



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019  
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 [ X ] 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

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

### 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  
24th day of February, 2020

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

Julia Wentworth  
Notary Public  
January 10, 2021

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	353,116,015	0	353,116,015	1,042,467,733
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	16,619,557
3. Mortgage loans on real estate (Schedule B):				
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 (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....33,881,731 , Schedule E - Part 1), cash equivalents (\$ .....76,356,331 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	110,238,061	0	110,238,061	82,134,576
6. Contract loans, (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0	0
9. Receivables for securities .....	0	0	0	325,000
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	490,954,076	0	490,954,076	1,169,146,866
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	2,632,264	0	2,632,264	7,779,240
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	40,628,049	549,574	40,078,475	37,724,139
15.2 Deferred premiums and 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 (\$ .....2,656,062 ) and contracts subject to redetermination (\$ .....49,084,041 ) .....	51,740,103	0	51,740,103	95,197,145
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	10,312,962
17. Amounts receivable relating to uninsured plans .....	22,202,555	381,364	21,821,192	38,293,680
18.1 Current federal and foreign income tax recoverable and interest thereon .....	3,478,401	0	3,478,401	0
18.2 Net deferred tax asset .....	13,148,549	167,592	12,980,957	19,650,779
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 ) .....	1,162,041	1,162,041	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ .....13,005,716 ) and other amounts receivable .....	29,208,582	12,209,290	16,999,292	52,190,254
25. Aggregate write-ins for other than invested assets .....	3,634,183	3,295,850	338,333	401,567
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	658,788,803	17,765,710	641,023,093	1,430,696,632
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	658,788,803	17,765,710	641,023,093	1,430,696,632
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Deposits .....	1,838,085	1,838,085	0	0
2502. Prepaid Commissions .....	952,229	952,229	0	0
2503. Prepaid Expenses .....	505,536	505,536	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	338,333	0	338,333	401,567
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	3,634,183	3,295,850	338,333	401,567

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... 68,171,120 reinsurance ceded).....	132,091,988	2,890,464	134,982,452	361,688,482
2. Accrued medical incentive pool and bonus amounts.....	1,165,951	0	1,165,951	26,627,938
3. Unpaid claims adjustment expenses.....	740,381	0	740,381	2,411,212
4. Aggregate health policy reserves, including the liability of \$ ..... 1,457,758 for medical loss ratio rebate per the Public Health Service Act.....	55,179,159	0	55,179,159	70,869,097
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	443,000	0	443,000	1,879,000
8. Premiums received in advance.....	11,654,623	0	11,654,623	15,515,582
9. General expenses due or accrued.....	15,608,852	0	15,608,852	16,864,036
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized capital gains (losses)).....	0	0	0	3,154,607
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.....	3,662,115	0	3,662,115	3,147,708
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.....	1,861,174	0	1,861,174	6,593,427
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, \$ .....120,261,141 unauthorized reinsurers and \$ .....0 certified reinsurers).....	120,261,141	0	120,261,141	76,957,263
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies.....	0	0	0	6,407,487
21. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0	0	0
22. Liability for amounts held under uninsured plans.....	43,381,496	0	43,381,496	78,182,148
23. Aggregate write-ins for other liabilities (including \$ .....1,158,252 current).....	1,276,886	0	1,276,886	2,476,226
24. Total liabilities (Lines 1 to 23).....	387,326,765	2,890,464	390,217,229	672,774,213
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	40,773,666	0
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	774,060,994
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	(6,407,487)
31. Unassigned funds (surplus).....	XXX	XXX	50,596,419	(11,979,088)
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	250,805,864	757,922,419
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	641,023,093	1,430,696,632
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed Property.....	1,158,739	0	1,158,739	1,350,254
2302. Reinsurance Payable.....	102,385	0	102,385	102,385
2303. OPM Contract Reserves.....	15,762	0	15,762	1,023,587
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above).....	1,276,885	0	1,276,885	2,476,226
2501. Special Surplus - Projected HCRL Assessment for the Upcoming Year.....	XXX	XXX	40,773,666	0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	XXX	XXX	40,773,666	0
3001. Unauthorized Reinsurance.....	XXX	XXX	0	(6,407,487)
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 thru 3003 plus 3098)(Line 30 above).....	XXX	XXX	0	(6,407,487)

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	4,120,152	7,421,748
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	1,118,173,423	3,932,747,679
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	5,818,480	(888,240)
4. Fee-for-service (net of \$ .....0 medical expenses).....	XXX	0	0
5. Risk revenue.....	XXX	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	1,123,991,903	3,931,859,439
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....	28,922,925	1,350,678,523	3,423,370,186
10. Other professional services.....	73,055	3,411,633	73,600,821
11. Outside referrals.....	0	0	0
12. Emergency room and out-of-area.....	1,631,534	76,191,381	181,213,124
13. Prescription drugs.....	7,893,965	368,642,139	498,761,599
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....	0	(1,087,324)	18,906,922
16. Subtotal (Lines 9 to 15).....	38,521,479	1,797,836,353	4,195,852,652
<b>Less:</b>			
17. Net reinsurance recoveries.....	0	869,937,792	941,282,912
18. Total hospital and medical (Lines 16 minus 17).....	38,521,479	927,898,561	3,254,569,740
19. Non-health claims (net).....	0	0	0
20. Claims adjustment expenses, including \$ .....65,996,048 cost containment expenses.....	0	80,561,028	155,274,477
21. General administrative expenses.....	0	73,981,017	392,529,209
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only).....	0	(1,937,000)	714,000
23. Total underwriting deductions (Lines 18 through 22).....	38,521,479	1,080,503,606	3,803,087,426
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	43,488,297	128,772,013
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0	23,353,104	33,122,430
26. Net realized capital gains (losses) less capital gains tax of \$ .....(2,662,158).....	0	(10,014,784)	(514,843)
27. Net investment gains (losses) (Lines 25 plus 26).....	0	13,338,320	32,607,587
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )].....	0	0	0
29. Aggregate write-ins for other income or expenses.....	0	(306,990)	(15,674)
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	56,519,627	161,363,926
31. Federal and foreign income taxes incurred.....	XXX	12,198,450	35,665,946
32. Net income (loss) (Lines 30 minus 31).....	XXX	44,321,177	125,697,980
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901. Miscellaneous Income.....	0	2,201	3,192
2902. Loss on Disposal.....	0	(309,191)	(18,866)
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	(306,990)	(15,674)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	757,922,419	998,885,395
34. Net income or (loss) from Line 32.....	44,321,177	125,697,980
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 0	39,533,604	(3,973,982)
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	(10,319,375)	(13,004,179)
39. Change in nonadmitted assets.....	29,813,767	6,925,553
40. Change in unauthorized and certified reinsurance.....	6,407,487	(6,407,487)
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	(616,873,215)	(350,200,860)
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(507,116,555)	(240,962,975)
49. Capital and surplus end of reporting period (Line 33 plus 48)	250,805,864	757,922,419
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	1,157,657,214	3,926,259,130
2. Net investment income .....	33,212,882	46,058,827
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	1,190,870,097	3,972,317,957
5. Benefit and loss related payments .....	1,130,929,302	3,538,716,488
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	176,236,628	574,787,371
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ (3,269,367) tax on capital gains (losses) .....	14,589,286	19,468,084
10. Total (Lines 5 through 9) .....	1,321,755,216	4,132,971,943
11. Net cash from operations (Line 4 minus Line 10) .....	(130,885,119)	(160,653,986)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	729,068,904	449,504,278
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	325,000	2,477
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	729,393,904	449,506,755
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	39,550,376	206,514,713
13.2 Stocks .....	150,000,000	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	75,000
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	189,550,376	206,589,713
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	539,843,528	242,917,042
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	(430,000,000)	(350,000,000)
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	49,145,078	54,194,862
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(380,854,923)	(295,805,138)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	28,103,485	(213,542,082)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	82,134,576	295,676,658
19.2 End of year (Line 18 plus Line 19.1) .....	110,238,061	82,134,576
<b>Note: Supplemental disclosures of cash flow information for non-cash transactions:</b>		
20.0001. Non-Cash Return of Capital of Investment in Subsidiary - Proceeds for Stocks .....	(188,596,607)	0
20.0002. Non-Cash Return of Capital of Investment in subsidiary - Capital and Paid in surplus .....	188,596,607	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,118,173,423	809,482,657	2,071,140	0	0	85,527,213	157,131,744	63,960,669	0	0
2. Change in unearned premium reserves and reserve for rate credit	5,818,480	(222,916)	0	0	0	0	0	6,041,395	0	0
3. Fee-for-service (net of \$ 0 medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,123,991,903	809,259,741	2,071,140	0	0	85,527,213	157,131,744	70,002,065	0	0
8. Hospital/medical benefits	1,350,678,523	506,435,876	2,052,330	0	0	62,043,787	79,653,012	700,493,517	0	XXX
9. Other professional services	3,411,633	92,141	0	0	0	4,456	2,177,061	1,137,976	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	76,191,381	38,185,861	24,732	0	0	0	6,002,640	31,978,148	0	XXX
12. Prescription drugs	368,642,139	144,179,393	0	0	0	14,945,251	5,222,129	204,295,366	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	(1,087,324)	0	0	0	0	0	(1,087,324)	0	0	XXX
15. Subtotal (Lines 8 to 14)	1,797,836,353	688,893,272	2,077,062	0	0	76,993,494	91,967,518	937,905,007	0	XXX
16. Net reinsurance recoveries	869,937,792	97,277	0	0	0	0	0	869,840,515	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	927,898,561	688,795,995	2,077,062	0	0	76,993,494	91,967,518	68,064,491	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 0 cost containment expenses	80,561,028	29,661,974	29,353	16	0	1,801,422	1,845,613	9,507,105	37,715,545	0
20. General administrative expenses	73,981,017	108,826,904	424,886	153	0	6,156,332	4,316,024	16,437,992	(62,181,275)	0
21. Increase in reserves for accident and health contracts	(1,937,000)	(2,150,000)	213,000	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	1,080,503,606	825,134,873	2,744,301	169	0	84,951,248	98,129,156	94,009,589	(24,465,730)	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	43,488,297	(15,875,132)	(673,161)	(169)	0	575,965	59,002,588	(24,007,524)	24,465,730	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	809,482,778	0	121	809,482,657
2. Medicare Supplement .....	2,071,140	0	0	2,071,140
3. Dental only .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Federal Employees Health Benefits Plan .....	85,528,384	0	1,171	85,527,213
6. Title XVIII - Medicare .....	157,131,888	0	144	157,131,744
7. Title XIX - Medicaid .....	1,042,769,406	0	978,808,737	63,960,669
8. Other health .....	0	0	0	0
9. Health subtotal (Lines 1 through 8) .....	2,096,983,597	0	978,810,173	1,118,173,423
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	2,096,983,597	0	978,810,173	1,118,173,423

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,999,917,942	677,595,499	1,821,036	0	0	78,556,003	284,953,969	956,991,434	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	892,338,476	97,277	0	0	0	0	0	892,241,200	0	0
1.4 Net	1,107,579,466	677,498,222	1,821,036	0	0	78,556,003	284,953,969	64,750,234	0	0
2. Paid medical incentive pools and bonuses	24,374,663	0	0	0	0	0	24,374,663	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	203,153,572	77,760,376	285,981	0	0	6,195,052	40,689,428	78,222,734	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	68,171,120	0	0	0	0	0	0	68,171,120	0	0
3.4 Net	134,982,452	77,760,376	285,981	0	0	6,195,052	40,689,428	10,051,615	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	443,000	443,000	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	443,000	443,000	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,165,951	0	0	0	0	0	1,165,951	0	0	0
6. Net healthcare receivables (a)	(49,548,450)	(799,958)	(11,588)	0	0	627,941	(49,348,100)	(16,746)	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	452,260,286	65,826,561	41,543	0	0	7,129,620	281,936,655	97,325,907	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	90,571,804	0	0	0	0	0	0	90,571,804	0	0
8.4 Net	361,688,482	65,826,561	41,543	0	0	7,129,620	281,936,655	6,754,103	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	1,879,000	1,879,000	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	1,879,000	1,879,000	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	26,627,938	0	0	0	0	0	26,627,938	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	1,798,923,678	688,893,272	2,077,062	0	0	76,993,494	93,054,842	937,905,007	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	869,937,792	97,277	0	0	0	0	0	869,840,515	0	0
12.4 Net	928,985,886	688,795,995	2,077,062	0	0	76,993,494	93,054,842	68,064,492	0	0
13. Incurred medical incentive pools and bonuses	(1,087,324)	0	0	0	0	0	(1,087,324)	0	0	0

(a) Excludes \$ 300,000 loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	44,314,440	29,817,121	38,252	0	0	2,034,156	3,885,312	8,539,599	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	44,314,440	29,817,121	38,252	0	0	2,034,156	3,885,312	8,539,599	0	0
2. Incurred but Unreported:										
2.1 Direct .....	144,394,576	47,601,211	247,730	0	0	4,058,789	23,783,834	68,703,012	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	68,171,120	0	0	0	0	0	0	68,171,120	0	0
2.4 Net .....	76,223,456	47,601,211	247,730	0	0	4,058,789	23,783,834	531,892	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	14,444,556	342,044	0	0	0	102,106	13,020,282	980,123	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	14,444,556	342,044	0	0	0	102,106	13,020,282	980,123	0	0
4. TOTALS:										
4.1 Direct .....	203,153,572	77,760,376	285,981	0	0	6,195,052	40,689,428	78,222,734	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	68,171,120	0	0	0	0	0	0	68,171,120	0	0
4.4 Net .....	134,982,452	77,760,376	285,981	0	0	6,195,052	40,689,428	10,051,615	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	54,077,302	623,420,920	1,738,587	76,464,788	55,815,890	67,705,561
2. Medicare Supplement .....	78,309	1,742,727	162	285,820	78,471	41,543
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	8,098,867	70,457,136	159,367	6,035,686	8,258,234	7,129,620
6. Title XVIII - Medicare .....	196,054,709	88,899,261	5,825,176	34,864,252	201,879,885	281,936,655
7. Title XIX - Medicaid .....	9,985,393	54,764,841	743,456	9,308,158	10,728,849	6,754,103
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	268,294,580	839,284,885	8,466,749	126,958,704	276,761,329	363,567,482
10. Healthcare receivables (a) .....	0	24,915,005	0	0	0	74,463,455
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	24,374,663	0	1,165,951	0	25,540,614	26,627,938
13. Totals (Lines 9 - 10 + 11 + 12)	292,669,243	814,369,880	9,632,699	126,958,704	302,301,943	315,731,965

(a) Excludes \$ .....300,000 loans or advances to providers not yet expensed.

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
(\$000 Omitted)

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	67,126	67,232	67,173	66,552	66,375
2.	2015 .....	634,812	700,779	702,104	702,078	701,928
3.	2016 .....	XXX	685,227	731,508	732,574	732,451
4.	2017 .....	XXX	XXX	589,736	635,858	637,853
5.	2018 .....	XXX	XXX	XXX	621,624	674,156
6.	2019 .....	XXX	XXX	XXX	XXX	623,421

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	69,362	67,309	67,173	66,552	66,375
2.	2015 .....	712,297	701,857	702,212	702,078	701,928
3.	2016 .....	XXX	759,941	733,080	732,653	732,451
4.	2017 .....	XXX	XXX	655,879	636,920	638,072
5.	2018 .....	XXX	XXX	XXX	688,189	675,676
6.	2019 .....	XXX	XXX	XXX	XXX	699,886

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015 .....	848,083	701,928	6,675	1.0	708,604	83.6	0	0	708,604	83.6
2. 2016 .....	886,427	732,451	6,966	1.0	739,416	83.4	0	0	739,416	83.4
3. 2017 .....	770,206	637,853	6,066	1.0	643,919	83.6	219	2	644,140	83.6
4. 2018 .....	809,059	674,156	6,411	1.0	680,568	84.1	1,520	12	682,100	84.3
5. 2019 .....	809,483	623,421	5,929	1.0	629,350	77.7	76,465	608	706,422	87.3

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
(\$000 Omitted)

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	0	0	0	0	0	
2. 2015	0	0	0	0	0	
3. 2016	XXX	0	0	0	0	
4. 2017	XXX	XXX	0	0	0	
5. 2018	XXX	XXX	XXX	383	461	
6. 2019	XXX	XXX	XXX	XXX	1,743	

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	0	0	0	0	0	
2. 2015	0	0	0	0	0	
3. 2016	XXX	0	0	0	0	
4. 2017	XXX	XXX	0	0	0	
5. 2018	XXX	XXX	XXX	425	461	
6. 2019	XXX	XXX	XXX	XXX	2,029	

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2016	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2018	512	461	4	1.0	466	91.0	0	0	466	91.0
5. 2019	2,071	1,743	17	1.0	1,759	84.9	286	3	2,048	98.9

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

#### Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	177	177	177	177	177
2. 2015 .....	0	0	0	0	0
3. 2016 .....	XXX	0	0	0	0
4. 2017 .....	XXX	XXX	0	0	0
5. 2018 .....	XXX	XXX	XXX	0	0
6. 2019 .....	XXX	XXX	XXX	XXX	0

#### Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	177	177	177	177	177
2. 2015 .....	0	0	0	0	0
3. 2016 .....	XXX	0	0	0	0
4. 2017 .....	XXX	XXX	0	0	0
5. 2018 .....	XXX	XXX	XXX	0	0
6. 2019 .....	XXX	XXX	XXX	XXX	0

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Percent (Col. 9/1)
1. 2015 .....										
2. 2016 .....										
3. 2017 .....										
4. 2018 .....										
5. 2019 .....										

NONE

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

(\$000 Omitted)

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	153	153	153	153	153
2. 2015 .....	0	0	0	0	0
3. 2016 .....	XXX	0	0	0	0
4. 2017 .....	XXX	XXX	0	0	0
5. 2018 .....	XXX	XXX	XXX	0	0
6. 2019 .....	XXX	XXX	XXX	XXX	0

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	153	153	153	153	153
2. 2015 .....	0	0	0	0	0
3. 2016 .....	XXX	0	0	0	0
4. 2017 .....	XXX	XXX	0	0	0
5. 2018 .....	XXX	XXX	XXX	0	0
6. 2019 .....	XXX	XXX	XXX	XXX	0

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2) Percent	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 5/1) Percent	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015 .....										
2. 2016 .....										
3. 2017 .....										
4. 2018 .....										
5. 2019 .....										

**NONE**

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	12,293	12,293	12,293	12,293	12,293
2.	2015 .....	124,575	134,412	134,412	134,412	134,412
3.	2016 .....	XXX	97,786	107,308	107,308	107,308
4.	2017 .....	XXX	XXX	69,511	76,529	76,529
5.	2018 .....	XXX	XXX	XXX	71,525	79,624
6.	2019 .....	XXX	XXX	XXX	XXX	70,457

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	12,912	12,300	12,293	12,293	12,293
2.	2015 .....	136,452	134,507	134,427	134,412	134,412
3.	2016 .....	XXX	103,923	107,529	107,316	107,308
4.	2017 .....	XXX	XXX	78,794	76,641	76,529
5.	2018 .....	XXX	XXX	XXX	78,534	79,783
6.	2019 .....	XXX	XXX	XXX	XXX	76,493

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015 .....	138,888	134,412	1,278	1.0	135,690	97.7	0	0	135,690	97.7
2. 2016 .....	123,443	107,308	1,021	1.0	108,329	87.8	0	0	108,329	87.8
3. 2017 .....	95,541	76,529	728	1.0	77,257	80.9	0	0	77,257	80.9
4. 2018 .....	91,757	79,624	757	1.0	80,381	87.6	159	0	80,540	87.8
5. 2019 .....	85,527	70,457	670	1.0	71,127	83.2	6,036	0	77,163	90.2

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

#### Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	271,283	269,203	268,651	267,943	267,645
2.	2015 .....	3,695,718	3,996,690	3,994,963	3,993,149	3,992,667
3.	2016 .....	XXX	4,715,535	5,141,889	5,138,749	5,138,427
4.	2017 .....	XXX	XXX	4,709,239	5,149,006	5,148,318
5.	2018 .....	XXX	XXX	XXX	2,283,316	2,505,535
6.	2019 .....	XXX	XXX	XXX	XXX	88,899

#### Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	278,947	269,376	268,651	267,943	267,645
2.	2015 .....	4,060,811	3,999,156	3,995,305	3,993,149	3,992,667
3.	2016 .....	XXX	5,198,214	5,147,150	5,139,286	5,138,427
4.	2017 .....	XXX	XXX	5,287,715	5,160,052	5,148,904
5.	2018 .....	XXX	XXX	XXX	2,580,297	2,511,940
6.	2019 .....	XXX	XXX	XXX	XXX	123,764

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015 .....	4,487,449	3,992,667	37,970	1.0	4,030,637	89.8	0	0	4,030,637	89.8
2. 2016 .....	5,990,421	5,138,427	48,866	1.0	5,187,293	86.6	0	0	5,187,293	86.6
3. 2017 .....	6,131,051	5,148,318	48,961	1.0	5,197,278	84.8	587	2	5,197,866	84.8
4. 2018 .....	2,964,283	2,505,535	23,828	1.0	2,529,363	85.3	6,404	17	2,535,785	85.5
5. 2019 .....	157,132	88,899	845	1.0	89,745	57.1	34,864	93	124,702	79.4

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

(\$000 Omitted)

**Section A - Paid Health Claims - Title XIX**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	45,088	44,781	44,722	44,758	44,757
2. 2015 .....	225,016	248,881	249,937	250,039	250,020
3. 2016 .....	XXX	252,487	279,141	279,387	279,409
4. 2017 .....	XXX	XXX	215,585	241,525	242,046
5. 2018 .....	XXX	XXX	XXX	50,417	59,879
6. 2019 .....	XXX	XXX	XXX	XXX	54,765

**Section B - Incurred Health Claims - Title XIX**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	46,216	44,782	44,722	44,758	44,757
2. 2015 .....	249,480	249,530	249,945	250,039	250,020
3. 2016 .....	XXX	277,145	279,357	279,434	279,409
4. 2017 .....	XXX	XXX	248,361	241,737	242,083
5. 2018 .....	XXX	XXX	XXX	56,913	60,586
6. 2019 .....	XXX	XXX	XXX	XXX	64,073

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015 .....	301,162	250,020	2,378	1.0	252,398	83.8	0	0	252,398	83.8
2. 2016 .....	285,184	279,409	2,657	1.0	282,066	98.9	0	0	282,066	98.9
3. 2017 .....	264,297	242,046	2,302	1.0	244,348	92.5	37	0	244,385	92.5
4. 2018 .....	67,138	59,879	569	1.0	60,449	90.0	706	0	61,155	91.1
5. 2019 .....	63,961	54,765	521	1.0	55,286	86.4	9,308	3	64,597	101.0

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	396,120	393,839	393,169	391,876	391,400
2.	2015 .....	4,680,121	5,080,762	5,081,416	5,079,678	5,079,028
3.	2016 .....	XXX	5,751,035	6,259,846	6,258,018	6,257,594
4.	2017 .....	XXX	XXX	5,584,071	6,102,918	6,104,746
5.	2018 .....	XXX	XXX	XXX	3,027,265	3,319,656
6.	2019 .....	XXX	XXX	XXX	XXX	839,285

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....	407,767	394,097	393,169	391,876	391,400
2.	2015 .....	5,159,040	5,085,050	5,081,889	5,079,678	5,079,028
3.	2016 .....	XXX	6,339,223	6,267,116	6,258,689	6,257,594
4.	2017 .....	XXX	XXX	6,270,749	6,115,350	6,105,588
5.	2018 .....	XXX	XXX	XXX	3,404,358	3,328,447
6.	2019 .....	XXX	XXX	XXX	XXX	966,244

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015 .....	5,775,582	5,079,028	48,302	1.0	5,127,329	88.8	0	0	5,127,329	88.8
2. 2016 .....	7,285,475	6,257,594	59,510	1.0	6,317,104	86.7	0	0	6,317,104	86.7
3. 2017 .....	7,261,095	6,104,746	58,056	1.0	6,162,802	84.9	843	3	6,163,648	84.9
4. 2018 .....	3,932,749	3,319,656	31,570	1.0	3,351,226	85.2	8,790	29	3,360,046	85.4
5. 2019 .....	1,118,173	839,285	7,982	1.0	847,266	75.8	126,959	708	974,933	87.2

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a) .....	213,000	0	213,000	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 ) for investment income .....	9,764,812	1,485,909	0	0	0	0	8,278,903	0	0
5. Aggregate write-ins for other policy reserves .....	45,201,347	6,296,979	0	0	0	0	38,904,369	0	0
6. Totals (gross) .....	55,179,159	7,782,887	213,000	0	0	0	47,183,272	0	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	55,179,159	7,782,887	213,000	0	0	0	47,183,272	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	443,000	443,000	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	443,000	443,000	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7) .....	443,000	443,000	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. Risk Adjustment Premium Payable .....	45,201,347	6,296,979	0	0	0	0	38,904,369	0	0
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	45,201,347	6,296,979	0	0	0	0	38,904,369	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....213,000 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....0 for occupancy of own building) .....	657,656	198,082	3,466,489	2,163	4,324,390
2. Salary, wages and other benefits .....	36,285,927	6,481,234	134,456,337	83,250	177,306,748
3. Commissions (less \$ .....75,325,703 ceded plus \$ .....0 assumed) .....	0	0	65,846,172	1,385	65,847,557
4. Legal fees and expenses .....	199,305	60,068	1,948,468	653	2,208,494
5. Certifications and accreditation fees .....	7,449	6,785	118,822	71	133,127
6. Auditing, actuarial and other consulting services .....	844,461	255,070	5,292,816	2,385	6,394,732
7. Traveling expenses .....	682,055	200,597	3,147,894	1,951	4,032,497
8. Marketing and advertising .....	3,030,545	899,753	15,472,724	9,666	19,412,688
9. Postage, express and telephone .....	2,306,857	660,225	10,953,882	6,705	13,927,669
10. Printing and office supplies .....	586,054	172,124	2,734,592	1,694	3,494,464
11. Occupancy, depreciation and amortization .....	335,087	100,977	1,772,932	(2)	2,208,994
12. Equipment .....	349,493	105,322	1,843,240	1,150	2,299,205
13. Cost or depreciation of EDP equipment and software .....	1,015,428	248,060	4,018,273	(6,110)	5,275,651
14. Outsourced services including EDP, claims, and other services .....	16,674,751	4,252,901	57,491,693	34,463	78,453,808
15. Boards, bureaus and association fees .....	169,577	51,611	333,279	180	554,647
16. Insurance, except on real estate .....	176,707	53,093	900,705	557	1,131,062
17. Collection and bank service charges .....	436,908	131,664	2,304,204	1,440	2,874,216
18. Group service and administration fees .....	953,235	300,328	(640,825)	118	612,856
19. Reimbursements by uninsured plans .....	0	0	(195,525,956)	0	(195,525,956)
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	597,581	180,074	3,151,080	1,959	3,930,694
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	(2,076,143)	1	(2,076,142)
23.2 State premium taxes .....	0	0	1,040,485	0	1,040,485
23.3 Regulatory authority licenses and fees .....	0	0	17,516,257	810	17,517,067
23.4 Payroll taxes .....	0	0	7,561,578	4,676	7,566,254
23.5 Other (excluding federal income and real estate taxes) .....	5,231	1,589	2,418,605	37	2,425,462
24. Investment expenses not included elsewhere .....	162,829	49,049	858,985	109	1,070,972
25. Aggregate write-ins for expenses .....	518,912	156,374	(72,425,571)	1,427	(71,748,858)
26. Total expenses incurred (Lines 1 to 25) .....	65,996,048	14,564,980	73,981,017	150,738	(a) 154,692,783
27. Less expenses unpaid December 31, current year .....	0	740,381	15,608,852	0	16,349,233
28. Add expenses unpaid December 31, prior year .....	0	2,411,212	16,864,036	0	19,275,248
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	38,293,680	0	38,293,680
30. Amounts receivable relating to uninsured plans, current year .....	0	0	21,821,192	0	21,821,192
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	65,996,048	16,235,811	58,763,713	150,738	141,146,310
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Administrative Expenses .....	518,912	156,374	2,900,132	1,427	3,576,845
2502. Expense Allowance on Reinsurance Ceded .....	0	0	(75,325,703)	0	(75,325,703)
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	518,912	156,374	(72,425,571)	1,427	(71,748,858)

(a) Includes management fees of \$ .....225,092,199 to affiliates and \$ .....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 606,370	569,418
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 23,933,626	19,170,576
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 800,630	800,630
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 3,183,500	3,219,101
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	1,128	1,128
10. Total gross investment income	28,525,254	23,760,853
11. Investment expenses		(g) 145,214
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 5,524
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		257,013
16. Total deductions (Lines 11 through 15)		407,751
17. Net investment income (Line 10 minus Line 16)		23,353,102
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Investment Income	1,128	1,128
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	1,128	1,128
1501. Miscellaneous Investment Expenses		257,013
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		257,013

- (a) Includes \$ 139,894 accrual of discount less \$ 4,852,696 amortization of premium and less \$ 132,653 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 2,091,130 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	67,168	0	67,168	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	3,111,013	0	3,111,013	1,701,430	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	(15,855,122)	0	(15,855,122)	37,832,172	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(12,676,941)	0	(12,676,941)	39,533,602	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB) .....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	549,574	1,849,116	1,299,542
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	381,364	361,649	(19,715)
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset .....	167,592	3,817,145	3,649,553
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software .....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	1,162,041	2,405,706	1,243,665
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivable from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable .....	12,209,290	22,381,977	10,172,687
25. Aggregate write-ins for other than invested assets .....	3,295,850	16,763,885	13,468,035
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	17,765,710	47,579,478	29,813,768
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27)	17,765,710	47,579,478	29,813,768
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Provider Contracts .....	0	14,300,699	14,300,699
2502. Deposits .....	1,838,085	1,150,802	(687,283)
2503. Prepaid Commissions .....	952,229	949,348	(2,881)
2598. Summary of remaining write-ins for Line 25 from overflow page .....	505,536	363,036	(142,500)
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	3,295,850	16,763,885	13,468,035

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	438,920	183,944	184,549	184,544	181,286	2,228,387
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	66,950	42,122	40,940	39,271	36,315	482,585
4. Point of Service .....	115,424	113,085	117,855	117,179	118,827	1,394,509
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business .....	677	1,019	1,194	1,400	1,534	14,671
7. Total	621,971	340,170	344,538	342,394	337,962	4,120,152
<b>DETAILS OF WRITE-INS</b>						
0601. Dental .....	0	0	0	0	0	36
0602. Medicare Supp .....	677	1,019	1,194	1,400	1,534	14,635
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	677	1,019	1,194	1,400	1,534	14,671

**STATEMENT AS OF December 31, 2019 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 SAP) 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 omission of this prescribed practice would have had no impact to the results of the Company's risk-based capital calculations.

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

	SSAP #	F/S Page	F/S Line #		2019	2018
<b>Net Income</b>						
1. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$	44,321,177	\$ 125,697,980
2. State Prescribed Practices that is an increase/(decrease) NAIC SAP						
3. State Permitted Practices that is an increase/(decrease) NAIC SAP					-	-
a. Unrecorded net realized gains impact due to valuation difference	24	4	26		995,308,000	-
4. NAIC SAP	xxx	xxx	xxx	\$	<u>1,039,629,177</u>	<u>\$ 125,697,980</u>
<b>Surplus</b>						
5. Humana Health Plan, Inc. Kentucky basis	xxx	xxx	xxx	\$	250,805,864	\$ 757,922,419
6. State Prescribed Practices that is an increase/(decrease) NAIC SAP						
7. State Permitted Practices that is an increase/(decrease) NAIC SAP					-	-
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 SAP	xxx	xxx	xxx	\$	<u>250,805,864</u>	<u>\$ 757,922,419</u>

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

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

C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

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

## NOTES TO THE FINANCIAL STATEMENTS

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

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

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

- (5) 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, *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.

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

(1) The maximum and minimum lending rates for the mortgage loan in 2019 were 1.93% and 3.18%.

(2) The maximum percentage of the loan to the value of the security at any time of the loan, exclusive of insured or guaranteed or purchase-money mortgages was 100 percent.

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total

<u>Current Year</u>	<u>Prior Year</u>
\$ -	\$ -

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (4) Age analysis of mortgage loans and identification of mortgage loans in which the insurer is a participant or co-lender in a mortgage loan agreement:

	Farm	Insured	Residential All Other	Insured	Commercial All Other	Mezzanine	Total
a. Current Year							
1. Recorded							
Investment (All)							
(a) Current	\$ -	\$ -	\$ -	\$ -	\$ 27,600,000	\$ -	\$ 27,600,000
(b) 30-59 Days Past Due	-	-	-	-	-	-	-
(c) 60-89 Days Past Due	-	-	-	-	-	-	-
(d) 90-179 Days Past Due	-	-	-	-	-	-	-
(e) 180+ Days Past Due	-	-	-	-	-	-	-
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
4. Interest Reduced							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Number of Loans	-	-	-	-	-	-	-
(c) Percent Reduced	- %	- %	- %	- %	- %	- %	- %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Prior Year							
1. Recorded							
Investment (All)							
(a) Current	\$ -	\$ -	\$ -	\$ -	\$ 27,600,000	\$ -	\$ 27,600,000
(b) 30-59 Days Past Due	-	-	-	-	-	-	-
(c) 60-89 Days Past Due	-	-	-	-	-	-	-
(d) 90-179 Days Past Due	-	-	-	-	-	-	-
(e) 180+ Days Past Due	-	-	-	-	-	-	-
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Interest Accrued	-	-	-	-	-	-	-
4. Interest Reduced							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Number of Loans	-	-	-	-	-	-	-
(c) Percent Reduced	- %	- %	- %	- %	- %	- %	- %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- (5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan

Not Applicable.

- (6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting

Not Applicable.

- (7) Allowance for Credit Losses

Not Applicable.

- (8) Mortgage Loans Derecognized as a Result of Foreclosure:

Not Applicable.

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(9) Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

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

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at December 31, 2019.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at December 31, 2019:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(3,036)
2. Twelve Months or Longer	\$	(62,160)

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

1. Less than Twelve Months	\$	697,271
2. Twelve Months or Longer	\$	13,088,255

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

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

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

(3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

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

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 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	15,540,918	24,621,687	(9,080,769)	-	15,540,918	2.36%	2.42%
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	-	-	-	-	-	-	-
<b>o. Total Restricted Assets</b>	<b>\$ 15,540,918</b>	<b>\$ 24,621,687</b>	<b>\$ (9,080,769)</b>	<b>-</b>	<b>\$ 15,540,918</b>	<b>2.36%</b>	<b>2.42%</b>

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

Not Applicable.

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

Not Applicable.

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

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI\* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

(1) Number of CUSIPS		2
(2) Aggregate Amount of Investment Income	\$	16,898

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

- A. Deferred Tax Assets/(Liabilities)

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

	December 31, 2019		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 14,066,339	\$ 2,859	\$ 14,069,198
b. Statutory valuation allowance adjustments	-	(2,859)	(2,859)
c. Adjusted gross deferred tax assets	14,066,339	-	14,066,339
d. Deferred tax assets nonadmitted	(167,592)	-	(167,592)
e. Net admitted deferred tax assets	13,898,747	-	13,898,747
f. Deferred tax liabilities	(917,790)	-	(917,790)
g. Net admitted deferred tax asset/(liability)	\$ 12,980,957	\$ -	\$ 12,980,957

	December 31, 2018		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 25,286,207	\$ 360,159	\$ 25,646,366
b. Statutory valuation allowance adjustments	-	(360,159)	(360,159)
c. Adjusted gross deferred tax assets	25,286,207	-	25,286,207
d. Deferred tax assets nonadmitted	(3,817,145)	-	(3,817,145)
e. Net admitted deferred tax assets	21,469,062	-	21,469,062
f. Deferred tax liabilities	(1,818,283)	-	(1,818,283)
g. Net admitted deferred tax asset/(liability)	\$ 19,650,779	\$ -	\$ 19,650,779

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ (11,219,868)	\$ (357,300)	\$ (11,577,168)
b. Statutory valuation allowance adjustments	-	357,300	357,300
c. Adjusted gross deferred tax assets	(11,219,868)	-	(11,219,868)
d. Deferred tax assets nonadmitted	3,649,553	-	3,649,553
e. Net admitted deferred tax assets	(7,570,315)	-	(7,570,315)
f. Deferred tax liabilities	900,493	-	900,493
g. Net admitted deferred tax asset/(liability)	\$ (6,669,822)	\$ -	\$ (6,669,822)

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

	December 31, 2019		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 10,337,452	\$ -	\$ 10,337,452
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	2,643,505	-	2,643,505
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	2,643,505
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	35,673,736
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	917,790	-	917,790
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 13,898,747</u>	<u>\$ -</u>	<u>\$ 13,898,747</u>

	December 31, 2018		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 16,628,762	\$ -	\$ 16,628,762
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	3,022,017	-	3,022,017
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	-
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	-
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	1,818,283	-	1,818,283
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ 21,469,062</u>	<u>\$ -</u>	<u>\$ 21,469,062</u>

	Ordinary	Change Capital	Total
	a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ (6,291,310)	\$ -
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	(378,512)	-	(378,512)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	2,643,505
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	35,673,736
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(900,493)	-	(900,493)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	<u>\$ (7,570,315)</u>	<u>\$ -</u>	<u>\$ (7,570,315)</u>

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

	December 31, 2019	December 31, 2018
a. Ratio percentage used to determine recovery period and threshold limitation amount	670%	644%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	237,824,907	738,271,640

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

		December 31, 2019	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 14,066,339	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 13,898,747	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
		December 31, 2018	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ 25,286,207	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 21,469,062	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%
		Change	
		Ordinary	Capital
a.	Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1.	Adjusted gross DTAs amount from note 9A1(c)	\$ (11,219,868)	\$ -
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3.	Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ (7,570,315)	\$ -
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

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

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

C. Current and deferred income taxes

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

		December 31, 2019	December 31, 2018	Change
a.	Federal	\$ 13,814,639	\$ 44,856,514	\$ (31,041,875)
b.	Foreign	-	-	-
c.	Subtotal	13,814,639	44,856,514	(31,041,875)
d.	Federal income tax on net capital gains	(2,662,158)	(136,857)	(2,525,301)
e.	Utilization of capital loss carryforwards	-	-	-
f.	Other	(1,616,189)	(9,190,568)	7,574,379
g.	Federal and foreign income taxes incurred	<u>\$ 9,536,292</u>	<u>\$ 35,529,089</u>	<u>\$ (25,992,797)</u>

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

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

DTAs resulting from Book/Tax Differences in:

	December 31, 2019	December 31, 2018	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 1,857,491	\$ 4,942,686	\$ (3,085,195)
2. Unearned premium reserve	488,102	650,688	(162,586)
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	47,541	9,551	37,990
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	233,703	490,105	(256,402)
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Other	-	-	-
14. Bad debts	2,287,523	4,667,983	(2,380,460)
15. Accrued litigation	-	13,114	(13,114)
16. CMS Rx reserve	-	-	-
17. CMS risk corridor -ACA	-	-	-
18. Medicare risk adjustment data	-	-	-
19. Miscellaneous reserves	457,646	259,504	198,142
20. Accrued lease	51,589	13,632	37,957
21. Section 197 intangible	8,642,744	11,235,797	(2,593,053)
22. Reinsurance fee	-	-	-
23. Provider contracts	-	3,003,147	(3,003,147)
24. Premium Acquisition Expense	-	-	-
99. Subtotal	14,066,339	25,286,207	(11,219,868)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	(167,592)	(3,817,145)	3,649,553
d. Admitted Ordinary DTAs	13,898,747	21,469,062	(7,570,315)
e. Capital			
1. Investments	2,859	360,159	(357,300)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	2,859	360,159	(357,300)
f. Statutory valuation allowance adjustment	(2,859)	(360,159)	357,300
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	\$ 13,898,747	\$ 21,469,062	\$ (7,570,315)

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

DTLs resulting from Book/Tax Differences in:

	December 31, 2019	December 31, 2018	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(19,184)	(14,084)	(5,100)
7. CMS Rx Reserve	(147,253)	(805,152)	657,899
8. Reserve Transition Adjustment	(751,353)	(999,047)	247,694
99. Subtotal	<u>(917,790)</u>	<u>(1,818,283)</u>	<u>900,493</u>
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	<u>-</u>	<u>-</u>	<u>-</u>
c. DTLs	<u>\$ (917,790)</u>	<u>\$ (1,818,283)</u>	<u>\$ 900,493</u>
(4) Net deferred tax asset/(liability)	<u>\$ 12,980,957</u>	<u>\$ 19,650,779</u>	<u>\$ (6,669,822)</u>

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2019 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 53,857,469	\$ 11,310,068	21.00%
Tax-exempt interest	(1,819,550)	(382,106)	(0.71%)
Non-Cash Return of Capital of CHA HMO, Inc. to Parent	15,855,122	3,329,576	6.18%
Proration	454,888	95,526	0.18%
Meals & entertainment, lobbying expenses, etc.	581	122	0.00%
Statutory valuation allowance adjustment	-	-	0.00%
Parent assumption of tax liability*	(7,523,874)	(1,580,014)	(2.93%)
Change to nonadmitted assets & deferred tax true-up	26,164,210	5,494,484	10.20%
Other, including prior year true-up	38,081	7,997	0.02%
Total	<u>\$ 87,026,927</u>	<u>\$ 18,275,653</u>	<u>33.94%</u>
Federal income taxes incurred [expense/(benefit)]		\$ 12,198,450	22.65%
Tax on capital gains/(losses)		(2,662,158)	(4.94%)
Change in net deferred income tax [charge/(benefit)]		10,319,375	19.16%
Parent assumption of tax liability*		<u>(1,580,014)</u>	<u>(2.93%)</u>
Total statutory income taxes		<u>\$ 18,275,653</u>	<u>33.94%</u>

\*In connection with an issue currently subject to IRS Appeals, the Parent assumes the tax payable associated with the issue in controversy.

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

At December 31, 2019, the Company had no net operating loss carry-forwards.

At December 31, 2019, the Company had no capital loss carry-forwards.

At December 31, 2019, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2018 and 2019 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2018	43,240,325	(136,857)	43,103,468
2019	12,234,625	(2,662,158)	9,572,467
Total	<u>\$ 55,474,950</u>	<u>\$ (2,799,015)</u>	<u>\$ 52,675,935</u>

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

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

**HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2019 CONSOLIDATED FEDERAL INCOME TAX RETURN**

**CALENDAR YEAR ENDED DECEMBER 31, 2019  
AFFILIATIONS SCHEDULE**

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

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	AMERICAN ELDERCARE, INC.	65-0380198
6	ARCADIAN HEALTH PLAN, INC.	20-1001348
7	CAC MEDICAL CENTER HOLDINGS, INC.	30-0117876
8	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
9	CARENETWORK, INC.	39-1514846
10	CAREPLUS HEALTH PLANS, INC.	59-2598550
11	CARITEN HEALTH PLAN INC.	62-1579044
12	CHA HMO, INC.	61-1279717
13	CHA SERVICE COMPANY, INC.	61-1279716
14	COMPBENEFITS COMPANY	59-2531815
15	COMPBENEFITS CORPORATION	04-3185995
16	COMPBENEFITS DENTAL, INC.	36-3686002
17	COMPBENEFITS DIRECT, INC.	58-2228851
18	COMPBENEFITS INSURANCE COMPANY	74-2552026
19	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
20	CONTINUCARE CORPORATION	59-2716023
21	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
22	CONTINUCARE MSO, INC.	65-0780986
23	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
24	DENTICARE, INC.	76-0039628
25	EDGE HEALTH MSO, INC.	84-2214810
26	EDGE HEALTH, P.C.	84-2752906
27	EMPHEYSYS INSURANCE COMPANY	31-0935772
28	EMPHEYSYS, INC.	61-1237697
29	FAMILY PHYSICIANS OF WINTER PARK, INC.	59-3164234
30	FPG ACQUISITION CORP.	81-3802918
31	FPG ACQUISITION HOLDINGS CORP.	81-3819187
32	FPG HOLDING COMPANY, LLC	32-0505460
33	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
34	HEALTH VALUE MANAGEMENT, INC.	61-1223418
35	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
36	HUMANA AT HOME (DALLAS), INC.	75-2739333
37	HUMANA AT HOME (HOUSTON), INC.	76-0537878
38	HUMANA AT HOME (SAN ANTONIO), INC.	01-0766084
39	HUMANA AT HOME (TLC), INC.	75-2600512
40	HUMANA AT HOME 1, INC.	65-0274594
41	HUMANA AT HOME, INC.	13-4036798
42	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
43	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
44	HUMANA BENEFIT PLAN OF TEXAS, INC. (f/k/a HUMANA BEHAVIORAL HEALTH, INC.)	75-2043865

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

45	HUMANA DENTAL COMPANY	59-1843760
46	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC. (f/k/a TRANSCEND INSIGHTS, INC.)	80-0072760
47	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC.	46-4912173
48	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
49	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
50	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
51	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
52	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
53	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
54	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
55	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
56	HUMANA HEALTH PLAN, INC.	61-1013183
57	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
58	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
59	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
60	HUMANA INSURANCE COMPANY	39-1263473
61	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
62	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
63	HUMANA MARKETPOINT, INC.	61-1343508
64	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
65	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
66	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
67	HUMANA MEDICAL PLAN, INC.	61-1103898
68	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
69	HUMANA PHARMACY, INC.	61-1316926
70	HUMANA REAL ESTATE COMPANY (f/k/a PRESERVATION ON MAIN, INC.)	20-1724127
71	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
72	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
73	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
74	HUMANADENTAL INSURANCE COMPANY	39-0714280
75	HUMANADENTAL, INC.	61-1364005
76	HUMCO, INC.	61-1239538
77	HUM-e-FL, INC.	61-1383567
78	MANAGED CARE INDEMNITY, INC.	61-1232669
79	MEDICAL CARE CONSORTIUM INCORPORATED OF TEXAS	27-4379634
80	METCARE OF FLORIDA, INC.	65-0879131
81	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
82	PARTNERS IN INTEGRATED CARE, INC.	47-2905609
83	PARTNERS IN PRIMARY CARE (GA), P.C.	83-2624178
84	PARTNERS IN PRIMARY CARE (KS), P.C.	82-2000699
85	PARTNERS IN PRIMARY CARE (NC), P.C.	82-1926920
86	PARTNERS IN PRIMARY CARE, P.A.	47-1161014
87	PHP COMPANIES, INC.	62-1552091
88	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
89	PRIMARY CARE HOLDINGS, INC.	46-1225873
90	ROHC, LLC	75-2844854
91	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
92	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
93	TEXAS DENTAL PLANS, INC.	74-2352809
94	THE DENTAL CONCERN, INC.	52-1157181
95	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
96	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
97	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
98	TRANSCEND POPULATION HEALTH MANAGEMENT, LLC	46-5329373

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

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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.

In the ordinary course of business, the Company also directly contracts with related parties to provide services that are routine in nature to its members. The administrative services, access fees, and cost of care services provided are determined within each individual agreement. The following table identifies the amount for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2019 and December 31, 2018, which meet the disclosure requirements pursuant to SSAP No. 25, *Affiliate and Other Related Parties* (SSAP No. 25), regardless of the effective date of the contract:

	<u>2019</u>		<u>2018</u>
SeniorBridge and Humana At Home, Inc.	\$ 4,345,370	\$	30,524,083
HumanaVitality, LLC	13,485,065		15,114,561
Conviva Care Solutions, Inc.	71,632,007		328,269,497
Care Delivery Organization	1,240,936		42,951,396
Oak Street Health, LLC	12,974,406		5,849,194
Total	<u>\$ 147,870,116</u>	<u>\$</u>	<u>423,949,666</u>

SeniorBridge and Humana at Home, Inc. provide in-home care as well as telephonic care management to eligible Humana members. HumanaVitality, LLC provides and manages health and fitness rewards programs to eligible Humana members. Conviva Care Solutions, LLC is a group of providers that provide Humana with various management services for risk contracts owned by Humana. The Care Delivery Organization includes a group of affiliates providing non-clinical support to Humana-network providers to help maximize patient care through a better, more efficient experience. Oak Street Health, LLC is a joint venture of Humana Inc. and is a network of health centers providing primary care for Medicare patients.

In addition to the related parties above, the Company also has a contracted relationship with Humana Pharmacy Solutions, Inc. (HPS). HPS is responsible for designing pharmacy benefits, including defining member co-share responsibilities, determining formulary listings, contracting with retail pharmacies, confirming member eligibility, reviewing drug utilization, and processing claims for Humana entities. HPS has various contracts with pharmacy manufacturers to provide the Company with purchase discounts and volume rebates on certain prescription drugs utilized by its members. The Company had \$584,526,251 and \$1,141,416,756 of administrative service and prescription costs in 2019 and 2018, respectively, with HPS. The prescription costs included in fees paid to HPS are gross of the pharmacy rebates that the Company receives, see Footnote 28, and also includes payments for Medicare Part D claims that CMS reimburses the Company for through the Coverage Gap, Low Income and Reinsurance subsidies.

Included in the payments to HPS are also costs incurred from Humana Pharmacy, Inc. Humana Pharmacy, Inc. provides covered members with prescription services through use of the mail order as well as brick and mortar locations. These services are limited to maintenance medication prescription drug and allied services and supplies normally provided to the general public in the ordinary course of pharmacy business. The Company had \$171,190,478 and \$380,038,604 of prescription costs in 2019 and 2018, respectively, with Humana Pharmacy, Inc.

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.

Total returns of capital of \$430,000,000 were paid to Humana, Inc. on September 30, 2019. The Commonwealth of Kentucky Department of Insurance was notified prior to the payment of these returns of capital.

Humana Inc. forgave \$1,723,392 of the Company's tax liability due to Humana Inc. as part of the Company's tax sharing agreement during 2019. The portion of the tax balance being forgiven is associated with an issue that is currently subject to IRS Appeals. The forgiveness was accounted for as contributed surplus per SSAP No. 72 *Surplus and Quasi-Reorganizations* (SSAP No. 72).

At December 31, 2019, the Company reported \$1,861,174 due to 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.
- H. Not Applicable.
- I. Not Applicable.
- J. Not Applicable.
- K. Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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

11. Debt

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

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

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

Humana Inc.’s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$219,268,247 and \$194,704,927 for the years ended December 31, 2019 and 2018, respectively. As of December 31, 2019 and 2018, the fair market value of the Humana Retirement Savings Plan’s assets was \$5,344,599,370 and \$4,284,204,823, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

- (1) The Company has \$1 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 could have paid a maximum dividend or return of capital to shareholders of approximately \$46,800,000 in 2019 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.

A non-cash return of capital of \$188,596,607 was completed with Humana Inc. on June 30, 2019. The Department approved the transaction prior to the completion of these returns of capital.

Dividends or returns of capital to shareholders paid by the Company are listed below. Extraordinary amounts have been approved by the Department.

	<u>Dividend or Return of Capital Amount</u>		<u>Date Paid</u>
	<u>Ordinary</u>	<u>Extraordinary</u>	
Return of Capital	-	280,000,000	September 30, 2019
Return of Capital	-	150,000,000	December 30, 2019
Total paid in 2019	\$ -	\$ 430,000,000	

- (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 estimated health insurance industry fee that will be payable on September 30, 2020.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$39,533,604.
- (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 December 31, 2019.

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

15. Leases

A. Lessee Operating Lease

(1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to five years. Operating lease rental payments charged to expenses for the years ended December 31, 2019 and 2018 was \$3,663,108 and \$3,744,558, respectively.

(2) Noncancelable Lease Terms:

a) At January 1, 2020, the minimum aggregate rental commitments are as follows:

Year ending December 31,			
2020	\$	2,573,767	
2021		2,482,106	
2022		2,010,946	
2023		1,562,461	
2024		1,468,487	
Total Minimum Lease Payments	\$	10,097,766	

b) Certain rental commitments have renewal options extending through the year 2024. Some of these renewals are subject to adjustments in future periods.

(3) The Company is not involved in any sales-leaseback transactions.

B. Lessor Leases

Not Applicable.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans were as follows for the year ended December 31, 2019:

	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	\$ 24,465,730	\$ -	\$ 24,465,730
b. Total net other income or expenses (including interest paid to or received from plans)	\$ (16,749)	\$ -	\$ (16,749)
c. Net gain or (loss) from operations	\$ 24,448,980	\$ -	\$ 24,448,980
d. Total claim payment volume	1,290,312,375	-	1,290,312,375

B. ASC Plans

Not Applicable.

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of December 31, 2019, the Company has recorded a receivable from CMS of \$11,707,506 related to the cost share and reinsurance components of administered Medicare products and a receivable from ASO customers of \$10,113,685. 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.	\$ 2,266,875
OSF Healthcare System	847,919

- (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 December 31, 2019 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	-	3,728,393	-	-	3,728,393
Total bonds	-	3,728,393	-	-	3,728,393
Total assets at fair value/NAV	\$ -	\$ 3,728,393	\$ -	\$ -	\$ 3,728,393
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, 2018 and December 31, 2019.

- (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, 2018 and December 31, 2019.
- (4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2019.

- (5) Derivative Fair Values

Not Applicable.

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

B. Other Fair Value Disclosures

Not Applicable.

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

Type of Financial Instrument	Aggregate Fair Value		Admitted Assets			Net Asset Value (NAV)	Not Practicable (Carrying Value)
			Level 1	Level 2	Level 3		
Bonds and cash equivalents	\$ 437,747,070	\$ 429,472,346	\$ 76,356,331	\$ 361,390,739	\$ -	\$ -	\$ -
Mortgage Loans	27,600,000	27,600,000	-	-	27,600,000	-	-
<b>Total</b>	<b>\$ 465,347,070</b>	<b>\$ 457,072,346</b>	<b>\$ 76,356,331</b>	<b>\$ 361,390,739</b>	<b>\$ 27,600,000</b>	<b>\$ -</b>	<b>\$ -</b>

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

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

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

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

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

(3) Direct exposure through other investments:

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

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

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.

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

On January 1, 2020 the Company will be subject to the annual fee under Section 9010 of the Federal Affordable Care Act (ACA). The Consolidated Appropriations Act enacted on December 18, 2015, included a one-time one year suspension in 2017 of the health insurer fee. The Continuing Resolution bill, H.R. 195, enacted on January 22, 2018, included a one year suspension in 2019 of the health insurer fee, but the fee has resumed for calendar year 2020. No segregation was recorded within special surplus for the annual health insurance industry fee related to the 2018 data year due to the moratorium. The further consolidated Appropriations Act 2020, enacted on December 20, 2019, permanently repealed the health insurance industry fee for calendar years 2021 and thereafter. In 2018, the Company was subject to an annual fee under section 9010 of the ACA. This annual fee was allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that was written during the preceding calendar year. The 2018 fee was paid September 30, 2018. The impact of the annual health insurance industry fee on the Company's operations as of December 31, 2019 and 2018 were as follows:

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ 40,773,666	\$ -
C. ACA fee assessment paid	\$ -	\$ 92,274,229
D. Premiums written subject to ACA 9010 assessment	\$ 2,051,193,989	\$ -
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 250,805,864	\$ 757,922,419
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 250,805,864	\$ 757,922,419
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 35,488,820	\$ 114,562,150
H. Would reporting the ACA assessment as of December 31, 2019, have triggered an RBC action level (YES/NO)	No	

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 24, 2020 for the Statutory Statement issued on February 24, 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 )

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

The Company estimates accrued retrospective premium adjustments for its Commercial business based on experience to date, knowledge of the marketplace, and the terms of the risk corridors program with HHS.

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

- C. The amount of net premiums written by the Company at December 31, 2019 that are subject to retrospective rating features was \$1,052,141,613, or 94.09% 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	\$ -	\$ 440,421	\$ 297,445	\$ 560,724	\$ 1,298,590
Medical loss ratio rebates paid	-	27,381	382,969	-	410,350
Medical loss rebates unpaid	-	413,040	821,802	6,041,395	7,276,237
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	\$ 7,276,237
Current Reporting Year-to-date:					
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

- 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) \$ 143,751

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 62,567
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 6,296,979

Operations (Revenue & Expenses)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (10,186,556)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) 71,795

\$

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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	\$	97,277
	9. ACA Reinsurance contributions – not reported as ceded premiums	\$	-
c.	Temporary ACA Risk Corridors Program		
	Assets		
	1. Accrued retrospective premium due to ACA Risk Corridors	\$	-
	Liabilities		
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-
	Operations (Revenue & Expenses)		
	3. Effect of ACA Risk Corridors on net premium income	\$	-
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-

STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					5	6	7	8	Ref	9	10
	1	2	3	4	5	6	7	8	Ref	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	113,205		357,292		(244,087)		324,912		A.	80,825	
2. Premium adjustments (payables) (including high risk pool premium)		(3,419,551)		(7,696,966)		4,277,415		(5,450,935)	B.		(1,173,520)
3. Subtotal ACA Permanent Risk Adjustment Program	113,205	(3,419,551)	357,292	(7,696,966)	(244,087)	4,277,415	324,912	(5,450,935)		80,825	(1,173,520)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	-		(97,277)		97,277		(97,277)		C.	-	
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	-	-	(97,277)	-	97,277	-	(97,277)	-		-	-
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	113,205	(3,419,551)	260,015	(7,696,966)	(146,810)	4,277,415	227,635	(5,450,935)		80,825	(1,173,520)

Explanations of adjustments

A. Adjustments related to updates received from CMS associated with 2018 benefit year and the latest data from Wakely Consulting.

B. Small Group estimate changes for unfinalized years, based on latest data from Wakely Consulting.

C. Adjustments related to payments received from CMS associated with 2016 benefit year.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Not Applicable.

**STATEMENT AS OF December 31, 2019 OF Humana Health Plan, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

(5) ACA Risk Corridors Receivable as of Reporting Date

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	\$ -	\$ -	\$ -

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2018 were \$365,978,695. As of December 31, 2019, \$322,468,895 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$8,513,037 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$34,996,762 favorable prior-year development since December 31, 2018. 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
12/31/2019	\$ 15,848,212	\$ 15,848,212	\$ -	\$ -	\$ -
9/30/2019	18,037,589	18,037,589	17,865,203	-	-
6/30/2019	44,603,286	44,603,286	44,291,107	78,729	-
3/31/2019	53,303,634	53,303,634	52,951,099	-	-
12/31/2018	51,135,579	51,135,579	50,550,193	443,535	71,592
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	-	-
12/31/2017	88,332,259	88,332,259	83,347,892	4,869,167	115,200
9/30/2017	99,311,940	99,311,940	99,276,848	-	35,092
6/30/2017	91,483,606	91,483,606	91,381,476	40,840	61,290
3/31/2017	92,019,062	92,019,062	92,010,429	-	8,633

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 213,000
2. Date of the most recent evaluation of this liability December 31, 2019
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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Kentucky
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000049071
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2018
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 09/30/2015
- 3.4 By what department or departments?  
Commonwealth of Kentucky Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... 0.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

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

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

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain .....
- 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Drew Besendorf, Appointed Actuary, 500 West Main Street, Louisville, KY 40202 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
  - 12.11 Name of real estate holding company ....
  - 12.12 Number of parcels involved .....0
  - 12.13 Total book/adjusted carrying value .....\$ .....0
- 12.2 If, yes provide explanation: .....
- 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
Not Applicable. ....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ X ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
  - a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - c. Compliance with applicable governmental laws, rules and regulations;
  - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain: .....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
Ethics Every Day was amended in July 2019 to update content based on operational and regulatory changes, clarify content where necessary and perform general document maintenance. ....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes  No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
051404914	Highlands Union Bank	Contracted provider fails to pay.	140,000
122234149	Citizens Business Bank	Contracted provider fails to pay.	100,000
071925334	Lake Forest	Contracted provider fails to pay.	50,000
122000496	Union Bank	Contracted provider fails to pay.	50,000

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes  No
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes  No
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes  No

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes  No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
  - 20.12 To stockholders not officers \$ 0
  - 20.13 Trustees, supreme or grand (Fraternal Only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
  - 20.22 To stockholders not officers \$ 0
  - 20.23 Trustees, supreme or grand (Fraternal Only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes  No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
  - 21.22 Borrowed from others \$ 0
  - 21.23 Leased from others \$ 0
  - 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes  No
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
  - 22.22 Amount paid as expenses \$ 5,726,972
  - 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 3,333,108

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes  No
- 24.02 If no, give full and complete information relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) N/A
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes  No  N/A
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes  No  N/A
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes  No  N/A
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes  No  N/A

**GENERAL INTERROGATORIES**

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)..... Yes [ X ] No [ ]

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

25.21 Subject to repurchase agreements .....	\$ .....	0
25.22 Subject to reverse repurchase agreements .....	\$ .....	0
25.23 Subject to dollar repurchase agreements .....	\$ .....	0
25.24 Subject to reverse dollar repurchase agreements .....	\$ .....	0
25.25 Placed under option agreements .....	\$ .....	0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....	0
25.27 FHLB Capital Stock .....	\$ .....	0
25.28 On deposit with states .....	\$ .....	15,540,918
25.29 On deposit with other regulatory bodies .....	\$ .....	0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....	0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....	0
25.32 Other .....	\$ .....	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

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

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108 .....	Yes [ ] No [ ]
26.42 Permitted accounting practice .....	Yes [ ] No [ ]
26.43 Other accounting guidance .....	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:..... Yes [ ] No [ ]

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

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

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

28. 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 [ ]

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

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

**GENERAL INTERROGATORIES**

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [ ] No [ X ]  
 28.04 If yes, give full and complete information relating thereto:

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

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

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

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

**GENERAL INTERROGATORIES**

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	406,281,757	414,556,481	8,274,724
30.2 Preferred stocks .....	0	0	0
30.3 Totals	406,281,757	414,556,481	8,274,724

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

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

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

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

32.2 If no, list exceptions:  
.....

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

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

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

34. 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 ]

35. 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 ]

**OTHER**

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

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

1 Name	2 Amount Paid
.....	.....

**GENERAL INTERROGATORIES**

37.1 Amount of payments for legal expenses, if any? .....\$ .....912,292

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

1 Name	2 Amount Paid
CROWELL & MORING LLP .....	275,420
OMELVENY & MYERS LLP .....	257,710
.....	

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

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

1 Name	2 Amount Paid
.....	

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ X ]	No [ ]
1.2	If yes, indicate premium earned on U.S. business only. ....	\$	2,071,140
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$	0
1.31	Reason for excluding		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$	2,077,062
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned .....	\$	2,071,140
	1.62 Total incurred claims .....	\$	2,077,062
	1.63 Number of covered lives .....		1,534
	All years prior to most current three years:		
	1.64 Total premium earned .....	\$	0
	1.65 Total incurred claims .....	\$	0
	1.66 Number of covered lives .....		0
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned .....	\$	0
	1.72 Total incurred claims .....	\$	0
	1.73 Number of covered lives .....		0
	All years prior to most current three years:		
	1.74 Total premium earned .....	\$	0
	1.75 Total incurred claims .....	\$	0
	1.76 Number of covered lives .....		0
2.	Health Test:		
		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	1,118,173,423	3,932,747,679
2.2	Premium Denominator .....	1,118,173,423	3,932,747,679
2.3	Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4	Reserve Numerator .....	191,770,562	461,064,517
2.5	Reserve Denominator .....	191,770,562	461,064,517
2.6	Reserve Ratio (2.4/2.5) .....	1.000	1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....	Yes [ ]	No [ X ]
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....	Yes [ X ]	No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ ]	No [ X ]
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ X ]	No [ ]
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
	5.31 Comprehensive Medical .....	\$	1,000,000
	5.32 Medical Only .....	\$	0
	5.33 Medicare Supplement .....	\$	0
	5.34 Dental & Vision .....	\$	0
	5.35 Other Limited Benefit Plan .....	\$	0
	5.36 Other .....	\$	0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Provider contracts include hold harmless and continuation of benefits provisions. Insurer has an indemnity agreement with the parent company. ....		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis? .....	Yes [ X ]	No [ ]
7.2	If no, give details		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year .....		460,948
	8.2 Number of providers at end of reporting year .....		557,834
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ X ]	No [ ]
9.2	If yes, direct premium earned:		
	9.21 Business with rate guarantees between 15-36 months. ....	\$	25,854,384
	9.22 Business with rate guarantees over 36 months .....	\$	0

**GENERAL INTERROGATORIES**

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes  No
- 10.2 If yes:
- |  |    |           |
|--|----|-----------|
| 10.21 Maximum amount payable bonuses.....          | \$ | 1,165,951 |
| 10.22 Amount actually paid for year bonuses.....   | \$ | 0         |
| 10.23 Maximum amount payable withholds.....        | \$ | 0         |
| 10.24 Amount actually paid for year withholds..... | \$ | 0         |
- 11.1 Is the reporting entity organized as:
- |   |                              |  |
|---|------------------------------|--|
| 11.12 A Medical Group/Staff Model, .....                  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, ..... | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above)? .....         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes  No
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Ohio 3929.011 & 3929.01; 3903.83
- 11.4 If yes, show the amount required. .... \$ 106,465,485
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes  No
- 11.6 If the amount is calculated, show the calculation  
See RBC calculation or state regulation.
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
AL – Baldwin, Bibb, Clarke, Escambia, Fayette, Jefferson, Lauderdale, Lawrence, Limestone, Madison, Mobile, Shelby, Tuscaloosa, Walker .....
AZ – Statewide .....
AR – Baxter, Benton, Boone, Carroll, Cleburne, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Hempstead, Howard, Independence, IZard, Jefferson, Johnson, Little River, Logan, Lonoke, Madison, Marion, Miller, Perry, Pope, Pulaski, Randolph, Saline, Searcy, Sebastian, Sevier, Sharp, Van Buren, Washington .....
CO – Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Fremont, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld .....
IL – Statewide .....
ID – Ada, Bonner, Canyon, Kootenai, Payette; IL – Boone, Brown, Bureau, Cass, Cook, DeKalb, Dewitt, DuPage, Fulton, Grundy, Hancock, Henderson, Henry, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Madison, Marshall, McDonough, McHenry, McLean, Mercer, Ogle, Peoria, Putman, Sangamon, Shuyler, St. Clair, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago, Woodford .....
IL – Statewide .....
IN – Adams, Allen, Boone, Clark, DeKalb, Floyd, Gibson, Hamilton, Hancock, Hendricks, Huntington, Johnson, Kosciusko, Lake, Madison, Marion, Marshall, Morgan, Posey, St. Joseph, Vanderburgh, Wells, Whitley, Delaware, Elkhart, Howard, LaPorte, Monroe, Montgomery, Noble, Porter, Tippecanoe, Warrick .....
KS – Butler, Douglas, Harvey, Jefferson, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, Sumner, Wyandotte .....
KY – Statewide .....
MO – Audrain, Barry, Barton, Benton, Boone, Callaway, Cass, Cedar, Christian, Clay, Cole, Cooper, Crawford, Dade, Dallas, Douglas, Franklin, Gasconade, Greene, Henry, Hickory, Howard, Howell, Jackson, Jasper, Jefferson, Johnson, LaCade, Lafayette, Lawrence, Lincoln, McDonald, Moniteau, Monroe, Montgomery, Newton, Ozark, Pettis, Platte, Polk, Pulaski, Ray, St. Charles, St. Clair, St. Francois, St. Louis, St. Louis City, Stone, Taney, Warren, Washington, Webster, Wright .....
NE – Cass, Dakota, Dodge, Douglas, Lancaster, Sarpy, Saunders, Washington .....
NV – Carson City, Clark, Douglas (partial), Lyon (partial), Nye, Storey, Washoe .....
NM – Bernalillo, San Miguel, Sandoval, Santa Fe, Torrance, Valencia .....
OH – Allen, Butler, Carroll, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Erie, Fairfield, Franklin, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Mahoning, Medina, Montgomery, Muskingum, Ottawa, Portage, Preble, Sandusky, Seneca, Stark, Summit, Trumbull, Union, Warren, Wayne, Wood .....
SC – Anderson, Berkeley, Calhoun, Charleston, Cherokee, Colleton, Dorchester, Greenville, Laurens, Lexington, Pickens, Richland, Spartanburg, York .....
TN – Statewide .....
TX – Statewide .....
VA – Albemarle, Alexandria City, Arlington, Bedford, Bedford City, Bland, Botetourt, Bristol City, Buchanan, Buckingham, Charlottesville City, Chesapeake City, Chesterfield, Colonial Heights City, Craig, Dickenson, Dinwiddie, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Goochland, Grayson, Greene, Hampton City, Hanover, Henrico, Hopewell City, Isle of Wight, James City, Lee, Loudoun, Louisa, Manassas City, Manassas Park City, Montgomery, Nelson, Newport News City, Norfolk City, Norton City, Petersburg City, Poquoson City, Portsmouth City, Powhatan, Prince William, Pulaski, Radford City, Richmond City, Roanoke, Roanoke City, Russell, Salem City, Scott, Smyth, Suffolk City, Tazewell, Virginia Beach City, Washington, Williamsburg City, Wise, Wythe, York .....
WA – Statewide .....
WV – Statewide .....

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.**

- 13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....0
- 13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ X ] N/A [ ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

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

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**FIVE-YEAR HISTORICAL DATA**

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	641,023,093	1,430,696,632	2,029,137,243	1,678,617,912	1,385,609,992
2. Total liabilities (Page 3, Line 24) .....	390,217,229	672,774,213	1,030,251,848	811,886,637	784,302,879
3. Statutory minimum capital and surplus requirement .....	106,465,485	343,686,450	565,411,866	573,608,004	492,893,388
4. Total capital and surplus (Page 3, Line 33) .....	250,805,864	757,922,419	998,885,395	866,731,275	601,307,113
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	1,123,991,903	3,931,859,439	7,259,627,246	7,278,938,667	5,790,931,713
6. Total medical and hospital expenses (Line 18) .....	927,898,561	3,254,569,740	6,185,671,424	6,237,283,430	5,084,967,633
7. Claims adjustment expenses (Line 20) .....	80,561,028	155,274,477	294,827,938	298,427,592	279,589,364
8. Total administrative expenses (Line 21) .....	73,981,017	392,529,209	625,730,975	696,522,991	523,929,156
9. Net underwriting gain (loss) (Line 24) .....	43,488,297	128,772,013	153,679,840	86,271,502	(118,334,712)
10. Net investment gain (loss) (Line 27) .....	13,338,320	32,607,587	29,294,149	22,751,878	31,271,266
11. Total other income (Lines 28 plus 29) .....	(306,990)	(15,674)	(1,370,191)	(30,766)	(93,329)
12. Net income or (loss) (Line 32) .....	44,321,177	125,697,980	117,159,688	36,960,509	(102,885,890)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	(130,885,119)	(160,653,986)	409,058,576	92,975,439	(65,987,280)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	250,805,864	757,922,419	998,885,395	866,731,275	601,307,113
15. Authorized control level risk-based capital .....	35,488,820	114,562,150	188,470,622	191,202,668	164,297,796
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	337,962	621,971	947,893	968,163	861,463
17. Total members months (Column 6, Line 7) .....	4,120,152	7,421,748	11,206,720	11,376,388	9,944,267
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	82.6	82.8	85.2	85.7	87.8
20. Cost containment expenses .....	5.9	3.2	3.3	3.4	3.8
21. Other claims adjustment expenses .....	1.3	0.7	0.8	0.7	1.1
22. Total underwriting deductions (Line 23) .....	96.1	96.7	97.9	98.8	102.0
23. Total underwriting gain (loss) (Line 24) .....	3.9	3.3	2.1	1.2	(2.0)
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	302,301,943	527,091,136	502,585,203	396,875,587	407,680,313
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	315,731,965	602,415,141	509,609,909	422,286,678	415,727,854
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	16,619,557	19,410,905	23,250,237	23,959,920
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31 .....	0	16,619,557	19,410,905	23,250,237	23,959,920
33. Total investment in parent included in Lines 26 to 31 above .....	0	0	0	0	0

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

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

1	Direct Business Only								
	2	3	4	5	6	7	8	9	
States, etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	0	1,515,910	0	0	0	1,515,910	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	L	69,336,374	689,651	0	8,837,870	0	78,863,895	0
4. Arkansas	AR	L	0	2,203,619	0	0	0	2,203,619	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	L	53,065,268	(491,945)	0	5,227,087	0	57,800,410	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	L	0	39,712	0	0	0	39,712	0
14. Illinois	IL	L	59,290,745	141,518,285	63,540,508	43,640,112	0	307,989,649	0
15. Indiana	IN	L	54,263,299	3,442,223	0	0	0	57,705,522	0
16. Iowa	IA	N	0	0	0	0	0	0	0
17. Kansas	KS	L	1,296,366	486,901	0	19,228,154	0	21,011,420	0
18. Kentucky	KY	L	563,734,523	446,962	978,808,737	7,592,783	0	1,550,583,005	0
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	L	274,723	770,820	0	0	0	1,045,543	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	L	0	63,089	0	0	0	63,089	0
29. Nevada	NV	L	1,251,486	3,298,846	0	0	0	4,550,332	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0
32. New Mexico	NM	L	0	229,378	0	0	0	229,378	0
33. New York	NY	N	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	L	0	0	0	0	0	0	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. South Carolina	SC	L	0	1,767,797	0	0	0	1,767,797	0
42. South Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	L	9,041,135	1	0	1,002,378	0	10,043,515	0
44. Texas	TX	L	0	(3,222,977)	0	0	0	(3,222,977)	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	L	0	3,594,049	420,162	0	0	4,014,210	0
48. Washington	WA	L	0	779,567	0	0	0	779,567	0
49. West Virginia	WV	L	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	811,553,919	157,131,888	1,042,769,406	85,528,384	0	0	2,096,983,597	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	XXX	811,553,919	157,131,888	1,042,769,406	85,528,384	0	0	2,096,983,597	0
DETAILS OF WRITE-INS									
58001.	XXX	0	0	0	0	0	0	0	0
58002.	XXX	0	0	0	0	0	0	0	0
58003.	XXX	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....20 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.....37

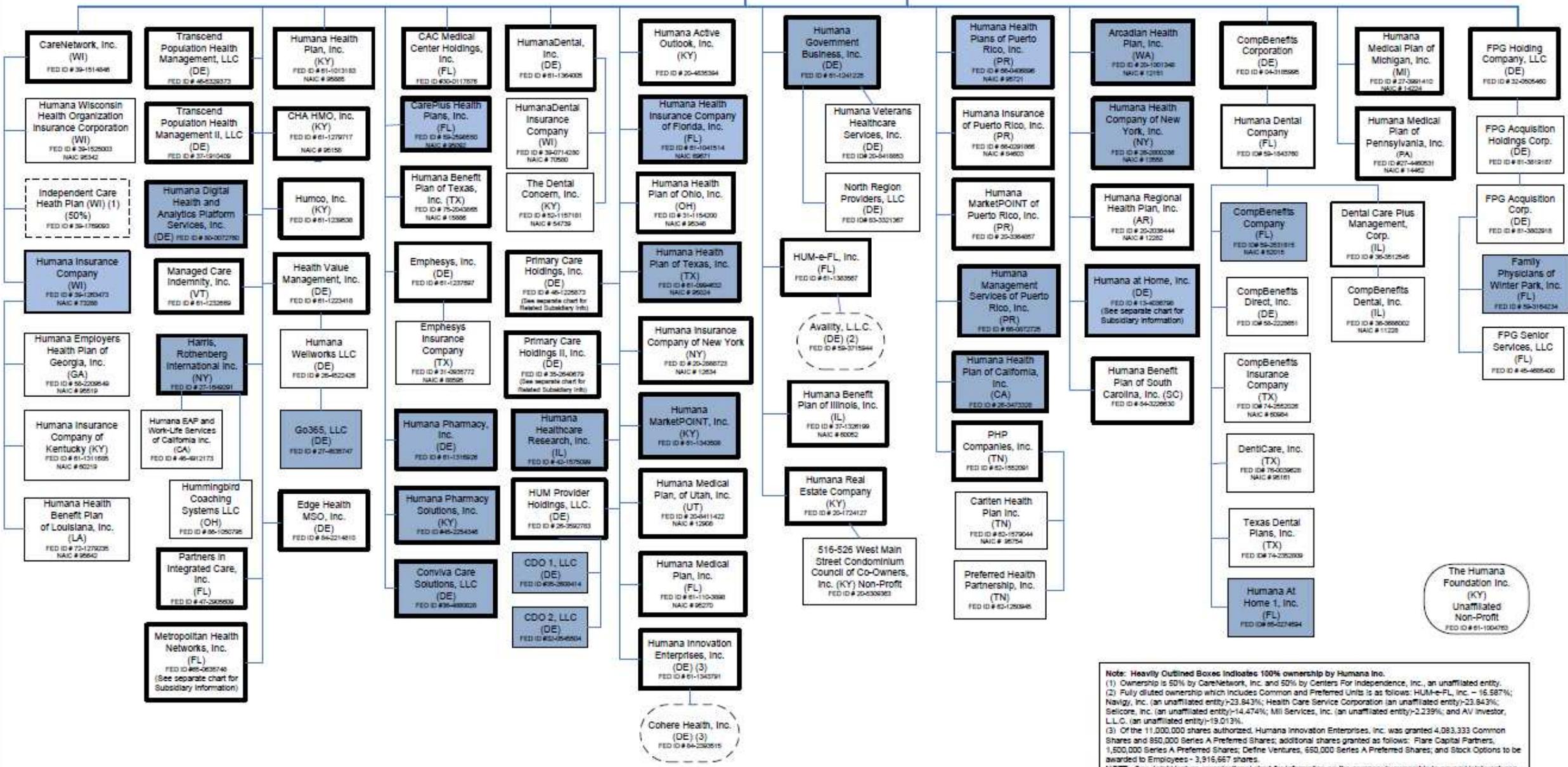
(b) Explanation of basis of allocation by states, premiums by state, etc.  
 The Company reports premium based on the situs of the contract

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

Blue boxes indicate companies with employees

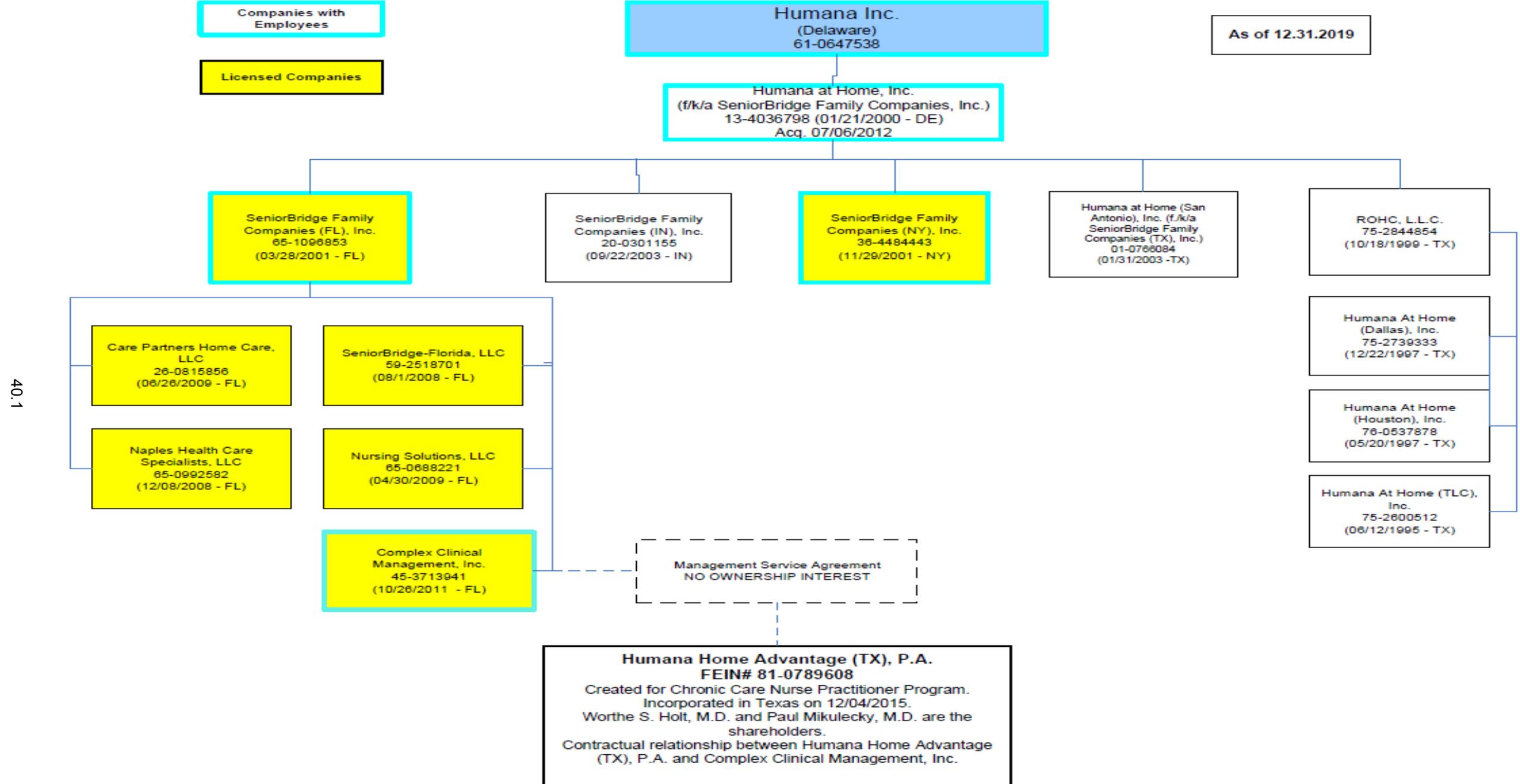
As of 12/31/2019

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



Note: Heavily Outlined Boxes Indicate 100% ownership by Humana Inc.  
 (1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.  
 (2) Fully listed ownership which includes Common and Preferred Units is as follows: HUM-e-FL, Inc. - 95.587%; Navigi, Inc. (an unaffiliated entity)-23.843%; Health Care Service Corporation (an unaffiliated entity)-23.843%; Selcore, Inc. (an unaffiliated entity)-14.474%; Mill Services, Inc. (an unaffiliated entity)-2.239%; 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 850,000 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.  
 NOTE: See Joint Venture organizational chart for information on the company's ownership in several joint ventures.

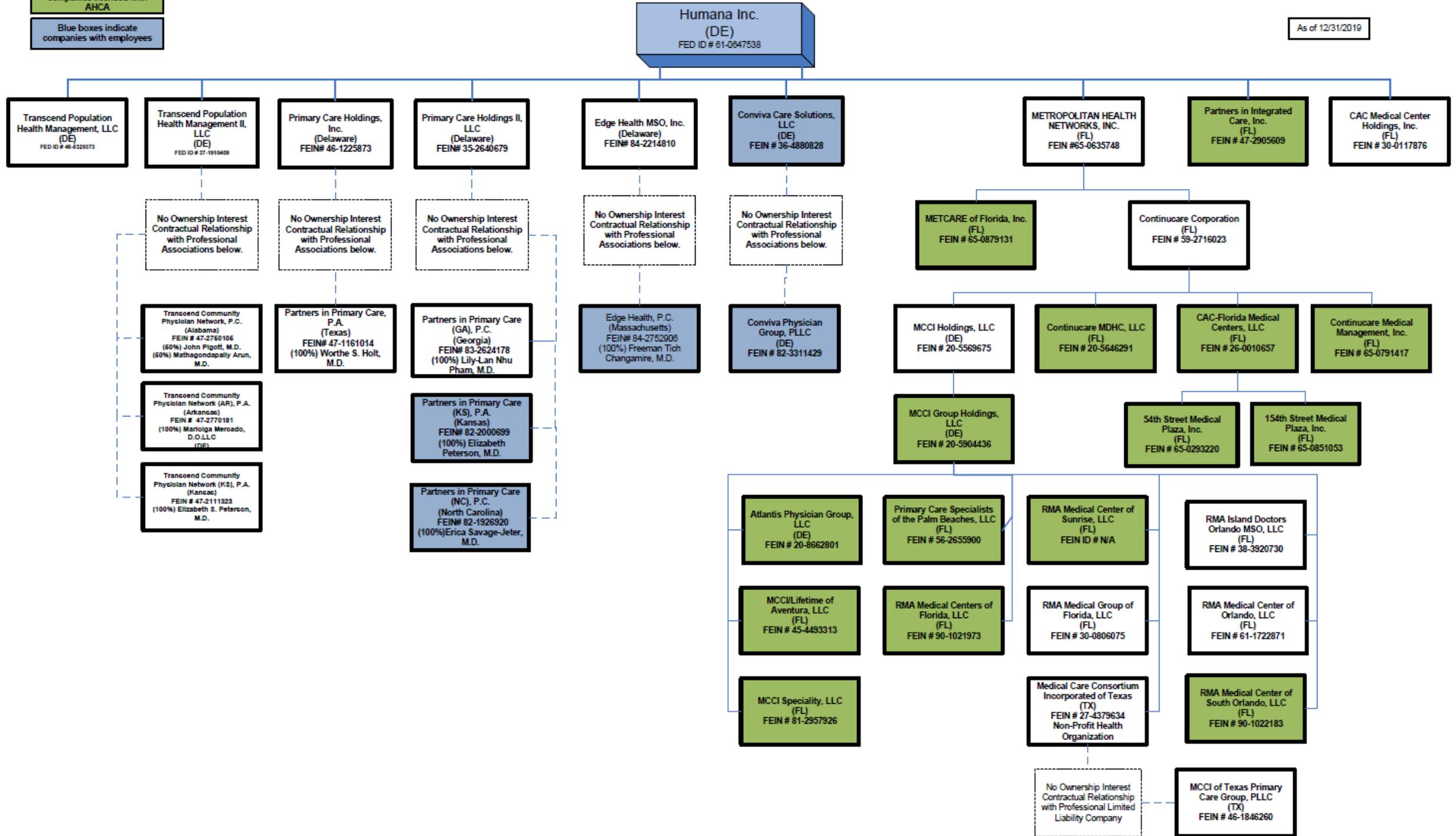
ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

Green Boxes indicate companies licensed with AHCA  
 Blue boxes indicate companies with employees

As of 12/31/2019



**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Federal Contingency Reserves .....	338,333	0	338,333	401,567
2597. Summary of remaining write-ins for Line 25 from overflow page	338,333	0	338,333	401,567

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Prepaid Expenses .....	505,536	363,036	(142,500)
2597. Summary of remaining write-ins for Line 25 from overflow page	505,536	363,036	(142,500)

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