days	697,388	697,475	41,985	41,981
f. 121 to 180 days	502,119	502,189	37,320	37,332
g. 181 to 365 days	613,701	613,656	121,291	121,313
h. 1 to 2 years	-	-	-	-
i. 2 to 3 years	-	-	-	-
j. Greater than 3 years	-	-	-	-
k. Sub-total (Sum of a through j)	<u>17,801,779</u>	<u>17,802,109</u>	<u>1,952,138</u>	<u>1,952,173</u>
l. Securities reinvested	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
m. Total collateral reinvested (k+l)	<u>\$ 17,801,779</u>	<u>\$ 17,802,109</u>	<u>\$ 1,952,138</u>	<u>\$ 1,952,173</u>

- b. The Company did not have maturity dates of the collateral to be returned that did not match the invested assets at December 31, 2025 and December 31, 2024.

- (6) The Company accepts non-cash collateral through its participation in securities lending transactions with its lending agent. Non-cash collateral generally consists of U.S. government securities which are not recorded in the statements of assets, liabilities, capital and surplus as the Company does not have the right to sell, pledge or otherwise reinvest these securities unless the counterparty defaults. The aggregate fair value of non-cash collateral accepted was \$1,629,405 and \$244,892, at December 31, 2025 and December 31, 2024, respectively.

NOTES TO THE FINANCIAL STATEMENTS

(7) The Company had no cash or non-cash collateral for securities lending transactions that extended beyond one year at December 31, 2025 and December 31, 2024, respectively.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

STATEMENT AS OF December 31, 2025 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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	17,802,109	1,952,173	15,849,936	-	17,802,109	4.04%	4.18%
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	1,107,637	1,112,357	(4,720)	-	1,107,637	0.25%	0.26%
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. Collateral assets received and on balance sheet	-	-	-	-	-	-	-
p. Assets held under modco reinsurance agreements	-	-	-	-	-	-	-
q. Assets held under funds withheld reinsurance agreements	-	-	-	-	-	-	-
r. Total Restricted Assets	\$ 18,909,746	\$ 3,064,530	\$ 15,845,216	-	\$ 18,909,746	4.29%	4.44%

NOTES TO THE FINANCIAL STATEMENTS

Restricted Asset Category	8 Amount Reported in General Interrogatories	9 Difference from Note and GI	10 GI Ref
a. Subject to contractual obligation for which liability is not shown	\$ XXX	\$ XXX	XXX
b. Collateral held under security lending agreements	1,629,405	16,172,704	25.04+25.05
c. Subject to repurchase agreements	-	-	26.21
d. Subject to reverse repurchase agreements	-	-	26.22
e. Subject to dollar repurchase agreements	-	-	26.23
f. Subject to dollar reverse repurchase agreements	-	-	26.24
g. Placed under option contracts	-	-	26.25
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	26.26
i. FHLB capital stock	-	-	26.27
j. On deposit with states	1,107,637	-	26.28
k. On deposit with other regulatory bodies	-	-	26.29
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	26.31
m. Pledged as collateral not captured in other categories	-	-	26.30
n. Other restricted assets	-	-	26.32
o. Collateral assets received and on balance sheet	XXX	XXX	XXX
p. Assets held under modco reinsurance agreements	XXX	XXX	XXX
q. Assets held under funds withheld reinsurance agreements	XXX	XXX	XXX
r. Total Restricted Assets	XXX	XXX	XXX

NOTES TO THE FINANCIAL STATEMENTS

GI Reference	Difference between Note and GI (Per Column 8 above)	Explanation
25.04+25.05	16,172,704	This is the difference in the cash collateral and non-cash collateral of the Securities Lending program as referenced in FN5.E.
26.21	-	NA
26.22	-	NA
26.23	-	NA
26.24	-	NA
26.25	-	NA
26.26	-	NA
26.27	-	NA
26.28	-	NA
26.29	-	NA
26.31	-	NA
26.30	-	NA
26.32	-	NA

- (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.

- (5) Detail of Assets Held as Collateral or Under Modified Coinsurance (Modco) or Funds Withheld Reinsurance (FWH) Agreements Have Been Pledged For Another Purpose Specific to the Insurance Reporting Entity (Not For the Benefit of the Reinsurer).

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

Not Applicable.

R. Share of Cash Pool by Asset Type

Not Applicable.

S. Aggregate Collateral Loans by Qualifying Investment Collateral

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

NOTES TO THE FINANCIAL STATEMENTS

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	\$	1,239,681
2. Nonadmitted	\$	-
3. Admitted	\$	1,239,681

D. The aggregate deferred interest.

Aggregate Deferred Interest	Amount
\$	-

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

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

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 2025 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 2025 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, 2025		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 5,263,827	\$ -	\$ 5,263,827
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	5,263,827	-	5,263,827
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	5,263,827	-	5,263,827
f. Deferred tax liabilities	(47)	-	(47)
g. Net admitted deferred tax asset/(liability)	\$ 5,263,780	\$ -	\$ 5,263,780

	December 31, 2024		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 5,880,182	\$ -	\$ 5,880,182
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	5,880,182	-	5,880,182
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	5,880,182	-	5,880,182
f. Deferred tax liabilities	(4,884)	-	(4,884)
g. Net admitted deferred tax asset/(liability)	\$ 5,875,298	\$ -	\$ 5,875,298

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ (616,355)	\$ -	\$ (616,355)
b. Statutory valuation allowance adjustments	-	-	-
c. Adjusted gross deferred tax assets	(616,355)	-	(616,355)
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	(616,355)	-	(616,355)
f. Deferred tax liabilities	4,837	-	4,837
g. Net admitted deferred tax asset/(liability)	\$ (611,518)	\$ -	\$ (611,518)

STATEMENT AS OF December 31, 2025 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

	December 31, 2025		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	5,263,827	-	5,263,827
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	5,263,827
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	19,416,306
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	<u>\$ 5,263,827</u>	<u>\$ -</u>	<u>\$ 5,263,827</u>

	December 31, 2024		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -	\$ -
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	5,880,182	-	5,880,182
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	5,880,182
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	17,017,108
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	<u>\$ 5,880,182</u>	<u>\$ -</u>	<u>\$ 5,880,182</u>

	Ordinary	Change Capital	Total
	a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ -	\$ -
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	(616,355)	-	(616,355)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(616,355)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	2,399,198
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	<u>\$ (616,355)</u>	<u>\$ -</u>	<u>\$ (616,355)</u>

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

	December 31, 2025	December 31, 2024
a. Ratio percentage used to determine recovery period and threshold limitation amount	333%	315%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	129,442,041	113,447,389

STATEMENT AS OF December 31, 2025 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, 2025	
	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)	\$ 5,263,827	\$ -
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)	\$ 5,263,827	\$ -
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, 2024	
	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)	\$ 5,880,182	\$ -
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)	\$ 5,880,182	\$ -
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)	\$ (616,355)	\$ -
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)	\$ (616,355)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

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

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

C. Current and deferred income taxes

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

	December 31, 2025	December 31, 2024	Change
a. Federal	\$ (3,630,978)	\$ (1,686,143)	\$ (1,944,835)
b. Foreign	-	-	-
c. Subtotal	(3,630,978)	(1,686,143)	(1,944,835)
d. Federal income tax on net capital gains	297,918	38,660	259,258
e. Utilization of capital loss carryforwards	-	-	-
f. Other	38,960	1,317	37,643
g. Federal and foreign income taxes incurred	\$ (3,294,100)	\$ (1,646,166)	\$ (1,647,934)

STATEMENT AS OF December 31, 2025 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, 2025	December 31, 2024	Change
a. Ordinary			
1. Discounting of unpaid losses and LAE	\$ 2,270,659	\$ 2,460,710	\$ (190,051)
2. Unearned premiums	1,787	806	981
3. Policyholder reserves	-	-	-
4. Deferred acquisition costs	-	-	-
5. Premium deficiency reserves	-	2,309,231	(2,309,231)
6. Fixed assets	-	-	-
7. Compensation and benefit accruals	-	-	-
8. Receivables – nonadmitted	-	-	-
9. Bad debts	2,974,686	1,089,448	1,885,238
10. CMS Rx reserve	16,035	19,328	(3,293)
11. Reserve transition adjustment	-	-	-
12. Accrued litigation	-	-	-
13. Miscellaneous reserves	659	659	-
14. Accrued lease	-	-	-
15. Section 197 intangible	-	-	-
16. Premium rebates MER	-	-	-
17. Provider contracts	-	-	-
18. Net operating loss carry-forward	-	-	-
19. Tax credit carry-forward	-	-	-
20. Other	-	-	-
99. Subtotal	5,263,827	5,880,182	(616,355)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	-	-	-
d. Admitted Ordinary DTAs	5,263,827	5,880,182	(616,355)
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	\$ 5,263,827	\$ 5,880,182	\$ (616,355)

DTLs resulting from Book/Tax Differences in:

	December 31, 2025	December 31, 2024	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Premium acquisition expense	(47)	(1,550)	1,503
4. Accrued lease	-	-	-
5. Reserve transition adjustment	-	(3,334)	3,334
6. CMS Rx reserve	-	-	-
7. Bad debts	-	-	-
8. Accrued litigation	-	-	-
9. Miscellaneous reserves	-	-	-
10. Other	-	-	-
99. Subtotal	(47)	(4,884)	4,837
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
c. DTLs	\$ (47)	\$ (4,884)	\$ 4,837
(4) Net deferred tax asset/(liability)	\$ 5,263,780	\$ 5,875,298	\$ (611,518)

STATEMENT AS OF December 31, 2025 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, 2025 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ (23,318,238)	\$ (4,896,830)	21.00%
Tax-exempt interest	(51,065)	(10,724)	0.05%
Dividends received deduction	-	-	0.00%
Proration	12,766	2,681	(0.01%)
Meals & entertainment, lobbying expenses, etc.	19,565,193	4,108,691	(17.62%)
Statutory valuation allowance adjustment	-	-	0.00%
LIHTC partnership	-	-	0.00%
Change in nonadmitted assets	(8,981,210)	(1,886,054)	8.09%
Other, including prior year true-up	(1,648)	(346)	0.00%
Total	\$ (12,774,202)	\$ (2,682,582)	11.51%
Federal income taxes incurred [expense/(benefit)]		\$ (3,592,018)	15.41%
Tax on capital gains/(losses)		297,918	(1.28%)
Change in net deferred income tax [charge/(benefit)]		611,518	(2.62%)
Correction of prior period error		-	0.00%
Total statutory income taxes		\$ (2,682,582)	11.51%

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

- (1) At December 31, 2025, the Company had no net operating loss carry-forwards.

At December 31, 2025, the Company had no capital loss carry-forwards.

At December 31, 2025, the Company had no AMT credit carry-forwards.

- (2) The following table demonstrates the income tax expense for 2024 and 2025 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2024	-	-	-
2025	-	-	-
Total	\$ -	\$ -	\$ -

- (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 2025 CONSOLIDATED FEDERAL INCOME TAX RETURN

CALENDAR YEAR ENDED DECEMBER 31, 2025

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	A & A HOMECARE, INC.	03-0523544
2	ABERDEEN HOLDINGS, INC.	72-2695805
3	ABLE HOME HEALTHCARE, INC.	77-0601595
4	ACCREDITED HOME HEALTH CARE OF BROWARD, INC.	45-2594868
5	ADVANCED ONCOLOGY SERVICES, INC.	65-0180784
6	ALPINE HOME HEALTH CARE, LLC	36-4473376

NOTES TO THE FINANCIAL STATEMENTS

7	AMAZING HOME HEALTH CARE INC.	26-0751512
8	AMAZING HOME HEALTH HOLDINGS LLC	85-3668783
9	AMERICAN HOMECARE MANAGEMENT CORP.	11-3306095
10	AMICUS MEDICAL CENTER, LLC	45-4020797
11	AMICUS MEDICAL GROUP, INC.	27-3974953
12	AMICUS MEDICAL SERVICES ORGANIZATION, LLC	27-1085323
13	ARCADIAN HEALTH PLAN, INC.	20-1001348
14	ASIAN AMERICAN HOME CARE, INC.	94-3247811
15	BALANCED HOME HEALTHCARE, INC.	27-0287186
16	BRIDGES HOME HEALTH, INC.	20-1903568
17	CARE HOPE HOLDINGS, INC.	47-4681334
18	CARE HOPE HOME HEALTH AGENCY, INC.	80-0732207
19	CARENETWORK, INC.	39-1514846
20	CAREPLUS HEALTH PLANS, INC.	59-2598550
21	CARITEN HEALTH PLAN INC.	62-1579044
22	CENTERWELL CARE SOLUTIONS, INC.	85-0858631
23	CENTERWELL CERTIFIED HEALTHCARE CORP.	11-2645333
24	CENTERWELL HEALTH SERVICES (CERTIFIED), INC.	11-3454105
25	CENTERWELL HEALTH SERVICES HOLDING CORP.	11-3454104
26	CENTERWELL HEALTH SERVICES, INC.	36-4335801
27	CENTERWELL PHARMACY, INC.	61-1316926
28	CENTERWELL SENIOR PRIMARY CARE (AZ) CS, P.C. (FKA CENTERWELL SENIOR PRIMARY CARE HOLDINGS I, P.C.)	33-1299261
29	CENTERWELL SENIOR PRIMARY CARE (FL), INC.	59-3164234
30	CENTERWELL SENIOR PRIMARY CARE (GA) CS, P.C.	33-4632803
31	CENTERWELL SENIOR PRIMARY CARE (IL) CS, P.C.	39-3482231
32	CENTERWELL SENIOR PRIMARY CARE (KS), P.A.	30-1236218
33	CENTERWELL SENIOR PRIMARY CARE (KY) CS, P.S.C.	41-2992004
34	CENTERWELL SENIOR PRIMARY CARE (LA) CS, P.C.	33-2872854
35	CENTERWELL SENIOR PRIMARY CARE (MO), P.C.	85-3676937
36	CENTERWELL SENIOR PRIMARY CARE (MS) CS, P.C.	33-3391678
37	CENTERWELL SENIOR PRIMARY CARE (NC), P.C.	82-1926920
38	CENTERWELL SENIOR PRIMARY CARE (NV) CS, P.C.	33-2881294
39	CENTERWELL SENIOR PRIMARY CARE (SC), P.C.	85-3577914
40	CENTERWELL SENIOR PRIMARY CARE (TN) CS, P.C.	39-3394371
41	CENTERWELL SENIOR PRIMARY CARE (TX) CS, P.A. (FKA CENTERWELL SENIOR PRIMARY CARE HOLDINGS II, P.A.)	33-1317891
42	CENTERWELL SENIOR PRIMARY CARE (VA) CS, P.C.	33-4485046
43	CENTERWELL SENIOR PRIMARY CARE (VITALITY), INC.	39-2720728
44	CENTERWELL SERVICES OF NEW YORK, INC.	11-2802024
45	CHA HMO, INC.	61-1279717
46	COMPBENEFITS COMPANY	59-2531815
47	COMPBENEFITS CORPORATION	04-3185995
48	COMPBENEFITS DENTAL, INC.	36-3686002
49	COMPBENEFITS DIRECT, INC.	58-2228851
50	COMPBENEFITS INSURANCE COMPANY	74-2552026
51	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
52	CONVIVA HEALTH MANAGEMENT, LLC	46-5329373
53	CONVIVA HEALTH MSO OF TEXAS, INC.	46-1225873
54	CONVIVA MEDICAL CENTER MANAGEMENT OF TEXAS, P.A.	47-1161014
55	CORPUS CHRISTI HOME CARE, INC.	74-2769755
56	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
57	DENTICARE, INC.	76-0039628
58	EAGLE RX HOLDCO, INC.	47-1407967
59	EAGLE RX, INC.	47-1416614
60	EMPHESYS INSURANCE COMPANY	31-0935772
61	EMPHESYS, INC.	61-1237697
62	ENCLARA PHARMACIA, INC.	23-3068914
63	FIRST CROWN INSURANCE, INC.	41-2623363
64	FIRST HOME HEALTH, INC.	55-0750157
65	FOCUS CARE HEALTH RESOURCES, INC.	75-2784006
66	FPG ACQUISITION CORP.	81-3802918
67	FPG ACQUISITION HOLDINGS CORP.	81-3819187
68	FPG HOLDING COMPANY, LLC	32-0505460
69	GBA HOLDING, INC.	75-2855493
70	GILBERT'S HOME HEALTH AGENCY, INC.	64-0730826
71	GUIDANTRX, INC.	39-1789830
72	H CODING SERVICES, INC. (FKA EDGE HEALTH MSO, INC.)	84-2214810
73	HARRIS, ROTHENBERG INTERNATIONAL INC.	27-1649291
74	HAWKEYE HEALTH SERVICES, INC.	42-1285486

NOTES TO THE FINANCIAL STATEMENTS

75	HEALTH VALUE MANAGEMENT, INC.	61-1223418
76	HHS HEALTHCARE CORP.	90-0527683
77	HOME HEALTH CARE AFFILIATES OF MISSISSIPPI, INC.	62-1775256
78	HOME HEALTH CARE AFFILIATES, INC.	74-2737989
79	HOME HEALTH OF RURAL TEXAS, INC.	75-2374091
80	HOME HEALTH SERVICES, INC.	87-0494759
81	HEMOCARE HOLDINGS, INC.	65-0837269
82	HORIZON HEALTH CARE SERVICES, INC.	76-0456316
83	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
84	HUMANA AT HOME (SAN ANTONIO), INC.	01-0766084
85	HUMANA AT HOME 1, INC.	65-0274594
86	HUMANA AT HOME, INC.	13-4036798
87	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
88	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
89	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865
90	HUMANA CARE HOLDINGS, INC.	33-2663918
91	HUMANA DENTAL COMPANY	59-1843760
92	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.	80-0072760
93	HUMANA DIRECT CONTRACTING ENTITY, INC.	85-3099097
94	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
95	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
96	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
97	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
98	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
99	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
100	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
101	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
102	HUMANA HEALTH PLAN, INC.	61-1013183
103	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
104	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
105	HUMANA INC.	61-0647538
106	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
107	HUMANA INSURANCE COMPANY	39-1263473
108	HUMANA INSURANCE COMPANY OF KENTUCKY INC.	61-1311685
109	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
110	HUMANA LIFE INSURANCE COMPANY OF NEW YORK, INC.	33-2023109
111	HUMANA MARKETPOINT, INC.	61-1343508
112	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
113	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
114	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
115	HUMANA MEDICAL PLAN, INC.	61-1103898
116	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
117	HUMANA REAL ESTATE COMPANY	20-1724127
118	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
119	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CO	39-1525003
120	HUMANADENTAL INSURANCE COMPANY	39-0714280
121	HUMANADENTAL, INC.	61-1364005
122	HUMCO, INC.	61-1239538
123	HUM-E-FL, INC.	61-1383567
124	INDEPENDENT CARE HEALTH PLAN	39-1769093
125	INTEGRACARE HOLDINGS, INC.	20-8781607
126	INTEGRACARE HOME HEALTH SERVICES, INC.	75-2865632
127	INTEGRACARE INTERMEDIATE HOLDINGS, INC.	20-8781715
128	KENTUCKY HEMOCARE HOLDINGS, INC.	82-3695166
129	KENTUCKY HEMOCARE PARENT INC.	82-3986306
130	MANAGED CARE INDEMNITY, INC.	61-1232669
131	MED. TECH. SERVICES OF SOUTH FLORIDA, INC.	65-0277280
132	MED-TECH SERVICES OF DADE, INC.	65-1033439
133	MED-TECH SERVICES OF PALM BEACH, INC.	65-0644307
134	METCARE OF FLORIDA, INC.	65-0879131
135	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
136	MISSOURI HOME CARE OF ROLLA, INC.	43-1317147
137	M-SAC, INC.	20-5123865
138	NEW YORK HEALTHCARE SERVICES, INC.	22-2695367
139	NURSING CARE-HOME HEALTH AGENCY, INC.	55-0633030
140	ON THE WAY HOME CARE, INC.	20-3443369
141	ONE HOME HEALTH HOLDINGS CCTX, LLC	82-2018741
142	ONE HOME HEALTH HOLDINGS, LLC	81-3485437
143	ONE TPA SYSTEMS INC.	20-4271850

NOTES TO THE FINANCIAL STATEMENTS

144	PBM HOLDING COMPANY	61-1340806
145	PBM PLUS MAIL SERVICE PHARMACY, LLC	20-2373204
146	PHH ACQUISITION CORP.	20-5043135
147	PHHC ACQUISITION CORP.	38-3784032
148	PHP COMPANIES, INC.	62-1552091
149	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
150	QC-MEDI NEW YORK, INC.	11-2750425
151	QUALITY CARE - USA, INC.	11-2256479
152	QUALITY LIVING HOME HEALTH CARE LLC	45-2823888
153	SENIOR HOME CARE, INC.	59-3080333
154	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
155	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
156	SHC HOLDING, INC.	42-1699530
157	SOUTHERN NEVADA HOME HEALTH CARE, INC.	87-0494757
158	SYNERGY HOME CARE-ACADIANA REGION, INC.	72-1487473
159	SYNERGY HOME CARE-CAPITOL REGION, INC.	20-1376846
160	SYNERGY HOME CARE-CENTRAL REGION, INC.	36-4516940
161	SYNERGY HOME CARE-NORTHEASTERN REGION, INC.	72-1178497
162	SYNERGY HOME CARE-NORTHSHORE REGION, INC.	72-1223659
163	SYNERGY HOME CARE-NORTHWESTERN REGION, INC.	72-1431394
164	SYNERGY HOME CARE-SOUTHEASTERN REGION, INC.	72-1429305
165	SYNERGY, INC.	93-3419676
166	TEXAS DENTAL PLANS, INC.	74-2352809
167	THE DENTAL CONCERN, INC.	52-1157181
168	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
169	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
170	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
171	TRILOGY HOME HEALTHCARE NE FL, INC	81-3442232
172	TRILOGY HOME HEALTHCARE SW FL, INC	81-4466479
173	VAN WINKLE HOME HEALTH CARE, INC.	62-1669388
174	VITALITY HHS HOLDINGS, INC.	81-2022629
175	VITALITY HOME CARE, INC.	81-2019673
176	VOYAGER ACQUISITION, INC. (FKA VOYAGER ACQUISITION, L.P.)	20-1953497
177	VOYAGER HOME HEALTH, INC.	26-1501792
178	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, 2025 and 2024 were \$127,668,720 and \$110,488,761, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

In the ordinary course of business, the Company also directly contracts with related parties to provide services that are routine in nature to its members. The administrative services, access fees, and cost of care services provided are determined within each individual agreement. The following table identifies the amount for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2025 and 2024, which were material in the respective year and meet the disclosure requirements pursuant to SSAP No. 25, *Affiliate and Other Related Parties* (SSAP No. 25):

	2025	2024
SeniorBridge and Humana At Home	\$ -	\$ 341,457
CenterWell Home Health	-	745,320
Total	<u>\$ -</u>	<u>\$ 1,086,777</u>

In addition to the related parties above, the Company also has a contracted relationship with Humana Pharmacy Solutions, Inc. (HPS). HPS is responsible for designing pharmacy benefits, including defining member co-share responsibilities, determining formulary listings, contracting with retail pharmacies, confirming member eligibility, reviewing drug utilization, and processing claims for Humana entities. HPS has various contracts with pharmacy manufacturers to provide the Company with purchase discounts and volume rebates on certain prescription drugs utilized by its members. The Company has an agreement with HPS to collect pharmacy rebates on its behalf and remit them to the Company on a monthly basis. The Company had \$48,803,768 and \$49,119,598 of administrative service and prescription costs in 2025 and 2024, 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.

NOTES TO THE FINANCIAL STATEMENTS

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 \$11,261,682 and \$10,489,797 of prescription costs in 2025 and 2024, respectively, with Humana Pharmacy, Inc.

No dividends or returns of capital were paid by the Company as of December 31, 2025.

The Company received a \$15,000,000 capital contribution from Humana Inc. on March 28, 2025.

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, 2025, the Company reported \$59,661,807 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

F. The Company has a parental guarantee with Humana Inc. in accordance with certain regulatory requirements.

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.

NOTES TO THE FINANCIAL STATEMENTS

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 \$301,770,963 and \$290,945,744 for the years ended December 31, 2025 and 2024, respectively. As of December 31, 2025 and 2024, the fair market value of the Humana Retirement Savings Plan's assets was \$8,760,523,221 and \$7,694,418,361, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

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

B. The Company has no preferred stock outstanding.

C.-E. Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the greater of 10% of total surplus or net income from the prior year. All ordinary dividends are limited to available and accumulated surplus funds. 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, 2025.

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.

NOTES TO THE FINANCIAL STATEMENTS

- 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.

On May 1, 2025, the Department of Justice (DOJ) filed a complaint in partial intervention related to a qui tam lawsuit filed by an individual formerly employed by eHealth, Inc., in the United States District Court for the District of Massachusetts. The intervened lawsuit is captioned *United States of America ex. rel. Andrew Shea v. eHealth, Inc., et al., Case No. 1:21-cv-11777-DJC*. The complaint alleges certain civil violations in connection with non-commission payments Humana made to three call center broker partners. The complaint also includes allegations relating to Humana's marketing of Medicare Advantage plans to Medicare-eligible beneficiaries under the age of 65. The action seeks damages and penalties on behalf of the United States under the federal False Claims Act. The court ordered the qui tam action unsealed following the filing of DOJ's complaint in partial intervention on May 1, 2025. Humana takes seriously its obligations to comply with applicable regulatory requirements and laws, and will vigorously defend against these allegations. This matter could lead to additional federal securities law and stockholder derivative allegations.

The Company is not aware of any other material contingent liabilities as of December 31, 2025.

15. Leases

Not Applicable.

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

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

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

- A. Transfers of Receivables Reported as Sales

Not Applicable.

- B. Transfer and Servicing of Financial Assets

Refer to Note 5E – *Dollar Repurchase Agreements and/or Securities Lending Transactions*.

- 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, 2025, the Company has recorded a receivable from CMS of \$1,571,880 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.

NOTES TO THE FINANCIAL STATEMENTS

- (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, 2025.

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, 2024 and December 31, 2025.

- (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, 2024 and December 31, 2025.

- (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, 2025.

- (5) Derivative Fair Values

Not Applicable.

- B. Other Fair Value Disclosures

Securities lending collateral assets: Fair values of securities lending collateral are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally uses Level 1 or Level 2 inputs for the determination of fair value to facilitate fair value measurements and disclosures.

- 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)
Cash equivalents	\$ 14,324,993	\$ 14,324,994	\$ 14,324,993	\$ -	\$ -	\$ -	\$ -
Issuer credit obligations	67,184,181	68,444,936	-	67,184,181	-	-	-
Asset-backed securities	81,514,107	83,935,936	-	81,514,107	-	-	-
Securities lending collateral assets	17,802,109	17,802,109	17,802,109	-	-	-	-
Total	\$ 180,825,390	\$ 184,507,975	\$ 32,127,102	\$ 148,698,288	\$ -	\$ -	\$ -

- D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

- A. Extraordinary Items

Not Applicable.

- B. Troubled Debt Restructuring: Debtors

NOTES TO THE FINANCIAL STATEMENTS

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State and Federal 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 practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

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

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

(3) Direct exposure through other investments:

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

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

The Company does not have sub-prime mortgage risk.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

Prior to the filing of the Statutory Statement, the Company settled a note receivable from its parent for a capital contribution of \$30,000,000 on January 27, 2026. In accordance with the SSAP No. 72 *Surplus and Quasi-Reorganization*, this transaction has been treated as a Type I subsequent event and has been recorded as an admitted asset. The Department approved this transaction prior to the payment of this capital contribution.

The Company is not aware of any other 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 25, 2026 for the Statutory Statement issued on February 25, 2026.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

NOTES TO THE FINANCIAL STATEMENTS

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

- 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, 2025 that are subject to retrospective rating features was \$1,322,890,109, 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

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ -	\$ 27,930	\$ -	\$ -	\$ 27,930
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	27,930	-	-	27,930
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 27,930
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ 11,473	\$ -	\$ -	\$ 11,473
Medical loss ratio rebates paid	-	39,403	-	-	39,403
Medical loss rebates unpaid	-	-	-	-	-
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

STATEMENT AS OF December 31, 2025 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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) \$ 105

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ -

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 171,461

Operations (Revenue & Expenses)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ 55,369

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 59

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

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
1	2	3	4	5	6	7	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)

a. Permanent ACA Risk Adjustment Program

1. Premium adjustments receivable (including high risk pool payments)

- 201,431 (201,431) 201,536 A. 105

2. Premium adjustments (payables) (including high risk pool premium)

(171,356) (146,062) (25,294) (146,167) B. (171,461)

3. Subtotal ACA Permanent Risk Adjustment Program

- (171,356) 201,431 (146,062) (201,431) (25,294) 201,536 (146,167) 105 (171,461)

b. Total for ACA Risk Sharing Provisions

- (171,356) 201,431 (146,062) (201,431) (25,294) 201,536 (146,167) 105 (171,461)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2024 benefit year and the latest data from Wakely Consulting.

B. Adjustments related to updates received from CMS associated with 2024 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, 2024, were \$134,227,281. As of December 31, 2025, \$102,999,754 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$(1,013,334) as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$32,240,860 favorable prior-year development since December 31, 2024. The increase 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 increase, the Company experienced \$32,240,860 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

NOTES TO THE FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Not Applicable.

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
12/31/2025	\$ 3,181,740	\$ 3,181,740	\$ -	\$ -	\$ -
9/30/2025	2,177,204	2,182,990	2,013,887	-	-
6/30/2025	2,898,122	2,866,935	2,825,070	-	-
3/31/2025	3,116,126	3,172,967	2,905,572	269,080	-
12/31/2024	3,163,319	3,066,835	2,848,708	(3,952)	146,471
9/30/2024	3,399,888	3,386,710	3,144,029	230,948	(7,331)
6/30/2024	3,324,391	3,249,208	2,929,561	323,994	612
3/31/2024	4,038,301	3,921,104	3,738,792	186,796	2,690
12/31/2023	5,996,180	6,146,525	3,808,354	2,366,009	(6,066)
9/30/2023	6,300,606	6,379,779	3,748,753	2,547,949	119,504
6/30/2023	6,391,734	6,485,723	4,010,070	2,498,715	(1,426)
3/31/2023	6,170,306	6,153,198	3,780,023	2,427,313	(27,800)

B. Risk Sharing Receivables

Risk sharing receivables represent capitation receivables and provider advance receivables over 90 days and are fully non-admitted.

C. Medicare Prescription Payment Plan Receivables

(1) Amounts included in other health care receivable which are recoverable from participants in Medicare Part D Prescription Payment Plan for the current reporting period \$7,798

(2) Aging of other health care receivables which are due from participants in Medicare Part D Prescription Payment Plan as follows:

Name of Plan	Current Period Gross*	1 – 30 Days	31 – 60 Days	61 – 90 Days	Over 90 Days	Nonadmitted	Admitted
Medicare Prescription Payment Plan	\$ 8,607	\$ 7,916	\$ (59)	\$ (59)	\$ 809	\$ 809	\$ 7,798
Total	\$ 8,607	\$ 7,916	\$ (59)	\$ (59)	\$ 809	\$ 809	\$ 7,798

*represents the Assets Page Column 1, included within Line 24 before nonadmission.

(3) Incurred claims expense includes write-offs of impaired Medicare Prescription Payment Plan receivables of \$0 for December 31, 2025 and \$0 for December 31, 2024.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Ohio
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000049071
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2025
- 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
.....

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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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, 750 East Jefferson Street, Suite 301, Louisville KY 40202
- 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?
Alex Rezmerski, Appointed Actuary, 101 E. Main Street, 7th Floor 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 2025 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 []

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)
Refer to Note 17
- 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. \$ 1,629,405
- 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
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A
- 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
- 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 \$ 17,802,109
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 17,801,779
- 25.093 Total payable for securities lending reported on the liability page \$ 17,802,109

- 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 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 \$ 1,107,637
- 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
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

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

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes No
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes No
- 27.42 Permitted accounting practice Yes No
- 27.43 Other accounting guidance Yes No
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes No
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No
- 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 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: Zaida Cepeda

ANNUAL STATEMENT FOR THE YEAR 2025 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. This includes both primary and sub-advisors. 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 [] N/A []

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 [] N/A []

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 Registered With	4 Investment Management Agreement (IMA) Filed
107105	BLACKROCK FINANCIAL MANAGEMENT, INC	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

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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations	79,437,970	78,177,215	(1,260,755)
31.2 Asset-Backed Securities	83,935,936	81,514,107	(2,421,829)
31.3 Preferred stocks	0	0	0
31.4 Totals	163,373,906	159,691,322	(3,682,584)

31.5 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 inactive 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 its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

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

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

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

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

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

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

GENERAL INTERROGATORIES

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?\$ 614,691

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)LLP	571,107

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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ 0

1.6 Individual policies: Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies: Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

		1	2	
		Current Year	Prior Year	
2.1	Premium Numerator	1,322,918,039	1,186,868,280	
2.2	Premium Denominator	1,322,918,039	1,186,868,280	
2.3	Premium Ratio (2.1/2.2)	1.000	1.000	
2.4	Reserve Numerator	180,060,072	153,056,216	
2.5	Reserve Denominator	180,060,072	153,056,216	
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 [] No [X]

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 [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]

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 [X] No []

7.2 If no, give details
.....

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year 189,666

8.2 Number of providers at end of reporting year 138,980

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months.. \$ 0

9.22 Business with rate guarantees over 36 months \$ 0

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []
- 10.2 If yes:
- | | | |
|--|----|---------|
| 10.21 Maximum amount payable bonuses..... | \$ | 985,907 |
| 10.22 Amount actually paid for year bonuses..... | \$ | 985,702 |
| 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 [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 11.13 An Individual Practice Association (IPA), or, | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
| 11.14 A Mixed Model (combination of above)? | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] 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. \$ 108,215,052
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []
- 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 - Medicare - Statewide

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 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 []
- 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 []
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- | | | |
|------------------------------------|----|---|
| 15.1 Direct Premium Written | \$ | 0 |
| 15.2 Total Incurred Claims | \$ | 0 |
| 15.3 Number of Covered Lives | | 0 |

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] 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 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.

FIVE-YEAR HISTORICAL DATA

	1 2025	2 2024	3 2023	4 2022	5 2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	426,374,141	360,916,998	301,073,104	119,465,117	81,207,458
2. Total liabilities (Page 3, Line 24)	291,668,320	241,594,311	178,838,778	68,532,567	37,375,959
3. Statutory minimum capital and surplus requirement	108,215,052	109,414,284	71,177,538	23,480,952	23,054,145
4. Total capital and surplus (Page 3, Line 33)	134,705,821	119,322,687	122,234,326	50,932,550	43,831,499
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,322,918,039	1,186,868,280	796,047,101	252,982,689	237,697,140
6. Total medical and hospital expenses (Line 18)	1,136,085,121	1,017,273,595	671,247,426	203,589,510	206,164,639
7. Claims adjustment expenses (Line 20)	46,618,481	46,304,344	39,971,786	8,465,221	7,431,886
8. Total administrative expenses (Line 21)	188,343,824	147,998,820	132,220,973	29,556,038	26,417,845
9. Net underwriting gain (loss) (Line 24)	(37,131,579)	(10,717,833)	(37,028,214)	(23,935,669)	4,994,075
10. Net investment gain (loss) (Line 27)	13,498,575	10,094,983	7,244,233	976,059	716,453
11. Total other income (Lines 28 plus 29)	16,849	1	3	1	0
12. Net income or (loss) (Line 32)	(20,024,137)	1,061,977	(22,657,295)	(25,591,950)	6,546,454
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(16,415,633)	(22,280,734)	(7,435,134)	8,147,261	(2,083,123)
Risk-Based Capital Analysis					
14. Total adjusted capital	134,705,821	119,322,687	122,234,326	50,932,550	43,831,499
15. Authorized control level risk-based capital	38,892,438	36,071,684	23,725,846	7,843,027	7,684,715
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	188,174	197,279	142,233	32,626	32,003
17. Total members months (Column 6, Line 7)	2,353,724	2,013,224	1,355,864	392,652	385,757
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)	85.9	85.7	84.3	80.4	86.7
20. Cost containment expenses	3.0	3.3	4.3	2.9	2.7
21. Other claims adjustment expenses	0.5	0.6	0.8	0.5	0.5
22. Total underwriting deductions (Line 23)	102.8	100.9	104.7	109.4	97.9
23. Total underwriting gain (loss) (Line 24)	(2.8)	(0.9)	(4.7)	(9.5)	2.1
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	100,621,557	80,904,136	16,905,249	17,577,500	18,872,719
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	132,862,418	102,844,316	19,602,986	20,783,237	20,696,520
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)	0	0	0	0	0
29. Affiliated mortgage loans on real estate	0	0	0	0	0
30. All other affiliated	0	0	0	0	0
31. Total of above Lines 26 to 30	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 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 Corrections of Errors? Yes [] No []
If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

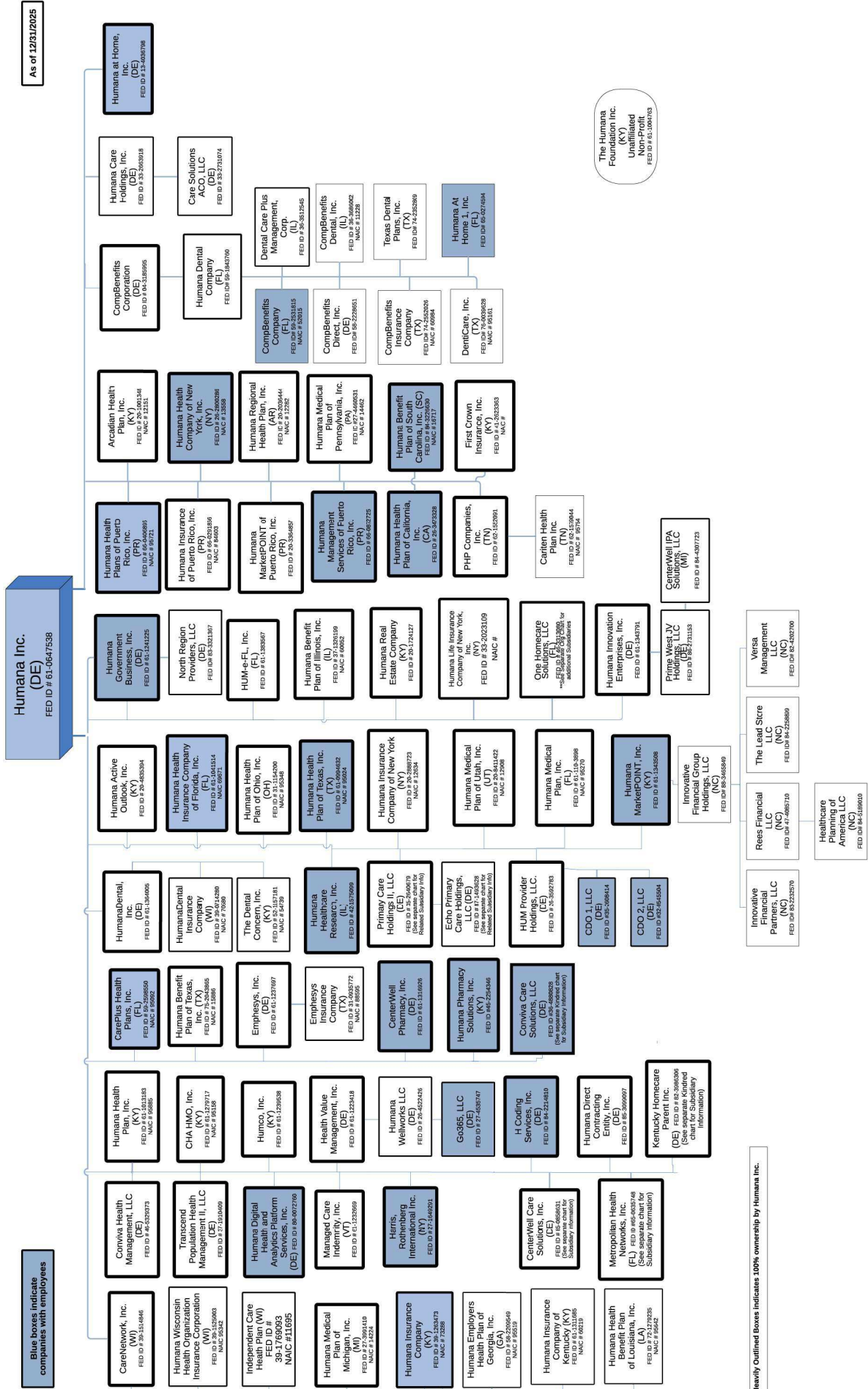
States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N	0	0	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0	0	0
15. Indiana	IN	L	0	0	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0	0	0
18. Kentucky	KY	L	0	160,564,382	0	0	0	0	160,564,382	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0	0
36. Ohio	OH	L	(36,690)	(217,987)	1,162,527,749	0	52,656	0	1,162,325,728	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0	0
58. Aggregate other aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	(36,690)	160,346,394	1,162,527,749	0	52,656	0	0	1,322,890,109	0	0
60. Reporting entity contributions for employee benefit plans	XXX	0	0	0	0	0	0	0	0	0	0
61. Totals (direct business)	XXX	(36,690)	160,346,394	1,162,527,749	0	52,656	0	0	1,322,890,109	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

(b) Explanation of basis of allocation by states, premiums by state, etc.
 The Company reports premium based on the situs of the contract

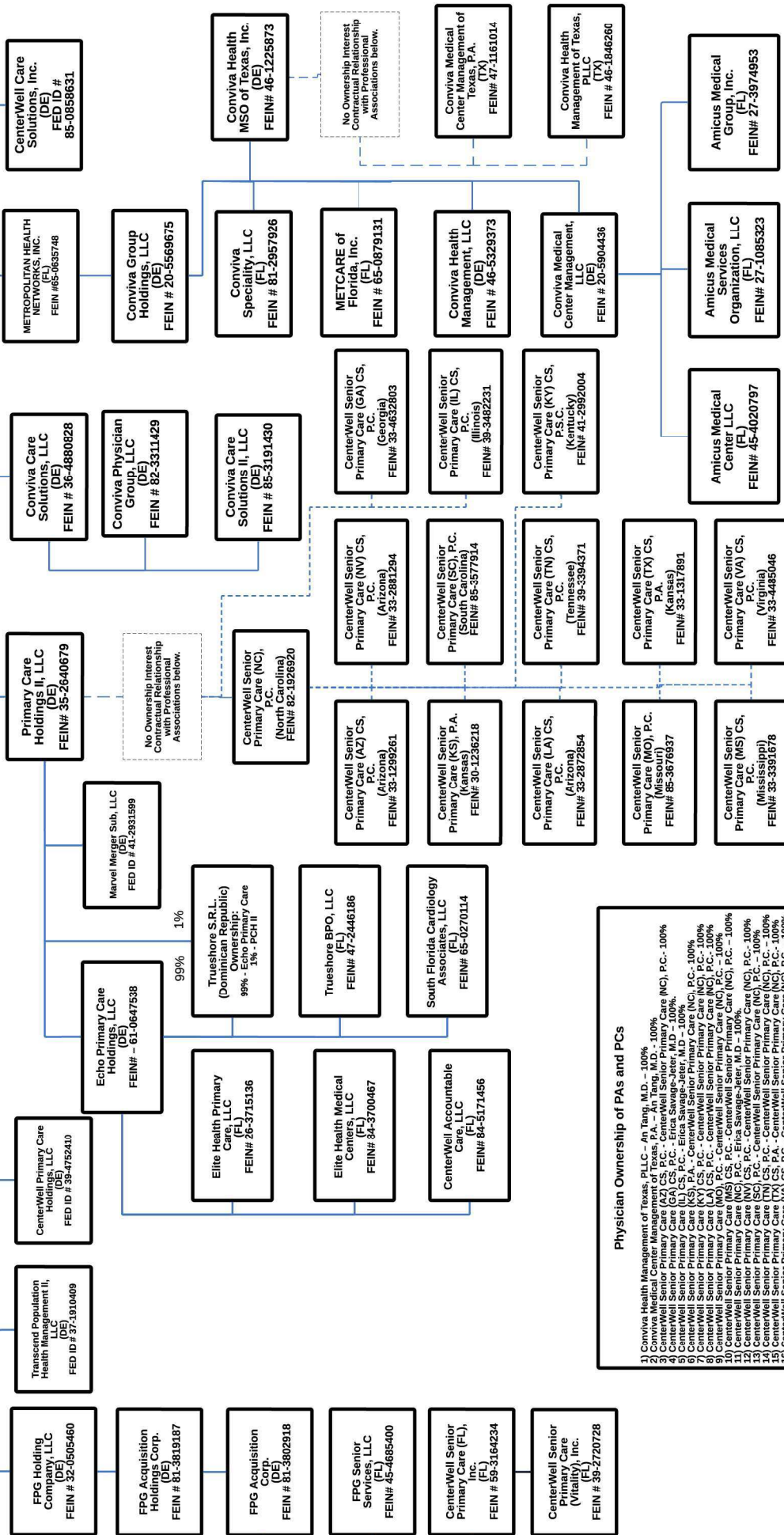
ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.



Note: Heavily Outlined Boxes Indicates 100% ownership by Humana Inc.

As of 12/31/2025

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

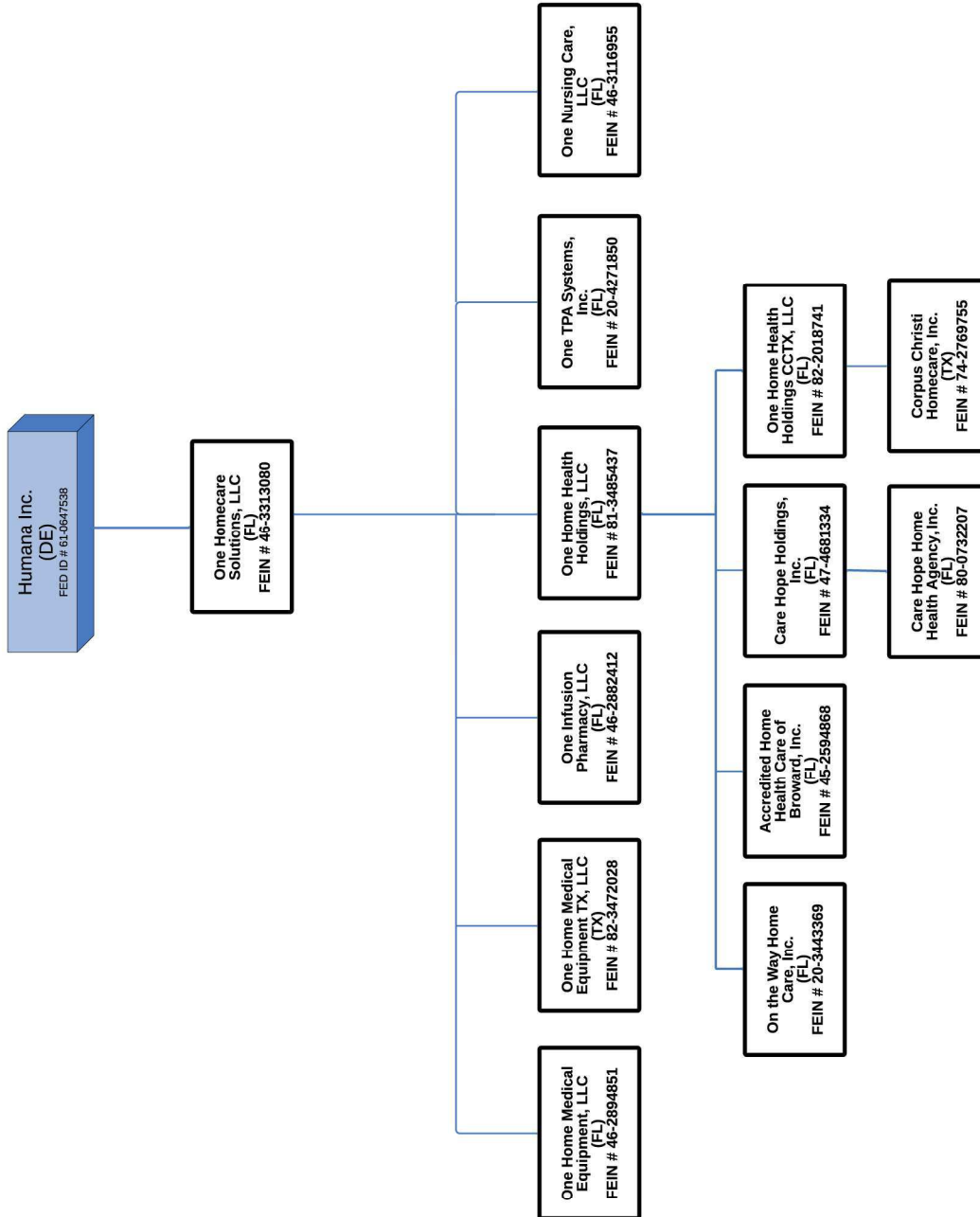


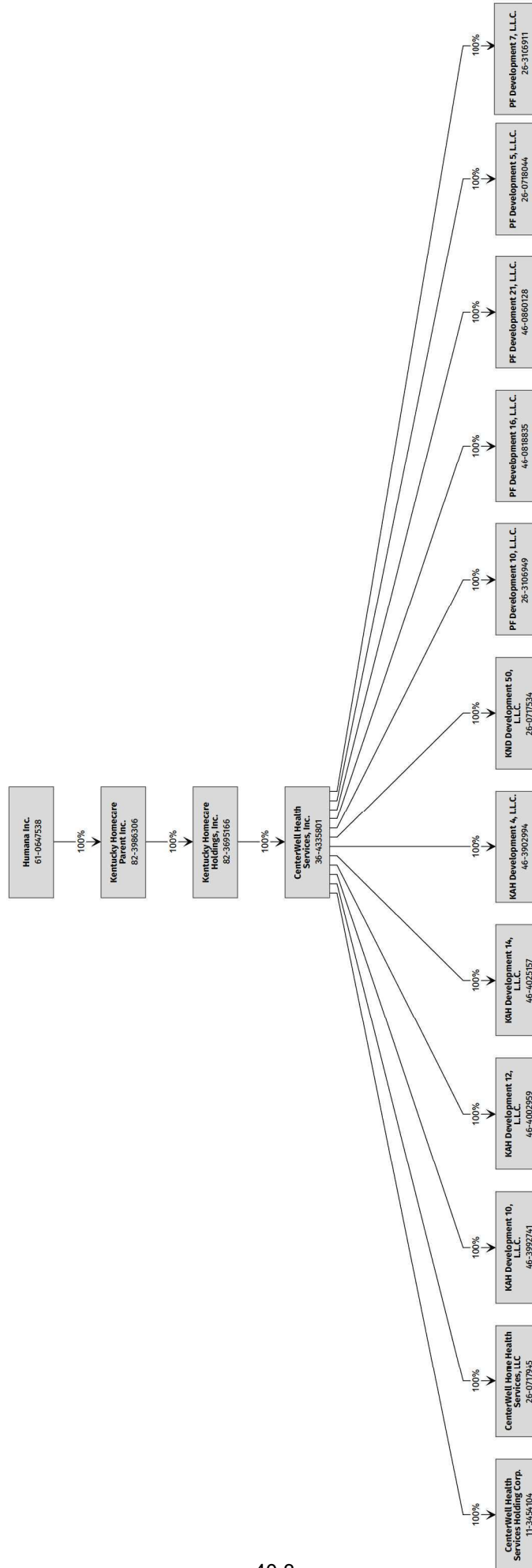
No Ownership Interest Contractual Relationship Associations below.

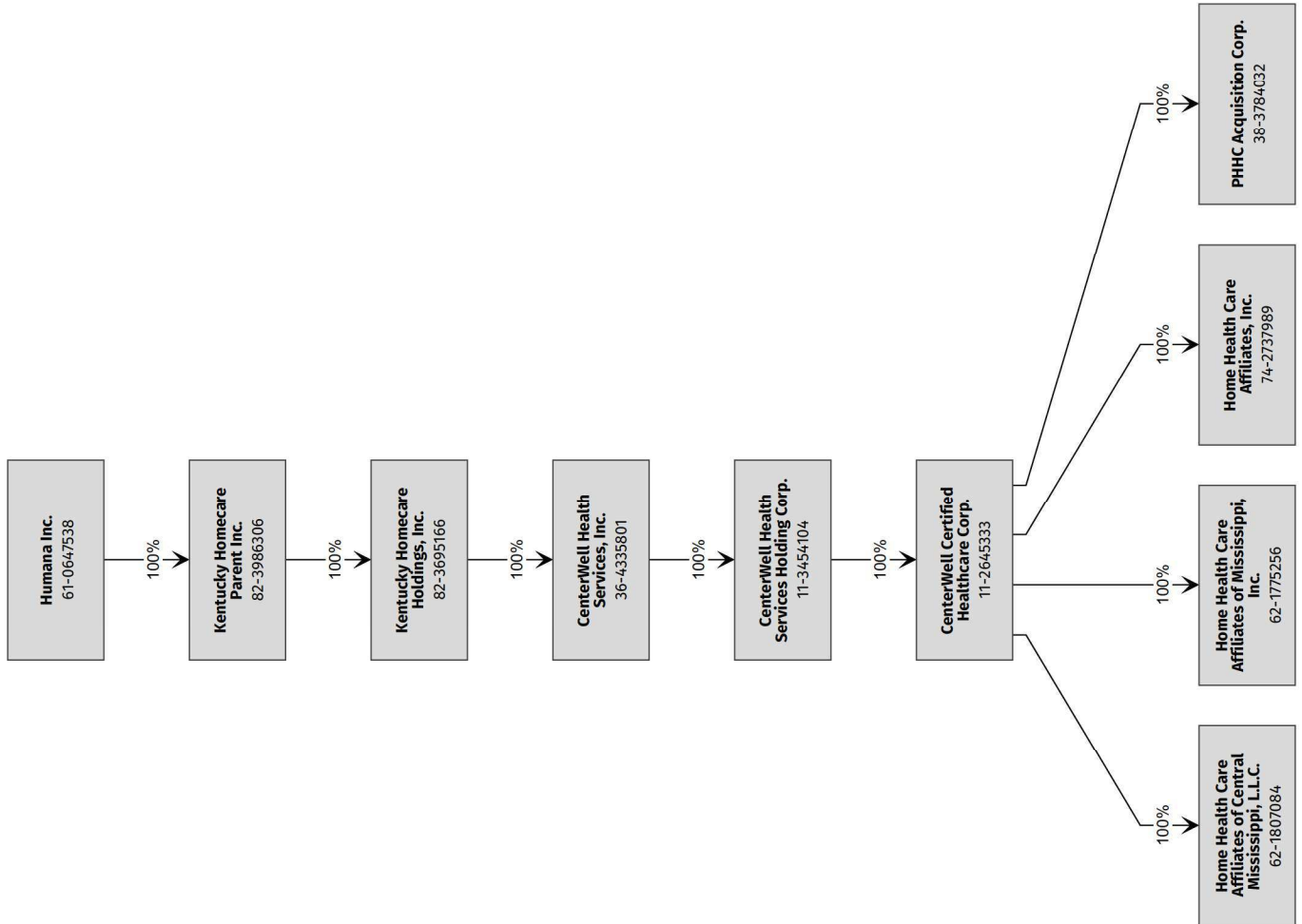
No Ownership Interest Contractual Relationship Associations below.

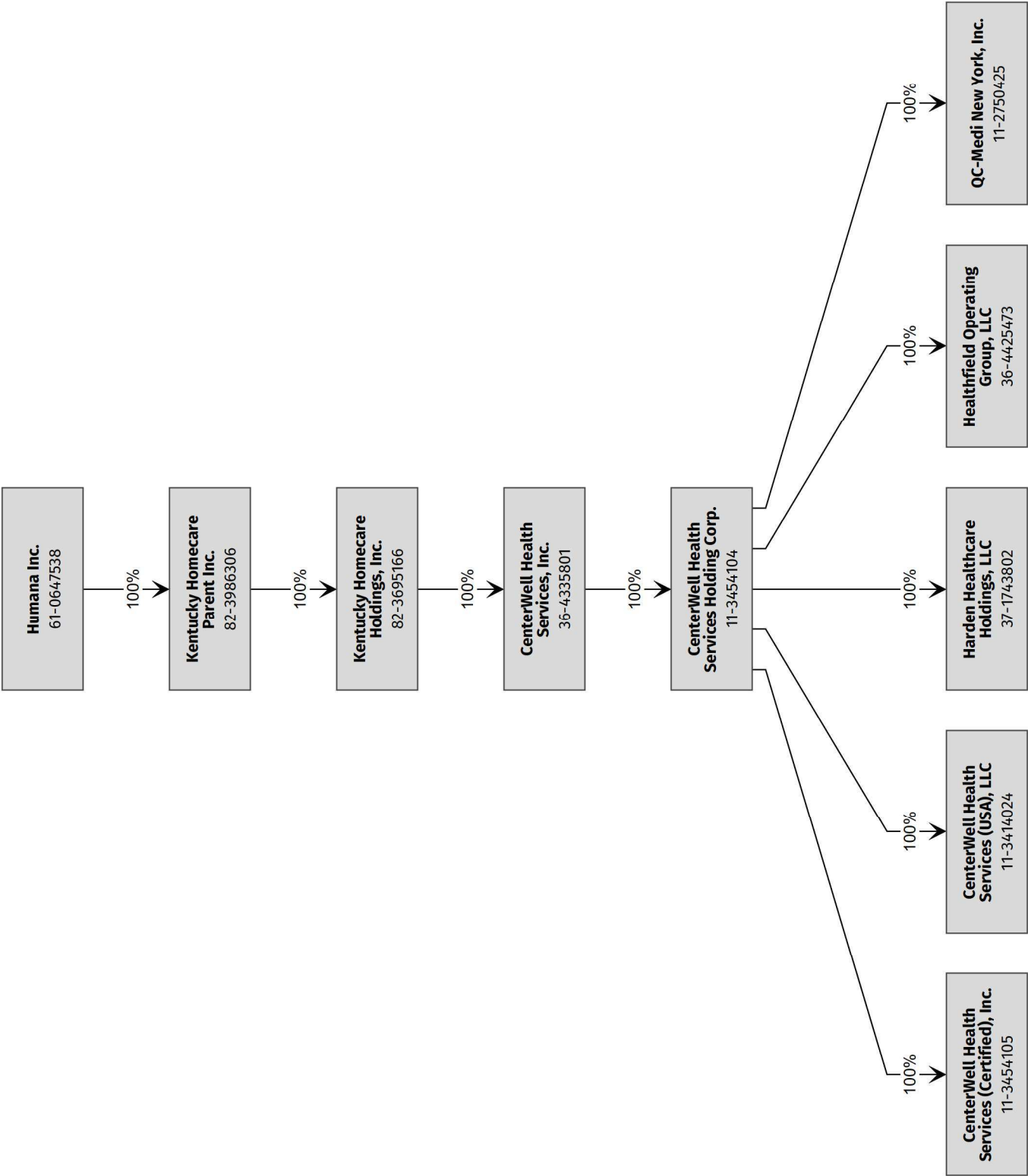
- Physician Ownership of PAs and PCs**
- 1) Convivia Health Management of Texas, PLLC - An Tangi, M.D. - 100%
 - 2) Convivia Medical Center Management of Texas, P.A. - An Tangi, M.D. - 100%
 - 3) Convivia Senior Primary Care (GA) CS, P.C. - Erica Savage-Jeter, M.D. - 100%
 - 4) Convivia Senior Primary Care (IL) CS, P.C. - Erica Savage-Jeter, M.D. - 100%
 - 5) Convivia Senior Primary Care (KS) P.A. - Erica Savage-Jeter, M.D. - 100%
 - 6) Convivia Senior Primary Care (LA) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 7) Convivia Senior Primary Care (MO) P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 8) Convivia Senior Primary Care (NV) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 9) Convivia Senior Primary Care (TN) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 10) Convivia Senior Primary Care (VA) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 11) Convivia Senior Primary Care (TX) CS, P.A. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 12) Convivia Senior Primary Care (VA) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 13) Convivia Senior Primary Care (VA) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 14) Convivia Senior Primary Care (VA) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 15) Convivia Senior Primary Care (VA) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%
 - 16) Convivia Senior Primary Care (VA) CS, P.C. - CenterWell Senior Primary Care (NC), P.C. - 100%

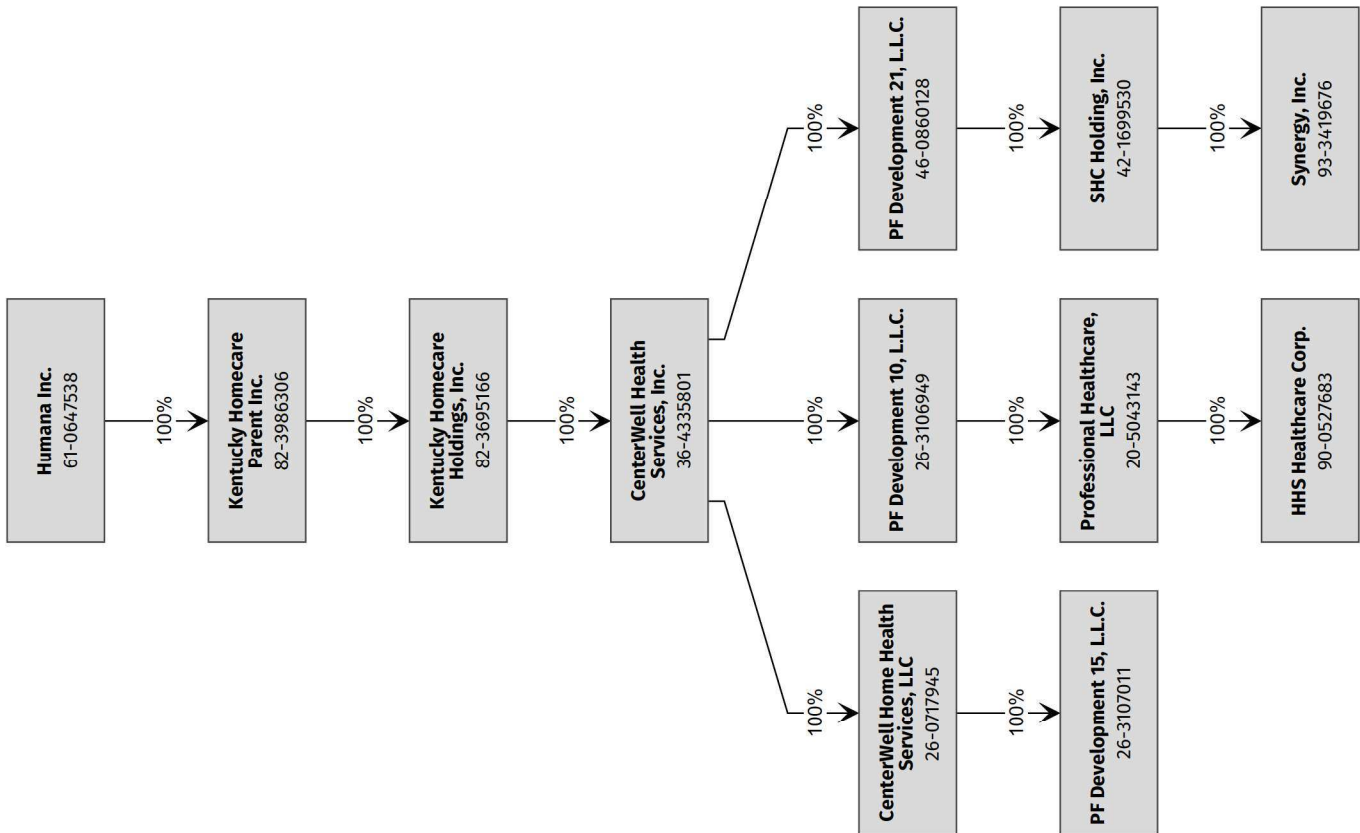
As of 12/31/2025

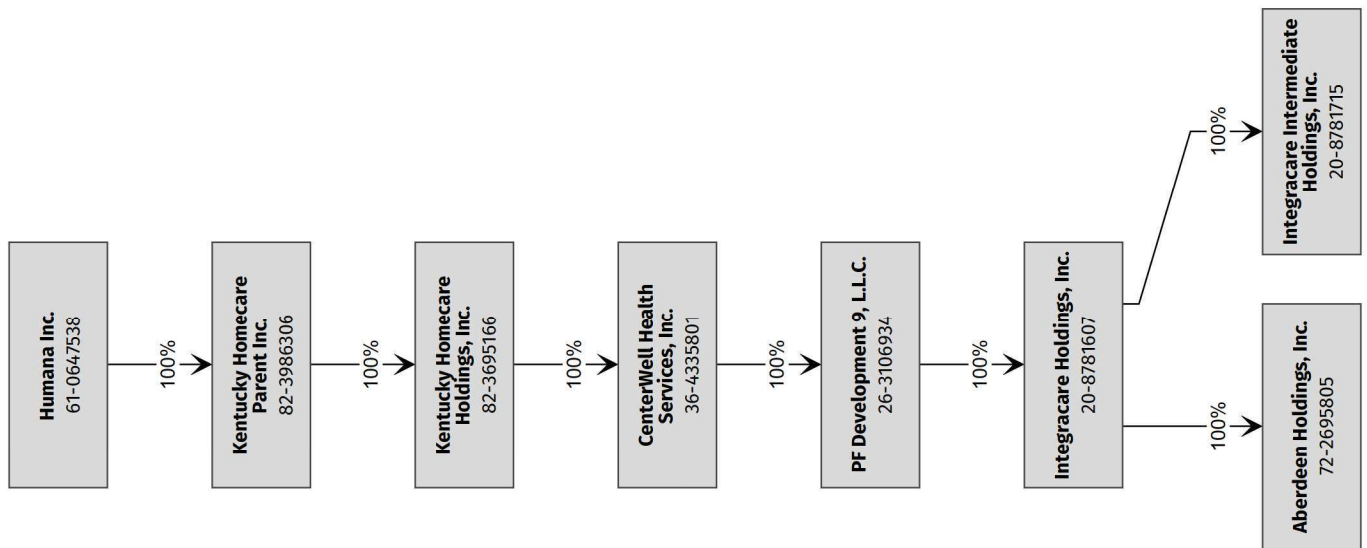


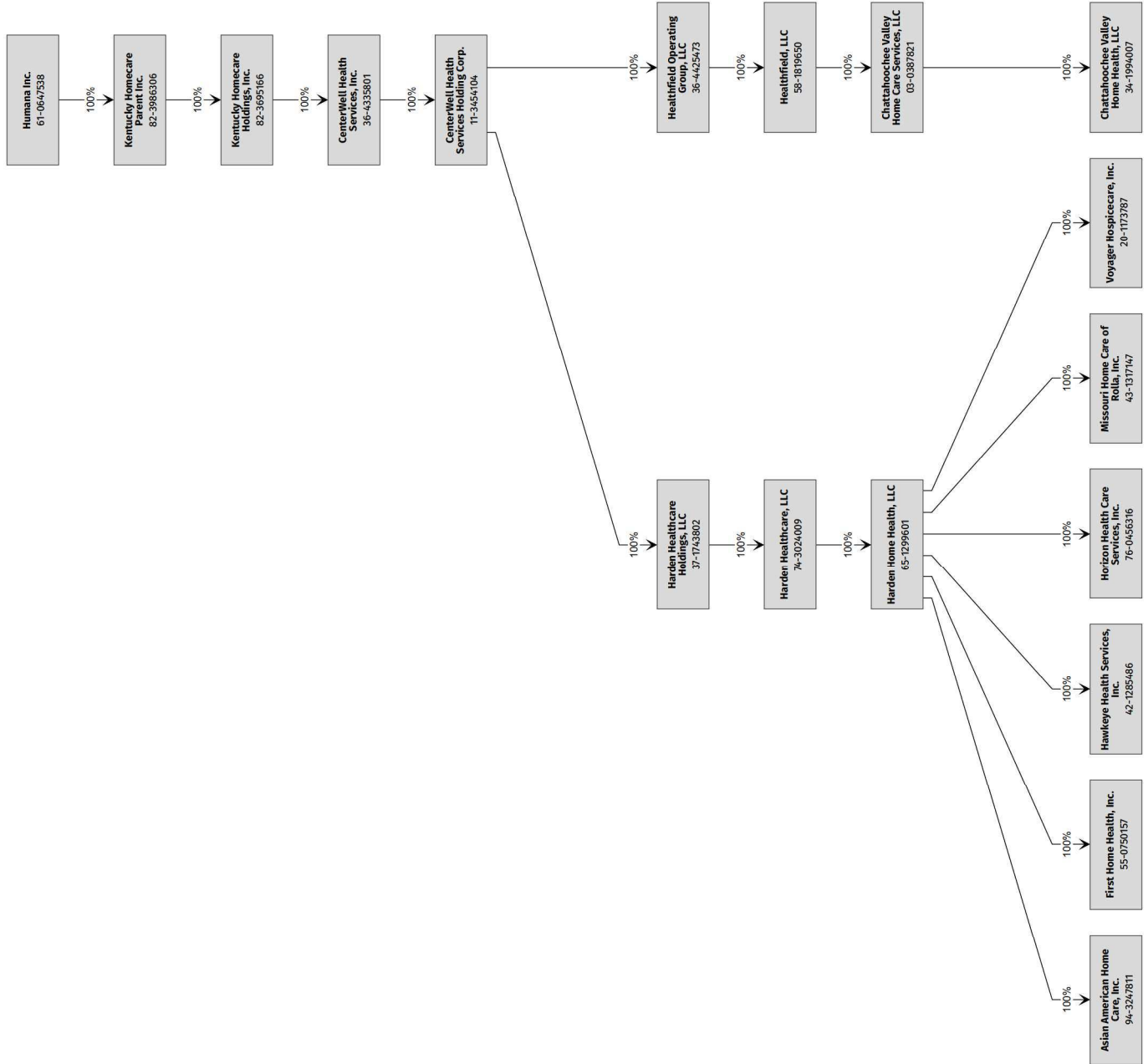


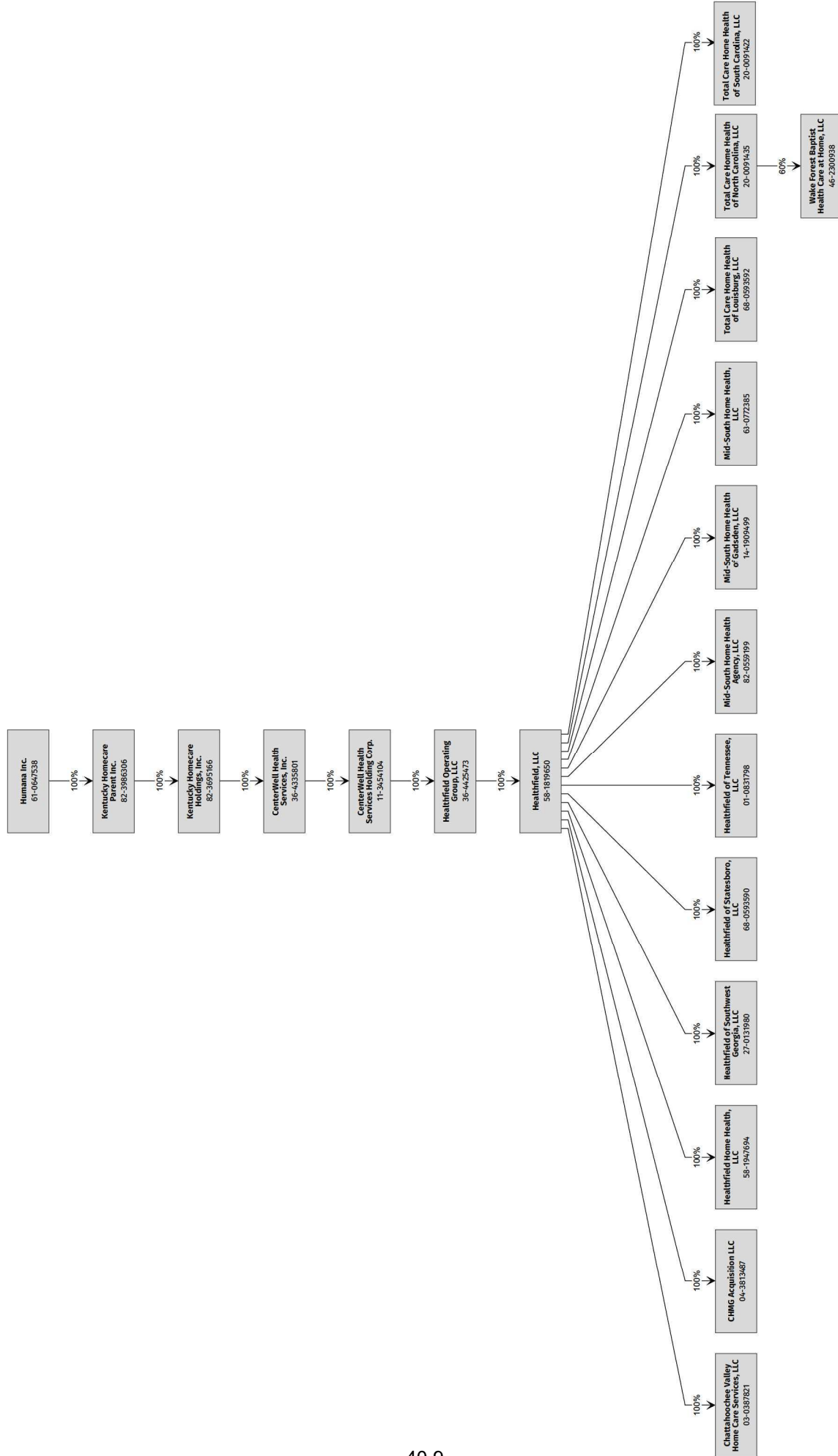


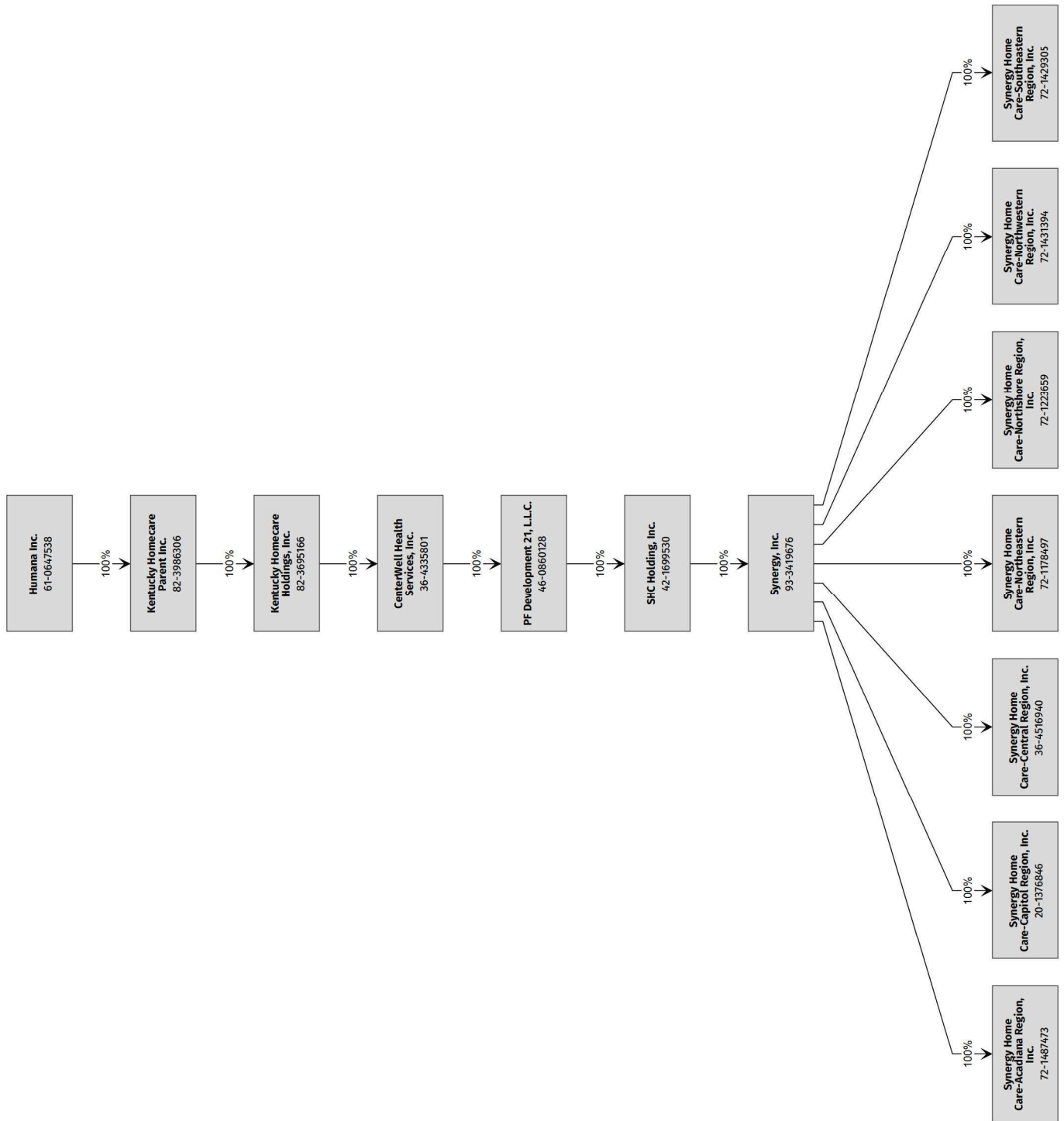


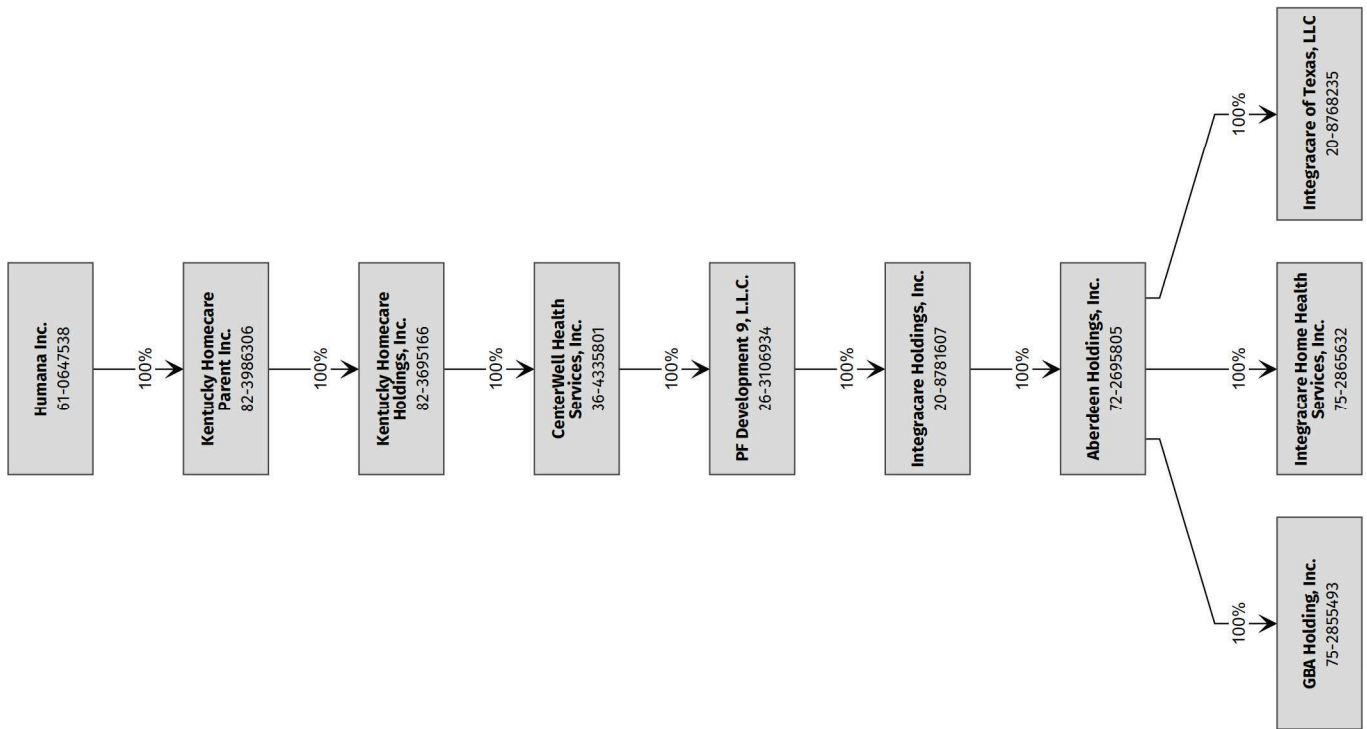


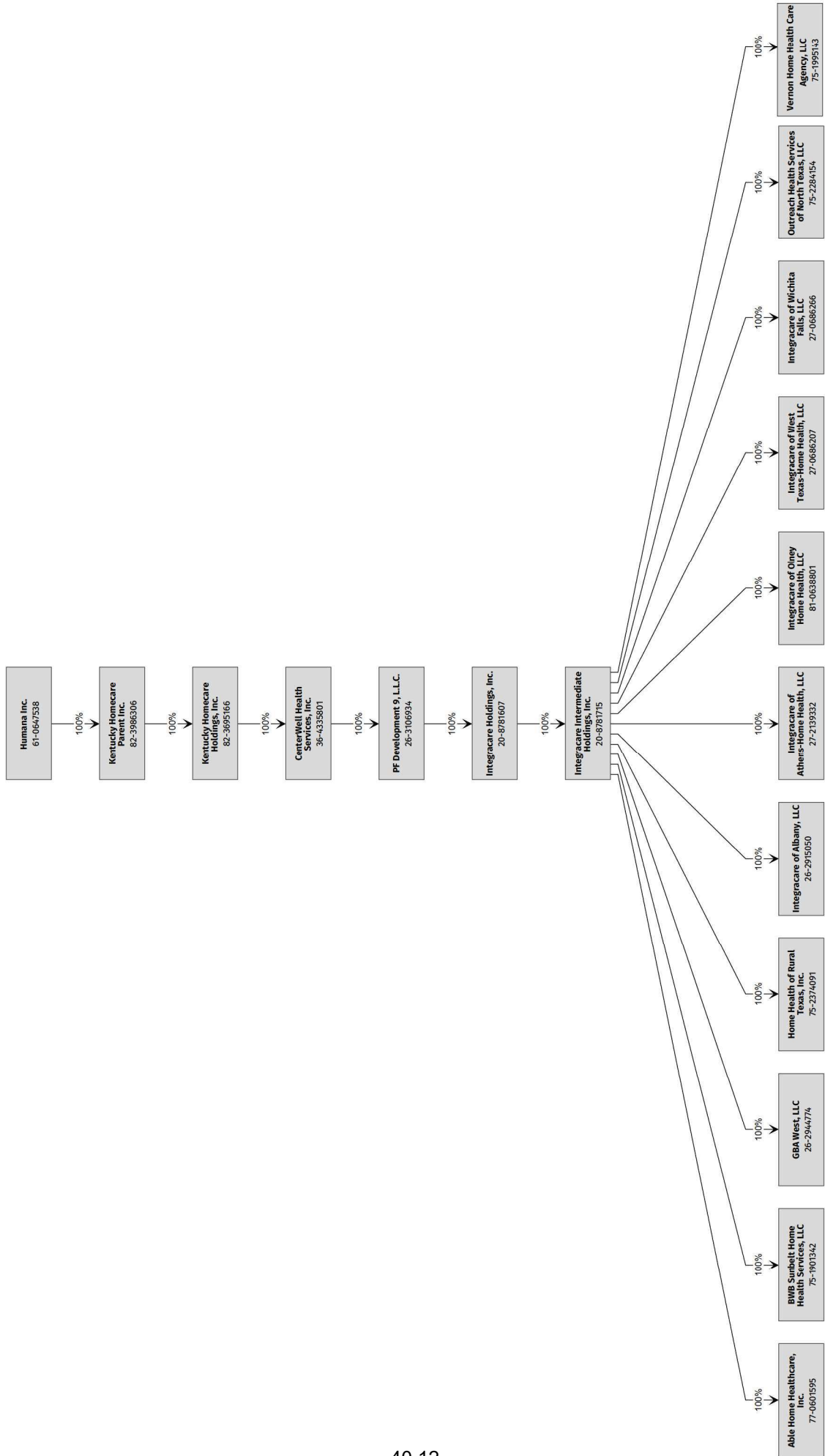


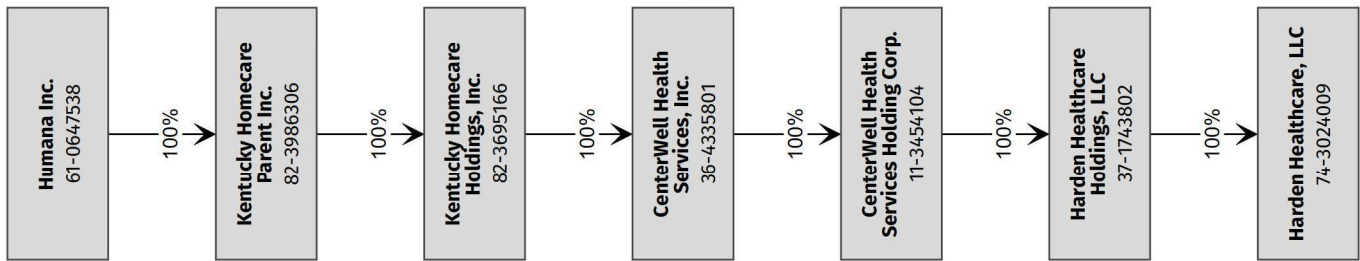


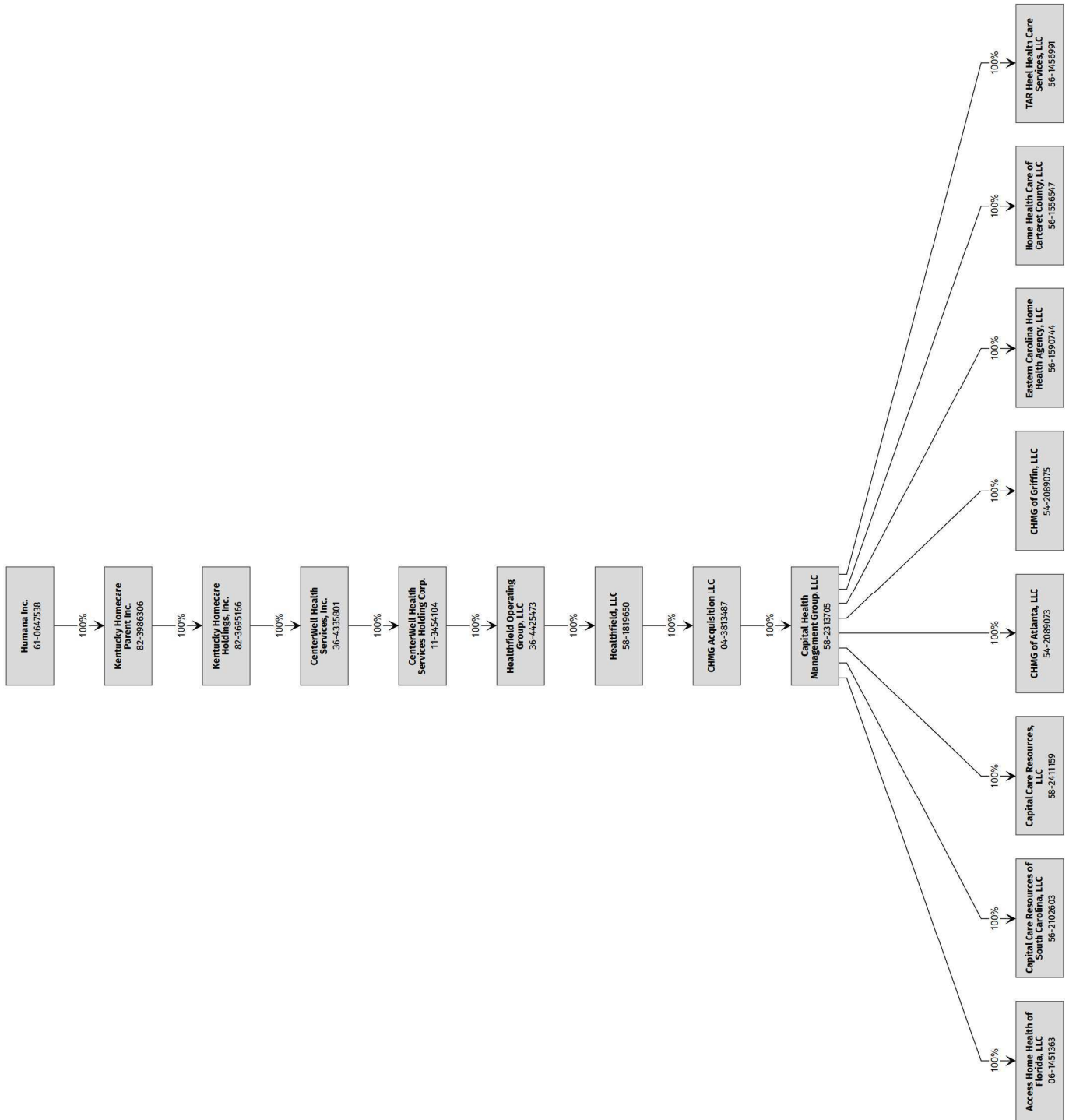


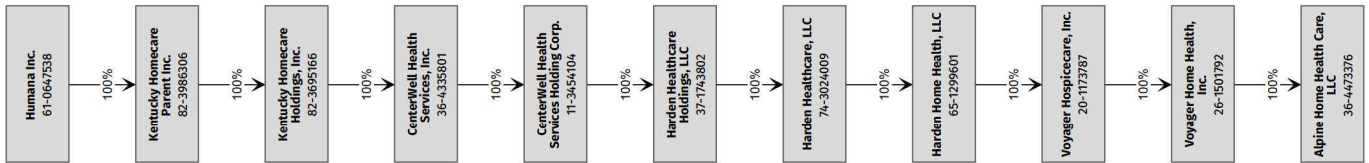


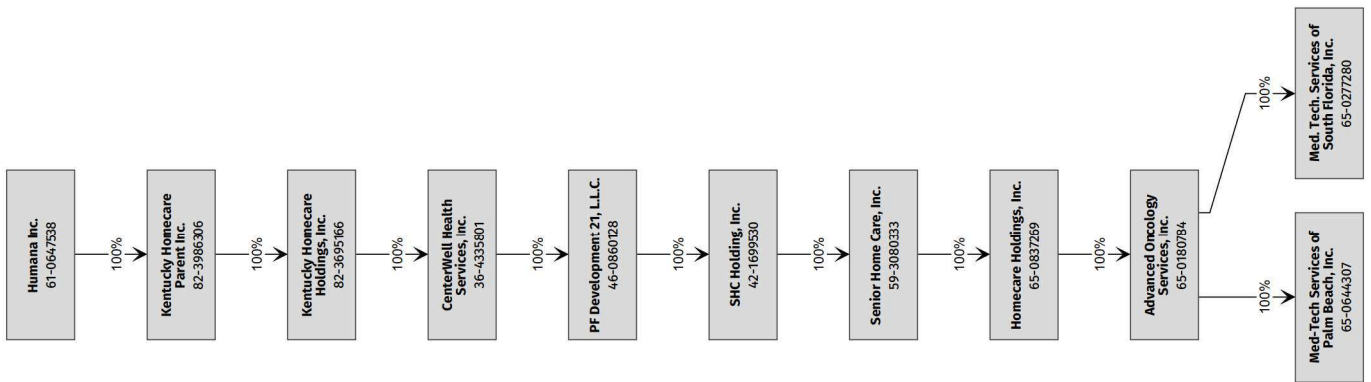




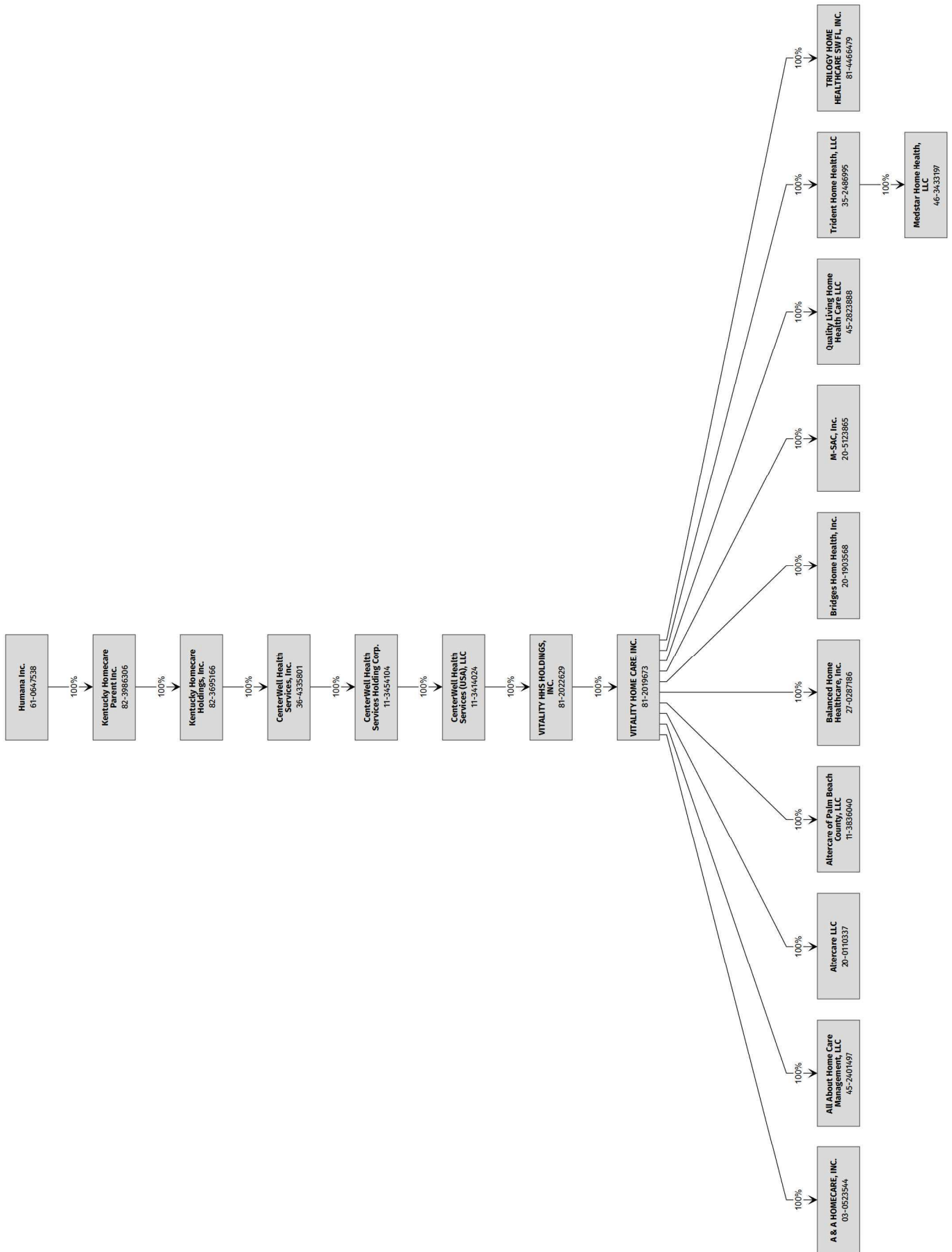








ANNUAL STATEMENT FOR THE YEAR 2025 OF THE HUMANA HEALTH PLAN OF OHIO INC.



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