HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Humana Medical Plan of Michigan, Inc.

NAIC Group Code 0119 (Current) 0119 (Prior) NAIC Company Code 14224 Employer's ID Number 27-3991410

Organized under the Laws of MIchigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 11/16/2010 Commenced Business 02/29/2012

Statutory Home Office 19 Clifford Street, Suite 04-117 (Street and Number), Detroit, MI, US 48226-1705 (City or Town, State, Country and Zip Code)

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

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

Primary Location of Books and Records 500 W. Main St. (Street and Number)
Louisville, KY, US 40202 (City or Town, State, Country and Zip Code), 502-580-1000 (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Bryan Oberholtzer (Name), 502-580-1077 (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com (E-mail Address), 502-580-2099 (FAX Number)

OFFICERS

President	George Renaudin II	Chief Financial Officer	Susan Marie Diamond
VP, Associate General Counsel & Corporate Secretary	Joseph Matthew Ruschell	VP & Treasurer	Robert Martin Marcoux Jr.

OTHER

John Edward Barger III #, SVP, Medicaid President	Courtney Danielle Durall, Assistant Corporate Secretary & Director, ESG Strategy	Daniel Kevin Feld, Associate VP, Tax
John-Paul William Felter, SVP, Chief Accounting Officer & Controller	Jeremy Leon Gaskill, VP, Medicare Regional President	John Stephen Littig, VP, Medicare Regional President
Sean Joseph O'Reilly, SVP, Chief Compliance Officer	William Mark Preston, VP, Investments	Frederick William Roth, VP, Medicare Supplement
Leah Sonnenschein Schraudenbach, SVP, Chief Risk Officer	Gilbert Alan Stewart #, SVP, Medicare Divisional Leader	

DIRECTORS OR TRUSTEES

Stephanie Lucido Herpers	George Renaudin II #	Joseph Matthew Ruschell

State of Kentucky
County of Jefferson SS

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

George Renaudin II President	Joseph Matthew Ruschell VP, Associate General Counsel & Corporate Secretary	Robert Martin Marcoux, Jr. VP & Treasurer

Subscribed and sworn to before me this 17th day of February, 2025

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, 2029

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)	89,900,879	0	89,900,879	73,013,466
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ 0 encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less $ 0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less $ 0 encumbrances)	0	0	0	0
5.	Cash ($ (1,918,865) , Schedule E - Part 1), cash equivalents ($ 58,413,176 , Schedule E - Part 2) and short-term investments ($ 0 , Schedule DA)	56,494,312	0	56,494,312	73,980,103
6.	Contract loans, (including $ 0 premium notes)	0	0	0	0
7.	Derivatives (Schedule DB)	0	0	0	0
8.	Other invested assets (Schedule BA)	0	0	0	0
9.	Receivables for securities	0	0	0	0
10.	Securities lending reinvested collateral assets (Schedule DL)	3,021,260	0	3,021,260	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	149,416,451	0	149,416,451	146,993,569
13.	Title plants less $ 0 charged off (for Title insurers only)	0	0	0	0
14.	Investment income due and accrued	568,189	0	568,189	422,481
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	234,113	17,392	216,721	121,791
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ 0 earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums ($ 64,211) and contracts subject to redetermination ($ 9,827,387)	9,891,598	0	9,891,598	9,441,830
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0
	16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17.	Amounts receivable relating to uninsured plans	633,495	90,643	542,852	1,467,759
18.1	Current federal and foreign income tax recoverable and interest thereon	3,497,842	0	3,497,842	2,883,745
18.2	Net deferred tax asset	2,658,271	0	2,658,271	4,239,813
19.	Guaranty funds receivable or on deposit	0	0	0	0
20.	Electronic data processing equipment and software	0	0	0	0
21.	Furniture and equipment, including health care delivery assets ($ 0)	0	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23.	Receivables from parent, subsidiaries and affiliates	0	0	0	0
24.	Health care ($ 13,122,686) and other amounts receivable	18,969,621	5,587,535	13,382,086	17,010,580
25.	Aggregate write-ins for other-than-invested assets	939,543	939,543	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	186,809,123	6,635,113	180,174,011	182,581,568
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	186,809,123	6,635,113	180,174,011	182,581,568
	DETAILS OF WRITE-INS				
1101.		0	0	0	0
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	Prepaid Commissions	939,543	939,543	0	0
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	939,543	939,543	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less $ 0 reinsurance ceded)	71,817,482	5,864,026	77,681,508	79,852,280
2.	Accrued medical incentive pool and bonus amounts	3,801,924	0	3,801,924	4,832,015
3.	Unpaid claims adjustment expenses	410,398	0	410,398	419,222
4.	Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act	2,118,470	0	2,118,470	2,924,226
5.	Aggregate life policy reserves	0	0	0	0
6.	Property/casualty unearned premium reserves	0	0	0	0
7.	Aggregate health claim reserves	0	0	0	0
8.	Premiums received in advance	18,281	0	18,281	18,183
9.	General expenses due or accrued	624,198	0	624,198	1,354,750
10.1	Current federal and foreign income tax payable and interest thereon (including $ 0 on realized capital gains (losses))	0	0	0	0
10.2	Net deferred tax liability	0	0	0	0
11.	Ceded reinsurance premiums payable	0	0	0	0
12.	Amounts withheld or retained for the account of others	0	0	0	0
13.	Remittances and items not allocated	64,095	0	64,095	122,811
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	8,738,926	0	8,738,926	2,909,181
16.	Derivatives	0	0	0	0
17.	Payable for securities	0	0	0	0
18.	Payable for securities lending	3,021,260	0	3,021,260	0
19.	Funds held under reinsurance treaties (with $ 0 authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers)	0	0	0	0
20.	Reinsurance in unauthorized and certified ($ 0) companies	0	0	0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22.	Liability for amounts held under uninsured plans	2,340,479	0	2,340,479	9,102,577
23.	Aggregate write-ins for other liabilities (including $ 22,923 current)	78,702	0	78,702	183,222
24.	Total liabilities (Lines 1 to 23)	93,034,216	5,864,026	98,898,242	101,718,466
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX	1,000	1,000
27.	Preferred capital stock	XXX	XXX	0	0
28.	Gross paid in and contributed surplus	XXX	XXX	75,015,056	85,015,056
29.	Surplus notes	XXX	XXX	0	0
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	6,259,712	(4,152,955)
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	81,275,768	80,863,101
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	180,174,011	182,581,568
	DETAILS OF WRITE-INS				
2301.	Unclaimed Property	78,702	0	78,702	39,417
2302.	Premium Payable	0	0	0	143,806
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	78,702	0	78,702	183,222
2501.		XXX	XXX	0	0
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX	0	0
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1.	Member Months	XXX	443,621	442,179
2.	Net premium income (including $ 0 non-health premium income)	XXX	707,599,438	643,841,329
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4.	Fee-for-service (net of $ 0 medical expenses)	XXX	0	0
5.	Risk revenue	XXX	0	0
6.	Aggregate write-ins for other health care related revenues	XXX	0	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0
8.	Total revenues (Lines 2 to 7)	XXX	707,599,438	643,841,329
	Hospital and Medical:			
9.	Hospital/medical benefits	45,244,742	522,147,619	477,312,046
10.	Other professional services	1,358,436	15,677,054	15,242,413
11.	Outside referrals	0	0	0
12.	Emergency room and out-of-area	1,611,207	18,594,160	16,389,704
13.	Prescription drugs	3,663,770	42,281,788	18,532,769
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts	0	3,173,540	5,212,829
16.	Subtotal (Lines 9 to 15)	51,878,155	601,874,161	532,689,762
	Less:			
17.	Net reinsurance recoveries	0	0	0
18.	Total hospital and medical (Lines 16 minus 17)	51,878,155	601,874,161	532,689,762
19.	Non-health claims (net)	0	0	0
20.	Claims adjustment expenses, including $ 56,972,128 cost containment expenses	0	59,626,382	54,729,063
21.	General administrative expenses	0	50,880,376	54,309,577
22.	Increase in reserves for life and accident and health contracts (including $ 0 increase in reserves for life only)	0	0	0
23.	Total underwriting deductions (Lines 18 through 22)	51,878,155	712,380,919	641,728,401
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(4,781,481)	2,112,928
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	9,257,752	8,038,789
26.	Net realized capital gains (losses) less capital gains tax of $ 13,596	0	51,148	22,310
27.	Net investment gains (losses) (Lines 25 plus 26)	0	9,308,899	8,061,098
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	4	4
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	4,527,422	10,174,030
31.	Federal and foreign income taxes incurred	XXX	1,151,103	3,206,587
32.	Net income (loss) (Lines 30 minus 31)	XXX	3,376,319	6,967,443
	DETAILS OF WRITE-INS			
0601.		XXX	0	0
0602.		XXX		
0603		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		XXX	0	0
0702.		XXX		
0703		XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.		0	0	0
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901.	Miscellaneous Income(Expense)	0	4	4
2902.				
2903				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	4	4

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	80,863,101	72,610,619
34.	Net income or (loss) from Line 32	3,376,319	6,967,443
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	52,033	80,741
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0
38.	Change in net deferred income tax	(1,581,542)	1,104,718
39.	Change in nonadmitted assets	8,565,856	99,581
40	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles	0	0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus	0	0
45.	Surplus adjustments:		
	45.1 Paid in	(10,000,000)	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital	0	0
46.	Dividends to stockholders	0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	412,667	8,252,483
49.	Capital and surplus end of reporting period (Line 33 plus 48)	81,275,768	80,863,101
	DETAILS OF WRITE-INS		
4701.		0	0
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	706,112,106	645,354,114
2.	Net investment income	9,193,597	8,184,036
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	715,305,703	653,538,150
5.	Benefit and loss related payments	593,305,617	511,279,702
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	117,015,833	108,018,874
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of $ 71,786 tax on capital gains (losses)	1,778,796	4,933,370
10.	Total (Lines 5 through 9)	712,100,246	624,231,946
11.	Net cash from operations (Line 4 minus Line 10)	3,205,457	29,306,204
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	13,609,263	27,523,610
	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	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	13,609,263	27,523,610
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	30,461,452	41,618,428
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	3,021,260	67,437
	13.7 Total investments acquired (Lines 13.1 to 13.6)	33,482,712	41,685,865
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)	(19,873,449)	(14,162,255)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	(10,000,000)	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	9,182,201	6,191,351
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(817,799)	6,191,351
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(17,485,791)	21,335,300
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	73,980,103	52,644,803
	19.2 End of year (Line 18 plus Line 19.1)	56,494,312	73,980,103

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical) 2 Individual	 3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
1. Net premium income	707,599,438	143,806	0	0	0	0	0	707,455,633	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of $ 0 medical expenses)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	707,599,438	143,806	0	0	0	0	0	707,455,633	0	0	0	0	0	0
8. Hospital/medical benefits	522,147,619	57,288	0	0	0	0	0	522,090,331	0	0	0	0	0	XXX
9. Other professional services	15,677,054	0	0	0	0	0	0	15,677,054	0	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	18,594,160	(16)	0	0	0	0	0	18,594,176	0	0	0	0	0	XXX
12. Prescription drugs	42,281,788	(221)	0	0	0	0	0	42,282,008	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	3,173,540	0	0	0	0	0	0	3,173,540	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	601,874,161	57,052	0	0	0	0	0	601,817,109	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	601,874,161	57,052	0	0	0	0	0	601,817,109	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 56,972,128 cost containment expenses	59,626,382	0	0	0	0	0	0	59,626,382	0	0	0	0	0	0
20. General administrative expenses	50,880,376	2,001	0	0	0	0	0	50,878,375	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	712,380,919	59,053	0	0	0	0	0	712,321,866	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(4,781,481)	84,753	0	0	0	0	0	(4,866,233)	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	143,806	0	0	143,806
2. Comprehensive (hospital and medical) group	0	0	0	0
3. Medicare Supplement	0	0	0	0
4. Vision only	0	0	0	0
5. Dental only	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0
7. Title XVIII - Medicare	707,455,633	0	0	707,455,633
8. Title XIX - Medicaid	0	0	0	0
9. Credit A&H	0	0	0	0
10. Disability Income	0	0	0	0
11. Long-Term Care	0	0	0	0
12. Other health	0	0	0	0
13. Health subtotal (Lines 1 through 12)	707,599,438	0	0	707,599,438
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	707,599,438	0	0	707,599,438

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	589,101,986	57,052	0	0	0	0	0	589,044,934	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	589,101,986	57,052	0	0	0	0	0	589,044,934	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	4,203,631	0	0	0	0	0	0	4,203,631	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	77,681,508	0	0	0	0	0	0	77,681,508	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	77,681,508	0	0	0	0	0	0	77,681,508	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	3,801,924	0	0	0	0	0	0	3,801,924	0	0	0	0	0	0
6. Net health care receivables (a)	(11,769,407)	0	0	0	0	0	0	(11,769,407)	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	79,852,280	0	0	0	0	0	0	79,852,280	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	79,852,280	0	0	0	0	0	0	79,852,280	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	4,832,015	0	0	0	0	0	0	4,832,015	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:														
12.1 Direct	598,700,621	57,052	0	0	0	0	0	598,643,569	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	598,700,621	57,052	0	0	0	0	0	598,643,569	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	3,173,540	0	0	0	0	0	0	3,173,540	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	8,882,702	0	0	0	0	0	0	8,882,702	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	8,882,702	0	0	0	0	0	0	8,882,702	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	61,554,931	0	0	0	0	0	0	61,554,931	0	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	61,554,931	0	0	0	0	0	0	61,554,931	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	7,243,875	0	0	0	0	0	0	7,243,875	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	7,243,875	0	0	0	0	0	0	7,243,875	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	77,681,508	0	0	0	0	0	0	77,681,508	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	77,681,508	0	0	0	0	0	0	77,681,508	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
Line of Business	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	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual	57,052	0	0	0	57,052	0
2. Comprehensive (hospital and medical) group	0	0	0	0	0	0
3. Medicare Supplement	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Dental Only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0
7. Title XVIII - Medicare	45,443,401	543,601,533	2,260,995	75,420,513	47,704,396	79,852,280
8 Title XIX - Medicaid	0	0	0	0	0	0
9. Credit A&H	0	0	0	0	0	0
10. Disability Income	0	0	0	0	0	0
11. Long-Term Care	0	0	0	0	0	0
12. Other health	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12)	45,500,452	543,601,533	2,260,995	75,420,513	47,761,448	79,852,280
14. Health care receivables (a)	3,312,850	15,397,370	0	0	3,312,850	30,479,627
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	4,203,631	0	56,162	3,745,762	4,259,793	4,832,015
17. Totals (Lines 13 - 14 + 15 + 16)	46,391,233	528,204,163	2,317,157	79,166,275	48,708,390	54,204,668

(a) Excludes $ ....0 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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	26	13	4	4	4
2.	2020	0	(8)	(8)	(8)	(8)
3.	2021	XXX	0	(41)	(41)	(41)
4.	2022	XXX	XXX	0	(7)	(7)
5.	2023	XXX	XXX	XXX	0	57
6.	2024	XXX	XXX	XXX	XXX	0

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

	Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	26	13	4	4	4
2.	2020	0	(8)	(8)	(8)	(8)
3.	2021	XXX	0	(41)	(41)	(41)
4.	2022	XXX	XXX	0	(7)	(7)
5.	2023	XXX	XXX	XXX	0	57
6.	2024	XXX	XXX	XXX	XXX	0

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

	Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1.	2020	16,273	(8)	0	1.0	(8)	0.0	0	0	(8)	0.0
2.	2021	0	(41)	0	0.9	(42)	0.0	0	0	(42)	0.0
3.	2022	0	(7)	0	0.9	(7)	0.0	0	0	(7)	0.0
4.	2023	0	57	1	0.9	58	0.0	0	0	58	0.0
5.	2024	144	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Dental Only

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

NONE

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

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

NONE

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. 2020										
2. 2021										
3. 2022										
4. 2023										
5. 2024										

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,177	11,476	11,685	11,673	11,673
2. 2020	204,967	224,100	224,439	224,511	224,409
3. 2021	XXX	301,842	327,629	327,269	327,168
4. 2022	XXX	XXX	299,386	320,603	320,788
5. 2023	XXX	XXX	XXX	490,327	539,992
6. 2024	XXX	XXX	XXX	XXX	543,602

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,359	11,533	11,685	11,673	11,673
2. 2020	244,508	230,095	224,479	224,511	224,409
3. 2021	XXX	345,515	334,916	327,338	327,168
4. 2022	XXX	XXX	342,145	326,350	320,809
5. 2023	XXX	XXX	XXX	569,195	542,287
6. 2024	XXX	XXX	XXX	XXX	622,768

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. 2020	279,203	224,409	2,134	1.0	226,543	81.1	0	0	226,543	81.1
2. 2021	353,436	327,168	3,111	1.0	330,279	93.4	0	0	330,279	93.4
3. 2022	366,033	320,788	3,051	1.0	323,839	88.5	21	0	323,860	88.5
4. 2023	643,841	539,992	5,135	1.0	545,127	84.7	2,296	12	547,434	85.0
5. 2024	707,456	543,602	5,170	1.0	548,771	77.6	79,166	399	628,336	88.8

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,202	11,489	11,690	11,677	11,677
2. 2020	204,967	224,092	224,431	224,503	224,401
3. 2021	XXX	301,842	327,588	327,228	327,127
4. 2022	XXX	XXX	299,386	320,596	320,781
5. 2023	XXX	XXX	XXX	490,327	540,049
6. 2024	XXX	XXX	XXX	XXX	543,602

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	12,385	11,546	11,690	11,677	11,677
2. 2020	244,508	230,087	224,471	224,503	224,401
3. 2021	XXX	345,515	334,875	327,297	327,127
4. 2022	XXX	XXX	342,145	326,343	320,803
5. 2023	XXX	XXX	XXX	569,195	542,345
6. 2024	XXX	XXX	XXX	XXX	622,768

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. 2020	295,476	224,401	2,134	1.0	226,535	76.7	0	0	226,535	76.7
2. 2021	353,436	327,127	3,111	1.0	330,238	93.4	0	0	330,238	93.4
3. 2022	366,033	320,781	3,051	1.0	323,832	88.5	21	0	323,853	88.5
4. 2023	643,841	540,049	5,136	1.0	545,185	84.7	2,296	12	547,492	85.0
5. 2024	707,599	543,602	5,170	1.0	548,771	77.6	79,166	399	628,336	88.8

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including $ 0 for investment income)	772,242	0	0	0	0	0	0	772,242	0	0	0	0	0
5. Aggregate write-ins for other policy reserves	1,346,228	0	0	0	0	0	0	1,346,228	0	0	0	0	0
6. Totals (gross)	2,118,470	0	0	0	0	0	0	2,118,470	0	0	0	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	2,118,470	0	0	0	0	0	0	2,118,470	0	0	0	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Risk Adjustment Premium Payable	1,346,228	0	0	0	0	0	0	1,346,228	0	0	0	0	0
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,346,228	0	0	0	0	0	0	1,346,228	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes $ 0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent ($ 0 for occupancy of own building)	58,210	15,063	187,917	376	261,565
2.	Salary, wages and other benefits	4,733,756	1,198,907	16,355,280	33,337	22,321,279
3.	Commissions (less $ 0 ceded plus $ 0 assumed)	0	0	12,807,691	398	12,808,089
4.	Legal fees and expenses	1,916	495	126,727	12	129,150
5.	Certifications and accreditation fees	1,849	1,323	16,870	34	20,076
6.	Auditing, actuarial and other consulting services	60,126	15,558	260,222	396	336,302
7.	Traveling expenses	51,505	13,276	164,051	326	229,158
8.	Marketing and advertising	986,310	254,989	3,218,730	6,438	4,466,468
9.	Postage, express and telephone	403,103	104,222	1,315,368	2,614	1,825,306
10.	Printing and office supplies	25,262	6,489	193,395	383	225,528
11.	Occupancy, depreciation and amortization	48,634	12,586	176,666	32	237,918
12.	Equipment	3,311	857	10,924	22	15,113
13.	Cost or depreciation of EDP equipment and software	1,205,375	311,899	3,968,021	2,573	5,487,868
14.	Outsourced services including EDP, claims, and other services	48,550,943	511,199	8,974,947	17,676	58,054,765
15.	Boards, bureaus and association fees	21,612	5,577	69,475	139	96,802
16.	Insurance, except on real estate	35,769	9,256	118,003	236	163,264
17.	Collection and bank service charges	58,375	15,106	192,603	385	266,469
18.	Group service and administration fees	422,566	98,911	144,658	108	666,242
19.	Reimbursements by uninsured plans	0	0	0	0	0
20.	Reimbursements from fiscal intermediaries	0	0	0	0	0
21.	Real estate expenses	84,274	21,808	326,780	653	433,515
22.	Real estate taxes	0	0	0	0	0
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes	0	0	125,835	0	125,835
	23.2 State premium taxes	0	0	0	0	0
	23.3 Regulatory authority licenses and fees	0	0	199,535	362	199,897
	23.4 Payroll taxes	0	0	1,016,795	2,017	1,018,812
	23.5 Other (excluding federal income and real estate taxes)	0	0	10,283	19	10,302
24.	Investment expenses not included elsewhere	212,269	54,932	703,557	40,391	1,011,148
25.	Aggregate write-ins for expenses	6,965	1,803	196,041	34	204,843
26.	Total expenses incurred (Lines 1 to 25)	56,972,128	2,654,254	50,880,376	108,956	(a) 110,615,714
27.	Less expenses unpaid December 31, current year	0	410,398	624,198	0	1,034,597
28.	Add expenses unpaid December 31, prior year	0	419,222	1,354,750	0	1,773,972
29.	Amounts receivable relating to uninsured plans, prior year	0	0	1,467,759	0	1,467,759
30.	Amounts receivable relating to uninsured plans, current year	0	0	542,852	0	542,852
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	56,972,128	2,663,078	50,686,020	108,956	110,430,182
	DETAILS OF WRITE-INS					
2501.	Miscellaneous Administrative Expenses	6,965	1,803	196,041	34	204,843
2502.						
2503.						
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	6,965	1,803	196,041	34	204,843

(a) Includes management fees of $ 48,311,042 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) 261,041	282,005
1.1	Bonds exempt from U.S. tax	(a) 0	0
1.2	Other bonds (unaffiliated)	(a) 2,607,463	2,701,238
1.3	Bonds of affiliates	(a) 0	0
2.1	Preferred stocks (unaffiliated)	(b) 0	0
2.11	Preferred stocks of affiliates	(b) 0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) 0	0
4.	Real estate	(d) 0	0
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e) 6,351,023	6,381,993
7	Derivative instruments	(f) 0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	0	1,472
10.	Total gross investment income	9,219,527	9,366,708
11.	Investment expenses		(g) 106,558
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 2,398
13.	Interest expense		(h) 0
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		108,956
17.	Net investment income (Line 10 minus Line 16)		9,257,751
	DETAILS OF WRITE-INS		
0901.	Misc Income	0	1,472
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	1,472
1501.			0
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 86,230 accrual of discount less $ 167,784 amortization of premium and less $ 68,944 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 $ 5,756,637 accrual of discount less $ 0 amortization of premium and less $ 0 paid for accrued interest on purchases.

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

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

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

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	38,032	0	38,032	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	26,712	0	26,712	52,033	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	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)	64,744	0	64,744	52,033	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	0	0	0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks	0	0	0
	2.2 Common stocks	0	0	0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens	0	0	0
	3.2 Other than first liens	0	0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company	0	0	0
	4.2 Properties held for the production of income	0	0	0
	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6.	Contract loans	0	0	0
7.	Derivatives (Schedule DB)	0	0	0
8.	Other invested assets (Schedule BA)	0	0	0
9.	Receivables for securities	0	0	0
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11.	Aggregate write-ins for invested assets	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13.	Title plants (for Title insurers only)	0	0	0
14.	Investment income due and accrued	0	0	0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	17,392	24,221	6,829
	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	90,643	73,942	(16,701)
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2	Net deferred tax asset	0	0	0
19.	Guaranty funds receivable or on deposit	0	0	0
20.	Electronic data processing equipment and software	0	0	0
21.	Furniture and equipment, including health care delivery assets	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23.	Receivable from parent, subsidiaries and affiliates	0	0	0
24.	Health care and other amounts receivable	5,587,535	13,736,556	8,149,021
25.	Aggregate write-ins for other-than-invested assets	939,543	1,366,250	426,707
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	6,635,113	15,200,969	8,565,856
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	Total (Lines 26 and 27)	6,635,113	15,200,969	8,565,856
	DETAILS OF WRITE-INS			
1101.		0	0	0
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501.	Prepaid Commissions	939,543	605,216	(334,327)
2502.	Provider Contracts	0	416,041	416,041
2503.	Deposits	0	344,994	344,994
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	939,543	1,366,250	426,707

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1.	Health Maintenance Organizations	24,370	22,797	22,218	20,436	20,358	259,436
2.	Provider Service Organizations	0	0	0	0	0	0
3.	Preferred Provider Organizations	137	43	49	52	51	564
4.	Point of Service	16,293	15,500	15,161	15,266	15,139	183,621
5.	Indemnity Only	0	0	0	0	0	0
6.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
7.	Total	40,800	38,340	37,428	35,754	35,548	443,621
	DETAILS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #		2024		2023
Net Income							
1. Humana Medical Plan of Michigan, Inc. Michigan basis	xxx	xxx	xxx	$	3,376,319	$	6,967,443
2. State Prescribed Practices that is an increase/(decrease) NAIC SSAP					-		-
3. State Permitted Practices that is an increase/(decrease) NAIC					-		-
4. NAIC SSAP	xxx	xxx	xxx	$	3,376,319	$	6,967,443
Surplus							
5. Humana Medical Plan of Michigan, Inc. Michigan basis	xxx	xxx	xxx	$	81,275,768	$	80,863,101
6. State Prescribed Practices that is an increase/(decrease) NAIC SSAP					-		-
7. State Permitted Practices that is an increase/(decrease) NAIC SSAP					-		-
8. NAIC SSAP	xxx	xxx	xxx	$	81,275,768	$	80,863,101

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

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

C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

(1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.

(2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

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

NOTES TO THE FINANCIAL STATEMENTS

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

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

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

(5) Not Applicable.

(6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.

(7) Not Applicable.

(8) Not Applicable.

(9) Not Applicable.

(10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

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

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

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

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

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

(13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

(14) Not Applicable.

(15) Not Applicable.

D. Going Concern

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

NOTES TO THE FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

   Not Applicable.

3. Business Combinations and Goodwill

   A. Statutory Purchase Method

      Not Applicable.

   B. Statutory Merger

      Not Applicable.

   C. Assumption Reinsurance

      Not Applicable.

   D. Impairment Loss

      Not Applicable.

   E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

      Not Applicable.

4. Discontinued Operations

   Not Applicable.

5. Investments

   A. Mortgage Loans, Including Mezzanine Real Estate Loans

      Not Applicable.

   B. Debt Restructuring

      Not Applicable.

   C. Reverse Mortgages

      Not Applicable.

   D. 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, 2024.

      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, 2024:

      (a) The aggregate amount of unrealized losses:

1.	Less than Twelve Months	$	(1,006,722)
2.	Twelve Months or Longer	$	(2,546,054)

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

1.	Less than Twelve Months	$	33,703,232
2.	Twelve Months or Longer	$	19,311,030

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

NOTES TO THE FINANCIAL STATEMENTS

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) The Company participates in securities lending transactions. The book/adjusted carrying value and fair value of securities on loan at December 31, 2024 and December 31, 2023 was $3,146,895 and $0, respectively. Book/adjusted carrying value approximates fair value due to the short-term maturity of the investments. The Company maintains effective control over the loaned securities and requires collateral initially equal to at least 102% of the market value of the loaned securities. Collateral received consists of cash and fixed-income securities. Non-cash collateral is not recorded in the statements of assets, liabilities, capital and surplus, as the Company does not have the right to sell, pledge, or otherwise reinvest the non-cash collateral. The Company did not have OTTIs on invested collateral at December 31, 2024 and December 31, 2023.

(2) The Company has not pledged any of its assets as collateral that are not reclassified and separately reported in the statement of assets, liabilities, capital and surplus.

(3) Collateral Received

a. The aggregate amounts of contractually obligated open collateral positions and the corresponding liabilities that represented the Company's obligations to return the collateral at December 31, 2024 and December 31, 2023 were as follows:

	December 31, 2024	December 31, 2023
(1) Securities Lending		
a. Open	$ -	$ -
b. 30 days or less	3,021,260	-
c. 31 to 60 days	-	-
d. 61 to 90 days	-	-
e. Greater than 90 days	-	-
f. Sub-total (Sum of a+b+c+d+e)	3,021,260	-
g. Securities received	193,259	-
h. Total collateral received (f+g)	$ 3,214,520	$ -

b. The fair value of the collateral and the portion of the collateral that was sold or repledged was $3,214,520 and $0, at December 31, 2024 and December 31, 2023, respectively.

c. Cash collateral is invested in fixed income, short-term and cash equivalent securities and the offsetting collateral liability is included in payable for securities lending in the statements of assets, liabilities, capital and surplus. Non-cash collateral consists of fixed income debt securities.

(4) The Company did not have any securities lending transactions administered by an affiliated agent which were "one-line" at December 31, 2024 and December 31, 2023.

(5) Collateral Reinvested

a. The aggregate amounts of reinvested cash collateral and securities available to repledge by maturity term at December 31, 2024 and December 31, 2023 were as follows:

	December 31, 2024		December 31, 2023	
(1) Securities Lending	Amortized Cost	Fair Value	Amortized Cost	Fair Value
a. Open	$ -	$ -	$ -	$ -
b. 30 days or less	2,104,384	2,104,401	-	-
c. 31 to 60 days	563,051	563,054	-	-
d. 61 to 90 days	43,319	43,308	-	-
e. 91 to 120 days	64,978	64,972	-	-
f. 121 to 180 days	57,758	57,776	-	-
g. 181 to 365 days	187,715	187,749	-	-
h. 1 to 2 years	-	-	-	-
i. 2 to 3 years	-	-	-	-
j. Greater than 3 years	-	-	-	-
k. Sub-total (Sum of a through i)	3,021,205	3,021,260	-	-
l. Securities reinvested	-	-	-	-
m. Total collateral reinvested (k+l)	$ 3,021,205	$ 3,021,260	$ -	$ -

b. The Company did not have maturity dates of the collateral to be returned that did not match the invested assets at December 31, 2024 and December 31, 2023.

(6) The Company accepts non-cash collateral through its participation in securities lending transactions with its lending agent. Non-cash collateral generally consists of U.S. government securities which are not recorded in the statements of assets, liabilities, capital and surplus as the Company does not have the right to sell, pledge or otherwise reinvest these securities unless the counterparty defaults. The aggregate fair value of non-cash collateral accepted was $193,259 and $0, at December 31, 2024 and December 31, 2023, respectively.

NOTES TO THE FINANCIAL STATEMENTS

(7) The Company had no cash or non-cash collateral for securities lending transactions that extended beyond one year at December 31, 2024 and December 31, 2023, respectively.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(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	3,021,260	-	3,021,260	-	3,021,260	1.62%	1.68%
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	1,464,507	1,471,294	(6,787)	-	1,464,507	0.78%	0.81%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	$ 4,485,767	$ 1,471,294	$ 3,014,473	-	$ 4,485,767	2.40%	2.49%

(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.

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

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

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. 5GI* Securities

Not Applicable.

P. Short Sales

Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

Not Applicable.

R. Share of Cash Pool by Asset Type

Not Applicable.

S. Aggregate Collateral Loans by Qualifying Investment Collateral

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

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

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

7. Investment Income

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

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

B. The total amount excluded was $0.

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

Interest Income Due and Accrued		Amount
1. Gross	$	568,189
2. Nonadmitted	$	-
3. Admitted	$	568,189

D. The aggregate deferred interest.

		Amount
Aggregate Deferred Interest	$	-

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

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

8. Derivative Instruments

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

9. Income Taxes

The Inflation Reduction Act (Act) was enacted on August 16, 2022 and included a new corporate alternative minimum tax (CAMT). The Act and the CAMT went into effect for tax years beginning after 2022. The Company is an applicable corporation for 2024 as the average adjusted financial statement income for Humana Inc. and Subsidiaries for the applicable three-tax-year period exceeds the $1 billion income-based threshold. However, the Company does not expect to incur a CAMT liability in 2024 as its regular tax liability is expected to exceed the tentative minimum tax. Further, no other taxable entities or taxable groups within the Company's structure are expected to exceed the average adjusted financial statement income threshold. The Company has not made an accounting policy election to disregard CAMT when evaluating the need for a valuation allowance for its non-CAMT DTAs.

A. Deferred Tax Assets/(Liabilities)

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

	December 31, 2024		
	Ordinary	Capital	Total
a. Gross deferred tax assets	$ 2,659,751	$ 4,296	$ 2,664,047
b. Statutory valuation allowance adjustments	-	(4,296)	(4,296)
c. Adjusted gross deferred tax assets	2,659,751	-	2,659,751
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	2,659,751	-	2,659,751
f. Deferred tax liabilities	(1,480)	-	(1,480)
g. Net admitted deferred tax asset/(liability)	$ 2,658,271	$ -	$ 2,658,271

	December 31, 2023		
	Ordinary	Capital	Total
a. Gross deferred tax assets	$ 4,242,821	$ 15,223	$ 4,258,044
b. Statutory valuation allowance adjustments	-	(15,223)	(15,223)
c. Adjusted gross deferred tax assets	4,242,821	-	4,242,821
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	4,242,821	-	4,242,821
f. Deferred tax liabilities	(3,008)	-	(3,008)
g. Net admitted deferred tax asset/(liability)	$ 4,239,813	$ -	$ 4,239,813

	Change		
	Ordinary	Capital	Total
a. Gross deferred tax assets	$ (1,583,070)	$ (10,927)	$ (1,593,997)
b. Statutory valuation allowance adjustments	-	10,927	10,927
c. Adjusted gross deferred tax assets	(1,583,070)	-	(1,583,070)
d. Deferred tax assets nonadmitted	-	-	-
e. Net admitted deferred tax assets	(1,583,070)	-	(1,583,070)
f. Deferred tax liabilities	1,528	-	1,528
g. Net admitted deferred tax asset/(liability)	$ (1,581,542)	$ -	$ (1,581,542)

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

	December 31, 2024		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	$ 2,659,751	$ -	$ 2,659,751
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	-	-	-
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	11,792,625
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	$ 2,659,751	$ -	$ 2,659,751

NOTES TO THE FINANCIAL STATEMENTS

	December 31, 2023 Ordinary	December 31, 2023 Capital	December 31, 2023 Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	$ 3,243,581	$ -	$ 3,243,581
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	999,240	-	999,240
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	999,240
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	11,493,393
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	$ 4,242,821	$ -	$ 4,242,821

	Change Ordinary	Change Capital	Change Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	$ (583,830)	$ -	$ (583,830)
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	(999,240)	-	(999,240)
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	(999,240)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	299,232
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	-	-	-
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	$ (1,583,070)	$ -	$ (1,583,070)

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

	December 31, 2024	December 31, 2023
a. Ratio percentage used to determine recovery period and threshold limitation amount	440%	479%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	78,617,497	76,623,288

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

	December 31, 2024 Ordinary	December 31, 2024 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)	$ 2,659,751	$ -
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)	$ 2,659,751	$ -
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, 2023 Ordinary	December 31, 2023 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)	$ 4,242,821	$ -
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)	$ 4,242,821	$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

NOTES TO THE FINANCIAL STATEMENTS

	Change Ordinary	Change 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)	$ (1,583,070)	$ -
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)	$ (1,583,070)	$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

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

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

C. Current and deferred income taxes

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

	December 31, 2024	December 31, 2023	Change
a. Federal	$ 1,151,033	$ 3,206,234	$ (2,055,201)
b. Foreign	-	-	-
c. Subtotal	1,151,033	3,206,234	(2,055,201)
d. Federal income tax on net capital gains	13,596	37,347	(23,751)
e. Utilization of capital loss carryforwards	-	-	-
f. Other	70	353	(283)
g. Federal and foreign income taxes incurred	$ 1,164,699	$ 3,243,934	$ (2,079,235)

NOTES TO THE FINANCIAL STATEMENTS

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

DTAs resulting from Book/Tax Differences in:

		December 31, 2024	December 31, 2023	Change
a.	Ordinary			
	1. Discounting of unpaid losses	$ 1,420,759	$ 1,131,915	$ 288,844
	2. Unearned premium reserve	768	764	4
	3. Policyholder reserves	-	-	-
	4. Investments and other	-	-	-
	5. Deferred acquisition costs	-	-	-
	6. Policyholder dividends accrual	-	-	-
	7. Fixed assets	-	-	-
	8. Compensation and benefit accruals	-	-	-
	9. Pension accruals	-	-	-
	10. Receivables – nonadmitted	-	-	-
	11. Net operating loss carry-forward	-	-	-
	12. Tax credit carry-forward	-	-	-
	13. Other	-	-	-
	14. Bad debts	1,126,492	2,851,842	(1,725,350)
	15. Accrued litigation	-	-	-
	16. CMS Rx reserve	111,732	98,483	13,249
	17. CMS risk corridor -ACA	-	-	-
	18. Medicare risk adjustment data	-	-	-
	19. Miscellaneous reserves	-	72,449	(72,449)
	20. Accrued lease	-	-	-
	21. Section 197 intangible	-	-	-
	22. Premium rebates MER	-	-	-
	23. Provider contracts	-	87,368	(87,368)
	24. Premium acquisition expense	-	-	-
	99. Subtotal	2,659,751	4,242,821	(1,583,070)
b.	Statutory valuation allowance adjustment	-	-	-
c.	Nonadmitted	-	-	-
d.	Admitted Ordinary DTAs	2,659,751	4,242,821	(1,583,070)
e.	Capital			
	1. Investments	4,296	15,223	(10,927)
	2. Net capital loss carry-forward	-	-	-
	3. Real estate	-	-	-
	4. Other	-	-	-
	99. Subtotal	4,296	15,223	(10,927)
f.	Statutory valuation allowance adjustment	(4,296)	(15,223)	10,927
g.	Nonadmitted	-	-	-
h.	Admitted capital DTAs	-	-	-
i.	Admitted DTAs	$ 2,659,751	$ 4,242,821	$ (1,583,070)

NOTES TO THE FINANCIAL STATEMENTS

DTLs resulting from Book/Tax Differences in:

		December 31, 2024	December 31, 2023	Change
a.	Ordinary			
	1. Investments	$ -	$ -	$ -
	2. Fixed assets	-	-	-
	3. Deferred and uncollected premium	-	-	-
	4. Policyholder reserves/salvage & subrogation	-	-	-
	5. Other	-	-	-
	6. Premium acquisition reserve	(21)	(92)	71
	7. CMS Rx reserve	-	-	-
	8. Reserve transition adjustment	(1,459)	(2,916)	1,457
	9. Accrued lease	-	-	-
	99. Subtotal	(1,480)	(3,008)	1,528
b.	Capital			
	1. Investments	-	-	-
	2. Real estate	-	-	-
	3. Other	-	-	-
	99. Subtotal	-	-	-
c.	DTLs	$ (1,480)	$ (3,008)	$ 1,528
(4)	Net deferred tax asset/(liability)	$ 2,658,271	$ 4,239,813	$ (1,581,542)

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, 2024 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	$ 4,541,018	$ 953,614	21.00%
Tax-exempt interest	(39,379)	(8,270)	(0.18%)
Dividends received deduction	-	-	0.00%
Proration	9,845	2,067	0.05%
Meals & entertainment, lobbying expenses, etc.	-	-	0.00%
Statutory valuation allowance adjustment	-	-	0.00%
Change to nonadmitted assets & deferred tax true-up	8,565,857	1,798,830	39.61%
Other, including prior year true-up	-	-	0.00%
Total	$ 13,077,341	$ 2,746,241	60.48%
Federal income taxes incurred [expense/(benefit)]		$ 1,151,103	25.35%
Tax on capital gains/(losses)		13,596	0.30%
Change in net deferred income tax [charge/(benefit)]		1,581,542	34.83%
Total statutory income taxes		$ 2,746,241	60.48%

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

(1) At December 31, 2024, the Company had no net operating loss carry-forwards.

At December 31, 2024, the Company had no capital loss carry-forwards.

At December 31, 2024, the Company had no AMT credit carry-forwards.

(2) The following table demonstrates the income tax expense for 2023 and 2024 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2023	3,206,304	37,347	3,243,651
2024	1,151,033	13,596	1,164,629
Total	$ 4,357,337	$ 50,943	$ 4,408,280

(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

NOTES TO THE FINANCIAL STATEMENTS

deposits under Section 6603 of the Internal Revenue Code.

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2024 CONSOLIDATED FEDERAL INCOME TAX RETURN

CALENDAR YEAR ENDED DECEMBER 31, 2024
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	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO-OWNERS, INC.	20-5309363
2	A & A HOMECARE, INC.	03-0523544
3	ABERDEEN HOLDINGS, INC.	72-2695805
4	ABLE HOME HEALTHCARE, INC.	77-0601595
5	ACCREDITED HOME CARE OF BROWARD, INC.	45-2594868
6	ADVANCED ONCOLOGY SERVICES, INC.	65-0180784
7	ALPINE HOME HEALTH CARE, LLC	36-4473376
8	AMAZING HOME HEALTH CARE INC.	26-0751512
9	AMAZING HOME HEALTH HOLDINGS LLC	85-3668783
10	AMERICAN HOMECARE MANAGEMENT CORP.	11-3306095
11	AMICUS MEDICAL CENTER, LLC	45-4020797
12	AMICUS MEDICAL GROUP, INC.	27-3974953
13	AMICUS MEDICAL SERVICES ORGANIZATION, LLC	27-1085323
14	ARCADIAN HEALTH PLAN, INC.	20-1001348
15	ASIAN AMERICAN HOME CARE, INC.	94-3247811
16	BALANCED HOME HEALTHCARE, INC.	27-0287186
17	BRIDGES HOME HEALTH, INC.	20-1903568
18	CARE HOPE HOLDINGS, INC.	47-4681334
19	CARE HOPE HOME HEALTH AGENCY, INC.	80-0732207
20	CARENETWORK, INC.	39-1514846
21	CAREPLUS HEALTH PLANS, INC.	59-2598550
22	CARITEN HEALTH PLAN INC.	62-1579044
23	CENTERWELL CARE SOLUTIONS, INC.	85-0858631
24	CENTERWELL CERTIFIED HEALTHCARE CORP.	11-2645333
25	CENTERWELL HEALTH SERVICES (CERTIFIED), INC.	11-3454105
26	CENTERWELL HEALTH SERVICES HOLDING CORP.	11-3454104
27	CENTERWELL HEALTH SERVICES, INC.	36-4335801
28	CENTERWELL PHARMACY, INC.	61-1316926
29	CENTERWELL SENIOR PRIMARY CARE (FL), INC.	59-3164234
30	CENTERWELL SENIOR PRIMARY CARE (KS), P.A.	30-1236218
31	CENTERWELL SENIOR PRIMARY CARE (MO), P.C.	85-3676937
32	CENTERWELL SENIOR PRIMARY CARE (NC), P.C.	82-1926920
33	CENTERWELL SENIOR PRIMARY CARE (SC), P.C.	85-3577914
34	CENTERWELL SENIOR PRIMARY CARE HOLDINGS I, P.C.	33-1299261
35	CENTERWELL SENIOR PRIMARY CARE HOLDINGS II, P.A.	33-1317891
36	CENTERWELL SERVICES OF NEW YORK, INC.	11-2802024
37	CHA HMO, INC.	61-1279717
38	COMPBENEFITS COMPANY	59-2531815
39	COMPBENEFITS CORPORATION	04-3185995
40	COMPBENEFITS DENTAL, INC.	36-3686002
41	COMPBENEFITS DIRECT, INC.	58-2228851
42	COMPBENEFITS INSURANCE COMPANY	74-2552026
43	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
44	CONVIVA HEALTH MANAGEMENT, LLC	46-5329373
45	CONVIVA HEALTH MSO OF TEXAS, INC.	46-1225873
46	CONVIVA MEDICAL CENTER MANAGEMENT OF TEXAS, P.A.	47-1161014
47	CORPUS CHRISTI HOME CARE, INC.	74-2769755
48	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
49	DENTICARE, INC.	76-0039628
50	EAGLE RX HOLDCO, INC.	47-1407967
51	EAGLE RX, INC.	47-1416614
52	EDGE HEALTH MSO, INC.	84-2214810
53	EMPHESYS INSURANCE COMPANY	31-0935772

NOTES TO THE FINANCIAL STATEMENTS

54	EMPHESYS, INC.	61-1237697
55	ENCLARA PHARMACIA, INC.	23-3068914
56	FIRST HOME HEALTH, INC.	55-0750157
57	FOCUS CARE HEALTH RESOURCES, INC.	75-2784006
58	FPG ACQUISITION CORP.	81-3802918
59	FPG ACQUISITION HOLDINGS CORP.	81-3819187
60	FPG HOLDING COMPANY, LLC	32-0505460
61	GBA HOLDING, INC.	75-2855493
62	GILBERT'S HOME HEALTH AGENCY, INC.	64-0730826
63	GUIDANTRX, INC.	39-1789830
64	HARRIS, ROTHENBERG INTERNATIONAL INC.	27-1649291
65	HAWKEYE HEALTH SERVICES, INC.	42-1285486
66	HEALTH VALUE MANAGEMENT, INC.	61-1223418
67	HHS HEALTHCARE CORP.	90-0527683
68	HOME HEALTH CARE AFFILIATES OF MISSISSIPPI, INC.	62-1775256
69	HOME HEALTH CARE AFFILIATES, INC.	74-2737989
70	HOME HEALTH OF RURAL TEXAS, INC.	75-2374091
71	HOME HEALTH SERVICES, INC.	87-0494759
72	HOMECARE HOLDINGS, INC.	65-0837269
73	HORIZON HEALTH CARE SERVICES, INC.	76-0456316
74	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
75	HUMANA AT HOME (DALLAS), INC.	75-2739333
76	HUMANA AT HOME (HOUSTON), INC.	76-0537878
77	HUMANA AT HOME (SAN ANTONIO), INC	01-0766084
78	HUMANA AT HOME (TLC), INC.	75-2600512
79	HUMANA AT HOME 1, INC.	65-0274594
80	HUMANA AT HOME, INC.	13-4036798
81	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
82	HUMANA BENEFIT PLAN OF SOUTH CAROLINA, INC.	84-3226630
83	HUMANA BENEFIT PLAN OF TEXAS, INC.	75-2043865
84	HUMANA CARE HOLDINGS, INC.	33-2663918
85	HUMANA DENTAL COMPANY	59-1843760
86	HUMANA DIGITAL HEALTH AND ANALYTICS PLATFORM SERVICES, INC.	80-0072760
87	HUMANA DIRECT CONTRACTING ENTITY, INC.	85-3099097
88	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC.	46-4912173
89	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
90	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
91	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
92	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
93	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
94	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
95	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
96	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632
97	HUMANA HEALTH PLAN, INC.	61-1013183
98	HUMANA HEALTHCARE RESEARCH, INC.	42-1575099
99	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
100	HUMANA INC.	61-0647538
101	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
102	HUMANA INSURANCE COMPANY	39-1263473
103	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
104	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
105	HUMANA LIFE INSURANCE COMPANY OF NEW YORK, INC.	33-2023109
106	HUMANA MARKETPOINT, INC.	61-1343508
107	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
108	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
109	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
110	HUMANA MEDICAL PLAN, INC.	61-1103898
111	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
112	HUMANA REAL ESTATE COMPANY	20-1724127
113	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
114	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
115	HUMANADENTAL INSURANCE COMPANY	39-0714280
116	HUMANADENTAL, INC.	61-1364005
117	HUMCO, INC.	61-1239538
118	HUM-E-FL, INC.	61-1383567
119	INDEPENDENT CARE HEALTH PLAN	39-1769093
120	INTEGRACARE HOLDINGS, INC.	20-8781607
121	INTEGRACARE HOME HEALTH SERVICES, INC.	75-2865632
122	INTEGRACARE INTERMEDIATE HOLDINGS, INC.	20-8781715

NOTES TO THE FINANCIAL STATEMENTS

123	KENTUCKY HOMECARE HOLDINGS, INC.	82-3695166
124	KENTUCKY HOMECARE PARENT INC.	82-3986306
125	MANAGED CARE INDEMNITY, INC.	61-1232669
126	MED. TECH. SERVICES OF SOUTH FLORIDA, INC.	65-0277280
127	MEDICAL GROUP AT SUN CITY (IQBAL), P.C.	88-0386657
128	MEDICAL GROUP AT SUN CITY HOSPITALISTS (NAJMI), P.C.	84-3377726
129	MED-TECH SERVICES OF DADE, INC.	65-1033439
130	MED-TECH SERVICES OF PALM BEACH, INC.	65-0644307
131	METCARE OF FLORIDA, INC.	65-0879131
132	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
133	MISSOURI HOME CARE OF ROLLA, INC.	43-1317147
134	M-SAC, INC.	20-5123865
135	NEW YORK HEALTHCARE SERVICES, INC.	22-2695367
136	NURSING CARE-HOME HEALTH AGENCY, INC.	55-0633030
137	ON THE WAY HOME CARE, INC.	20-3443369
138	ONE HOME HEALTH HOLDINGS CCTX, LLC	82-2018741
139	ONE HOME HEALTH HOLDINGS, LLC	81-3485437
140	ONE TPA SYSTEMS INC.	20-4271850
141	PBM HOLDING COMPANY	61-1340806
142	PBM PLUS MAIL SERVICE PHARMACY, LLC	20-2373204
143	PHH ACQUISITION CORP.	20-5043135
144	PHHC ACQUISITION CORP.	38-3784032
145	PHP COMPANIES, INC.	62-1552091
146	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
147	QC-MEDI NEW YORK, INC.	11-2750425
148	QUALITY CARE - USA, INC.	11-2256479
149	QUALITY LIVING HOME HEALTH CARE LLC	45-2823888
150	ROHC, INC. (FKA ROHC L.L.C.)	75-2844854
151	SENIOR HOME CARE, INC.	59-3080333
152	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
153	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
154	SHC HOLDING, INC.	42-1699530
155	SOUTHERN NEVADA HOME HEALTH CARE, INC.	87-0494757
156	SYNERGY HOME CARE-ACADIANA REGION, INC.	72-1487473
157	SYNERGY HOME CARE-CAPITOL REGION, INC.	20-1376846
158	SYNERGY HOME CARE-CENTRAL REGION, INC.	36-4516940
159	SYNERGY HOME CARE-NORTHEASTERN REGION, INC.	72-1178497
160	SYNERGY HOME CARE-NORTHSHORE REGION, INC.	72-1223659
161	SYNERGY HOME CARE-NORTHWESTERN REGION, INC.	72-1431394
162	SYNERGY HOME CARE-SOUTHEASTERN REGION, INC.	72-1429305
163	SYNERGY, INC.	93-3419676
164	TEXAS DENTAL PLANS, INC.	74-2352809
165	THE DENTAL CONCERN, INC.	52-1157181
166	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
167	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
168	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
169	TRILOGY HOME HEALTHCARE OF NE FL, INC	81-3442232
170	TRILOGY HOME HEALTHCARE OF SW FL, INC	81-4466479
171	VAN WINKLE HOME HEALTH CARE, INC.	62-1669388
172	VITALITY HHS HOLDINGS, INC.	81-2022629
173	VITALITY HOME CARE, INC.	81-2019673
174	VOYAGER HOME HEALTH, INC.	26-1501792
175	VOYAGER HOSPICECARE, INC.	20-1173787

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

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-B. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2024 and 2023 were $49,587,980 and $49,245,071, 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

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2024 and 2023 , which meet the disclosure requirements pursuant to SSAP No. 25, *Affiliate and Other Related Parties* (SSAP No. 25):

	2024	2023
SeniorBridge and Humana At Home	$ 7,332,828	$ 7,276,850
Total	$ 7,332,828	$ 7,276,850

In addition to the related parties above, the Company also has a contracted relationship with Humana Pharmacy Solutions, Inc. (HPS). HPS is responsible for designing pharmacy benefits, including defining member co-share responsibilities, determining formulary listings, contracting with retail pharmacies, confirming member eligibility, reviewing drug utilization, and processing claims for Humana entities. HPS has various contracts with pharmacy manufacturers to provide the Company with purchase discounts and volume rebates on certain prescription drugs utilized by its members. The Company has an agreement with HPS to collect pharmacy rebates on its behalf and remit them to the Company on a monthly basis. The Company had $239,460,830 and $224,768,361 of administrative service and prescription costs in 2024 and 2023, 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 $39,165,919 and $38,299,575 of prescription costs in 2024 and 2023, respectively, with Humana Pharmacy, Inc.

Total returns of capital of $10,000,000 were paid to Humana Inc. on May 23, 2024. The Michigan Department of Insurance was notified prior to the payment of these returns of capital.

C. (1) Detail of Material Related Party Transactions

Not Applicable.

(2) Detail of Material Related Party Transactions Involving Services

Not Applicable.

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

Not Applicable.

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

Not Applicable.

D. At December 31, 2024, the Company reported $8,738,926 due to Humana Inc. Amounts due to or from parent are generally settled within 90 days.

E. Not Applicable.

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

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

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

O. SCA Loss Tracking

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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 $290,945,744 and $276,415,225 for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the fair market value of the Humana Retirement Savings Plan's assets was $7,694,418,361 and $7,361,090,600, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

A. The Company has $1.00 par value common stock with 1,000 shares authorized and 1,000 shares issued and 1,000 outstanding. All shares are common stock shares.

B. The Company has no preferred stock outstanding.

C.-E. Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the greater of 10% of total surplus or net gain from operations from the prior year. All ordinary dividends are limited to available and accumulated surplus funds. Any dividends paid in the twelve months preceding a proposed dividend are considered in determining whether a dividend is extraordinary. Based on these restrictions, no dividend was available without prior approval.

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

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

	Dividend or Return of Capital Amount		
	Ordinary	Extraordinary	Date Paid
Return of Capital	-	10,000,000	May 23, 2024
Total paid in 2024	$ -	$ 10,000,000	

F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. Not Applicable.

H. Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

I. Not Applicable.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is $52,033.

K. Not Applicable.

L. Not Applicable.

M. Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

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

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of December 31, 2024.

15. Leases

Not Applicable.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

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

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

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, 2024, the Company has recorded a receivable from CMS of $502,395 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or $10,000.

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

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

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

Not Applicable.

20. Fair Value Measurements

A. (1) The fair value of financial assets at December 31, 2024 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	-	52,856	-	-	52,856
Residential mortgage and other-backed	-	-	-	-	-
Corporate debt securities	-	266,106	-	-	266,106
Total bonds	-	318,962	-	-	318,962
Total assets at fair value/NAV	$ -	$ 318,962	$ -	$ -	$ 318,962
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, 2023 and December 31, 2024.

(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, 2023 and December 31, 2024.

(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, 2024.

(5) Derivative Fair Values

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

B. Other Fair Value Disclosures

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	$ 143,653,068	$ 148,314,055	$ 58,413,177	$ 85,239,891	$ -	$ -	$ -
Securities lending collateral assets	3,021,260	3,021,260	3,021,260	-	-	-	-
Total	$ 146,674,328	$ 151,335,315	$ 61,434,437	$ 85,239,891	$ -	$ -	$ -

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.

The Company does not have sub-prime mortgage risk.

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

NOTES TO THE FINANCIAL STATEMENTS

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 27, 2025 for the Statutory Statement issued on February 27, 2025.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes ( ) No (X)

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

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No (X)

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

Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes ( ) No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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, 2024 that are subject to retrospective rating features was $707,599,438, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

Not Applicable.

E. Risk Sharing Provisions of the Affordable Care Act

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Benefits and loss adjustment expenses payable, net of health care receivables, as of December 31, 2023, were $54,623,890. As of December 31, 2024, $46,798,510 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $2,329,102 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a $5,496,277 favorable prior-year development since December 31, 2023. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced $5,496,277 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2024	$ 12,939,202	$ 12,939,202	$ -	$ -	$ -
9/30/2024	12,145,380	11,764,256	11,640,020	-	-
6/30/2024	14,342,436	14,155,311	14,068,258	5,717	-
3/31/2024	16,752,644	16,348,351	16,314,035	2,523	6,237
12/31/2023	18,534,258	18,222,927	17,867,354	453,249	136
9/30/2023	17,501,108	17,128,184	16,002,176	347,231	777,442
6/30/2023	16,312,879	15,648,624	15,665,380	14,150	719
3/31/2023	13,790,194	13,572,807	13,511,363	60,418	1,027
12/31/2022	8,007,352	7,273,680	7,179,286	47,624	46,770
9/30/2022	8,328,149	7,728,910	7,889,730	(160,820)	-
6/30/2022	9,559,015	9,294,114	9,275,796	18,318	-
3/31/2022	9,973,768	7,820,299	6,720,915	49,544	1,049,840

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

31. Anticipated Salvage and Subrogation

    Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

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

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

1.3 State Regulating? ..... Michigan

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

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

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

2.2 If yes, date of change: .....

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

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

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/25/2022

3.4 By what department or departments?
Michigan Department of Insurance .....

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

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

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

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

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

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

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

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

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

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

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ...... Yes [ ] No [X]

8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
Not Applicable. ....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? .... Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? .... Yes [ ] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? .... Yes [ ] No [X] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264 ....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? .... Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:
....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? .... Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:
....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? .... Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain.
....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Steven Jones, Appointed Actuary, 500 West Main Street, Louisville, KY 40202 ....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? .... Yes [ ] No [X]

12.11 Name of real estate holding company ...

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value ....$ 0

12.2 If yes, provide explanation
....

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
Not Applicable. ....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? .... Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? .... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? .... Yes [ ] No [ ] N/A [X]

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

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

14.11 If the response to 14.1 is No, please explain:
....

14.2 Has the code of ethics for senior managers been amended? .... Yes [X] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Ethics Every Day was amended in June 2024 to update content based on operational changes, clarify content where necessary and perform general document maintenance. ....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? .... Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
....

GENERAL INTERROGATORIES

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.......... $ 0
- 20.12 To stockholders not officers.......... $ 0
- 20.13 Trustees, supreme or grand (Fraternal Only) .... $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.......... $ 0
- 20.22 To stockholders not officers.......... $ 0
- 20.23 Trustees, supreme or grand (Fraternal Only) .... $ 0

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

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.......... $ 0
- 21.22 Borrowed from others.......... $ 0
- 21.23 Leased from others .... $ 0
- 21.24 Other .... $ 0

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

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $ 0
- 22.22 Amount paid as expenses .... $ 0
- 22.23 Other amounts paid .... $ 0

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

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

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

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

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

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $ 193,259

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

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

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

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

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

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 3,021,260
25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 3,021,205
25.093 Total payable for securities lending reported on the liability page $ 3,021,260

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

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

26.21 Subject to repurchase agreements $ 0
26.22 Subject to reverse repurchase agreements $ 0
26.23 Subject to dollar repurchase agreements $ 0
26.24 Subject to reverse dollar repurchase agreements $ 0
26.25 Placed under option agreements $ 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock $ 0
26.27 FHLB Capital Stock $ 0
26.28 On deposit with states $ 1,464,507
26.29 On deposit with other regulatory bodies $ 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB $ 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements $ 0
26.32 Other $ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

27.4 If the response to 27.3 is YES, does the reporting entity utilize:
27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
27.42 Permitted accounting practice Yes [ ] No [ ]
27.43 Other accounting guidance Yes [ ] No [ ]

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

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

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

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

30.2 If yes, complete the following schedule:

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

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

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

GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	144,837,677	140,176,689	(4,660,988)
31.2 Preferred stocks	0	0	0
31.3 Totals	144,837,677	140,176,689	(4,660,988)

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

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

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

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

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

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
   a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
   b. Issuer or obligor is current on all contracted interest and principal payments.
   c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

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

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

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
   a. The shares were purchased prior to January 1, 2019.
   b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
   c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
   d. The fund only or predominantly holds bonds in its portfolio.
   e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
   f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
   a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
   b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
   c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
   d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

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

GENERAL INTERROGATORIES

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

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

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

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

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

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

OTHER

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

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

1 Name	2 Amount Paid

41.1 Amount of payments for legal expenses, if any? $ 120,545

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

1 Name	2 Amount Paid
SQUIRE SANDERS (US)LLP	109,637

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

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

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

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

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

1.31 Reason for excluding

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

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

1.6 Individual policies:

Most current three years:
- 1.61 Total premium earned $ 0
- 1.62 Total incurred claims $ 0
- 1.63 Number of covered lives 0

All years prior to most current three years:
- 1.64 Total premium earned $ 0
- 1.65 Total incurred claims $ 0
- 1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:
- 1.71 Total premium earned $ 0
- 1.72 Total incurred claims $ 0
- 1.73 Number of covered lives 0

All years prior to most current three years:
- 1.74 Total premium earned $ 0
- 1.75 Total incurred claims $ 0
- 1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	707,599,438	643,841,329
2.2	Premium Denominator	707,599,438	643,841,329
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	83,601,902	87,608,521
2.5	Reserve Denominator	83,601,902	87,608,521
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

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

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

5.2 If no, explain:
Stop-Loss Reinsurance is not required

5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical $ 0
- 5.32 Medical Only $ 0
- 5.33 Medicare Supplement $ 0
- 5.34 Dental & Vision $ 0
- 5.35 Other Limited Benefit Plan $ 0
- 5.36 Other $ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Provider contracts include hold harmless and continuation of benefits provisions. Insurer has an indemnity agreement with the parent company.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 39,286
- 8.2 Number of providers at end of reporting year 41,830

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

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

GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses............................$ 3,801,924
10.22 Amount actually paid for year bonuses....................... $ 4,203,631
10.23 Maximum amount payable withholds.......................... $ 0
10.24 Amount actually paid for year withholds......................$ 0

11.1 Is the reporting entity organized as:

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

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? .... Yes [X] No [ ]
11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Michigan
11.4 If yes, show the amount required. .... $ 70,759,944
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? .... Yes [ ] No [X]
11.6 If the amount is calculated, show the calculation
See state regulation. ....

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

1 Name of Service Area
MI - Medicare - Statewide Commercial - Macomb, Monroe, Oakland, Wayne, Genesee, Kalamazoo, Kent, Livingston, Washtenaw ....
OH - Medicare - Lucas, Wood ....
....

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

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

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

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? .... Yes [ ] No [ ] N/A [X]
14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	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 2024	2 2023	3 2022	4 2021	5 2020
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	180,174,011	182,581,568	134,884,671	134,474,435	95,009,744
2.	Total liabilities (Page 3, Line 24)	98,898,242	101,718,466	62,274,053	87,214,141	50,972,635
3.	Statutory minimum capital and surplus requirement	70,759,944	64,384,133	36,603,328	35,343,581	29,547,639
4.	Total capital and surplus (Page 3, Line 33)	81,275,768	80,863,101	72,610,619	47,260,294	44,037,108
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	707,599,438	643,841,329	366,033,280	353,435,809	295,476,389
6.	Total medical and hospital expenses (Line 18)	601,874,161	532,689,762	325,944,153	325,478,675	233,192,433
7.	Claims adjustment expenses (Line 20)	59,626,382	54,729,063	12,848,634	11,681,669	8,681,826
8.	Total administrative expenses (Line 21)	50,880,376	54,309,577	30,482,208	31,730,923	32,195,466
9.	Net underwriting gain (loss) (Line 24)	(4,781,481)	2,112,928	15,889,284	(25,864,458)	12,684,664
10.	Net investment gain (loss) (Line 27)	9,308,899	8,061,098	2,505,112	588,367	770,180
11.	Total other income (Lines 28 plus 29)	4	4	10	7	5
12.	Net income or (loss) (Line 32)	3,376,319	6,967,443	18,852,054	(22,202,388)	7,764,544
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	3,205,457	29,306,204	4,037,469	(6,207,336)	25,187,918
	Risk-Based Capital Analysis					
14.	Total adjusted capital	81,275,768	80,863,101	72,610,619	47,260,294	44,037,108
15.	Authorized control level risk-based capital	17,848,052	16,034,339	11,271,844	11,562,921	8,252,571
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	35,548	40,800	24,291	27,328	22,934
17.	Total members months (Column 6, Line 7)	443,621	442,179	296,735	322,206	253,903
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	85.1	82.7	89.0	92.1	78.9
20.	Cost containment expenses	8.1	8.1	3.1	2.8	2.5
21.	Other claims adjustment expenses	0.4	0.4	0.4	0.5	0.5
22.	Total underwriting deductions (Line 23)	100.7	99.7	95.7	107.3	95.7
23.	Total underwriting gain (loss) (Line 24)	(0.7)	0.3	4.3	(7.3)	4.3
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 17, Col. 5)	48,708,390	26,486,875	33,612,504	24,463,793	12,353,260
25.	Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	54,204,668	32,751,013	32,478,648	27,253,762	11,230,204
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30.	Affiliated mortgage loans on real estate	0	0	0	0	0
31.	All other affiliated	0	0	0	0	0
32.	Total of above Lines 26 to 31	0	0	0	0	0
33.	Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

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

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

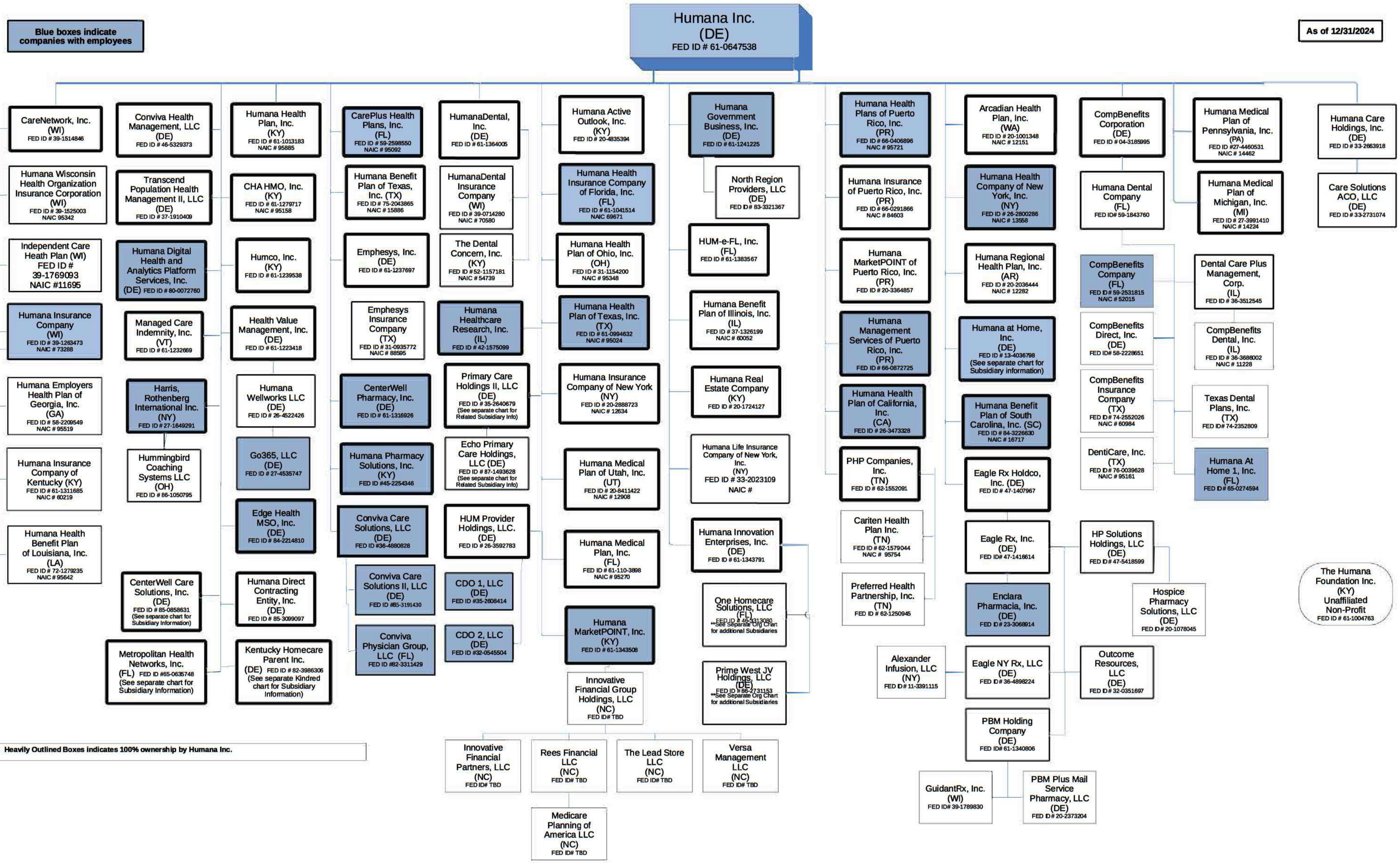
	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
States, etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama AL	N	0	0	0	0	0	0	0	0	0
2. Alaska AK	N	0	0	0	0	0	0	0	0	0
3. Arizona AZ	N	0	0	0	0	0	0	0	0	0
4. Arkansas AR	N	0	0	0	0	0	0	0	0	0
5. California CA	N	0	0	0	0	0	0	0	0	0
6. Colorado CO	N	0	0	0	0	0	0	0	0	0
7. Connecticut CT	N	0	0	0	0	0	0	0	0	0
8. Delaware DE	N	0	0	0	0	0	0	0	0	0
9. District of Columbia DC	N	0	0	0	0	0	0	0	0	0
10. Florida FL	N	0	0	0	0	0	0	0	0	0
11. Georgia GA	N	0	0	0	0	0	0	0	0	0
12. Hawaii HI	N	0	0	0	0	0	0	0	0	0
13. Idaho ID	N	0	0	0	0	0	0	0	0	0
14. Illinois IL	N	0	0	0	0	0	0	0	0	0
15. Indiana IN	N	0	0	0	0	0	0	0	0	0
16. Iowa IA	N	0	0	0	0	0	0	0	0	0
17. Kansas KS	N	0	0	0	0	0	0	0	0	0
18. Kentucky KY	N	0	0	0	0	0	0	0	0	0
19. Louisiana LA	N	0	0	0	0	0	0	0	0	0
20. Maine ME	N	0	0	0	0	0	0	0	0	0
21. Maryland MD	N	0	0	0	0	0	0	0	0	0
22. Massachusetts MA	N	0	0	0	0	0	0	0	0	0
23. Michigan MI	L	143,806	707,455,633	0	0	0	0	0	707,599,438	0
24. Minnesota MN	N	0	0	0	0	0	0	0	0	0
25. Mississippi MS	N	0	0	0	0	0	0	0	0	0
26. Missouri MO	N	0	0	0	0	0	0	0	0	0
27. Montana MT	N	0	0	0	0	0	0	0	0	0
28. Nebraska NE	N	0	0	0	0	0	0	0	0	0
29. Nevada NV	N	0	0	0	0	0	0	0	0	0
30. New Hampshire NH	N	0	0	0	0	0	0	0	0	0
31. New Jersey NJ	N	0	0	0	0	0	0	0	0	0
32. New Mexico NM	N	0	0	0	0	0	0	0	0	0
33. New York NY	N	0	0	0	0	0	0	0	0	0
34. North Carolina NC	N	0	0	0	0	0	0	0	0	0
35. North Dakota ND	N	0	0	0	0	0	0	0	0	0
36. Ohio OH	L	0	0	0	0	0	0	0	0	0
37. Oklahoma OK	N	0	0	0	0	0	0	0	0	0
38. Oregon OR	N	0	0	0	0	0	0	0	0	0
39. Pennsylvania PA	N	0	0	0	0	0	0	0	0	0
40. Rhode Island RI	N	0	0	0	0	0	0	0	0	0
41. South Carolina SC	N	0	0	0	0	0	0	0	0	0
42. South Dakota SD	N	0	0	0	0	0	0	0	0	0
43. Tennessee TN	N	0	0	0	0	0	0	0	0	0
44. Texas TX	N	0	0	0	0	0	0	0	0	0
45. Utah UT	N	0	0	0	0	0	0	0	0	0
46. Vermont VT	N	0	0	0	0	0	0	0	0	0
47. Virginia VA	N	0	0	0	0	0	0	0	0	0
48. Washington WA	N	0	0	0	0	0	0	0	0	0
49. West Virginia WV	N	0	0	0	0	0	0	0	0	0
50. Wisconsin WI	N	0	0	0	0	0	0	0	0	0
51. Wyoming WY	N	0	0	0	0	0	0	0	0	0
52. American Samoa AS	N	0	0	0	0	0	0	0	0	0
53. Guam GU	N	0	0	0	0	0	0	0	0	0
54. Puerto Rico PR	N	0	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands VI	N	0	0	0	0	0	0	0	0	0
56. Northern Mariana Islands MP	N	0	0	0	0	0	0	0	0	0
57. Canada CAN	N	0	0	0	0	0	0	0	0	0
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	143,806	707,455,633	0	0	0	0	0	707,599,438	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	143,806	707,455,633	0	0	0	0	0	707,599,438	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

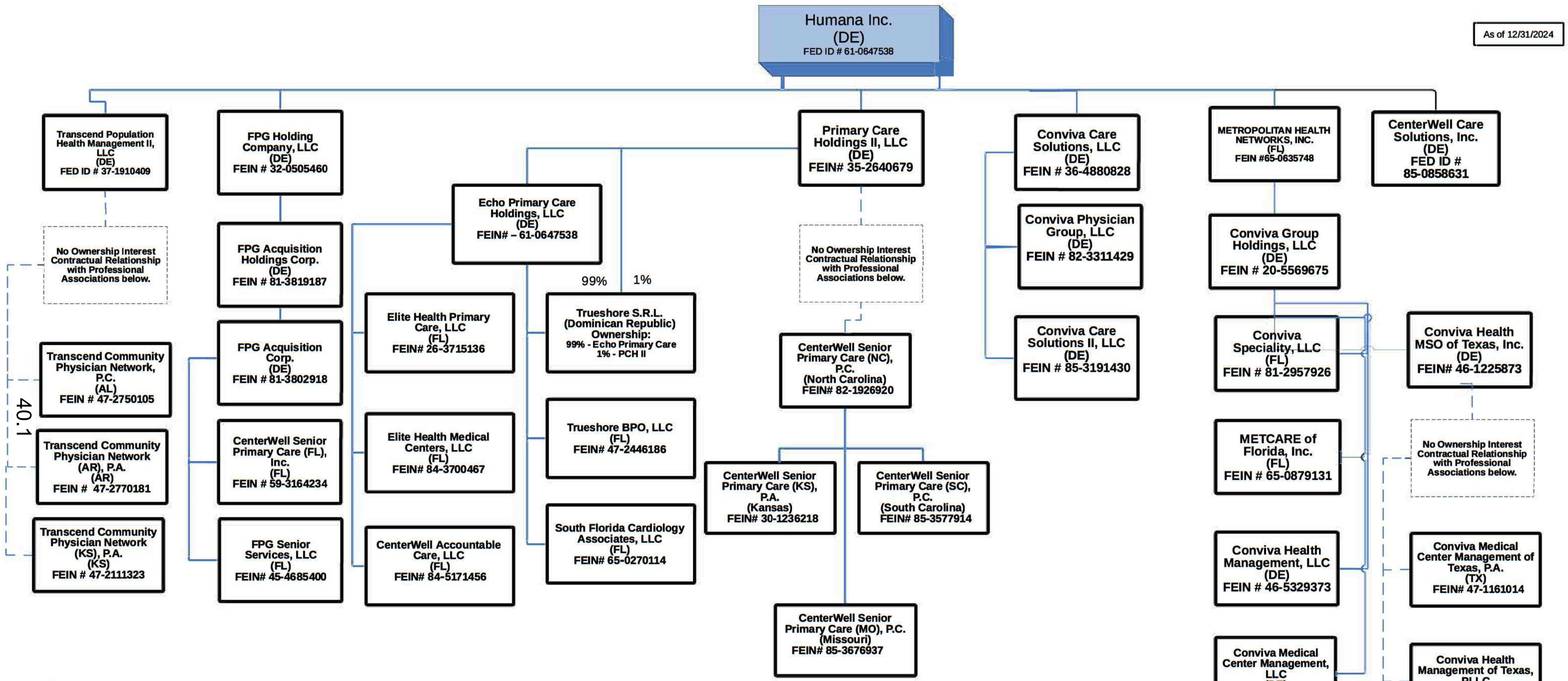
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 2
2. R - Registered - Non-domiciled RRGs 0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0
4. Q - Qualified - Qualified or accredited reinsurer 0
5. N - None of the above - Not allowed to write business in the state 55

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

The Company reports premium based on the situs of the contract

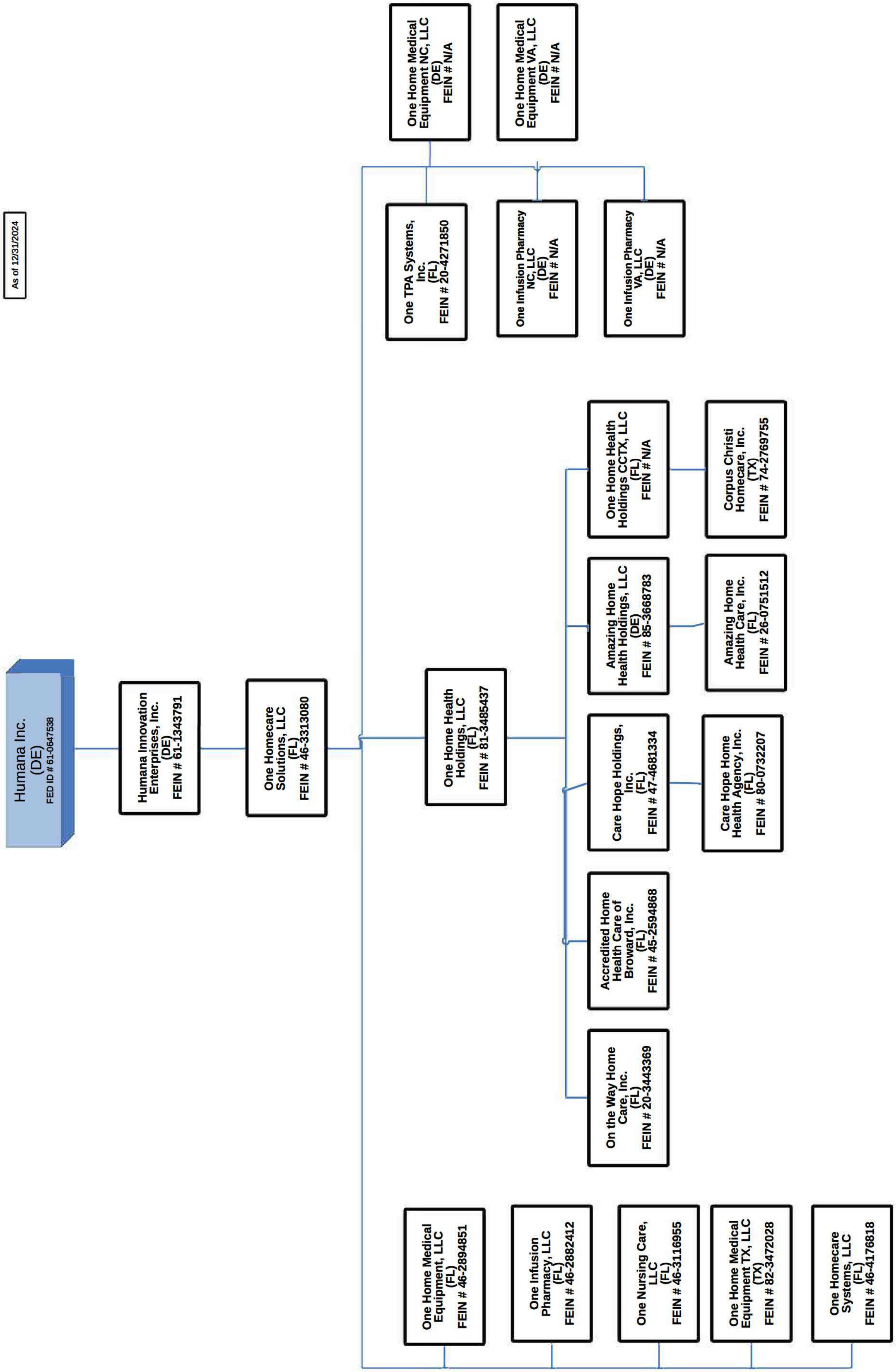


Note: Heavily Outlined Boxes indicates 100% ownership by Humana Inc.



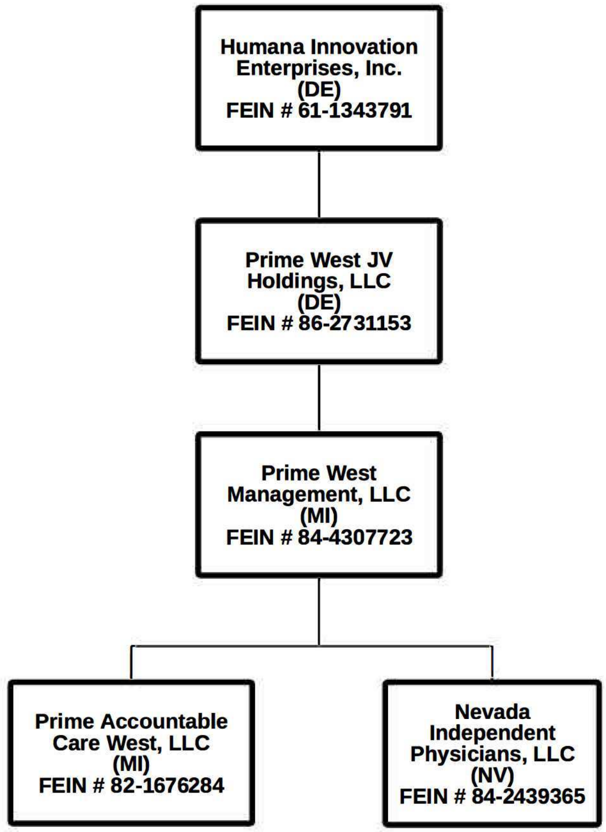
Physician Ownership of PAs and PCs

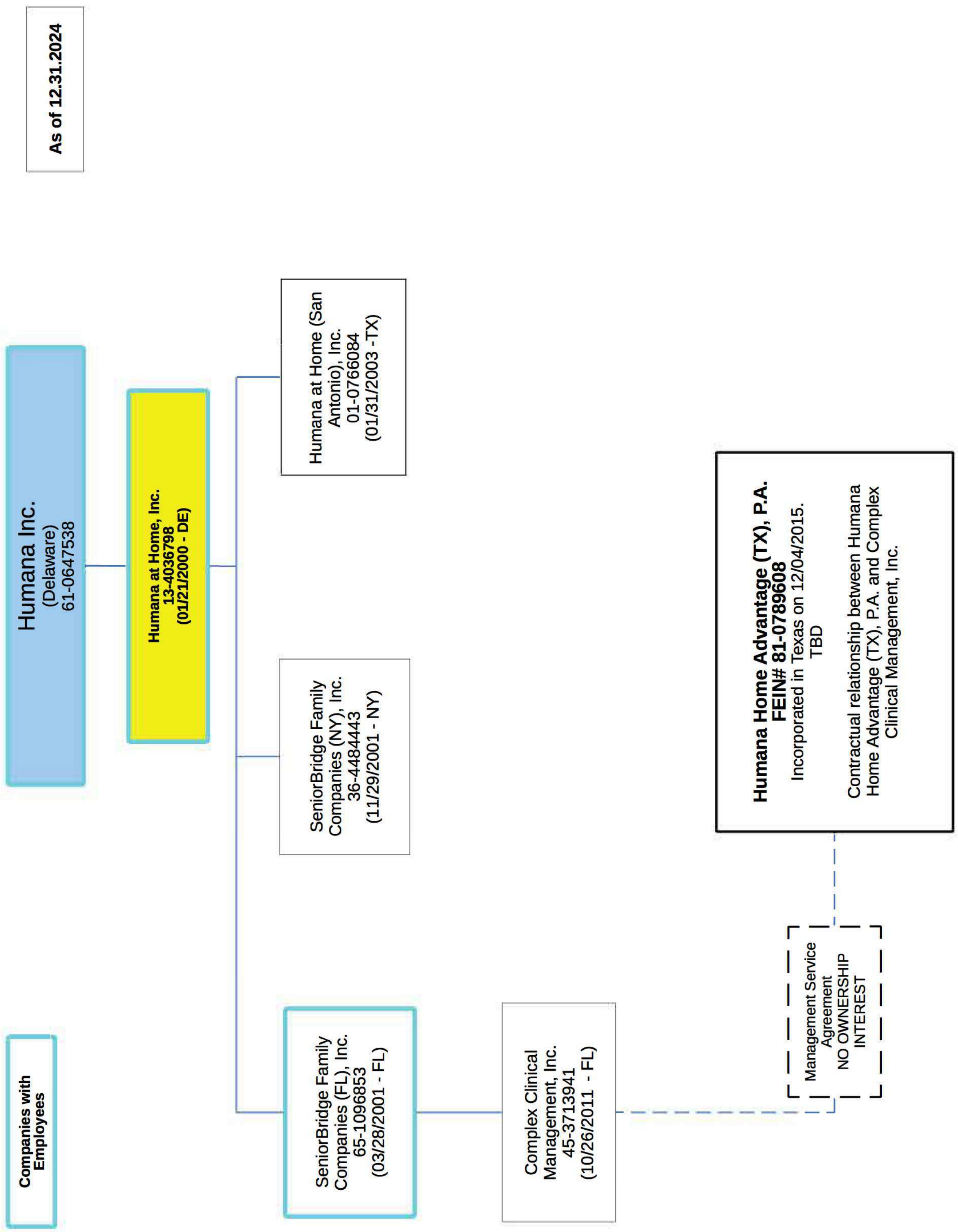
1) Conviva Health Management of Texas, PLLC – An Tang, M.D. – 100%
2) Conviva Medical Center Management of Texas, P.A. – An Tang, M.D. - 100%
3) CenterWell Senior Primary Care (KS), P.A. - CenterWell Senior Primary Care (NC), P.C.- 100%
4) CenterWell Senior Primary Care (MO), P.C. - CenterWell Senior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

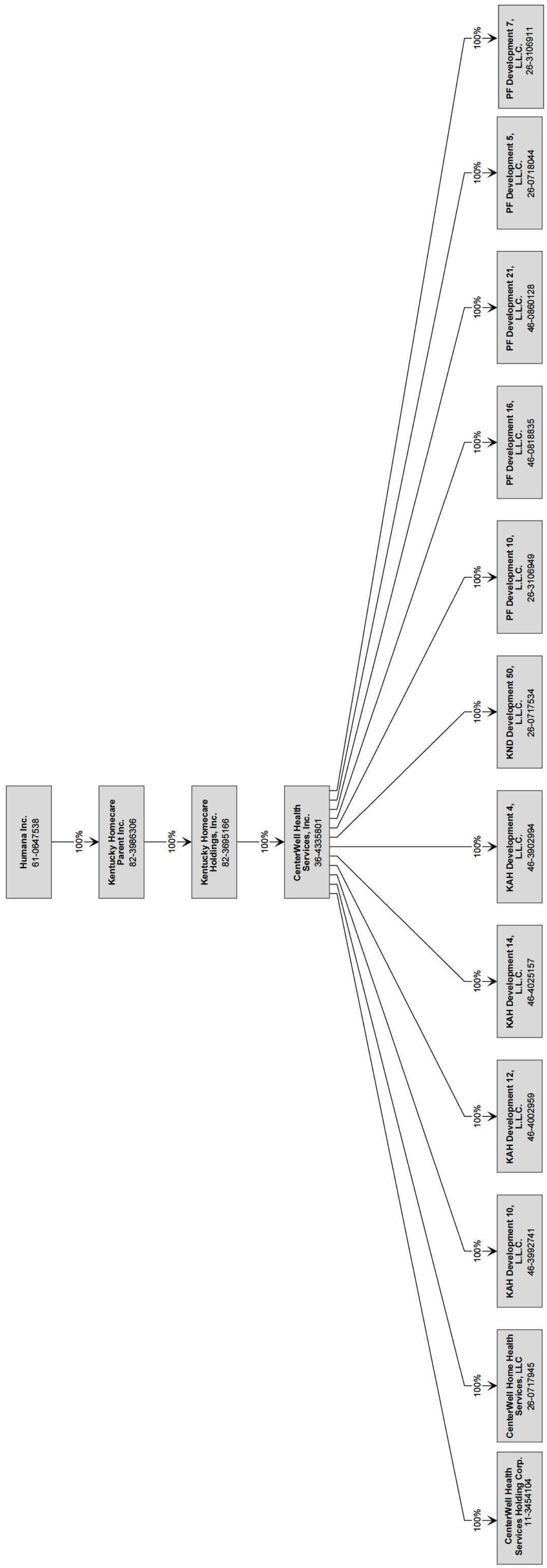

As of 12/31/2024
Humana Inc.
(DE)
FED ID # 61-0647538
Humana Innovation Enterprises, Inc.
(DE)
FEIN # 61-1343791
One Homecare Solutions, LLC
(FL)
FEIN # 46-3313080
One Home Health Holdings, LLC
(FL)
FEIN # 81-3485437
On the Way Home Care, Inc.
(FL)
FEIN # 20-3443369
Accredited Home Health Care of Broward, Inc.
(FL)
FEIN # 45-2594868
Care Hope Holdings, Inc.
(FL)
FEIN # 47-4681334
Care Hope Home Health Agency, Inc.
(FL)
FEIN # 80-0732207
Amazing Home Health Holdings, LLC
(DE)
FEIN # 85-3668783
Amazing Home Health Care, Inc.
(FL)
FEIN # 26-0751512
One Home Health Holdings CCTX, LLC
(FL)
FEIN # N/A
Corpus Christi Homecare, Inc.
(TX)
FEIN # 74-2769755
One TPA Systems, Inc.
(FL)
FEIN # 20-4271850
One Infusion Pharmacy NC, LLC
(DE)
FEIN # N/A
One Infusion Pharmacy VA, LLC
(DE)
FEIN # N/A
One Home Medical Equipment NC, LLC
(DE)
FEIN # N/A
One Home Medical Equipment VA, LLC
(DE)
FEIN # N/A
One Home Medical Equipment, LLC
(FL)
FEIN # 46-2894851
One Infusion Pharmacy, LLC
(FL)
FEIN # 46-2882412
One Nursing Care, LLC
(FL)
FEIN # 46-3116955
One Home Medical Equipment TX, LLC
(TX)
FEIN # 82-3472028
One Homecare Systems, LLC
(FL)
FEIN # 46-4176818

Prime West Organizational Chart

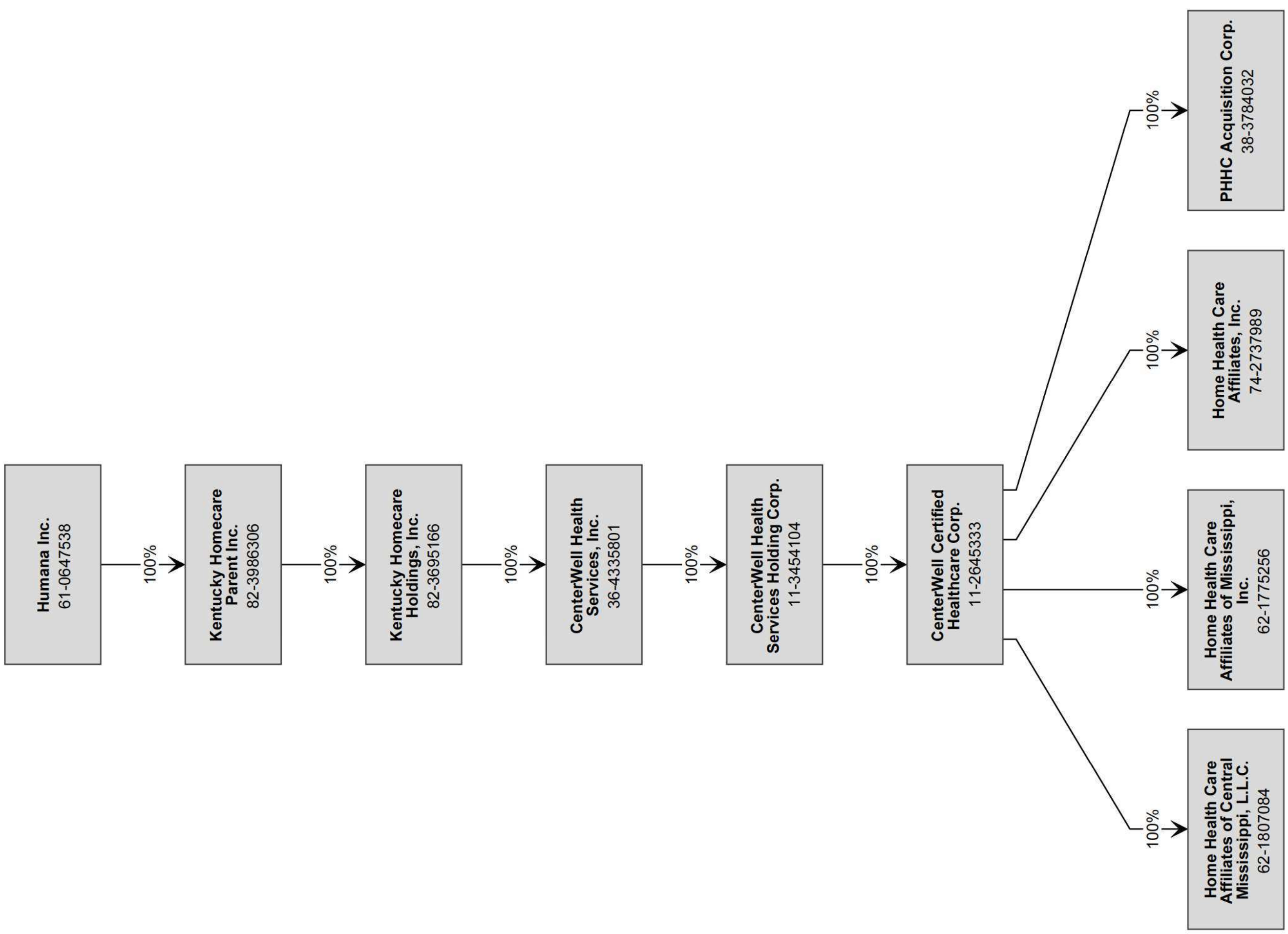
As of 12/31/2024




As of 12.31.2024
Companies with Employees
Humana Inc.
(Delaware)
61-0647538
Humana at Home, Inc.
13-4036798
(01/21/2000 - DE)
Humana at Home (San Antonio), Inc.
01-0766084
(01/31/2003 -TX)
SeniorBridge Family Companies (NY), Inc.
36-4484443
(11/29/2001 - NY)
SeniorBridge Family Companies (FL), Inc.
65-1096853
(03/28/2001 - FL)
Complex Clinical Management, Inc.
45-3713941
(10/26/2011 - FL)
Management Service Agreement
NO OWNERSHIP INTEREST
Humana Home Advantage (TX), P.A.
FEIN# 81-0789608
Incorporated in Texas on 12/04/2015.
TBD
Contractual relationship between Humana Home Advantage (TX), P.A. and Complex Clinical Management, Inc.



Humana Inc.
61-0647538
100%
Kentucky Homecare Parent Inc.
82-3986306
100%
Kentucky Homecare Holdings, Inc.
82-3695166
100%
CenterWell Health Services, Inc.
36-4335801
PF Development 7, L.L.C.
26-3106911
PF Development 5, L.L.C.
26-0718044
PF Development 21, L.L.C.
46-0860128
PF Development 16, L.L.C.
46-0818835
PF Development 10, L.L.C.
26-3106949
KND Development 50, L.L.C.
26-0717534
KAH Development 4, L.L.C.
46-3902984
KAH Development 14, L.L.C.
46-4025157
KAH Development 12, L.L.C.
46-4002959
KAH Development 10, L.L.C.
46-3992741
CenterWell Home Health Services, LLC
26-0717945
CenterWell Health Services Holding Corp.
11-3454104


Humana Inc.
61-0647538
100%
Kentucky Homecare Parent Inc.
82-3986306
100%
Kentucky Homecare Holdings, Inc.
82-3695166
100%
CenterWell Health Services, Inc.
36-4335801
100%
CenterWell Health Services Holding Corp.
11-3454104
100%
CenterWell Certified Healthcare Corp.
11-2645333
100%
PHHC Acquisition Corp.
38-3784032
100%
Home Health Care Affiliates, Inc.
74-2737989
100%
Home Health Care Affiliates of Mississippi, Inc.
62-1775256
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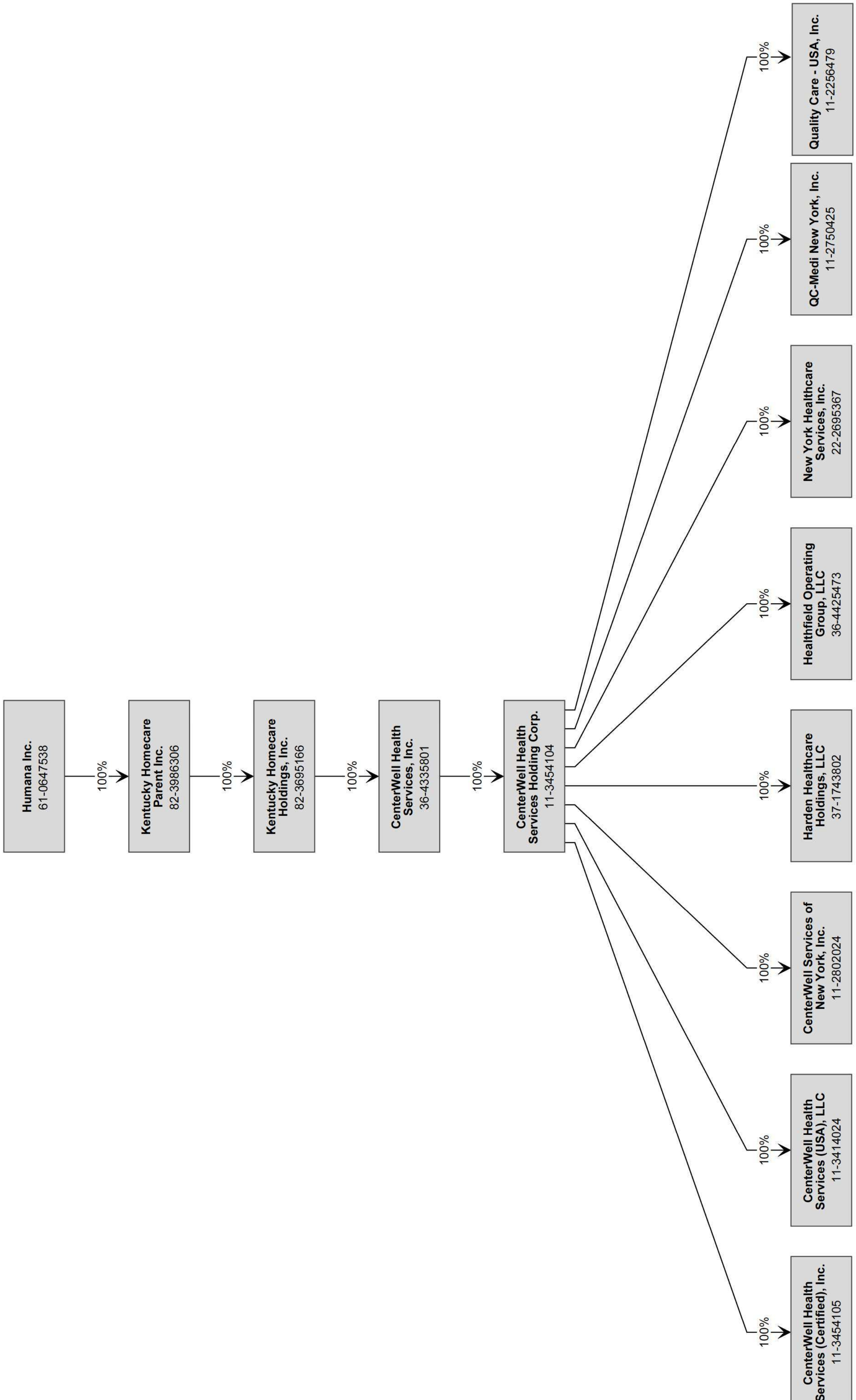
Home Health Care Affiliates of Central Mississippi, L.L.C.
62-1807084


Humana Inc.
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Kentucky Homecare Parent Inc.
82-3986306
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Kentucky Homecare Holdings, Inc.
82-3695166
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CenterWell Health Services, Inc.
36-4335801
100%
CenterWell Health Services Holding Corp.
11-3454104
100%
Quality Care - USA, Inc.
11-2256479
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QC-Medi New York, Inc.
11-2750425
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New York Healthcare Services, Inc.
22-2695367
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Healthfield Operating Group, LLC
36-4425473
100%
Harden Healthcare Holdings, LLC
37-1743802
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11-2802024
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CenterWell Health Services (USA), LLC
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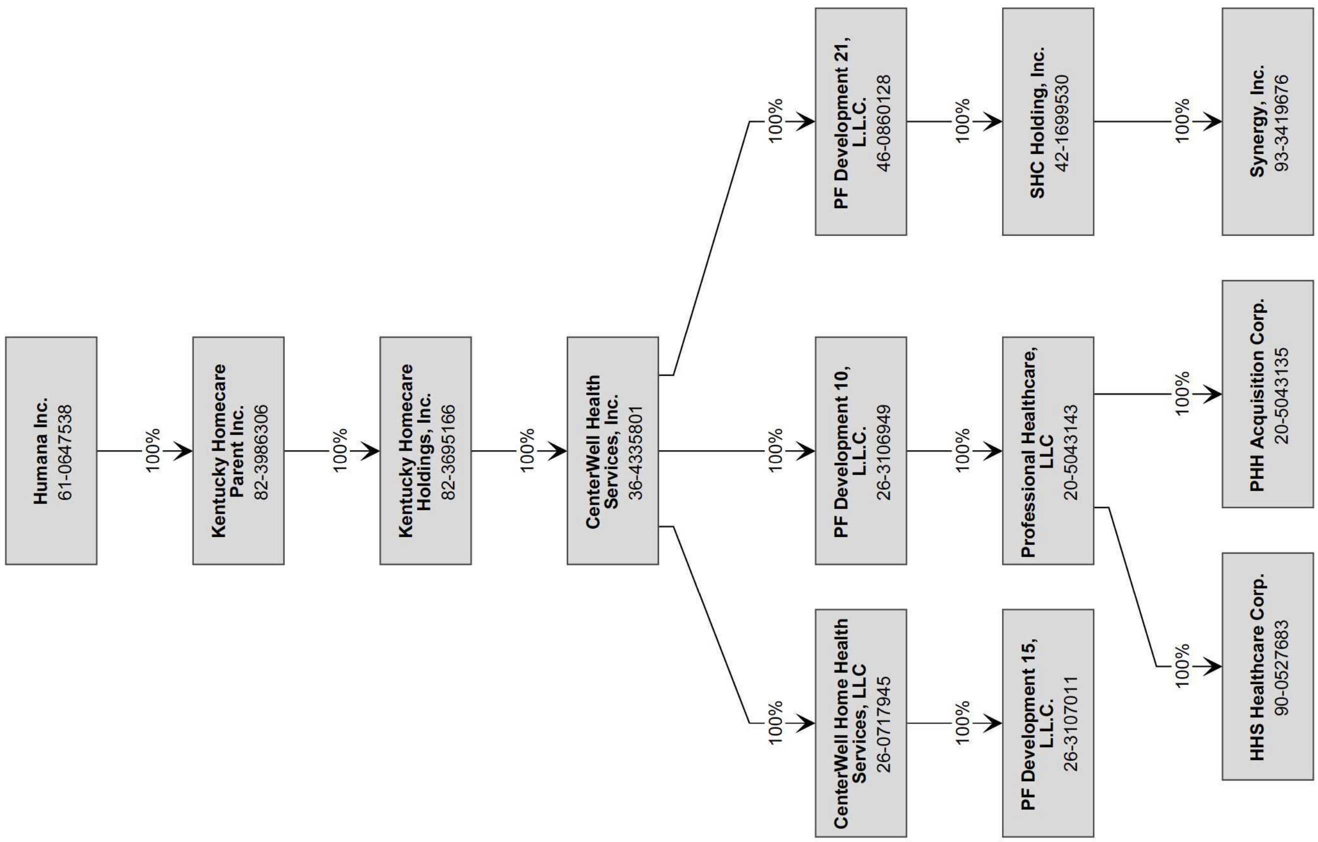
CenterWell Health Services (Certified), Inc.
11-3454105


Humana Inc.
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Kentucky Homecare Holdings, Inc.
82-3695166
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CenterWell Health Services, Inc.
36-4335801
100%
PF Development 21, L.L.C.
46-0860128
100%
SHC Holding, Inc.
42-1699530
100%
Synergy, Inc.
93-3419676
100%
PF Development 10, L.L.C.
26-3106949
100%
Professional Healthcare, LLC
20-5043143
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PHH Acquisition Corp.
20-5043135
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HHS Healthcare Corp.
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CenterWell Home Health Services, LLC
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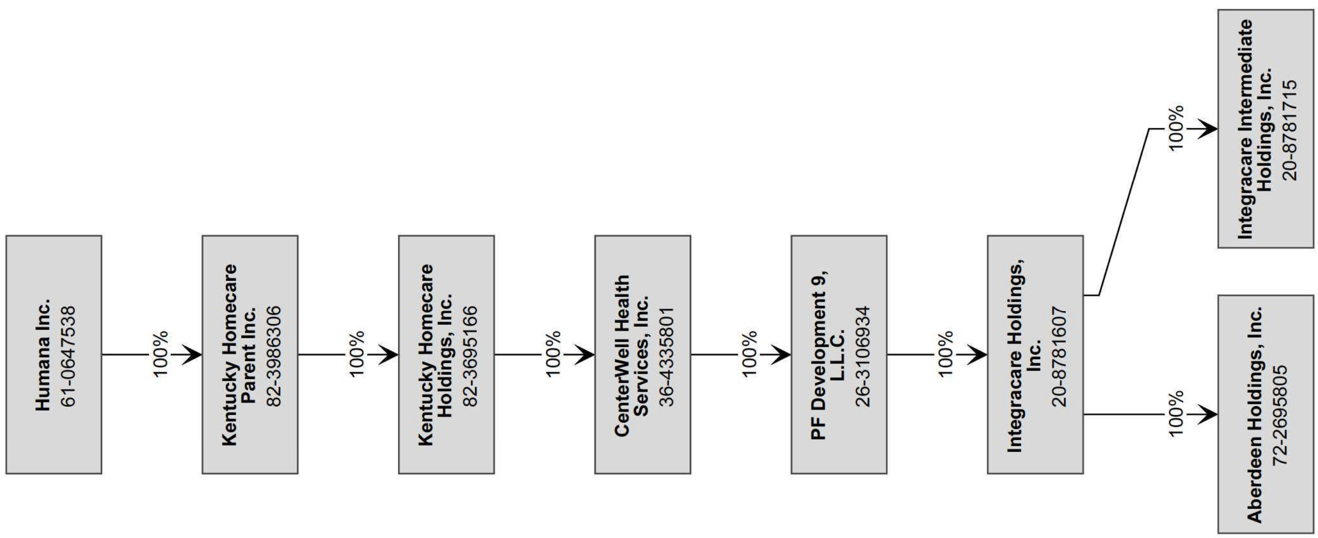
26-3107011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Kentucky Homecare Parent Inc.
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Kentucky Homecare Holdings, Inc.
82-3695166
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CenterWell Health Services, Inc.
36-4335801
100%
PF Development 9, L.L.C.
26-3106934
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20-8781607
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Aberdeen Holdings, Inc.
72-2695805
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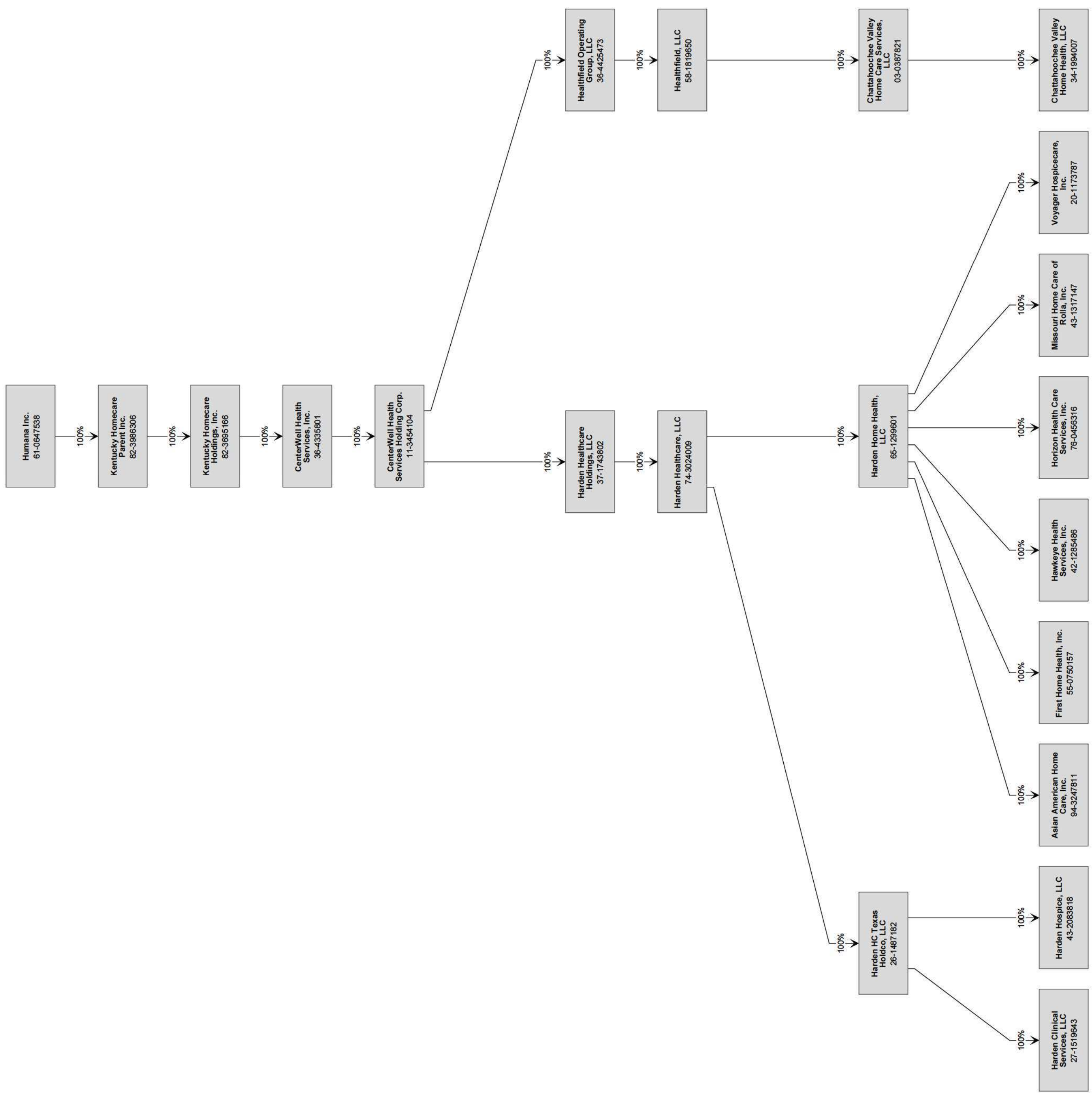
Integracare Intermediate Holdings, Inc.
20-8781715


Humana Inc.
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CenterWell Health Services, Inc.
36-4335801
100%
CenterWell Health Services Holding Corp.
11-3454104
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Healthfield Operating Group, LLC
36-4425473
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Healthfield, LLC
58-1819650
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Chattahoochee Valley Home Care Services, LLC
03-0387821
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Chattahoochee Valley Home Health, LLC
34-1994007
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Harden Healthcare Holdings, LLC
37-1743802
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Harden Healthcare, LLC
74-3024009
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Harden Home Health, LLC
65-1299601
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Voyager Hospicecare, Inc.
20-1173787
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Missouri Home Care of Rolla, Inc.
43-1317147
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Horizon Health Care Services, Inc.
76-0456316
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Hawkeye Health Services, Inc.
42-1285486
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First Home Health, Inc.
55-0750157
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Asian American Home Care, Inc.
94-3247811
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Harden Hospice, LLC
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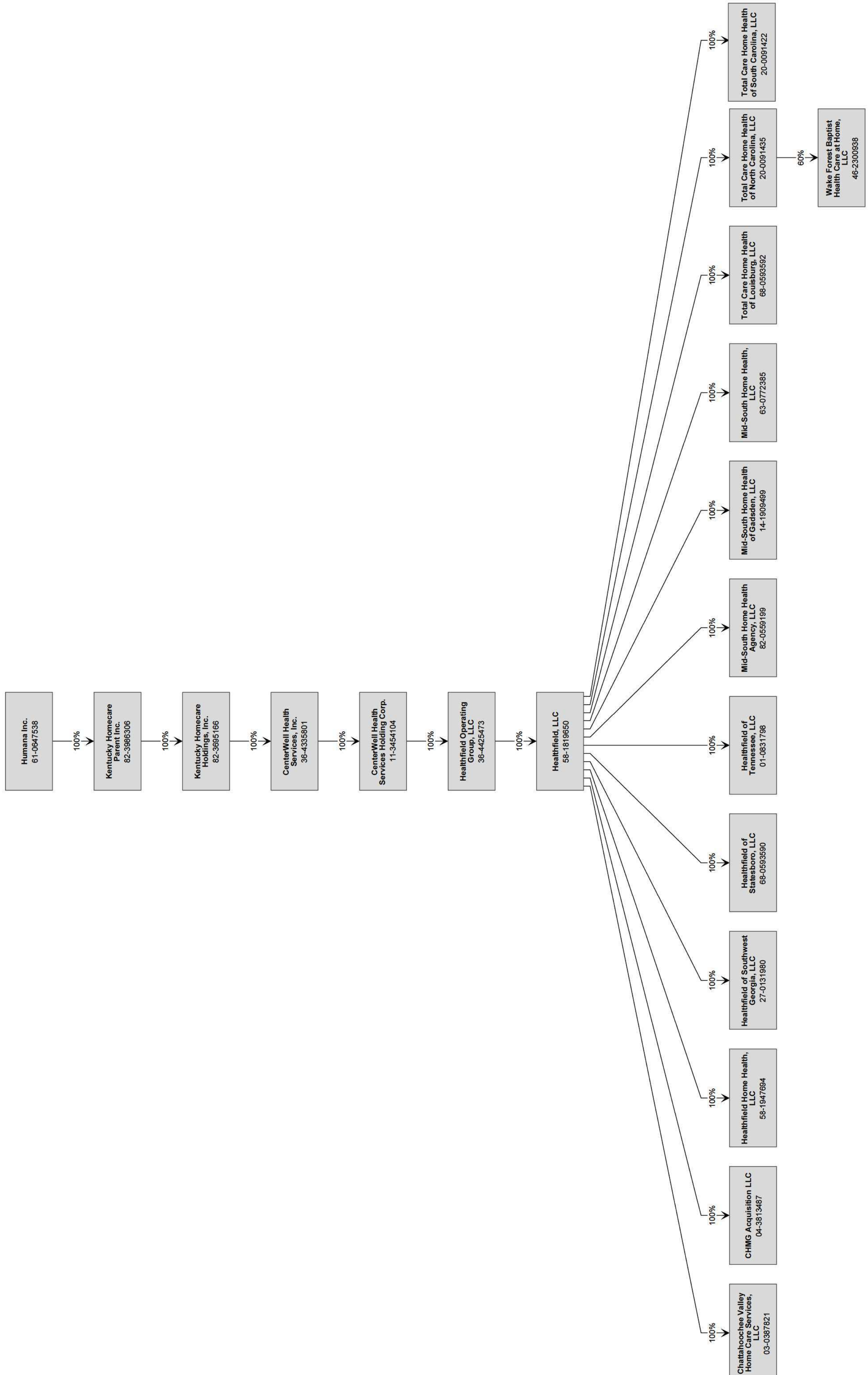
Harden Clinical Services, LLC
27-1519643


Humana Inc.
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Kentucky Homecare Parent Inc.
82-3986306
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Kentucky Homecare Holdings, Inc.
82-3695166
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CenterWell Health Services, Inc.
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CenterWell Health Services Holding Corp.
11-3454104
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Healthfield Operating Group, LLC
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Healthfield, LLC
58-1819650
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Total Care Home Health of South Carolina, LLC
20-0091422
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Total Care Home Health of North Carolina, LLC
20-0091435
60%
Wake Forest Baptist Health Care at Home, LLC
46-2300938
100%
Total Care Home Health of Louisburg, LLC
68-0593592
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Mid-South Home Health, LLC
63-0772385
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Mid-South Home Health of Gadsden, LLC
14-1909499
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Mid-South Home Health Agency, LLC
82-0559199
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Healthfield of Tennessee, LLC
01-0831798
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Healthfield of Statesboro, LLC
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Healthfield of Southwest Georgia, LLC
27-0131980
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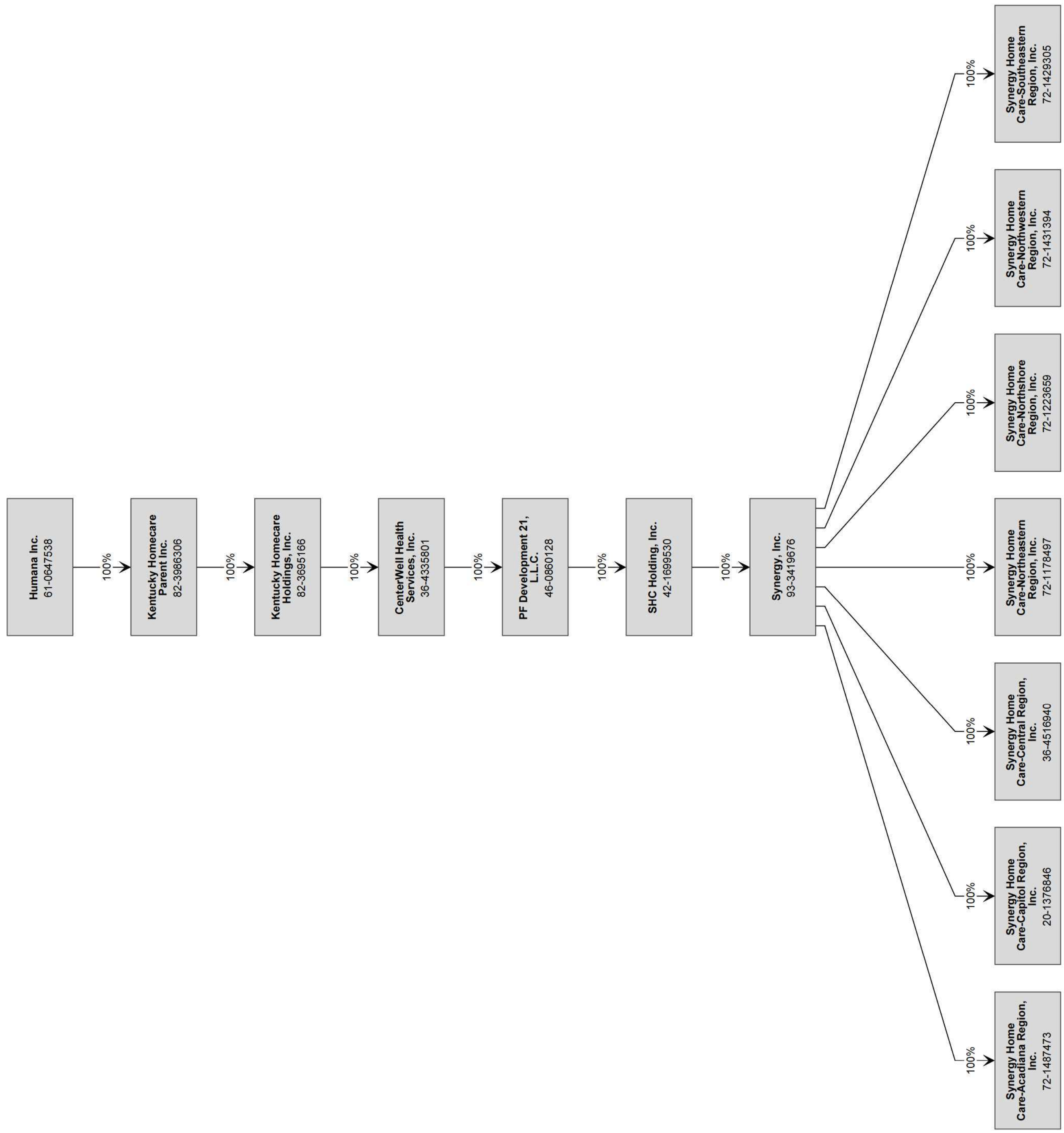
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SHC Holding, Inc.
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Synergy, Inc.
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Synergy Home Care-Northwestern Region, Inc.
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Synergy Home Care-Northshore Region, Inc.
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Synergy Home Care-Northeastern Region, Inc.
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Synergy Home Care-Central Region, Inc.
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Synergy Home Care-Capitol Region, Inc.
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Synergy Home Care-Acadiana Region, Inc.
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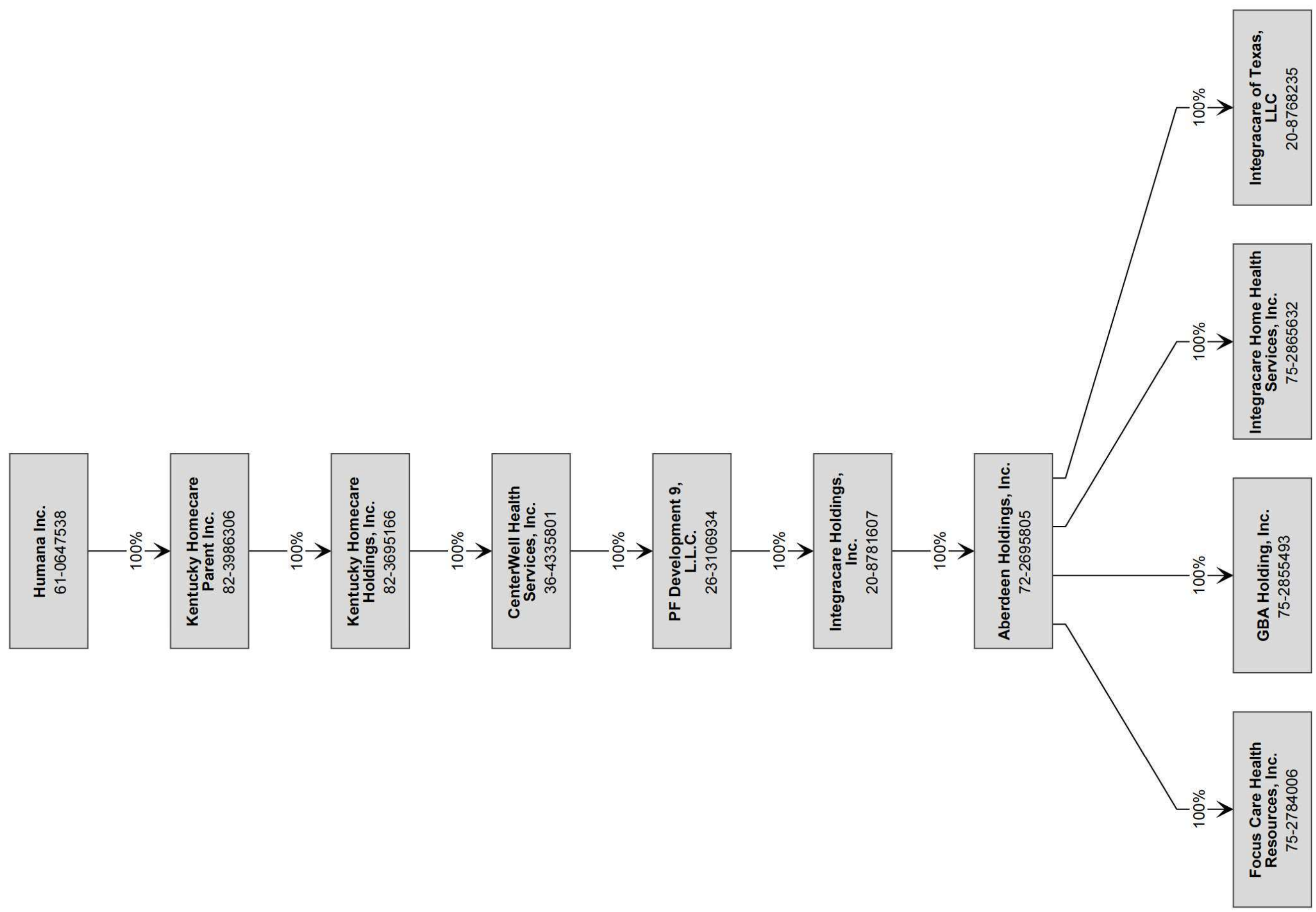
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Kentucky Homecare Holdings, Inc.
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CenterWell Health Services, Inc.
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PF Development 9, L.L.C.
26-3106934
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Integracare Holdings, Inc.
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Aberdeen Holdings, Inc.
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Integracare of Texas, LLC
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GBA Holding, Inc.
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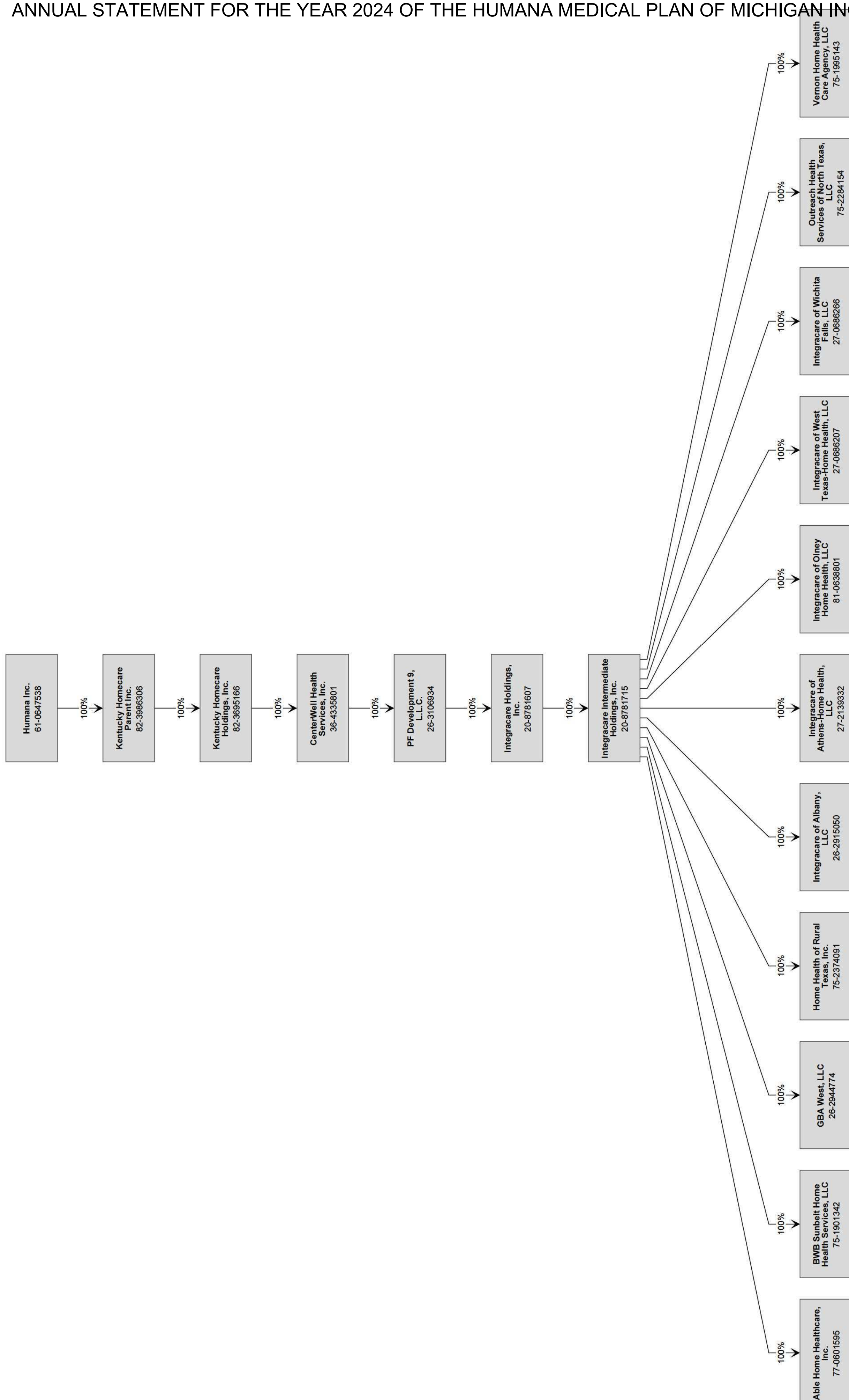
Focus Care Health Resources, Inc.
75-2784006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CenterWell Health Services, Inc.
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Integracare Intermediate Holdings, Inc.
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Outreach Health Services of North Texas, LLC
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Integracare of Wichita Falls, LLC
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Integracare of West Texas-Home Health, LLC
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Integracare of Olney Home Health, LLC
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Integracare of Athens-Home Health, LLC
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Integracare of Albany, LLC
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100%
Home Health of Rural Texas, Inc.
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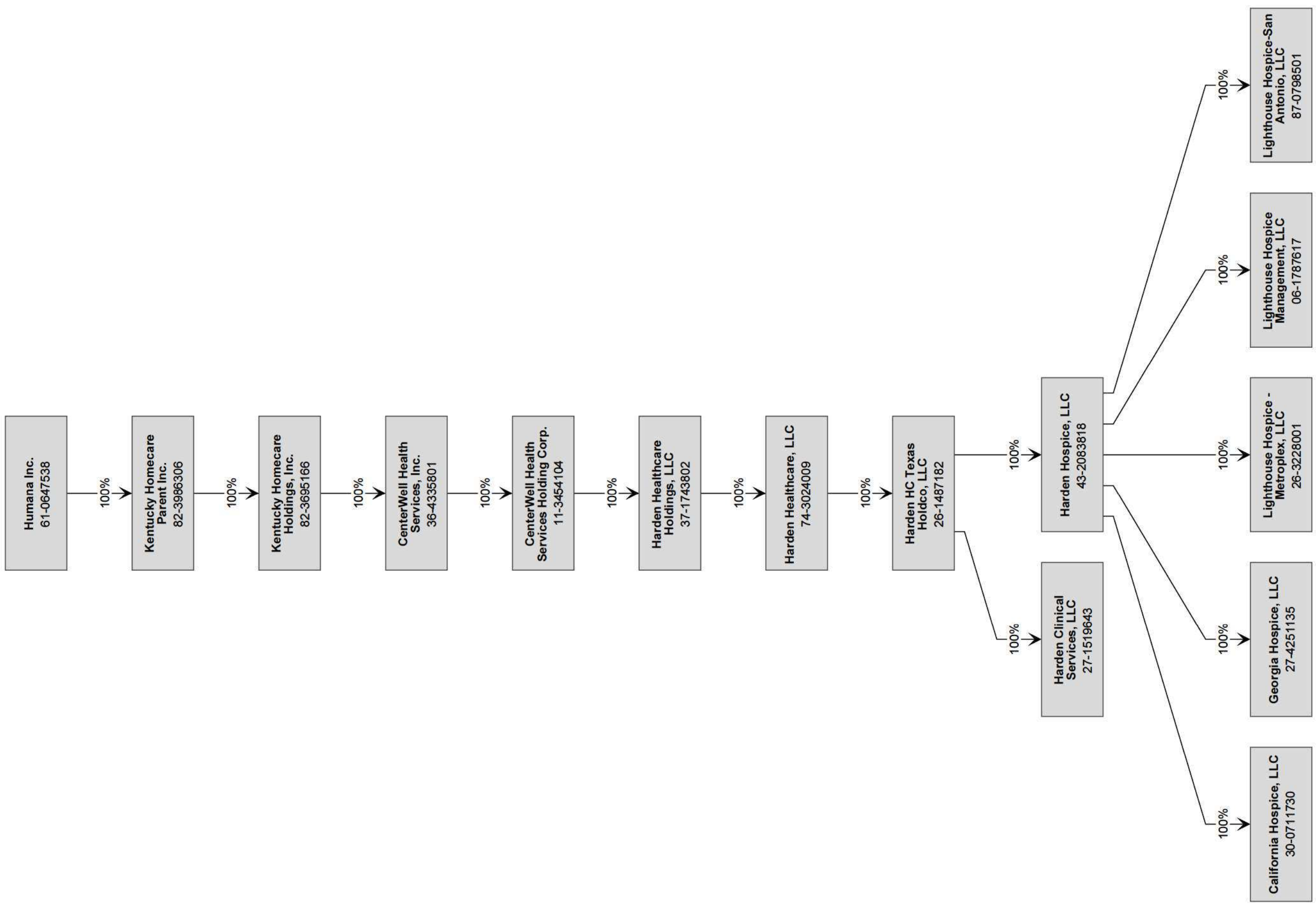
100%
GBA West, LLC
26-2944774
100%
BWB Sunbelt Home Health Services, LLC
75-1901342
100%
Able Home Healthcare, Inc.
77-0601595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CenterWell Health Services, Inc.
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CenterWell Health Services Holding Corp.
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Harden Healthcare Holdings, LLC
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Harden HC Texas Holdco, LLC
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Harden Hospice, LLC
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Harden Clinical Services, LLC
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Lighthouse Hospice-San Antonio, LLC
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Lighthouse Hospice Management, LLC
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Lighthouse Hospice - Metroplex, LLC
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Georgia Hospice, LLC
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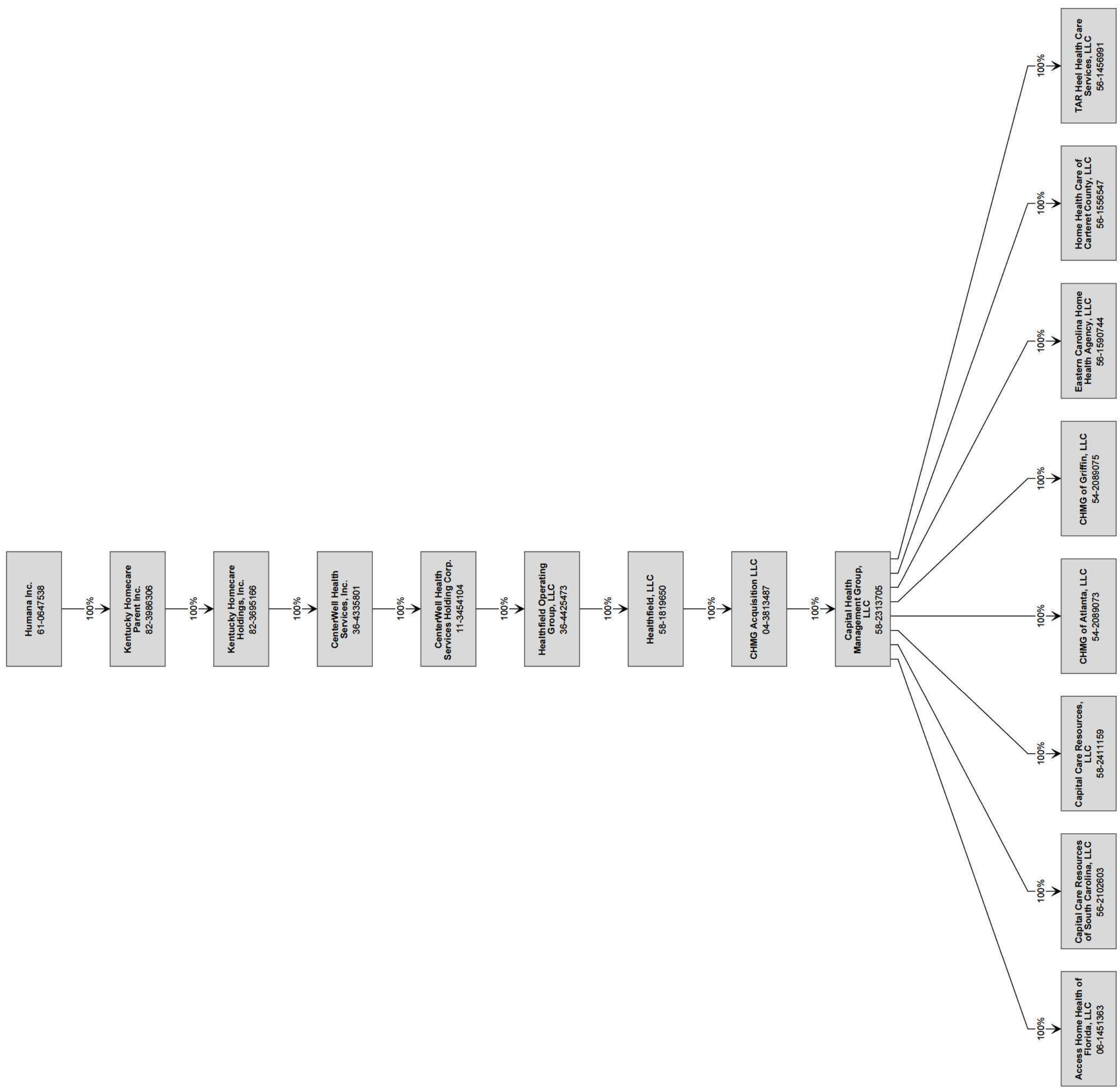
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Healthfield Operating Group, LLC
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Healthfield, LLC
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CHMG Acquisition LLC
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Capital Health Management Group, LLC
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TAR Heel Health Care Services, LLC
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Home Health Care of Carteret County, LLC
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Eastern Carolina Home Health Agency, LLC
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CHMG of Griffin, LLC
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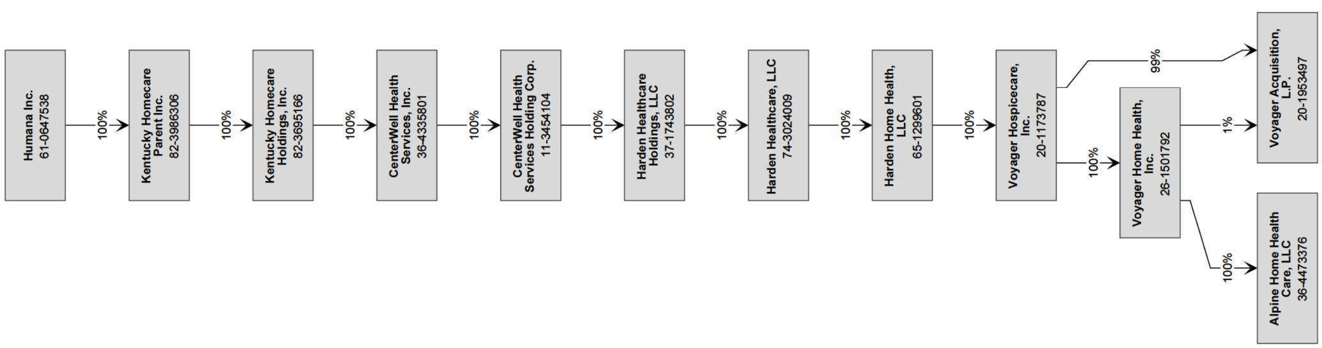
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Voyager Acquisition, L.P.
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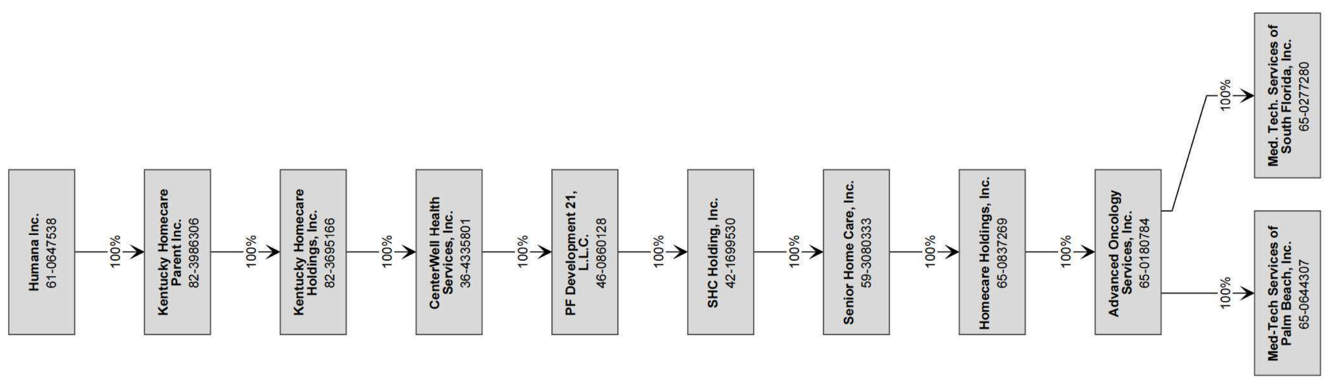
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Senior Home Care, Inc.
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Homecare Holdings, Inc.
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Advanced Oncology Services, Inc.
65-0180784
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Med-Tech Services of Palm Beach, Inc.
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Med. Tech. Services of South Florida, Inc.
65-0277280

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NONE