



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

REPORT ON EXAMINATION
OF
CARITEN HEALTH PLAN INC.
(NAIC # 95754)
LOUISVILLE, KENTUCKY

AS OF
DECEMBER 31, 2020

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Louisville, Kentucky
April 15, 2022

Honorable Carter Lawrence
Commissioner
Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, Tennessee 37243

Dear Commissioner:

In accordance with your instructions and pursuant to Tennessee Code Annotated ("Tenn. Code Ann.") § 56-1-408, a full-scope financial examination and market conduct review, as of December 31, 2020, has been made of the condition and affairs of:

CARITEN HEALTH PLAN INC.
NAIC # 95754
500 West Main Street
Louisville, Kentucky 40202

hereinafter referred to as the "Company" or "Cariten" and a report thereon is submitted as follows:

INTRODUCTION

This examination was arranged by the Tennessee Department of Commerce and Insurance (TDCI or "Department") under rules promulgated by the National Association of Insurance Commissioners (NAIC). The examination was conducted by duly authorized representatives of the TDCI. The examination was called through the NAIC's Financial Examination Electronic Tracking System (FEETS). The examination was coordinated with other states pursuant to NAIC guidelines, with the State of Wisconsin serving as the Lead State. Notice of intent to participate was received from thirteen (13) states. Each state conducted examinations of companies domiciled in its respective state. Further description of the coordination effort between the states is discussed below under the heading "Scope of Examination."

SCOPE OF EXAMINATION

The last examination of the Company was made as of December 31, 2018. This examination covers the period January 1, 2019, through December 31, 2020, and includes any material transactions and/or events occurring subsequent to the examination date which were noted during the course of the examination.

The Company is a member of the Humana, Inc. holding company system (“Humana Group”). The examination of the entities within the Humana Group covered the period of January 1, 2016, to December 31, 2020, and included a review of 2021 and 2022 transactions, as deemed necessary to complete the examination. The examination of the Humana Group covered twenty-two (22) insurance companies. The following are all the insurance companies and their respective domiciliary states within the group, as of December 31, 2020:

- Humana Regional Health Plan Inc. (Arkansas)
- CarePlus Health Plans Inc. (Florida)
- Humana Health Insurance Company of Florida, Inc. (Florida)
- Humana Medical Plan, Inc. (Florida)
- Humana Employers Health Plan Georgia Inc. (Georgia)
- CompBenefits Dental Inc. (Illinois)
- Humana Benefit Plan of Illinois Inc. (Illinois)
- Humana Health Benefit Plan of Louisiana Inc. (Louisiana)
- Humana Medical Plan of Michigan Inc. (Michigan)
- Humana Health Plan of Ohio Inc. (Ohio)
- Humana Medical Plan of Pennsylvania (Pennsylvania)
- CompBenefits Insurance Company (Texas)
- Denticare Inc. (Texas)
- EmpheSys Insurance Company (Texas)
- Humana Benefit Plan of Texas Inc. (Texas)
- Humana Health Plan of Texas Inc. (Texas)
- Humana Medical Plan of Utah Inc. (Utah)
- Arcadian Health Plan Inc. (Washington)
- Humana Ins Co (Wisconsin)
- Humana Wisconsin Health Organization Insurance Corporation (Wisconsin)
- HumanaDental Insurance Company (Wisconsin)

The examination was conducted in accordance with rules and procedures as prescribed by the statutes of the State of Tennessee, and in accordance with practices and procedures promulgated by the NAIC in the *Financial Condition Examiners Handbook* (“Handbook”), as deemed appropriate. The examination was planned and performed to evaluate the financial condition of the Company, as of December 31, 2020. The examination sought to identify prospective risks by obtaining information about the Company, including its corporate governance, by identifying and assessing inherent risks within the Company, and by evaluating system controls and procedures used to mitigate those risks. In addition, the examination included assessing the principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation and management’s compliance with statutory accounting principles and annual statement instructions.

All significant risks were considered when planning which key activities and accounts would be examined. The key activities included: Underwriting/Pricing; Reserves/Claims; Reinsurance; Related Party; Investments; and Capital and Surplus.

Humana Inc. maintains an Internal Audit (IA) department which performs the IA function for all the companies within the Humana Group. During the examination, processes tested by IA were reviewed and IA’s workpapers were utilized where deemed appropriate. In many cases, additional test work was performed during the examination to support and verify IA’s work.

Cariten’s 2020 annual statement was compared with or reconciled to the corresponding general ledger account balances.

A separate market conduct review was performed concurrently with the financial examination. See the “Market Conduct Activities” section of this report.

Independent information technology specialists were utilized in the examination review of the Company’s information technology general controls (ITGC).

Independent actuarial specialists were utilized in the examination review of the Company’s claims unpaid and health policy reserves.

The Company’s Certified Public Accountants (CPA) workpapers were reviewed for the 2020 audit and copies were incorporated into the examination, as deemed appropriate.

COMPLIANCE WITH PREVIOUS EXAMINATION FINDINGS

The previous full-scope examination report dated June 1, 2020, which covered the period from January 1, 2014, through December 31, 2018, contained one (1) recommendation.

As noted in the "Producer Licensing Standards" section of this report, the Company had agents that were not properly appointed to represent the Company. This is not in compliance with Tenn. Code Ann. § 56-6-115. It is recommended that the Company develop procedures to ensure that all agents who submit applications to the Company are properly appointed.

The Company complied with the prior examination recommendation.

COMPANY HISTORY

The Company incorporated on September 13, 1994, under the name of PHP Health Plans, Inc. The Company is a wholly-owned subsidiary of PHP Companies, Inc. (PHP), a Tennessee for profit corporation. The Company commenced business on January 1, 1996, under the laws of the State of Tennessee to operate as a health maintenance organization (HMO). On November 20, 1996, the Company amended its Charter to change its name to Cariten Health Plan Inc. The Department approved the amendment on November 27, 1996. A new Certificate of Authority reflecting the name change was issued to the Company on January 7, 1997.

The Charter of the Company authorizes the issuance of 100,000 shares of common stock with a par value of \$1.00 per share. On October 30, 2008, PHP was acquired by Humana Inc., making Humana Inc. the Company's ultimate parent.

The Company is an HMO subject to regulation by the federal government, the State of Tennessee Agency for Health Care Administration, and the TDCI.

MANAGEMENT AND CONTROL

MANAGEMENT

Directors

The following persons were serving as directors, as of December 31, 2020:

<u>Name</u>	<u>Principal Occupation</u>
Bruce Dale Broussard	President and Chief Executive Officer of Humana Inc.
Brian Andrew Kane	Chief Financial Officer of Humana Inc.
Timothy Alan Wheatley	President, Retail Segment of Humana Inc.

Officers

The following officers were duly elected by the Board of Directors ("Board") and were serving as officers of the Company, as of December 31, 2020:

<u>Name</u>	<u>Title</u>
Bruce Dale Broussard	President and Chief Executive Officer
Brian Andrew Kane	Chief Financial Officer
Joseph Matthew Ruschell	Associate VP, Assistant General Counsel & Corporate Secretary
Vanessa Marie Olson	Senior VP & Chief Actuary
Alan James Bailey	VP & Treasurer
Andrew Joseph Besendorf III	Appointed Actuary
Courtney Danielle Durall	Assistant Corporate Secretary & Legal Advisor
Douglas Alan Edwards	VP, Workplace Experience
Douglas Edward Haaland	Regional President
Christopher Howal Hunter	Segment President, Group Business and & Military Business
Steven Edward McCulley	SVP, Medicare
Sean Joseph O'Reilly	VP, Chief Compliance Officer
William Mark Preston	VP, Investments
Richard Donald Remmers	SVP, Employer Group Sales
Donald Hank Robinson	SVP, Tax
George Renaudin II	SVP, Medicare East & Provider
Susan Draney Schick	SVP, Employer Group
Gilbert Alan Stewart	SVP, Medicare Divisional Leader

Committees

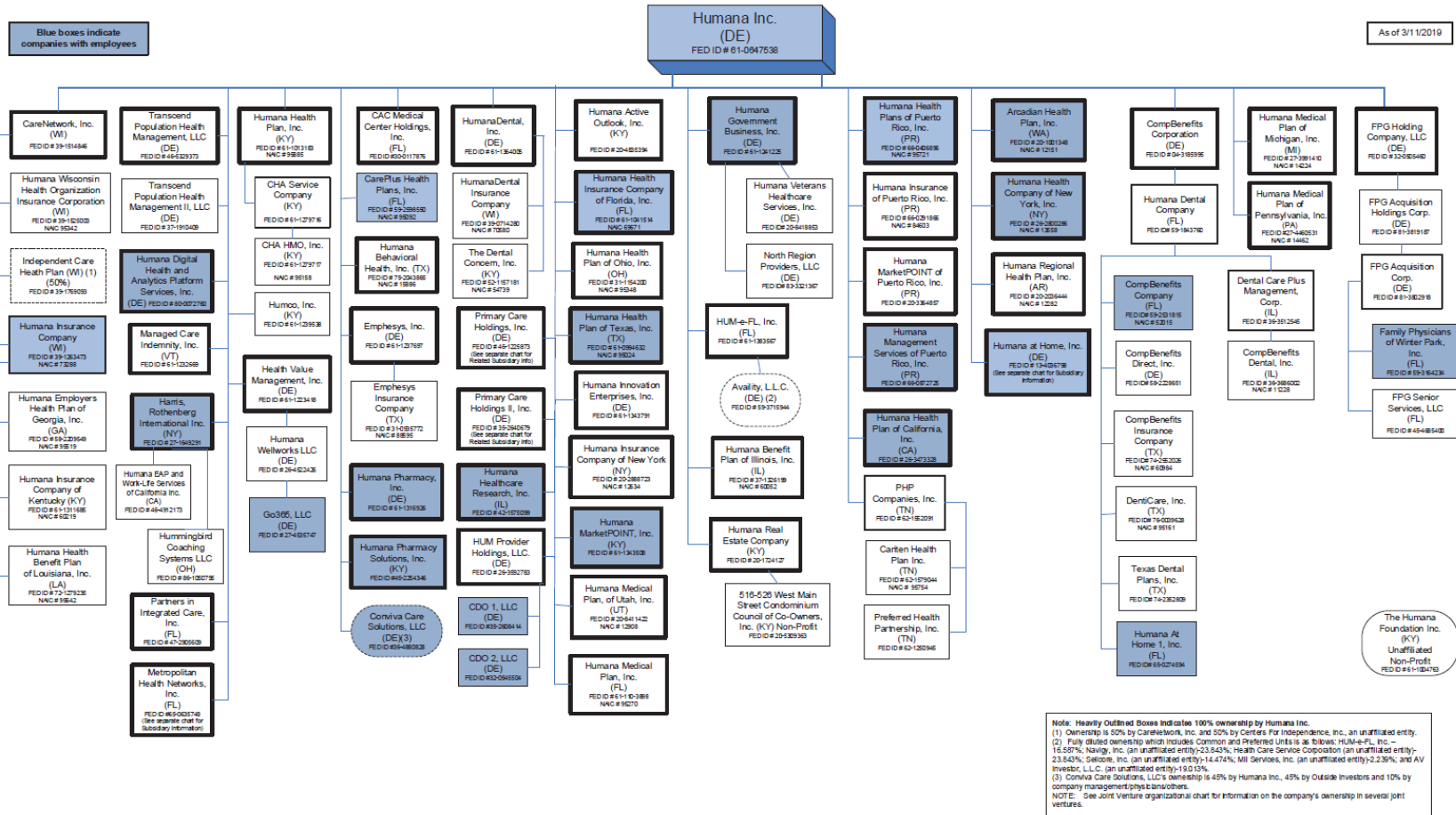
The Company had a Quality Improvement Committee which consisted of all three (3) directors.

CONTROL

The Company is a member of an insurance holding company system as defined by Tenn. Code Ann. § 56-11-101, and as such, is subject to the Insurance Holding Company System Act of 1986, set forth in Tenn. Code Ann. §§ 56-11-101, *et seq.* The Company is a wholly-owned subsidiary of Humana Inc., a holding company domiciled in Delaware and traded on the New York Stock Exchange (ticker symbol: HUM) and the ultimate parent of the holding company system. As such, all shares of common stock are owned by Humana, Inc. The Company relies on Humana Inc. and other affiliates under common control of its ultimate parent for support and operational functions under various agreements.

ORGANIZATIONAL CHART

The following organizational chart shows all the insurance companies and their respective domiciliary states within Humana Inc.



DIVIDENDS

During the period of examination, the Company declared and paid extraordinary dividends to its shareholder. The Company complied with the requirements of Tenn. Code Ann. § 56-11-105(e) and 56-11-106(b) by notifying the Department of the declaration of said dividends.

The following table lists each dividend amount, whether the dividend was determined to be Ordinary (O) or Extraordinary (E), the date the Company notified the Department of the dividend, and the date the Company paid the dividend to Humana Inc.

<u>Year</u>	<u>Ordinary (O) or Extraordinary (E)</u>	<u>Notification Date</u>	<u>Paid Date</u>	<u>Dividend Amount</u>
2020	E	04/16/20	04/16/20	\$45,000,000
2020	E	12/22/20	12/22/20	\$50,000,000
2019	E	05/06/19	05/08/19	\$99,840,000
2019	E	12/20/19	12/30/19	<u>\$65,000,000</u>
Total paid during period of Exam				<u>\$259,840,000</u>

CORPORATE RECORDS

Minutes of the shareholder's and directors' meetings reflected adequate approval and support of the Company's transactions. The Board gave regular approval for all investment transactions, as required by Tenn. Code Ann. § 56-3-408(b)(1).

Charter

The Charter of the Company in effect as of December 31, 2020, is the Company's Amended Charter which was filed with the Secretary of State on August 11, 2011. The Charter states the corporation is for-profit, organized to conduct business as an HMO under the laws of the State of Tennessee. The Company had no amendments to its Charter during the period of examination.

Bylaws

The Bylaws of the Company in effect as of December 31, 2020, are the Company's Amended and Restated Bylaws, which were adopted by the Board on March 27, 2018. No amendments or restatements were made to the Company's Bylaws during the period of examination.

The Bylaws are such as are generally found in corporations of this type and contain no unusual provisions. They provide for the regulation of the business and for the conduct of the affairs of the Company, the Board, and its shareholder.

AGREEMENTS WITH PARENT AND AFFILIATES

The Company had five (5) agreements with affiliated companies, as of December 31, 2020. The following are summaries of the agreements in effect:

Indemnity Agreement

Effective October 31, 2008, the Company entered into an Indemnity Agreement with Humana Inc. Under the terms of the agreement, Humana Inc. agrees to indemnify the Company from all liability, loss, or damage the Company may suffer, as a result of the Company's failure to perform its obligations arising under certificates of coverage issued and assumed by the Company. The agreement also covers the furnishing of health care services to its subscribers, should the Company become insolvent or otherwise financially incapable of furnishing such health care services. The agreement was approved by the Department on January 26, 2010.

Corporate Service Agreement

Effective January 1, 2009, the Company entered into a Corporate Service Agreement with Humana Inc. Under the terms of the agreement, Humana Inc. provides executive management, human resources management, legal services, payroll services, trade accounts payable, medical claims, commissions, and certain other services to the Company. The agreement was amended and effective on May 14, 2009, June 1, 2009, January 1, 2011, and January 1, 2013. The agreement and the first two (2) amendments were approved by the Department on January 26, 2010. The last two amendments were approved by the Department on April 29, 2011, and August 9, 2013, respectively.

Service Center Service Agreement

Effective January 1, 2011, the Company entered into a Service Center Service Agreement and amendment with Humana Insurance Company (HIC) and Humana Inc. as a repository. Under the terms of the agreement, HIC provides various services including but not limited to claims processing, customer service, front end operations, and billing and enrollment.

Effective January 1, 2011, a second amendment was added. Effective January 1, 2013, a third amendment was added. The agreement and the first amendment were approved by the Department on April 29, 2011. The second amendment was approved by the Department on March 7, 2012. The third amendment was approved by the Department on August 9, 2013.

Marketing Service Agreement

Effective January 1, 2011, the Company entered into a Medicare Risk Marketing Service Agreement with Humana MarketPoint (MPOINT). The agreement was submitted to the

Department for approval on March 23, 2011 and approved on May 2, 2011. Under the terms of the agreement, MPOINT provides marketing services including the provision of staff, systems, and related support to Cariten in order to market Humana Medicare and commercial Risk Products. Expenses incurred in the provision of services to Cariten by MPOINT are charged back directly to the Company. An Amendment to the Marketing Service Agreement was submitted to the Department on February 15, 2012 and approved March 8, 2012 to reflect additional marketing services to be provided by MPOINT for commercial products.

A Global Amendment to Inter-Company Service Agreements was submitted to the Department on February 15, 2012 and approved March 7, 2012 to reflect requirements under SSAP 96 and to include services in connection with incentive based programs and data analytics. A Global Amendment to Inter-Company Service Agreements was submitted to the Department on July 15, 2013 and approved on August 9, 2013, to reflect language changes to Schedule C as required by CMS.

Tax Allocation Agreement

Effective January 1, 2016, the Company entered into an Amended and Restated Tax Allocation Agreement with Humana Inc. Under the terms of the agreement, Humana Inc. will file consolidated tax returns for all members of its affiliated group. The consolidated tax liability will be apportioned among the members of the affiliated group in accordance with the ratio which that portion of the consolidated tax liability attributable to each member of the group having tax liability bears to the consolidated tax liability, pursuant to Internal Revenue Code Section 1552(a)(1) and Regulation 1.1522-1(a)(2). This agreement was approved by the Department on November 10, 2016.

TERRITORY AND PLAN OF OPERATION

TERRITORY

As of December 31, 2020, the Company was licensed to transact business in the following eight (8) states:

Alabama	Illinois	Missouri	Tennessee
Arizona	Kansas	New Mexico	Texas

Certificates of Authority granted by the licensed states were reviewed and found to be in force on December 31, 2020. As of December 31, 2020, the Company was only writing business in Tennessee. Premium tax records were reviewed for Tennessee and no exceptions were noted.

PLAN OF OPERATION

The Company provides health and pharmacy insurance coverage to Medicare eligible individuals under a Medicare Advantage contract with the Centers for Medicare and Medicaid Services (CMS). The Company also provides vision and dental optional supplemental benefits (OSB) to Medicare eligible individuals.

GROWTH OF COMPANY

The following exhibit depicts certain aspects of the growth and financial history of the Company for the period subject to this examination, according to its annual statements as filed with the TDCI. *(Note: Immaterial differences in totals are due to rounding.)*

<u>Year</u>	<u>Admitted Assets</u>	<u>Liabilities</u>	<u>Capital and Surplus</u>	<u>Net Earned Premiums</u>	<u>Net Income</u>
2020	\$532,374,306	\$356,103,634	\$176,270,672	\$1,687,744,438	\$107,502,086
2019	\$434,217,899	\$268,860,166	\$165,357,732	\$1,549,537,205	\$117,394,132

REINSURANCE AGREEMENTS

During the period of examination, the Company did not have any assumed or ceded reinsurance.

ACCOUNTS AND RECORDS

Independent audits were performed each year during the examination period with each audit resulting in an unqualified opinion.

During the examination, certain balances were tested, and amounts were traced from the Company's trial balance to the annual statement. All the Company's investment securities were confirmed with the custodian of such securities, as of the date of this examination. All annual statements for the period under examination were reviewed for completeness and adequacy of disclosure. The Company's risk-based capital filings were also reviewed. These test checks and reviews revealed no material discrepancies.

The Company's books and records are in Louisville, Kentucky.

MARKET CONDUCT ACTIVITIES

Because the Company exclusively writes Medicare Advantage coverage, which is a federal program regulated by CMS, many CMS standards supersede any state law or regulation. As a result, the Company was not examined for compliance with state requirements in the following areas:

- Operations and Management Standards
- Marketing and Sales Standards
- Policyholder Service Standards
- Underwriting and Rating Standards
- Claims Handling Standards

The following market conduct areas of the Company were reviewed in conjunction with this examination as of December 31, 2020:

Complaint Handling Standards

Company complaint data was examined for compliance. The Company maintains a complaint register in compliance with Tenn. Code Ann. § 56-8-104(11). The Company utilized the CMS Complaints Tracking Module in compliance with CMS regulations. No issues were noted.

Producer Licensing Standards

Tenn. Code Ann. § 56-6-101, *et seq.*, requires the Company to sell its products and services through producers who are properly licensed and appointed by the Company. In the examination of producer licensing, a random sample of producers was selected, and the producers' state issued licensures and appointments by the Company were verified without exception.

SUBSEQUENT EVENTS

During the examination, a review of subsequent events was performed. No events were noted that required additional disclosure in this examination report. Management stated in its Letter of Representation that management was not aware of any events subsequent to December 31, 2020, that could have a material effect on the Company's financial condition. Our review confirmed the Company's disclosures in its 2020 Annual Statement and its Letter of Representation.

FINANCIAL STATEMENTS

There follows a statement of assets, liabilities, and a statement of revenue and expenses as of December 31, 2020, together with a reconciliation of capital and surplus for the period under review, as reported by the Company in its 2020 Annual Statement. *(Note: Immaterial differences in totals are due to rounding.)*

	<u>Assets</u>	<u>Non-Admitted Assets</u>	<u>Net Admitted Assets</u>
Bonds	\$324,634,918		\$324,634,918
Cash, cash equivalents, and short-term investment	134,294,241		134,294,241
Receivables for securities	5,000		5,000
Investment income due or accrued	1,742,505		1,742,505
Premiums and considerations:			
Uncollected premiums and agents' balances in the course of collection	2,419,169	\$623,604	1,795,565
Accrued retrospective premiums contracts subject to redetermination	27,209,526		27,209,526
Amounts receivable related to uninsured plans	11,326,539		11,326,539
Net deferred tax asset	5,659,345		5,659,345
Healthcare and other receivables	26,457,408	750,741	25,706,667
Aggregate write-ins for other than invested assets	<u>5,824,850</u>	<u>5,824,850</u>	<u>0</u>
Totals	<u>\$539,573,501</u>	<u>\$7,199,195</u>	<u>\$532,374,306</u>

LIABILITIES, SURPLUS, AND OTHER FUNDS

Claims unpaid		\$276,587,746
Accrued medical incentive pool and bonus amounts		20,904,801
Unpaid claims adjustment expenses		857,751
Aggregate health policy reserves, including the liability for medical loss ratio rebate per the Public Health Service Act		22,161,561
Premiums received in advance		2,260,484
General expenses due and accrued		2,399,548
Current federal and foreign income tax payable and interest thereon		3,584,157
Remittances and items not allocated		497,950
Amounts due to parent, subsidiaries, and affiliates		22,610,380
Payable for securities		865,329
Liability for amounts held under uninsured plans		3,291,119
Aggregate write-ins for other liabilities		<u>82,809</u>
Total Liabilities		<u>\$356,103,634</u>
Common capital stock	\$100,000	
Gross paid in and contributed surplus	38,033,185	
Unassigned funds (surplus)	<u>138,137,486</u>	
Total Capital and Surplus		<u>176,270,672</u>
Total Liabilities, Capital, and Surplus		<u>\$532,374,306</u>

STATEMENT OF REVENUE AND EXPENSES

Member Months		<u>1,479,365</u>
Net premium income		\$1,687,235,910
Change in unearned premium reserves		(1,969,014)
Total Revenues		<u>1,685,266,896</u>
Hospital and Medical		
Hospital/medical benefits		1,160,695,994
Other professional services		41,793,480
Emergency room and out-of-area		25,117,212
Prescription drugs		85,631,817
Incentive pool, withhold adjustments and bonus amounts		12,356,354
		<u>1,325,594,857</u>
Total Hospital and Medical		
		<u>1,325,594,857</u>
Claims adjustment expenses, including cost containment	\$65,723,945	
General administrative expenses	<u>158,289,039</u>	
Total Underwriting Deductions		<u>1,549,607,842</u>
Net Underwriting Gain		135,659,054
Investment Income		
Net investment income earned	8,408,188	
Net realized capital gains or (losses)	<u>870,223</u>	
Net investment gain/(loss)		<u>9,278,411</u>
Other Income		
Aggregate write-ins for other incomes or expenses		<u>33</u>
Net income or (loss) after capital gains tax and before federal income taxes		144,937,497
Federal and foreign income taxes incurred		<u>37,435,412</u>
Net Income		<u>\$107,502,086</u>

CAPITAL AND SURPLUS ACCOUNT

	<u>2020</u>	<u>2019</u>
Capital and Surplus December 31, previous year	<u>\$165,357,732</u>	<u>\$203,585,317</u>
Net income or (loss)	107,502,086	117,394,132
Change in net unrealized capital gains or (losses)	15,036	459,741
Change in net deferred income tax	2,557,790	(1,289,008)
Change in non-admitted assets	(4,161,972)	9,608,893
Surplus adjustments:		
Paid in		438,657
Dividend to stockholders	(95,000,000)	(164,840,000)
Net change in capital and surplus for the year	<u>10,912,940</u>	<u>(38,227,585)</u>
Capital and Surplus December 31, current year	<u>\$176,270,672</u>	<u>\$165,357,732</u>

ANALYSIS OF CHANGES IN FINANCIAL STATEMENTS

Total Capital and Surplus

\$176,270,672

Total capital and surplus, as established by this examination, is the same as what was reported by the Company in its 2020 annual statement. There were no changes made to any asset or liability items as a result of our examination performed as of December 31, 2020.

COMMENTS AND RECOMMENDATIONS

The following list presents a summary of comments and recommendations noted in this report:

Comments

There were no comments noted during the completion of this examination.

Recommendations

There were no recommendations made during the completion of this examination.

CONCLUSION

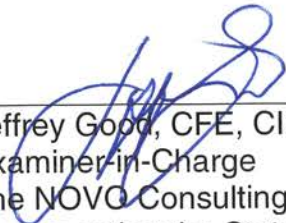
Rules and procedures as prescribed by the statutes of the State of Tennessee and guidance from the NAIC Handbook, as deemed appropriate, have been followed in connection with the verification and valuation of assets and the determination of liabilities of Cariten Health Plan Inc.

In such manner, it was found that as of December 31, 2020, the Company had admitted assets of \$532,374,306 and liabilities, exclusive of capital and surplus, of \$356,103,634. Thus, there existed for the additional protection of the policyholders, the amount of \$176,270,672 in the form of common capital stock, gross paid in and contributed surplus, and unassigned funds (surplus). Tenn. Code Ann. § 56-32-112(a)(2) requires an insurer of this type and premium volume to maintain a minimum net worth of \$29,058,539. For this examination, as of December 31, 2020, the Company maintains capital and surplus sufficient to satisfy those requirements.

The courteous cooperation of the officers and employees of the Company, extended during the course of the examination, is hereby acknowledged.

In addition to the undersigned, Lori Ruggiero, CFE, CIE, MCM and Ray Conover, AIE, ARe, FLMI, MCM, of the NOVO Consulting Group, LLC., and Scott Garduno, FSA, MAAA, with the contracting firm, Taylor-Walker Consulting, LLC, participated in the examination.

Respectfully submitted,



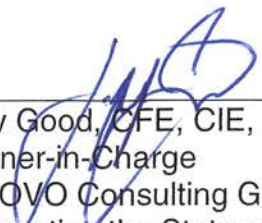
Jeffrey Good, CFE, CIE, MCM
Examiner-in-Charge
The NOVO Consulting Group, LLC
Representing the State of Tennessee



A. Jay Uselton, CFE
Department Designee
Tennessee Department of Commerce and Insurance

AFFIDAVIT

The undersigned deposes and says that he has duly executed the attached examination report of Cariten Health Plan Inc., located in Louisville, Kentucky, dated April 15, 2022, and made as of December 31, 2020, on behalf of the Tennessee Department of Commerce and Insurance. Deponent further says he is familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of his knowledge, information, and belief.



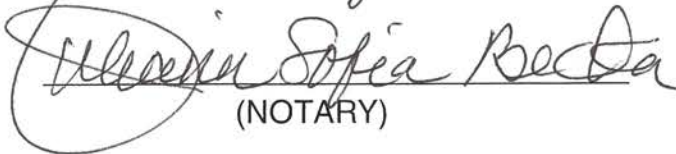
Jeffrey Good, CFE, CIE, MCM
Examiner-in-Charge
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Representing the State of Tennessee

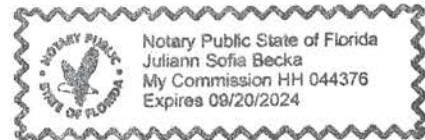
State Florida

County Headsborough

Subscribed to and sworn before me

this 16th day of June, 2022



(NOTARY)



My Commission Expires: 09-20-2024

AFFIDAVIT

The undersigned deposes and says that he has duly executed the attached examination report of Cariten Health Plan Inc., located in Louisville, Kentucky, dated April 15, 2022, and made as of December 31, 2020, on behalf of the Tennessee Department of Commerce and Insurance. Deponent further says he is familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of his knowledge, information, and belief.



A. Jay Uselton, CFE
Department Designee
State of Tennessee

State Tennessee

County Sumner

Subscribed to and sworn before me

this 17th day of June, 2022


(NOTARY)

My Commission Expires: 8/19/25



EXHIBIT B



E. Joy Little
Director of Financial Examinations/Chief Examiner
Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243-1135

Acceptance: Report of Examination – Cariten Health Plan Inc.

Dear Ms. Little:

We hereby acknowledge receipt of the final Report of Examination for Cariten Health Plan Inc., made as of December 31, 2020.

By signing below, we indicate acceptance of the report, as transmitted, and without rebuttal.

Sincerely,

Date: 06/22/2022

A handwritten signature in black ink that reads "Bruce Broussard".

Bruce Broussard, President and Chief Executive Officer

500 W Main Street
Louisville, KY 40207

Humana.com

