



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2020

OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 95885 Employer's ID Number 61-1013183
(Current) (Prior)

Organized under the Laws of Kentucky, State of Domicile or Port of Entry KY

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 08/23/1982 Commenced Business 09/23/1983

Statutory Home Office 500 West Main Street, Louisville, KY, US 40202
(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 Stephen Jackson, 502-580-2715
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO Bruce Dale Broussard Chief Financial Officer Brian Andrew Kane
Associate VP, Asst Gen Counsel & Corporate Secretary Joseph Matthew Ruschell SVP, Chief Actuary Vanessa Marie Olson

OTHER

<u>Alan James Bailey, VP & Treasurer</u>	<u>John Edward Barger III, SVP, Medicaid President</u>	<u>Andrew Joseph Besendorf III, Appointed Actuary</u>
<u>Charles Wilbur Dow Jr., Regional President</u>	<u>Courtney Danielle Durall, Assistant Corporate Secretary and Legal Advisor</u>	<u>Douglas Allen Edwards, Senior Vice President, Workplace Experience</u>
<u>Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT</u>	<u>Christopher Howal Hunter, Segment President, Group & Military Business</u>	<u>Steven Edward McCulley, SVP, Medicare</u>
<u>Matthew George Moore #, Regional President</u>	<u>Sean Joseph O'Reilly, SVP, Enterprise Compliance & Chief Compliance Officer</u>	<u>Bruno Roger Piquin, Regional President</u>
<u>William Mark Preston, VP, Investments</u>	<u>Richard Donald Remmers, SVP, Employer Group Sales</u>	<u>George Renaudin II, SVP, Medicare East & Provider</u>
<u>Donald Hank Robinson, SVP, Tax</u>	<u>Gilbert Alan Stewart, SVP, Medicare Divisional Leader</u>	<u>Daniel Andrew Tufto, SVP, Medicare Divisional Leader</u>
<u>Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader</u>	<u>Timothy Alan Wheatley, Segment President, Retail</u>	<u>Ralph Martin Wilson, Vice President</u>
<u>Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller</u>		

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Brian Andrew Kane Timothy Alan Wheatley

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.

Bruce Dale Broussard
President & CEO

Joseph Matthew Ruschell
Corporate Secretary

Alan James Bailey
VP & Treasurer

Subscribed and sworn to before me this 8th day of August, 2020

- 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, 2021

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	357,829,513	0	357,829,513	353,116,015
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	27,600,000	0	27,600,000	27,600,000
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$25,247,077), cash equivalents (\$48,699,408) and short-term investments (\$0)	73,946,485	0	73,946,485	110,238,061
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	11,752	0	11,752	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	459,387,749	0	459,387,749	490,954,076
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	2,951,743	0	2,951,743	2,632,264
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	48,935,960	367,149	48,568,811	40,078,475
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 (\$3,113,627) and contracts subject to redetermination (\$48,006,900)	51,120,527	0	51,120,527	51,740,103
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	40,576,421	10,983	40,565,438	21,821,192
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	3,478,401
18.2 Net deferred tax asset	13,148,549	167,592	12,980,957	12,980,957
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)	1,080,915	1,080,915	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	56,750,041	0	56,750,041	0
24. Health care (\$26,050,959) and other amounts receivable	27,360,007	937,176	26,422,831	16,999,292
25. Aggregate write-ins for other than invested assets	7,271,669	4,251,353	3,020,317	338,333
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	708,583,581	6,815,167	701,768,414	641,023,093
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	708,583,581	6,815,167	701,768,414	641,023,093
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Deposits	3,056,017	3,056,017	0	0
2502. Federal Contingency Reserves	3,020,317	0	3,020,317	338,333
2503. Prepaid Expenses	915,525	915,525	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	279,811	279,811	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	7,271,669	4,251,353	3,020,317	338,333

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,244,017 reinsurance ceded)	207,476,065	9,949,964	217,426,029	134,982,452
2. Accrued medical incentive pool and bonus amounts	96,117	0	96,117	1,165,951
3. Unpaid claims adjustment expenses	2,406,738	0	2,406,738	740,381
4. Aggregate health policy reserves, including the liability of \$ 1,804,385 for medical loss ratio rebate per the Public Health Service Act	62,453,367	0	62,453,367	55,179,159
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	443,000	0	443,000	443,000
8. Premiums received in advance	16,647,683	0	16,647,683	11,654,623
9. General expenses due or accrued	56,856,229	0	56,856,229	15,608,852
10.1 Current federal and foreign income tax payable and interest thereon (including \$ (284,442) on realized gains (losses))	3,354,941	0	3,354,941	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	2,998,270	0	2,998,270	3,662,115
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	1,861,174
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 24,970,184 unauthorized reinsurers and \$ 0 certified reinsurers)	24,970,184	0	24,970,184	120,261,141
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	53,448,475	0	53,448,475	43,381,496
23. Aggregate write-ins for other liabilities (including \$ 511,174 current)	3,643,088	0	3,643,088	1,276,885
24. Total liabilities (Lines 1 to 23)	434,794,157	9,949,964	444,744,121	390,217,228
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	40,773,666
26. Common capital stock	XXX	XXX	2,248,000	2,248,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	157,187,779	157,187,779
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	97,588,514	50,596,419
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	257,024,293	250,805,864
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	701,768,414	641,023,093
DETAILS OF WRITE-INS				
2301. Reinsurance Payable	2,607,246	0	2,607,246	102,385
2302. Unclaimed Property	1,035,842	0	1,035,842	1,158,739
2303. OPM Contract Reserves	0	0	0	15,762
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)	3,643,088	0	3,643,088	1,276,885
2501. Special Surplus - Projected HCRL Assessment for the Upcoming Year	XXX	XXX	0	40,773,666
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	40,773,666
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	2,023,096	2,060,912	4,120,152
2. Net premium income (including \$0 non-health premium income)	XXX	1,021,945,789	542,666,053	1,118,173,423
3. Change in unearned premium reserves and reserve for rate credits	XXX	(346,628)	4,958,216	5,818,480
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,021,599,161	547,624,270	1,123,991,903
Hospital and Medical:				
9. Hospital/medical benefits	20,947,655	604,338,339	663,068,463	1,350,678,523
10. Other professional services	472,241	13,691,506	2,184,128	3,411,633
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	1,530,760	44,540,530	40,003,332	76,191,381
13. Prescription drugs	7,892,107	183,765,641	175,936,214	368,642,139
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	(506,571)	(814,336)	(1,087,324)
16. Subtotal (Lines 9 to 15)	30,842,763	845,829,445	880,377,801	1,797,836,353
Less:				
17. Net reinsurance recoveries	0	2,123,767	445,888,860	869,937,792
18. Total hospital and medical (Lines 16 minus 17)	30,842,763	843,705,679	434,488,941	927,898,561
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$47,403,697 cost containment expenses	0	59,227,816	39,052,725	80,561,028
21. General administrative expenses	0	117,519,617	35,324,323	73,981,017
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	0	(1,937,000)
23. Total underwriting deductions (Lines 18 through 22)	30,842,763	1,020,453,112	508,865,989	1,080,503,606
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,146,050	38,758,280	43,488,297
25. Net investment income earned	0	5,794,461	12,939,919	23,353,104
26. Net realized capital gains (losses) less capital gains tax of \$(12,405)	0	(46,666)	(16,491,981)	(10,014,784)
27. Net investment gains (losses) (Lines 25 plus 26)	0	5,747,795	(3,552,062)	13,338,320
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	1	(12,546)	(306,990)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	6,893,845	35,193,673	56,519,627
31. Federal and foreign income taxes incurred	XXX	11,244,760	16,080,133	12,198,450
32. Net income (loss) (Lines 30 minus 31)	XXX	(4,350,915)	19,113,540	44,321,177
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Miscellaneous Income	0	1	2,184	2,201
2902. Loss on Disposal	0	0	(14,730)	(309,191)
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	1	(12,546)	(306,990)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	250,805,864	757,922,419	757,922,419
34. Net income or (loss) from Line 32.....	(4,350,915)	19,113,540	44,321,177
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	(381,199)	39,479,556	39,533,604
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax.....	0	0	(10,319,375)
39. Change in nonadmitted assets.....	10,950,543	19,899,583	29,813,767
40. Change in unauthorized and certified reinsurance.....	0	6,407,487	6,407,487
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in.....	0	(188,596,607)	(616,873,215)
45.2 Transferred to capital (Stock Dividend).....	0	0	0
45.3 Transferred from capital.....	0	0	0
46. Dividends to stockholders.....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	6,218,429	(103,696,442)	(507,116,555)
49. Capital and surplus end of reporting period (Line 33 plus 48)	257,024,293	654,225,977	250,805,864
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,028,682,956	565,936,052	1,157,657,214
2. Net investment income	6,296,119	18,624,138	33,212,882
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	1,034,979,075	584,560,191	1,190,870,097
5. Benefit and loss related payments	764,106,463	639,499,149	1,130,929,302
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	142,241,982	74,360,420	176,236,628
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 855,885 tax on capital gains (losses)	4,399,013	17,821,086	14,589,286
10. Total (Lines 5 through 9)	910,747,459	731,680,655	1,321,755,216
11. Net cash from operations (Line 4 minus Line 10)	124,231,617	(147,120,464)	(130,885,119)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	102,306,962	287,791,161	729,068,904
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	10	0	0
12.7 Miscellaneous proceeds	0	0	325,000
12.8 Total investment proceeds (Lines 12.1 to 12.7)	102,306,972	287,791,161	729,393,904
13. Cost of investments acquired (long-term only):			
13.1 Bonds	108,281,878	12,236,299	39,550,376
13.2 Stocks	0	150,000,000	150,000,000
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	11,752	1,563,578	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	108,293,629	163,799,877	189,550,376
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(5,986,657)	123,991,284	539,843,528
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	(430,000,000)
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(154,536,536)	14,471,213	49,145,078
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(154,536,536)	14,471,213	(380,854,923)
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)	(36,291,576)	(8,657,967)	28,103,485
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	110,238,061	82,134,576	82,134,576
19.2 End of period (Line 18 plus Line 19.1)	73,946,485	73,476,609	110,238,061

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

20.0001. Non-Cash Return of Capital of Investment in Subsidiary - Proceeds for Stocks	0	(188,596,607)	(188,596,607)
20.0002. Non-Cash Return of Capital of Investment in subsidiary - Capital and Paid in surplus	0	188,596,607	188,596,607

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	337,962	9	162,415	1,534	0	0	10,848	8,094	155,062	0
2. First Quarter	335,218	6	160,620	1,836	0	0	9,001	7,534	156,221	0
3. Second Quarter	333,524	6	151,083	1,986	0	0	8,840	7,540	164,069	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	2,023,096	36	950,523	11,125	0	(51)	53,071	45,428	962,964	0
Total Member Ambulatory Encounters for Period:										
7. Physician	1,947,912	31	541,515	12,709	0	0	49,365	99,213	1,245,079	0
8. Non-Physician	725,044	24	187,752	5,708	0	0	19,003	60,090	452,467	0
9. Total	2,672,956	55	729,267	18,417	0	0	68,368	159,303	1,697,546	0
10. Hospital Patient Days Incurred	139,033	12	19,719	652	0	0	2,253	16,068	100,329	0
11. Number of Inpatient Admissions	13,851	0	3,220	107	0	0	260	940	9,324	0
12. Health Premiums Written (a)	1,044,458,734	285,381	404,543,601	1,623,344	0	0	39,312,392	65,453,520	533,240,496	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,044,112,107	285,381	404,196,973	1,623,344	0	0	39,312,392	65,453,520	533,240,496	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	831,455,935	(209,858)	321,423,151	1,250,862	0	0	34,743,053	43,716,788	430,531,939	0
18. Amount Incurred for Provision of Health Care Services	845,829,445	(122,113)	305,841,113	1,362,201	0	0	30,822,530	61,135,225	446,790,489	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$65,453,520

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	57,732,461	263,480,833	3,882,007	65,208,200	61,614,468	78,203,376
2. Medicare Supplement	250,333	1,000,529	7,593	389,707	257,927	285,981
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	5,434,458	29,308,594	165,710	4,629,632	5,600,168	6,195,052
6. Title XVIII - Medicare	27,277,640	15,875,886	4,862,149	45,610,440	32,139,789	40,689,428
7. Title XIX - Medicaid	6,500,820	356,980,249	3,281,783	89,831,809	9,782,603	10,051,615
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	97,195,712	666,646,091	12,199,242	205,669,788	109,394,954	135,425,452
10. Healthcare receivables (a)	0	26,988,135	0	0	0	24,915,005
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	517,492	45,770	2,253	93,864	519,746	1,165,951
13. Totals (Lines 9-10+11+12)	97,713,204	639,703,725	12,201,495	205,763,652	109,914,699	111,676,398

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

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Commonwealth of Kentucky Department of Insurance (the Department) recognizes only statutory accounting practices prescribed or permitted by the State of Kentucky for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Kentucky 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 Kentucky. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

Effective June 30, 2019, the Department approved the merger of CHA Service Company into CHA HMO Inc., its direct subsidiary and a non-cash return of capital of CHA HMO Inc. from the Company to Humana Inc. Under SSAP No. 25, *Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties*, this transaction would be recorded at fair value since it would be deemed "economic" in nature. The Department approved a permitted practice to allow the Company to report this transaction at book value. The Company's risk-based capital would not have triggered a regulatory event had it not used a prescribed or permitted practice.

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

	SSAP #	F/S Page	F/S Line #	2020	2019
Net (Loss)/Income					
1. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ (4,350,915)	\$ 44,321,177
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
a. Unrecorded net realized gains impact due to valuation difference	24	4	26	-	995,308,000
4. NAIC SSAP	xxx	xxx	xxx	<u>\$ (4,350,915)</u>	<u>\$ 1,039,629,177</u>
Surplus					
5. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$ 257,024,293	\$ 250,805,864
6. State Prescribed Practices that is an increase/(decrease) NAIC SSAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SSAP				-	-
a. Unrecorded net realized gains impact due to valuation difference	24	5	34	-	995,308,000
b. Return of Capital impact due to valuation difference	24	5	45	-	(995,308,000)
8. NAIC SSAP	xxx	xxx	xxx	<u>\$ 257,024,293</u>	<u>\$ 250,805,864</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

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

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

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

- (5) The Company estimates the fair value of its investments in mortgage loans on real estate using a discounted cash flow method based on rating, maturity and future income when compared to the expected yield for mortgages having similar characteristics. The rating for mortgages in good standing is based on property type, location, market conditions, occupancy, debt service coverage, loan to value, caliber of tenancy, borrower and payment record. Problem mortgages are priced to reflect their monetary value to the Company, considering such things as the degree of default, whether or not the payments are still being made, interest rate, maturity and operating performance of the underlying collateral.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

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

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

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

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

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

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

D. Going Concern

Management of the Company has evaluated the Company's ability to continue as a going concern under SSAP No. 1,

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

On April 30, 2008, the Company acquired UnitedHealth Group's Las Vegas, Nevada individual SecureHorizons Medicare Advantage HMO customer and provider contracts, or SecureHorizons, for cash consideration of approximately \$185,300,000. In accordance with SSAP No. 20, *Nonadmitted Assets*, the \$185,300,000 of intangible assets were recorded as nonadmitted assets. Goodwill relating to the purchase of SecureHorizons was fully amortized during 2018.

Purchased Entity	Acquisition Date	Cost of Acquired Entity	Original Amount of Admitted Goodwill	Admitted Goodwill as of the Reporting Date	Amount of Goodwill Amortized During the Reporting Period	Admitted Goodwill as a % of SCA BACV, Gross of Admitted Goodwill
SecureHorizons	April 30, 2008	\$185,300,000	\$0	\$0	\$-	0%

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

No material change since year-end December 31, 2019.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from industry market sources.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2020.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at June 30, 2020:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(74,499)
2. Twelve Months or Longer	\$	(218,290)

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

1. Less than Twelve Months	\$	2,182,312
2. Twelve Months or Longer	\$	12,903,884

(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

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

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

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

(3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	15,141,774	15,540,918	(399,144)	-	15,141,774	2.14%	2.16%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 15,141,774	\$ 15,540,918	\$ (399,144)	-	\$ 15,141,774	2.14%	2.16%

(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.

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

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

Not Applicable.

- M. Working Capital Finance Investments

Not Applicable.

- N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

- O. 5GI* Securities

Not Applicable.

- P. Short Sales

Not Applicable.

- Q. Prepayment Penalty and Acceleration Fees

No material change since year-end December 31, 2019.

6. Joint Ventures, Partnerships and Limited Liability Companies

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

- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

- B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

No material change since year-end December 31, 2019.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A.-F. 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, 2019 and 2018 were \$235,211,793 and \$464,966,349, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

The Company has various related party agreements with no material change since year-end December 31, 2019.

A non-cash return of capital of \$188,596,607 was recorded at book value by the Company at June 30, 2019, as permitted by the Department. The Company reversed the prior year accumulated unrealized gain in the statements of changes in surplus of \$37,832,172 related to its investment in CHA Service Company and recorded a net realized loss on the transaction to Humana Inc. in the amount of \$15,855,114 in the accompanying statements of revenue and expenses.

No dividends or returns of capital were paid by the Company as of June 30, 2020.

At June 30, 2020, the Company reported \$56,750,041 due from Humana Inc. Amounts due to or from parent are generally settled within 90 days.

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.

NOTES TO THE FINANCIAL STATEMENTS

- H. Not Applicable.
- I. Not Applicable.
- J. Not Applicable.
- K. Not Applicable.
- L. Not Applicable.
- M. All SCA Investments
Not Applicable.
- N. Investment in Insurance SCA
Not Applicable.
- O. SCA Loss Tracking
Not Applicable.

11. Debt

- A. Debt Including Capital Notes
The Company has no debentures outstanding.
The Company has no capital notes outstanding.
The Company does not have any reverse repurchase agreements.
- B. Federal Home Loan Bank (FHLB) Agreements
The Company does not have any FHLB agreements.

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

- A.-D. Defined Benefit Plans
Not Applicable.
- E. Defined Contribution Plans
Not Applicable.
- F. Multiemployer Plans
Not Applicable.
- G. Consolidated/Holding Company Plans
No material change since year-end December 31, 2019.
- 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

- (1) The Company has \$1.00 par value common stock with 5,000,000 shares authorized and 2,248,000 shares issued and 2,248,000 outstanding. All shares are common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3-5) 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 lesser of 10% of total surplus or net income from the prior year. All ordinary dividends are limited to available and accumulated surplus funds. Based on these restrictions, the Company can pay a maximum dividend or return of capital to shareholders of approximately \$25,080,000 in 2020 without prior regulatory 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.

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

No dividends or returns of capital were paid by the Company as of June 30, 2020.

Dividends or returns of capital to shareholders paid by the Company are listed below.

- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Changes in balances of special surplus funds from the prior year is due to the health insurance industry fee having been permanently repealed beginning calendar year 2021.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(381,199).
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

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

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of June 30, 2020.

15. Leases

No material change since year-end December 31, 2019.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows for the quarter ended June 30, 2020:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ (10,529,540)	\$ -	\$ (10,529,540)
b. Total net other income or expenses (including interest paid to or received from plans)	\$ (7,504)	\$ -	\$ (7,504)
c. Net gain or (loss) from operations	\$ (10,537,044)	\$ -	\$ (10,537,044)
d. Total claim payment volume	765,447,199	-	765,447,199

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

(1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.

(2) As of June 30, 2020, the Company has recorded a receivable from CMS of \$14,157,309 related to the cost share and reinsurance components of administered Medicare products and a receivable from ASO customers of \$26,408,130. The Company has recorded receivables from the following payors whose account balance are greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000:

Humana Inc.	\$ 1,482,925
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(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The fair value of financial assets at June 30, 2020 were as follows:

	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds				\$	-
U.S. governments	\$ -	\$ -	\$ -	-	-
Tax-exempt municipal	-	-	-	-	-
Residential mortgage-backed	-	-	-	-	-
Corporate debt securities	-	10,290,504	-	-	10,290,504
Total bonds	-	10,290,504	-	-	10,290,504
Total assets at fair value/NAV	\$ -	\$ 10,290,504	\$ -	-	\$ 10,290,504
b. Liabilities at fair value	\$ -	\$ -	\$ -	-	-
Total liabilities at fair value	\$ -	\$ -	\$ -	-	-

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, 2019 and June 30, 2020.

(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, 2019 and June 30, 2020.

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended June 30, 2020.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value		Admitted Assets			Net Asset Value	Not Practicabl
	Value		Level 1	Level 2	Level 3	(NAV)	(Carrying Valu
Bonds and cash equivalents	\$ 423,348,218	\$ 406,528,921	\$ 48,699,408	\$ 374,648,810	\$ -	\$ -	\$ -
Mortgage Loans	27,600,000	27,600,000	-	-	27,600,000	-	-
Total	\$ 450,948,218	\$ 434,128,921	\$ 48,699,408	\$ 374,648,810	\$ 27,600,000	\$ -	\$ -

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

Not Applicable.

21. Other Items

A. Extraordinary Items

The temporary deferral of non-essential care resulting from stay-at-home and physical distancing orders and other restrictions on movement and economic activity implemented throughout the country beginning the second half of March 2020 to reduce the spread of the novel coronavirus, or COVID-19 has impacted the Company's business. Hospital admissions and utilization were significantly depressed in April, increased throughout May and June, and remained modestly below normal historical levels at the close of the quarter. The impact of the deferral of nonessential care on the Company's second quarter operating results was partially offset by COVID-19 testing and treatment costs, as well as the Company's ongoing pandemic relief efforts.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

(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.

Not Applicable.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through August 11, 2020 for the Statutory Statement issued on August 11, 2020.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS. The Company estimates accrued retrospective premium adjustments for its Commercial business based on experience to date, knowledge of the marketplace, and the terms of the risk corridors program with HHS.

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

C. The amount of net premiums written by the Company at June 30, 2020 that are subject to retrospective rating features was \$509,594,894, or 49.87% 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	\$ -	\$ 2,110,343	\$ (219,578)	\$ (205,791)	\$ 1,684,974
Medical loss ratio rebates paid	-	1,159,077	508,772	5,835,604	7,503,453
Medical loss rebates unpaid	-	1,364,306	93,452	-	1,457,758
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	\$ 1,457,758
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ 342,622	\$ 4,005	\$ -	\$ 346,627
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	1,706,928	97,457	-	1,804,385
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	\$ 1,804,385

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) \$ 817,487

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 93,545

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 9,699,895

Operations (Revenue & Expenses)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (2,217,981)

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 31,032

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance \$ -

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$ -

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$ -

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium \$ -

5. Ceded reinsurance premiums payable due to ACA Reinsurance \$ -

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance \$ -

Operations (Revenues & Expenses)

7. Ceded reinsurance premiums due to ACA Reinsurance \$ -

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$ -

9. ACA Reinsurance contributions – not reported as ceded premiums \$ -

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

c. Temporary ACA Risk Corridors Program

Assets		
1. Accrued retrospective premium due to ACA Risk Corridors	\$	-
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income	\$	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued 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)	143,751		511,200		(367,449)		1,184,936		A.	817,487	
2. Premium adjustments (payables) (including high risk pool premium)		(6,296,979)		-		(6,296,979)		(838,758)	B.		(7,135,737)
3. Subtotal ACA Permanent Risk Adjustment Program	143,751	(6,296,979)	511,200	-	(367,449)	(6,296,979)	1,184,936	(838,758)		817,487	(7,135,737)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	-		-		-		-			-	
2. Amounts recoverable for claims unpaid (contra liability)	-		-		-		-			-	
3. Amounts receivable relating to uninsured plans	-		-		-		-			-	
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium		-		-		-		-			-
5. Ceded reinsurance premiums payable		-		-		-		-			-
6. Liability for amounts held under uninsured plans		-		-		-		-			-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-		-	-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-		-		-		-			-	
2. Reserve for rate credits or policy experience rating refunds		-		-		-		-			-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-		-	-
d. Total for ACA Risk Sharing Provisions	143,751	(6,296,979)	511,200	-	(367,449)	(6,296,979)	1,184,936	(838,758)		817,487	(7,135,737)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2019 benefit year and the latest data from Wakely Consulting.

B. Small Group estimate changes for unfinalized years, based on 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

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Assets Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ 11,865,338	\$ 9,878,434	\$ 1,986,904	\$ -	\$ -	\$ -
b. 2015	5,541,529	5,541,529	-	-	-	-
c. 2016	5,326,821	5,326,821	-	-	-	-
d. Total (a+b+c)	\$ 22,733,688	\$ 20,746,784	\$ 1,986,904	\$ -	\$ -	\$ -

On November 2, 2017, Humana Inc. filed suit against the United States of America in the United States Court of Federal Claims, on behalf of the Company's health plans seeking recovery from the federal government of \$20,746,784 in payments under the risk corridor premium stabilization program established under Health Care Reform, for years 2014, 2015 and 2016. Humana Inc.'s case had been stayed by the Court, pending resolution of similar cases filed by other insurers. On April 27, 2020, the U.S. Supreme Court ruled that the government is obligated to pay the losses under this risk corridor program, and that Congress did not impliedly repeal the obligation under its appropriations riders. As such, Humana Inc. will continue to seek payments owed to it. The Company has not recognized revenue, nor has the Company recorded a receivable, for any amount due from the federal government for unpaid risk corridor payments as of June 30, 2020. The Company has fully recognized all liabilities due to the federal government that have been incurred under the risk corridor program, and have paid all amounts due to the federal government as required.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2019 were \$136,165,834. As of June 30, 2020, \$122,306,966 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$12,334,003 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,524,864 favorable prior-year development since December 31, 2019. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The amounts presented in this footnote exclude any impact related to Pharmacy Rebates and other Healthcare Receivable activity. Impact of such receivables can be seen in Footnote 28. The Company did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2020	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2020	-	-	-	-	-
6/30/2020	43,272,336	43,272,336	-	-	-
3/31/2020	20,252,023	20,252,023	19,996,926	-	-
12/31/2019	15,848,212	15,848,212	15,670,267	-	-
9/30/2019	18,037,589	18,037,589	17,865,203	46,615	125,771
6/30/2019	44,603,286	44,603,286	44,291,107	78,729	93,790
3/31/2019	53,303,634	53,303,634	52,951,099	-	352,535
12/31/2018	51,135,579	51,135,579	50,550,193	443,535	115,070
9/30/2018	67,866,728	67,866,728	67,578,313	288,415	-
6/30/2018	90,673,370	90,673,370	90,238,029	435,341	-
3/31/2018	69,388,291	69,388,291	69,388,291	-	-

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$ 213,000
- Date of the most recent evaluation of this liability December 31, 2019

STATEMENT AS OF June 30, 2020 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

3. Was anticipated investment income utilized in the calculation? Yes () No (X)

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 1.75%.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000049071
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2018
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/02/2020
- 6.4 By what department or departments?
Commonwealth of Kentucky Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
 NA
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 56,750,041

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:
- | | 1
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ 0 | \$ 0 |
| 14.22 Preferred Stock | \$ 0 | \$ 0 |
| 14.23 Common Stock | \$ 0 | \$ 0 |
| 14.24 Short-Term Investments | \$ 0 | \$ 0 |
| 14.25 Mortgage Loans on Real Estate | \$ 0 | \$ 0 |
| 14.26 All Other | \$ 0 | \$ 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 0 | \$ 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ 0 | \$ 0 |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page. \$ 0

GENERAL INTERROGATORIES

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

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

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

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

- 18.2 If no, list exceptions:

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent87.2 %
 - 1.2 A&H cost containment percent4.6 %
 - 1.3 A&H expense percent excluding cost containment expenses12.7 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date\$0
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date\$0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

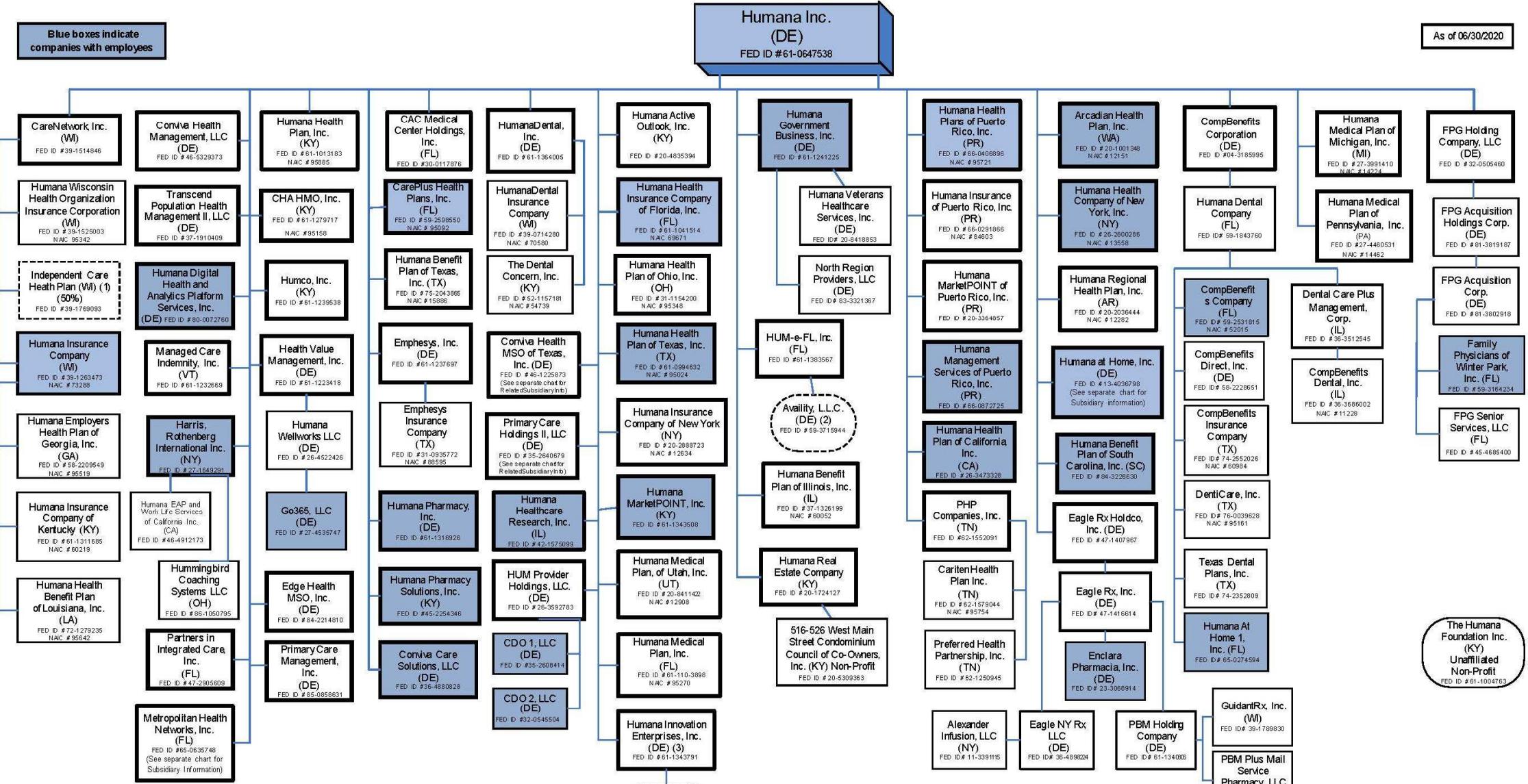
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	0	(155,441)	0	0	0	0	(155,441)	0
2. Alaska	AK	N	0	0	0	0	0	0	0	0
3. Arizona	AZ	L	35,691,364	(488,788)	0	3,655,015	0	0	38,857,592	0
4. Arkansas	AR	L	0	(528,047)	0	0	0	0	(528,047)	0
5. California	CA	N	0	0	0	0	0	0	0	0
6. Colorado	CO	L	22,806,192	(33,094)	0	2,345,064	0	0	25,118,161	0
7. Connecticut	CT	N	0	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0	0
13. Idaho	ID	L	0	(19,455)	0	0	0	0	(19,455)	0
14. Illinois	IL	L	36,784,256	67,095,007	31,668,797	20,878,906	0	0	156,426,967	0
15. Indiana	IN	L	29,208,227	(103,749)	0	0	0	0	29,104,478	0
16. Iowa	IA	N	0	0	0	0	0	0	0	0
17. Kansas	KS	L	654,981	(315,007)	0	8,733,014	0	0	9,072,988	0
18. Kentucky	KY	L	275,833,474	(57,184)	501,571,699	3,323,629	0	0	780,671,619	0
19. Louisiana	LA	N	0	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	L	79,453	(790,922)	0	0	0	0	(711,469)	0
27. Montana	MT	N	0	0	0	0	0	0	0	0
28. Nebraska	NE	L	0	(19,107)	0	0	0	0	(19,107)	0
29. Nevada	NV	L	886,394	(69,335)	0	0	0	0	817,059	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico	NM	L	0	33,575	0	0	0	0	33,575	0
33. New York	NY	N	0	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0	0
36. Ohio	OH	L	0	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0	0
41. South Carolina	SC	L	0	919,706	0	0	0	0	919,706	0
42. South Dakota	SD	N	0	0	0	0	0	0	0	0
43. Tennessee	TN	L	4,507,984	(4)	0	376,764	0	0	4,884,744	0
44. Texas	TX	L	0	122,590	0	0	0	0	122,590	0
45. Utah	UT	N	0	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0	0
47. Virginia	VA	L	0	204,743	0	0	0	0	204,743	0
48. Washington	WA	L	0	(341,968)	0	0	0	0	(341,968)	0
49. West Virginia	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	406,452,326	65,453,520	533,240,496	39,312,392	0	0	1,044,458,734	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	406,452,326	65,453,520	533,240,496	39,312,392	0	0	1,044,458,734	0	
DETAILS OF WRITE-INS										
58001.	XXX	0	0	0	0	0	0	0	0	0
58002.	XXX	0	0	0	0	0	0	0	0	0
58003.	XXX	0	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....19 R - Registered - Non-domiciled RRGs.....0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0
 N - None of the above - Not allowed to write business in the state.....38

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

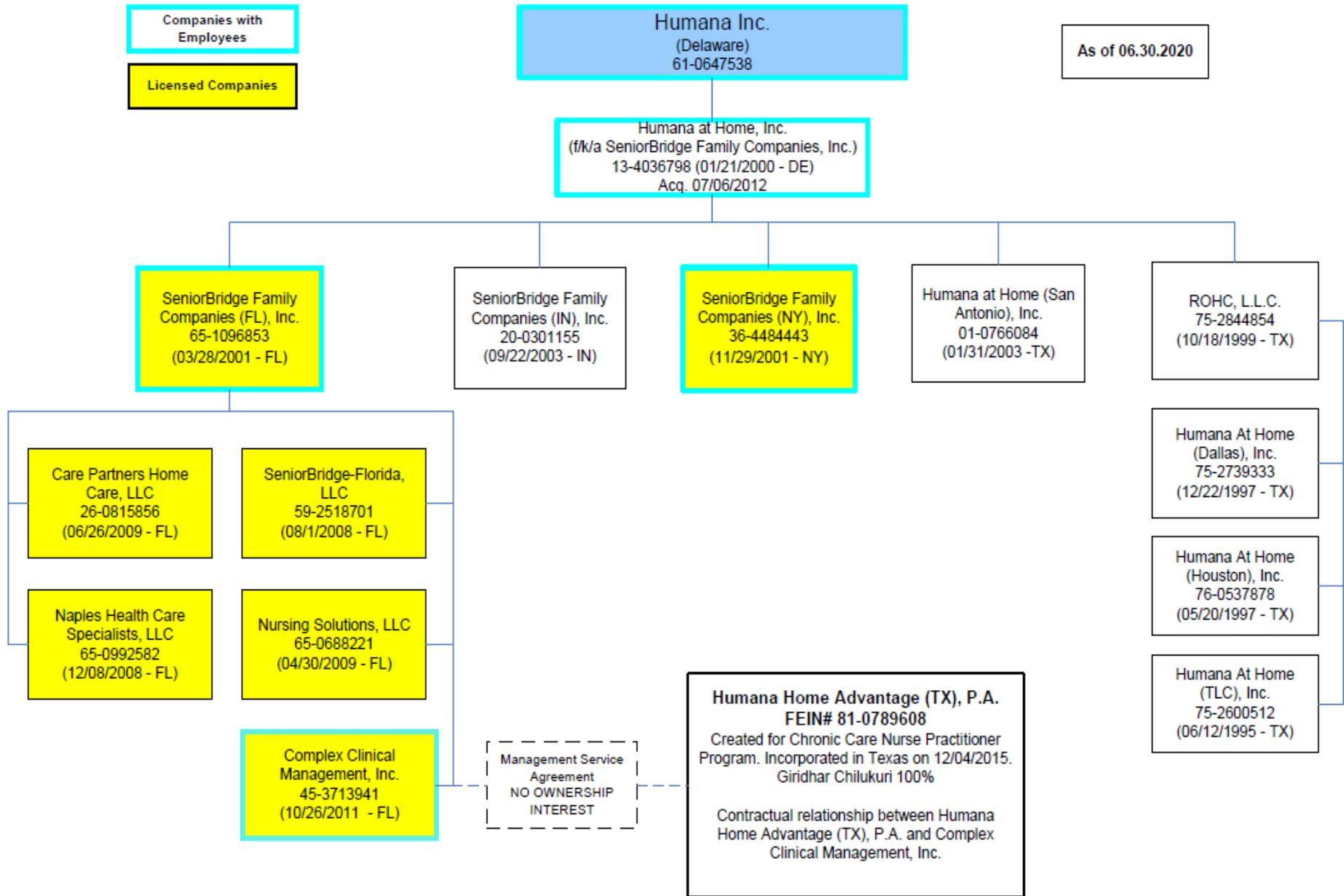


Blue boxes indicate companies with employees

As of 06/30/2020

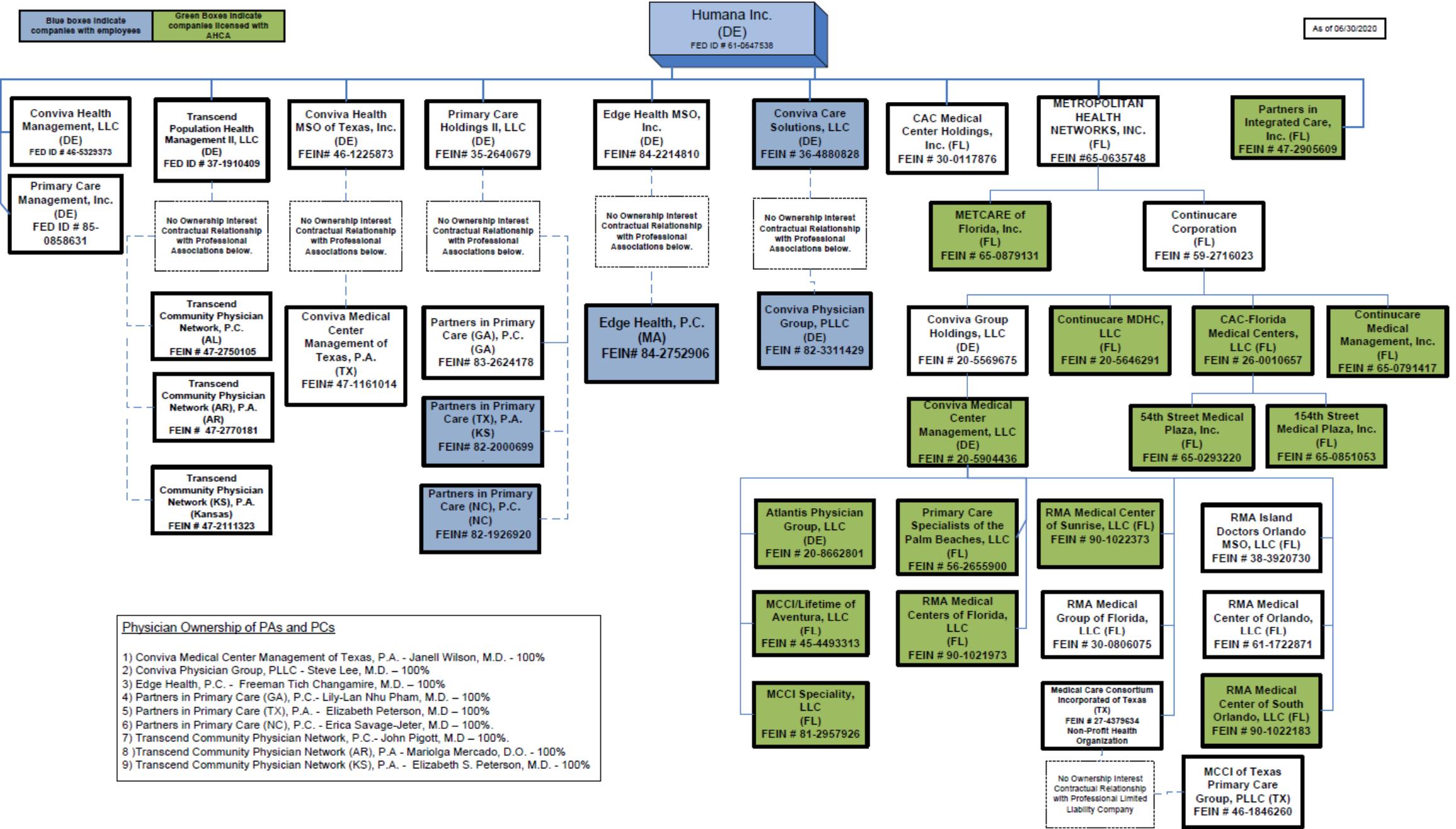
Note: Heavily Outlined Boxes indicates 100% ownership by Humana Inc.
 (1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.
 (2) Fully diluted ownership which includes Common and Preferred Units is as follows: HUM-e-FL, Inc. - 16.59%; Navigy, Inc. (an unaffiliated entity)-23.643%; Health Care Service Corporation (an unaffiliated entity)-23.643%; Selcore, Inc. (an unaffiliated entity)-14.474%; MI Services, Inc. (an unaffiliated entity)-2.229%; and AV/Investor, L.L.C. (an unaffiliated entity)-19.013%.
 (3) Of the 11,000,000 shares authorized, Humana Innovation Enterprises, Inc. was granted 4,083,333 Common Shares and 650,000 Series A Preferred Shares; additional shares granted as follows: Flare Capital Partners, 1,500,000 Series A Preferred Shares; Define Ventures, 650,000 Series A Preferred Shares; and Stock Options to be awarded to Employees - 3,916,667 shares.
 NOT E: See Joint Venture organizational chart for information on the company's ownership in several joint ventures.

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.



STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

15.2



STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5309363				516-526 West Main Street Condomium Council of Co-Owners, Inc.	KY	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	IA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-8662801				Atlantis Physician Group, LLC	DE	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	35-2608414				CCO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0545504				CCO 2, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	42-1575099				Humana Healthcare Research, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2716023				Continuicare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5646291				Continuicare MDHC, LLC	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0791417				Continuicare Medical Management, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.15886	75-2043865				Humana Benefit Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management, Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.88595	31-0935772				EmpheSys Insurance Company	TX	IA	EmpheSys, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1237697				EmpheSys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-3164234				Family Physicians of Winter Park, Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-3592783				HJM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of Georgia, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of Louisiana, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	69671	61-1041514				Humana Health Insurance Company of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 1	Other	0.000	See Footnote 1		2
.0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95342	39-1525003				Humana Wisconsin Health Organization Insurance Corporation	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	DTH	See Footnote 2	Other	50.000	Humana Inc.		3
.0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-5569675				Conviva Group Holdings, LLC	DE	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-5904436				Conviva Medical Center Management, LLC	DE	NIA	Conviva Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	45-4493313				MCCI/Lifetime of Aventura, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	81-2957926				MCCI Speciality, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	27-4379634				Medical Care Consortium Incorporated of Texas	TX	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	46-1225873				Conviva Health MSO of Texas, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	56-2655900				Primary Care Specialist of the Palm Beaches, LLC	DE	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	38-3920730				RMA Island Doctors Orlando MSO, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	90-1022183				RMA Medical Center of South Orlando, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1722871				RMA Medical Center of Orlando, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	90-1022373				RMA Medical Center of Sunrise, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		0

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	90-1021973				RMA Medical Centers of Florida, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	30-0806075				RMA Medical Group of Florida, LLC	FL	NIA	Conviva Medical Center Management, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-5329373				Conviva Health Management, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	47-2905609				Partners in Integrated Care, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	11-3391115				Alexander Infusion, LLC	NY	NIA	Eagle NY Rx, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4898224				Eagle NY Rx, LLC	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	47-1407967				Eagle Rx Holdco, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	47-1416614				Eagle Rx, Inc.	DE	NIA	Eagle Rx Holdco, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	23-3068914				Enclara Pharmacia, Inc.	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1789830				GuidantRx, Inc.	WI	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1340806				PBM Holding Company	DE	NIA	Eagle Rx, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-2373204				PBM Plus Mail Service Pharmacy, LLC	DE	NIA	PBM Holding Company	Ownership	100.000	Humana Inc.		.0

Asterisk	Explanation
0000001	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.
0000002	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1. This type of business is not written.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Prepaid Commissions	279,811	279,811	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	279,811	279,811	0	0

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	27,600,000	27,600,000
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	27,600,000	27,600,000
12. Total valuation allowance	0	0
13. Subtotal (Line 11 plus Line 12)	27,600,000	27,600,000
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	27,600,000	27,600,000

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	353,116,015	1,059,087,290
2. Cost of bonds and stocks acquired	108,281,878	189,550,376
3. Accrual of discount	1,731	139,894
4. Unrealized valuation increase (decrease)	(381,199)	39,533,602
5. Total gain (loss) on disposals	(59,081)	(12,676,941)
6. Deduct consideration for bonds and stocks disposed of	102,324,053	917,682,409
7. Deduct amortization of premium	822,868	4,852,696
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	17,091	16,898
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	357,829,512	353,116,015
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	357,829,512	353,116,015

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	274,712,361	164,483,617	149,661,136	(11,213,344)	274,712,361	278,321,496	0	341,236,497
2. NAIC 2 (a)	59,989,563	4,732,747	1,540,860	10,570,312	59,989,563	73,751,761	0	43,294,479
3. NAIC 3 (a)	16,802,457	430,000	3,089,561	(1,554,354)	16,802,457	12,588,542	0	19,411,459
4. NAIC 4 (a)	4,021,847	0	3,609,372	2,754,737	4,021,847	3,167,211	0	2,339,324
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	355,526,227	169,646,363	157,900,929	557,350	355,526,227	367,829,011	0	406,281,759
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	355,526,227	169,646,363	157,900,929	557,350	355,526,227	367,829,011	0	406,281,759

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

NAIC 1 \$ 9,999,498 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Premium	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals		XX			

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	3,097,043
2. Cost of short-term investments acquired	0	0
3. Accrual of discount	0	2,957
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	3,100,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	76,356,331	62,474,634
2. Cost of cash equivalents acquired	3,019,998,996	11,240,594,545
3. Accrual of discount	366,512	2,088,173
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	10	0
6. Deduct consideration received on disposals	3,048,022,441	11,228,801,021
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	48,699,408	76,356,331
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	48,699,408	76,356,331

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
912828-Y2-0	UNITED STATES TREASURY		.05/06/2020	UnknownNOMURA		3,602,266	3,500,000	28,522	1
912828-Z9-4	UNITED STATES TREASURY		.04/29/2020	MORGAN STANLEY CO		5,424,229	5,000,000	15,453	1
912828-ZX-1	UNITED STATES TREASURY		.06/26/2020	MORGAN STANLEY CO		999,025	1,000,000	0	1
0599999. Subtotal - Bonds - U.S. Governments						10,025,520	9,500,000	43,975	XXX
313205-5F-5	FH SB8046 - RMBS		.04/28/2020	CREDIT SUISSE AG NY BRANCH		2,153,642	2,039,856	2,890	1
313308-C9-0	FH QN1896 - RMBS		.04/28/2020	MORGAN STANLEY CO		528,951	499,895	708	1
313308-DD-0	FH QN1900 - RMBS		.04/28/2020	MORGAN STANLEY CO		646,206	609,988	864	1
31346Y-XB-4	FH QAS174 - RMBS		.04/28/2020	JP MORGAN SECS INC., - FIXED INCOME		3,838,620	3,613,350	3,613	1
3140HD-7A-6	FN BK0888 - RMBS		.04/27/2020	WELLS FARGO SECURITIES		2,626,388	2,431,841	3,242	1
31418C-MG-6	FN MA3058 - RMBS		.04/27/2020	JEFFERIES & COMPANY, INC.		1,094,803	1,021,391	1,362	1
31418D-MD-1	FN MA3955 - RMBS		.04/28/2020	Bank of America Securities		4,996,175	4,785,322	5,649	1
31418D-N7-3	FN MA4013 - RMBS		.04/28/2020	JP MORGAN SECS INC., - FIXED INCOME		1,773,107	1,698,277	2,005	1
31418D-N8-1	FN MA4014 - RMBS		.04/28/2020	Various		2,417,735	2,289,715	3,244	1
3199999. Subtotal - Bonds - U.S. Special Revenues						20,075,629	18,989,635	23,578	XXX
03027X-BB-5	AMERICAN TOWER CORP		.06/01/2020	RBC CAPITAL MARKETS		259,269	260,000	0	2FE
05492V-AF-2	BBOIS 2020-C7 A5 - CMBS		.06/12/2020	BARCLAYS CAPITAL INC FIXED INC		449,057	436,000	592	1FE
05565E-BK-0	BMI US CAPITAL LLC		.04/06/2020	Bank of America Securities		948,376	950,000	0	1FE
13607G-RK-2	CANADIAN IMPERIAL BANK OF COMMERCE	C	.06/17/2020	CITIGROUP GLOBAL MARKETS INC.		934,476	935,000	0	1FE
15189X-AU-2	CENTERPOINT ENERGY HOUSTON ELECTRIC LLC		.06/02/2020	MUFG SECURITIES AMERICAS INC.		54,889	55,000	0	1FE
225401-AQ-1	CREDIT SUISSE GROUP AG	C	.06/02/2020	CREDIT SUISSE SECURITIES (USA)		625,000	625,000	0	2FE
22822V-AT-8	CROWN CASTLE INTERNATIONAL CORP		.06/04/2020	JP MORGAN SECS INC., - FIXED INCOME		1,327,739	1,330,000	0	2FE
29444U-BG-0	EQUINIX INC		.06/08/2020	Bank of America Securities		658,343	660,000	0	2FE
29717P-AV-9	ESSEX PORTFOLIO LP		.06/17/2020	US BANCORP INVESTMENTS INC.		269,433	255,000	2,403	2FE
41283L-AY-1	HARLEY-DAVIDSON FINANCIAL SERVICES INC		.06/03/2020	JP MORGAN SECS INC., - FIXED INCOME		544,253	545,000	0	2FE
64110L-AY-2	NETFLIX INC		.04/23/2020	MORGAN STANLEY CO		180,000	180,000	0	3FE
776743-AJ-5	ROPER TECHNOLOGIES INC		.06/08/2020	WELLS FARGO SECURITIES		113,709	115,000	0	2FE
82967N-BG-2	SIRIUS XM RADIO INC		.06/08/2020	JP MORGAN SECS INC., - FIXED INCOME		250,000	250,000	0	3FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						6,614,545	6,596,000	2,995	XXX
06738E-BM-6	BARCLAYS PLC	C	.06/17/2020	BARCLAYS CAPITAL INC FIXED INC		935,000	935,000	0	2FE
4899999. Subtotal - Bonds - Hybrid Securities						935,000	935,000	0	XXX
8399997. Total - Bonds - Part 3						37,650,694	36,020,635	70,547	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						37,650,694	36,020,635	70,547	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						37,650,694	XXX	70,547	XXX

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol
912828-ND-8	UNITED STATES TREASURY		05/15/2020	Maturity @ 100.00		3,500,000	3,500,000	3,540,195	3,509,246	.0	(9,246)	.0	(9,246)	.0	3,500,000	.0	.0	.0	61,250	05/15/2020	1
912828-29-4	UNITED STATES TREASURY		04/29/2020	BARCLAYS CAPITAL INC FIXED INC		5,425,381	5,000,000	5,424,229	.0	.0	.0	.0	.0	.0	5,424,229	.0	1,152	1,152	15,453	02/15/2030	1
0599999 Subtotal - Bonds - U.S. Governments						8,925,381	8,500,000	8,964,424	3,509,246	0	(9,246)	0	(9,246)	0	8,924,229	0	1,152	1,152	76,703	XXX	XXX
302987-AE-2	FRESB 2020-SB70 A1H - CMBS		06/01/2020	Paydown		1,143	1,143	1,148	.0	.0	(5)	.0	(5)	.0	1,143	.0	.0	.0	9	10/25/2039	1
312971-CQ-5	FH B18179 - RMBS		04/01/2020	Various		266	266	283	267	.0	.0	.0	.0	.0	266	.0	.0	.0	4	04/01/2020	1
312971-MS-0	FH B18469 - RMBS		05/01/2020	Various		1,764	1,764	1,872	1,768	.0	(4)	.0	(4)	.0	1,764	.0	.0	.0	32	05/01/2020	1
312972-DX-7	FH B19118 - RMBS		04/01/2020	Various		559	559	593	560	.0	(1)	.0	(1)	.0	559	.0	.0	.0	9	04/01/2020	1
312972-EK-4	FH B19138 - RMBS		04/01/2020	Various		257	257	273	258	.0	.0	.0	.0	.0	257	.0	.0	.0	4	04/01/2020	1
312972-GT-3	FH B19210 - RMBS		04/01/2020	Various		615	615	653	616	.0	(1)	.0	(1)	.0	615	.0	.0	.0	10	04/01/2020	1
312972-GZ-9	FH B19216 - RMBS		04/01/2020	Various		1,245	1,245	1,321	1,246	.0	.0	.0	.0	.0	1,245	.0	.0	.0	21	04/01/2020	1
31329N-J7-4	FH Z44786 - RMBS		06/01/2020	Paydown		83,369	83,369	85,831	85,853	.0	(2,485)	.0	(2,485)	.0	83,369	.0	.0	.0	1,047	12/01/2046	1
3132A9-R7-4	FH ZS8610 - RMBS		06/01/2020	Paydown		12,918	12,918	13,518	.0	.0	(600)	.0	(600)	.0	12,918	.0	.0	.0	54	05/01/2031	1
313205-4Q-2	FH SB8031 - RMBS		06/01/2020	Various		6,002,331	5,750,811	5,825,954	.0	.0	(3,203)	.0	(3,203)	.0	5,822,751	.0	179,580	179,580	39,190	02/01/2035	1
313205-5F-5	FH SB8046 - RMBS		06/01/2020	Paydown		15,830	15,830	16,713	.0	.0	(883)	.0	(883)	.0	15,830	.0	.0	.0	40	05/01/2035	1
31320V-3V-5	FH SD8012 - RMBS		06/01/2020	Paydown		338,586	338,586	353,135	.0	.0	(14,549)	.0	(14,549)	.0	338,586	.0	.0	.0	3,287	09/01/2049	1
31320V-KU-8	FH SD7507 - RMBS		06/01/2020	Paydown		49,131	49,131	50,455	50,456	.0	(1,326)	.0	(1,326)	.0	49,131	.0	.0	.0	621	11/01/2049	1
31320V-KV-6	FH SD7508 - RMBS		06/01/2020	Paydown		25,929	25,929	27,232	27,235	.0	(1,306)	.0	(1,306)	.0	25,929	.0	.0	.0	387	10/01/2049	1
31320V-KL-4	FH SD7509 - RMBS		06/01/2020	Paydown		46,047	46,047	47,148	47,149	.0	(1,102)	.0	(1,102)	.0	46,047	.0	.0	.0	590	11/01/2049	1
3132WH-GH-9	FH Q43812 - RMBS		06/01/2020	Paydown		114,361	114,361	122,402	123,401	.0	(9,040)	.0	(9,040)	.0	114,361	.0	.0	.0	2,002	09/01/2046	1
313368-C3-0	FH QN1896 - RMBS		06/01/2020	Paydown		2,494	2,494	2,638	.0	.0	(145)	.0	(145)	.0	2,494	.0	.0	.0	6	03/01/2035	1
313368-DD-0	FH QN1900 - RMBS		06/01/2020	Paydown		3,460	3,460	3,666	.0	.0	(205)	.0	(205)	.0	3,460	.0	.0	.0	9	04/01/2035	1
31346Y-XB-4	FH Q45174 - RMBS		06/01/2020	Paydown		41,095	41,095	43,657	.0	.0	(2,562)	.0	(2,562)	.0	41,095	.0	.0	.0	103	12/01/2049	1
3138E6-VH-6	FN AK2415 - RMBS		06/01/2020	Paydown		332,913	332,913	356,581	353,985	.0	(21,073)	.0	(21,073)	.0	332,913	.0	.0	.0	5,637	02/01/2042	1
3138LS-SB-7	FN AQ2313 - RMBS		06/01/2020	Paydown		2,418	2,418	2,391	2,395	.0	23	.0	23	.0	2,418	.0	.0	.0	35	12/01/2042	1
3138M7-GZ-2	FN AP3815 - RMBS		06/01/2020	Paydown		887	887	877	877	.0	9	.0	9	.0	887	.0	.0	.0	11	09/01/2042	1
3138M7-W2-7	FN AP4264 - RMBS		06/01/2020	Paydown		372	372	368	369	.0	4	.0	4	.0	372	.0	.0	.0	5	08/01/2042	1
3138MG-RH-0	FN AQ1387 - RMBS		06/01/2020	Paydown		128	128	126	126	.0	1	.0	1	.0	128	.0	.0	.0	2	12/01/2042	1
3138MH-KQ-5	FN AQ2102 - RMBS		06/01/2020	Paydown		551	551	545	545	.0	6	.0	6	.0	551	.0	.0	.0	7	12/01/2042	1
3138MN-2Y-5	FN AQ7090 - RMBS		06/01/2020	Paydown		181	181	179	180	.0	2	.0	2	.0	181	.0	.0	.0	2	12/01/2042	1
3138MN-A3-4	FN AQ6325 - RMBS		06/01/2020	Paydown		210	210	207	208	.0	2	.0	2	.0	210	.0	.0	.0	3	11/01/2042	1
3138MN-AS-9	FN AQ6316 - RMBS		06/01/2020	Paydown		2,972	2,972	2,938	2,945	.0	27	.0	27	.0	2,972	.0	.0	.0	37	12/01/2042	1
3138MP-2X-2	FN A07989 - RMBS		06/01/2020	Paydown		534	534	528	529	.0	5	.0	5	.0	534	.0	.0	.0	7	12/01/2042	1
3138MQ-J3-8	FN AQ8381 - RMBS		06/01/2020	Paydown		343	343	339	339	.0	3	.0	3	.0	343	.0	.0	.0	4	12/01/2042	1
3138MQ-WG-4	FN AQ8746 - RMBS		06/01/2020	Paydown		499	499	493	494	.0	5	.0	5	.0	499	.0	.0	.0	7	12/01/2042	1
3138MR-2P-5	FN AQ8781 - RMBS		06/01/2020	Paydown		89	89	88	88	.0	1	.0	1	.0	89	.0	.0	.0	1	12/01/2042	1
3138MR-DZ-1	FN AQ9119 - RMBS		06/01/2020	Paydown		280	280	276	277	.0	3	.0	3	.0	280	.0	.0	.0	4	12/01/2042	1
3138MR-M7-3	FN AQ9381 - RMBS		06/01/2020	Paydown		204	204	202	202	.0	2	.0	2	.0	204	.0	.0	.0	3	12/01/2042	1
3138MR-TS-0	FN AQ9560 - RMBS		06/01/2020	Paydown		282	282	279	279	.0	3	.0	3	.0	282	.0	.0	.0	3	12/01/2042	1
3138MS-A2-5	FN AQ9924 - RMBS		06/01/2020	Paydown		197	197	195	195	.0	2	.0	2	.0	197	.0	.0	.0	2	12/01/2042	1
3138MS-A3-3	FN AQ9925 - RMBS		06/01/2020	Paydown		143	143	141	142	.0	1	.0	1	.0	143	.0	.0	.0	2	12/01/2042	1
3138NY-U9-4	FN AR2407 - RMBS		06/01/2020	Paydown		4,373	4,373	4,324	4,330	.0	43	.0	43	.0	4,373	.0	.0	.0	50	01/01/2043	1
3140EII-3II-3	FN BC2612 - RMBS		06/01/2020	Paydown		2,330	2,330	2,327	2,322	.0	7	.0	7	.0	2,330	.0	.0	.0	29	10/01/2046	1
3140F3-C3-0	FN BC7289 - RMBS		06/01/2020	Paydown		10,101	10,101	10,083	10,069	.0	32	.0	32	.0	10,101	.0	.0	.0	106	10/01/2046	1
3140FG-5N-5	FN BD8952 - RMBS		06/01/2020	Paydown		33,818	33,818	34,043	33,695	.0	123	.0	123	.0	33,818	.0	.0	.0	424	11/01/2046	1
3140FG-6S-3	FN BD8990 - RMBS		06/01/2020	Paydown		61,612	61,612	61,753	61,390	.0	221	.0	221	.0	61,612	.0	.0	.0	770	11/01/2046	1
3140FG-7G-8	FN BD8994 - RMBS		06/01/2020	Paydown		4,395	4,395	4,382	4,382	.0	12	.0	12	.0	4,395	.0	.0	.0	64	11/01/2046	1
3140FG-7L-7	FN BD8998 - RMBS		06/01/2020	Paydown		3,406	3,406	3,472	3,471	.0	(65)	.0	(65)	.0	3,406	.0	.0	.0	49	11/01/2046	1
3140FK-S3-5	FN BE0537 - RMBS		06/01/2020	Paydown		41,799	41,799	41,733	41,666	.0	133	.0	133	.0	41,799	.0	.0	.0	542	11/01/2046	1
3140FL-PL-6	FN BE1326 - RMBS		06/01/2020	Paydown		13,633	13,633	14,031	.0	.0	(398)	.0	(398)	.0	13,633	.0	.0	.0	46	09/01/2031	1
3140FT-PP-1	FN BE7373 - RMBS		06/01/2020	Paydown		14,478	14,478	14,901	.0	.0	(423)	.0	(423)	.0	14,478	.0	.0	.0	59	12/01/2031	1
3140HD-7A-6	FN BK0888 - RMBS		06/01/2020	Paydown		133,380	133,380	144,500	.0	.0	(10,670)	.0	(10,670)	.0	133,380	.0	.0	.0	445	07/01/2048	1
3140J7-K4-6	FN BM3014 - RMBS		06/01/2020	Paydown		455,464	455,464	471,263	470,448	.0	(14,984)	.0	(14,984)	.0	455,464	.0	.0	.0	6,519	02/01/2045	1
3140JG-LQ-6	FN BN0334 - RMBS		06/01/2020	Paydown		48,523	48,523	50,653	.0	.0	(2,130)	.0	(2,130)	.0	48,523	.0	.0	.0	652	12/01/2048	1
3140OC-PII-0	FN CA4936 - RMBS		06/01/2020	Paydown		69,576	69,576	71,560	.0												

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol	
3140X5-H3-0	FN FM2049 - RMBS		06/01/2020	Paydown		61,854	61,854	63,091	63,091	0	(1,238)	0	(1,238)	0	61,854	0	0	0	838	12/01/2049	1	
3140X5-J3-8	FN FM2081 - RMBS		06/01/2020	Paydown		12,305	12,305	12,673	12,673	0	(367)	0	(367)	0	12,305	0	0	0	154	12/01/2049	1	
3140X5-JX-2	FN FM2077 - RMBS		06/01/2020	Paydown		41,317	41,317	42,498	42,498	0	(1,180)	0	(1,180)	0	41,317	0	0	0	520	12/01/2049	1	
3140X5-JZ-7	FN FM2079 - RMBS		06/01/2020	Paydown		31,674	31,674	32,434	32,434	0	(760)	0	(760)	0	31,674	0	0	0	407	12/01/2049	1	
31416X-AL-4	FN AB1810 - RMBS		06/01/2020	Paydown		127,525	127,525	135,326	134,096	0	(6,571)	0	(6,571)	0	127,525	0	0	0	2,200	11/01/2040	1	
31417C-Q0-1	FN AB5862 - RMBS		06/01/2020	Paydown		276	276	273	273	0	3	0	3	0	276	0	0	0	3	08/01/2042	1	
31417D-4F-7	FN AB7121 - RMBS		06/01/2020	Paydown		3,326	3,326	3,288	3,293	0	32	0	32	0	3,326	0	0	0	41	12/01/2042	1	
31417G-5H-2	FN AB9860 - RMBS		06/01/2020	Paydown		10,479	10,479	10,415	10,418	0	61	0	61	0	10,479	0	0	0	135	07/01/2043	1	
31418C-MG-6	FN MA3058 - RMBS		06/01/2020	Paydown		65,368	65,368	70,067	0	0	(4,698)	0	(4,698)	0	65,368	0	0	0	218	07/01/2047	1	
31418D-ET-5	FN MA3745 - RMBS		06/01/2020	Paydown		695,550	695,550	716,937	0	0	(21,387)	0	(21,387)	0	695,550	0	0	0	8,126	08/01/2049	1	
31418D-EU-2	FN MA3746 - RMBS		06/01/2020	Paydown		318,355	318,355	331,930	0	0	(13,576)	0	(13,576)	0	318,355	0	0	0	3,525	08/01/2049	1	
31418D-MD-1	FN MA3955 - RMBS		06/01/2020	Paydown		69,986	69,986	73,070	0	0	(3,084)	0	(3,084)	0	69,986	0	0	0	146	03/01/2035	1	
31418D-N7-3	FN MA4013 - RMBS		06/01/2020	Paydown		13,997	13,997	14,614	0	0	(617)	0	(617)	0	13,997	0	0	0	29	05/01/2035	1	
31418D-N8-1	FN MA4014 - RMBS		06/01/2020	Paydown		18,749	18,749	19,797	0	0	(1,048)	0	(1,048)	0	18,749	0	0	0	47	05/01/2035	1	
35563P-NP-0	SCRT 2020-1 MA - CMO		06/01/2020	Paydown		62,493	62,493	64,943	0	0	(2,450)	0	(2,450)	0	62,493	0	0	0	397	08/25/2059	1	
3199999	Subtotal - Bonds - U.S. Special Revenues					10,209,108	9,957,587	10,207,947	1,633,534	0	(173,762)	0	(173,762)	0	10,029,528	0	179,580	179,580	88,333	XXX	XXX	
00101J-AH-9	ADT SECURITY CORP		06/29/2020	PERSHING LLC		443,960	440,320	440,320	440,320	0	(43)	0	(43)	0	440,277	0	3,683	3,683	9,831	06/15/2023	3FE	
00130H-BT-1	AES CORP		06/08/2020	Call @ 100.00 Bank of America		537,331	533,000	543,844	539,596	0	(1,107)	0	(1,107)	0	538,489	0	(5,489)	(5,489)	19,199	05/15/2023	3FE	
00774M-AA-3	AERCAP IRELAND CAPITAL DAC	C	06/26/2020	Securities		491,583	500,000	498,380	499,225	0	149	0	149	0	499,374	0	(7,792)	(7,792)	10,087	05/26/2022	2FE	
00774M-AB-1	AERCAP IRELAND CAPITAL DAC	C	06/26/2020	Various		918,109	1,015,000	1,009,864	1,010,952	0	221	0	221	0	1,011,173	0	(93,064)	(93,064)	33,937	07/21/2027	2FE	
05946X-BV-4	BAFC 2003-1 A1 - CMO/RMBS		06/01/2020	Paydown		37	37	38	37	0	0	0	0	37	0	0	0	1	05/20/2033	1FE		
150190-AB-2	CEDAR FAIR LP		06/24/2020	MORGAN STANLEY CO BARCLAYS CAPITAL INC		492,700	520,000	550,550	542,457	0	(1,723)	0	(1,723)	0	540,734	0	(48,034)	(48,034)	19,487	04/15/2027	4FE	
25470X-AJ-4	DISH DBS CORP		05/20/2020	FIXED INC		1,757,491	1,740,000	1,848,750	1,796,867	0	(8,338)	0	(8,338)	0	1,788,529	0	(31,038)	(31,038)	87,175	07/15/2022	4FE	
345397-YM-9	FORD MOTOR CREDIT COMPANY LLC		06/12/2020	Maturity @ 100.00		610,000	610,000	610,000	610,000	0	0	0	0	610,000	0	0	0	7,396	06/12/2020	3FE		
460599-AB-9	INTERNATIONAL GAME TECHNOLOGY PLC	C	05/19/2020	BOND		1,421,000	1,450,000	1,589,475	1,511,624	0	(10,829)	0	(10,829)	0	1,500,795	0	(79,795)	(79,795)	69,479	02/15/2022	3FE	
532716-AU-1	L BRANDS INC		05/21/2020	GOLDMAN		1,156,870	1,250,000	1,325,000	1,286,716	0	(6,607)	0	(6,607)	0	1,280,109	0	(123,239)	(123,239)	54,570	02/15/2022	4FE	
61237W-AC-0	MONTEFIORE MEDICAL CENTER		04/13/2020	Call @ 100.00 Bank of America		65,000	65,000	65,000	65,000	0	0	0	0	65,000	0	0	0	0	0	04/20/2032	1	
61763M-AL-4	MSBAM 2014-C16 C - CMBS		06/29/2020	Securities		729,000	900,000	924,047	911,801	0	(1,357)	0	(1,357)	0	910,444	0	(181,444)	(181,444)	25,392	06/17/2047	1FE	
78413M-AE-8	SFAVE 2015-5AVE A2B - CMBS		06/29/2020	WELLS FARGO SECURITIES		6,762,891	7,500,000	7,799,168	7,737,858	0	(5,959)	0	(5,959)	0	7,731,899	0	(969,008)	(969,008)	180,437	01/08/2043	1FE	
85208N-AA-8	SPRINTS 161 A1 - ABS		06/22/2020	Paydown		30,313	30,313	30,312	30,312	0	0	0	0	0	30,313	0	0	0	509	03/20/2023	2FE	
8399999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					15,416,283	16,553,349	17,234,955	16,982,765	0	(35,592)	0	(35,592)	0	16,947,173	0	(1,535,220)	(1,535,220)	517,501	XXX	XXX	
8399997	Total - Bonds - Part 4					34,550,772	35,010,937	36,407,327	22,125,545	0	(218,601)	0	(218,601)	0	35,900,929	0	(1,354,488)	(1,354,488)	682,538	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					34,550,772	35,010,937	36,407,327	22,125,545	0	(218,601)	0	(218,601)	0	35,900,929	0	(1,354,488)	(1,354,488)	682,538	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
9999999	Totals					34,550,772	XXX	36,407,327	22,125,545	0	(218,601)	0	(218,601)	0	35,900,929	0	(1,354,488)	(1,354,488)	682,538	XXX	XXX	

E05.1

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

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
US BANK St. Louis, MO		0.000	0	0	3,250	1,250	0	.XXX.
WELLS FARGO Atlanta, GA		0.000	0	0	(9,233,917)	(12,072,479)	(8,679,688)	.XXX.
BB&T Louisville, KY		0.000	0	0	3,045,570	3,045,570	2,255,238	.XXX.
CITIBANK New Castle, DE		0.000	0	0	29,852	44,351	49,062	.XXX.
FIFTH THIRD Nashville, TN		0.000	0	0	3,570,866	3,532,935	3,367,147	.XXX.
JP MORGAN CHASE New York, NY		0.000	0	0	3,315,981	2,694,899	3,453,878	.XXX.
PNC BANK Louisville, KY		0.000	0	0	3,628,630	12,528,958	12,296,038	.XXX.
JP Morgan Time Deposit New York, NY		0.050	8	0	19,744,883	6,320,900	12,505,402	.XXX.
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	.XXX.
0199999. Totals - Open Depositories	XXX	XXX	8	0	24,105,115	16,096,382	25,247,077	.XXX.
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	.XXX.
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	.XXX.
0399999. Total Cash on Deposit	XXX	XXX	8	0	24,105,115	16,096,382	25,247,077	.XXX.
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	.XXX.
0599999. Total - Cash	XXX	XXX	8	0	24,105,115	16,096,382	25,247,077	.XXX.

STATEMENT AS OF JUNE 30, 2020 OF THE Humana Health Plan Inc.
SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
0599999	Total - U.S. Government Bonds					0	0	0
1099999	Total - All Other Government Bonds					0	0	0
1799999	Total - U.S. States, Territories and Possessions Bonds					0	0	0
2499999	Total - U.S. Political Subdivisions Bonds					0	0	0
	FEDERAL HOME LOAN BANKS		.06/22/2020	0.000	.07/17/2020	9,999,498	.0	282
2599999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					9,999,498	0	282
3199999	Total - U.S. Special Revenues Bonds					9,999,498	0	282
3899999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
4899999	Total - Hybrid Securities					0	0	0
5599999	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
6099999	Subtotal - SVO Identified Funds					0	0	0
6599999	Subtotal - Unaffiliated Bank Loans					0	0	0
7699999	Total - Issuer Obligations					9,999,498	0	282
7799999	Total - Residential Mortgage-Backed Securities					0	0	0
7899999	Total - Commercial Mortgage-Backed Securities					0	0	0
7999999	Total - Other Loan-Backed and Structured Securities					0	0	0
8099999	Total - SVO Identified Funds					0	0	0
8199999	Total - Affiliated Bank Loans					0	0	0
8299999	Total - Unaffiliated Bank Loans					0	0	0
8399999	Total Bonds					9,999,498	0	282
09248U-71-8	BLKPK LQ:T-FUND INSTL		.06/01/2020	0.110		96,842	.8	1,644
31846V-80-7	FIRST AMER:TRS OBG Y	SD	.05/04/2020	0.010		.0	.0	.0
481202-23-9	JPMORGAN:US TRS+MM CAP		.06/30/2020	0.120		38,488,461	.0	2,751
94975H-29-6	WELLSFARGO:TRS+ MM I	SD	.06/02/2020	0.060		110,083	.5	344
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					38,695,386	13	4,738
09248U-70-0	BLKPK LQ:FEDFUND INSTL	SD	.06/01/2020	0.090		.0	.0	.0
31846V-20-3	FIRST AMER:GVT OBLG Y	SD	.06/02/2020	0.010		4,524	.0	.8
999990-80-7	RTCS I - INST	SD	.06/01/2020	0.000		.0	.0	.0
8699999	Subtotal - All Other Money Market Mutual Funds					4,524	0	8
8899999	Total Cash Equivalents					48,699,408	13	5,028

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