



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2011  
OF THE CONDITION AND AFFAIRS OF THE**

Buckeye Community Health Plan, Inc.

|                                       |   |   |   |  |                      |            |
|---------------------------------------|---|---|---|--|----------------------|------------|
| NAIC Group Code                       | 1295<br>(Current Period)                                  | 1295<br>(Prior Period)                        | NAIC Company Code                                   | 11834  | Employer's ID Number | 32-0045282 |
| Organized under the Laws of           | Ohio  |   | State of Domicile or Port of Entry                  | Ohio   |                      |            |
| Country of Domicile                   | United States   |   |   |  |                      |            |
| Licensed as business type:            | Life, Accident & Health [ ]                               | Property/Casualty [ ]                         | Hospital, Medical & Dental Service or Indemnity [ ] |  |                      |            |
|                                       | Dental Service Corporation [ ]                            | Vision Service Corporation [ ]                | Health Maintenance Organization [ X ]               |  |                      |            |
|                                       | Other [ ]   | Is HMO, Federally Qualified? Yes [ ] No [ X ] |   |  |                      |            |
| Incorporated/Organized                | 10/29/2003  |   | Commenced Business                                  | 01/01/2004   |                      |            |
| Statutory Home Office                 | 175 South Third Street, Suite 1200<br>(Street and Number) |   |   | Columbus, OH 43215<br>(City, State and Zip Code)           |                      |            |
| Main Administrative Office            | 7700 Forsyth Boulevard<br>(Street and Number)             |   |   | Saint Louis, MO 63105-3389<br>(City, State and Zip Code)   |                      |            |
|                                       |   |   |   | 314-725-4477<br>(Area Code) (Telephone Number)             |                      |            |
| Mail Address                          | 7700 Forsyth Boulevard<br>(Street and Number or P.O. Box) |   |   | Saint Louis, MO 63105-3389<br>(City, State and Zip Code)   |                      |            |
| Primary Location of Books and Records | 7700 Forsyth Boulevard<br>(Street and Number)             |   |   | Saint Louis, MO 63105-3389<br>(City, State and Zip Code)   |                      |            |
|                                       |   |   |   | 314-505-6246<br>(Area Code) (Telephone Number) (Extension) |                      |            |
| Internet Web Site Address             | www.centene.com   |   |   |  |                      |            |
| Statutory Statement Contact           | Douglas James Boyd<br>(Name)                              |   |   | 314-505-6246<br>(Area Code) (Telephone Number) (Extension) |                      |            |
|                                       | dboyd@centene.com<br>(E-Mail Address)                     |   |   | 314-725-4568<br>(Fax Number)                               |                      |            |

## OFFICERS

|                         |                   |                         |           |
|-------------------------|-------------------|-------------------------|-----------|
| Name                    | Title             | Name                    | Title     |
| Steven Allen White      | President and CEO | Keith Harvey Williamson | Secretary |
| William Nelder Scheffel | Treasurer         |                         |           |

## OTHER OFFICERS

|                            |                                      |                           |                                    |
|----------------------------|--------------------------------------|---------------------------|------------------------------------|
| Tricia Lynn Dinkelman      | Director of Tax, Centene Corporation | Christopher Donald Bowers | Senior VP, Health Plan Business    |
| Kathy Cobbs Bradley-Wells  | Assistant Secretary                  | Ronald Albert Charles, MD | Vice President- Medical Affairs    |
| Holly Lynette Mayer-Howell | Vice President- Finance              | Lori Jean Mulichak        | Vice President- Medical Management |

## **DIRECTORS OR TRUSTEES**

William Nelder Scheffel      Steven Allen White      Kathy Cobbs Bradley-Wells      Owen Elwood Johnson, MD  
Mark William Eggert      Jimmy Vance Stewart #      Stephen Flanders Loeks, PHD

State of Missouri.....

66

County of ..... Saint Louis.....

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.

Steven Allen White  
President and CEO

Keith Harvey Williamson  
Secretary

William Nelder Scheffel  
Treasurer

Subscribed and sworn to before me this  
\_\_\_\_\_  
day of February, 2012

a. Is this an original filing? Yes [  ] No [  ]

b. If no:

1. State the amendment number \_\_\_\_\_
2. Date filed \_\_\_\_\_
3. Number of pages attached \_\_\_\_\_

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

| 1<br>Name of Debtor   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals .....                                       |                  |                   |                   |                   |                  |               |
| Group subscribers: .....  |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
| 0299997 Group subscriber subtotal .....                               | .0               | 0                 | .0                | 0                 | .0               | 0             |
| 0299998 Premiums due and unpaid not individually listed .....         |                  |                   |                   |                   |                  |               |
| 0299999 Total group .....   | .0               | 0                 | .0                | 0                 | .0               | 0             |
| 0399999 Premiums due and unpaid from Medicare entities .....          |                  |                   |                   |                   |                  |               |
| 0499999 Premiums due and unpaid from Medicaid entities .....          | 2,170,615        | 1,958,144         | 1,830,859         | 305,742           |                  | 6,265,360     |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 2,170,615        | 1,958,144         | 1,830,859         | 305,742           | 0                | 6,265,360     |

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1<br>Name of Debtor                                  | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical rebate receivables                    |                  |                   |                   |                   |                  |               |
| US Script.....                                       | 111,024          | 103,031           | 101,601           | 23,795            | 23,795           | 315,676       |
| 0199999 - Totals - Pharmaceutical rebate receivables | 111,024          | 103,031           | 101,601           | 23,795            | 23,795           | 315,676       |
| Claim Overpayment Receivables                        |                  |                   |                   |                   |                  |               |
| Various Providers.....                               | .49,853          | .91,185           | .267,190          | .97,245           | .505,473         | .0            |
| 0299999 - Totals - Claim Overpayment Receivables     | 49,853           | 91,185            | 267,190           | 97,245            | 505,473          | 0             |
| Loans and Advances to Providers                      |                  |                   |                   |                   |                  |               |
| Children's Hospital of Akron.....                    |                  |                   |                   | 750,000           | 750,000          | .0            |
| 0399999 - Totals - Loans and Advances to Providers   | 0                | 0                 | 0                 | 750,000           | 750,000          | 0             |
| 0799999 Gross health care receivables                | 160,877          | 194,216           | 368,791           | 871,040           | 1,279,268        | 315,676       |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

| 1<br>Account  | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported)  |                  |                   |                   |                    |                    | .0         |
| 0199999 Individually listed claims unpaid.....                    | 0                | .0                | 0                 | .0                 | 0                  | 0          |
| 0299999 Aggregate accounts not individually listed-uncovered..... |                  |                   |                   |                    |                    | .0         |
| 0399999 Aggregate accounts not individually listed-covered        | 18,188,883       | 859,987           | 12,523            | 151,165            | 70,119             | 19,282,677 |
| 0499999 Subtotals   | 18,188,883       | 859,987           | 12,523            | 151,165            | 70,119             | 19,282,677 |
| 0599999 Unreported claims and other claim reserves                |                  |                   |                   |                    |                    | 37,439,876 |
| 0699999 Total amounts withheld                                    |                  |                   |                   |                    |                    | .0         |
| 0799999 Total claims unpaid                                       |                  |                   |                   |                    |                    | 56,722,553 |
| 0899999 Accrued medical incentive pool and bonus amounts          |                  |                   |                   |                    |                    | 0          |

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Affiliate                            | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|------------------|-------------|--------------|------------------|
| Centene Management Company.....           |                  | 1,952,829   | 1,952,829    |                  |
| .....                                     |                  |             |              |                  |
| .....                                     |                  |             |              |                  |
| .....                                     |                  |             |              |                  |
| .....                                     |                  |             |              |                  |
| .....                                     |                  |             |              |                  |
| .....                                     |                  |             |              |                  |
| .....                                     |                  |             |              |                  |
| .....                                     |                  |             |              |                  |
| 0199999 Individually listed payables..... |                  | 1,952,829   | 1,952,829    | 0                |
| 0299999 Payables not individually listed  |                  |             |              |                  |
| 0399999 Total gross payables              |                  | 1,952,829   | 1,952,829    | 0                |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

**EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

| Payment Method  | 1<br>Direct Medical<br>Expense<br>Payment | 2<br>Column 1<br>as a % of<br>Total Payments | 3<br>Total<br>Members<br>Covered | 4<br>Column 3<br>as a % of<br>Total Members | 5<br>Column 1<br>Expenses Paid to<br>Affiliated Providers | 6<br>Column 1<br>Expenses Paid to<br>Non-Affiliated Providers |
|---|---|--|----------------------------------|---|---|---|
| Capitation Payments:  |   |  |                                  |   |   |   |
| 1. Medical groups .....   | 0   | 0.0  | 159,059                          | 100.0                                       |   |   |
| 2. Intermediaries .....   | 28,137,357                                | 6.2  | 159,059                          | 100.0                                       | 21,965,643  | 6,171,714   |
| 3. All other providers .....                                    | 5,037,416                                 | 1.1  | 159,059                          | 100.0                                       | 5,037,416   | 0   |
| 4. Total capitation payments .....                              | 33,174,773                                | 7.3  | 477,177                          | 300.0                                       | 27,003,059  | 6,171,714   |
| Other Payments:   |   |  |                                  |   |   |   |
| 5. Fee-for-service .....  | 0   | 0.0  | XXX                              | XXX   |   |   |
| 6. Contractual fee payments .....                               | 423,096,661                               | 92.7   | XXX                              | XXX   | 26,639,140  | 396,457,521   |
| 7. Bonus/withhold arrangements - fee-for-service .....          | 0   | 0.0  | XXX                              | XXX   |   |   |
| 8. Bonus/withhold arrangements - contractual fee payments ..... | 44,222                                    | 0.0  | XXX                              | XXX   |   | 44,222  |
| 9. Non-contingent salaries .....                                | 0   | 0.0  | XXX                              | XXX   |   |   |
| 10. Aggregate cost arrangements .....                           | 0   | 0.0  | XXX                              | XXX   |   |   |
| 11. All other payments .....                                    | 0   | 0.0  | XXX                              | XXX   |   |   |
| 12. Total other payments .....                                  | 423,140,883                               | 92.7   | XXX                              | XXX   | 26,639,140  | 396,501,743   |
| 13. Total (Line 4 plus Line 12) .....                           | 456,315,656                               | 100 %  | XXX                              | XXX   | 53,642,199  | 402,673,457   |

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

| 1<br>NAIC Code | 2<br>Name of Intermediary             | 3<br>Capitation Paid | 4<br>Average<br>Monthly<br>Capitation | 5<br>Intermediary's<br>Total Adjusted Capital | 6<br>Intermediary's<br>Authorized<br>Control Level RBC |
|----------------|---------------------------------------|----------------------|---------------------------------------|---|--|
|                | Cenpatico Behavioral Health, LLC..... | 18,785,728           | 1,565,477                             |   |  |
|                | Opticare Vision Company, Inc.....     | 3,179,916            | 264,993                               |   |  |
|                | National Imaging Associates, Inc..... | 6,171,714            | 514,310                               |   |  |
| 9999999 Totals |                                       | 28,137,358           | XXX                                   | XXX   | XXX  |

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description  | 1<br>Cost | 2<br>Improvements | 3<br>Accumulated<br>Depreciation | 4<br>Book Value Less<br>Encumbrances | 5<br>Assets Not<br>Admitted | 6<br>Net Admitted Assets |
|--|-----------|-------------------|----------------------------------|--------------------------------------|-----------------------------|--------------------------|
| 1. Administrative furniture and equipment .....    |           |                   |                                  |                                      |                             |                          |
| 2. Medical furniture, equipment and fixtures ..... |           |                   |                                  |                                      |                             |                          |
| 3. Pharmaceuticals and surgical supplies .....     |           |                   |                                  |                                      |                             |                          |
| 4. Durable medical equipment .....                 |           |                   |                                  |                                      |                             |                          |
| 5. Other property and equipment                    |           |                   |                                  |                                      |                             |                          |
| 6. Total   | 0         | 0                 | 0                                | 0                                    | 0                           | 0                        |

**NONE**



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Buckeye Community Health Plan, Inc.

2. Columbus, OH

(LOCATION)

| NAIC Group Code   | 1295 | BUSINESS IN THE STATE OF Ohio | DURING THE YEAR 2011                  |       |                        |                |                |  |                         |                       | NAIC Company Code | 11834 |
|---|------|-------------------------------|---------------------------------------|-------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------------|-------|
|   |      |                               | Comprehensive<br>(Hospital & Medical) |       | 4                      | 5              | 6              | 7  | 8                       | 9                     |                   |       |
|   |      | Total                         | Individual                            | Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal<br>Employees<br>Health Benefit<br>Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other             |       |
| Total Members at end of:  |      |                               |                                       |       |                        |                |                |  |                         |                       |                   |       |
| 1. Prior Year .....   |      | 159,321                       |                                       |       |                        |                |                |  | 412                     | 158,909               |                   |       |
| 2. First Quarter .....  |      | 160,329                       |                                       |       |                        |                |                |  | 508                     | 159,821               |                   |       |
| 3. Second Quarter .....   |      | 159,205                       |                                       |       |                        |                |                |  | 590                     | 158,615               |                   |       |
| 4. Third Quarter .....  |      | 160,524                       |                                       |       |                        |                |                |  | 661                     | 159,863               |                   |       |
| 5. Current Year .....   |      | 159,059                       |                                       |       |                        |                |                |  | 711                     | 158,348               |                   |       |
| 6. Current Year Member Months                                   |      | 1,926,956                     |                                       |       |                        |                |                |  | 7,153                   | 1,919,803             |                   |       |
| Total Member Ambulatory Encounters for Year:                    |      |                               |                                       |       |                        |                |                |  |                         |                       |                   |       |
| 7. Physician .....  |      | 1,122,252                     |                                       |       |                        |                |                |  | 13,134                  | 1,109,118             |                   |       |
| 8. Non-Physician .....  |      | 942,773                       |                                       |       |                        |                |                |  | 4,846                   | 937,927               |                   |       |
| 9. Total .....  |      | 2,065,025                     | 0                                     | 0     | 0                      | 0              | 0              | 0  | 17,980                  | 2,047,045             | 0                 |       |
| 10. Hospital Patient Days Incurred                              |      | 91,341                        |                                       |       |                        |                |                |  | 1,467                   | 89,874                |                   |       |
| 11. Number of Inpatient Admissions                              |      | 18,423                        |                                       |       |                        |                |                |  | 243                     | 18,180                |                   |       |
| 12. Health Premiums Written (b) .....                           |      | 616,497,251                   |                                       |       |                        |                |                |  | 7,413,279               | 609,083,972           |                   |       |
| 13. Life Premiums Direct .....                                  |      | 0                             |                                       |       |                        |                |                |  |                         |                       |                   |       |
| 14. Property/Casualty Premiums Written .....                    |      | 0                             |                                       |       |                        |                |                |  |                         |                       |                   |       |
| 15. Health Premiums Earned .....                                |      | 616,497,251                   |                                       |       |                        |                |                |  | 7,413,279               | 609,083,972           |                   |       |
| 16. Property/Casualty Premiums Earned .....                     |      | 0                             |                                       |       |                        |                |                |  |                         |                       |                   |       |
| 17. Amount Paid for Provision of Health Care Services .....     |      | 456,315,656                   |                                       |       |                        |                |                |  | 6,668,721               | 449,646,935           |                   |       |
| 18. Amount Incurred for Provision of Health Care Services ..... |      | 478,460,585                   |                                       |       |                        |                |                |  | 6,554,506               | 471,906,079           |                   |       |

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....7,413,279



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Buckeye Community Health Plan, Inc.

2. \_\_\_\_\_

(LOCATION)

| NAIC Group Code   | 1295 | BUSINESS IN THE STATE OF Consolidated | DURING THE YEAR 2011                  |       |                        |                |                |  |                         |                       | NAIC Company Code | 11834 |
|---|------|---------------------------------------|---------------------------------------|-------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------------|-------|
|   |      |                                       | Comprehensive<br>(Hospital & Medical) |       | 4                      | 5              | 6              | 7  | 8                       | 9                     |                   |       |
|   | 1    | Total                                 | Individual                            | Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal<br>Employees<br>Health Benefit<br>Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other             |       |
| Total Members at end of:  |      |                                       |                                       |       |                        |                |                |  |                         |                       |                   |       |
| 1. Prior Year .....   |      | 159,321                               | 0                                     | 0     | 0                      | 0              | 0              | 0  | 412                     | 158,909               | 0                 |       |
| 2. First Quarter .....  |      | 160,329                               | 0                                     | 0     | 0                      | 0              | 0              | 0  | 508                     | 159,821               | 0                 |       |
| 3. Second Quarter .....   |      | 159,205                               | 0                                     | 0     | 0                      | 0              | 0              | 0  | 590                     | 158,615               | 0                 |       |
| 4. Third Quarter .....  |      | 160,524                               | 0                                     | 0     | 0                      | 0              | 0              | 0  | 661                     | 159,863               | 0                 |       |
| 5. Current Year .....   |      | 159,059                               | 0                                     | 0     | 0                      | 0              | 0              | 0  | 711                     | 158,348               | 0                 |       |
| 6. Current Year Member Months .....                             |      | 1,926,956                             | 0                                     | 0     | 0                      | 0              | 0              | 0  | 7,153                   | 1,919,803             | 0                 |       |
| Total Member Ambulatory Encounters for Year:                    |      |                                       |                                       |       |                        |                |                |  |                         |                       |                   |       |
| 7. Physician .....  |      | 1,122,252                             | 0                                     | 0     | 0                      | 0              | 0              | 0  | 13,134                  | 1,109,118             | 0                 |       |
| 8. Non-Physician .....  |      | 942,773                               | 0                                     | 0     | 0                      | 0              | 0              | 0  | 4,846                   | 937,927               | 0                 |       |
| 9. Total .....  |      | 2,065,025                             | 0                                     | 0     | 0                      | 0              | 0              | 0  | 17,980                  | 2,047,045             | 0                 |       |
| 10. Hospital Patient Days Incurred .....                        |      | 91,341                                | 0                                     | 0     | 0                      | 0              | 0              | 0  | 1,467                   | 89,874                | 0                 |       |
| 11. Number of Inpatient Admissions .....                        |      | 18,423                                | 0                                     | 0     | 0                      | 0              | 0              | 0  | 243                     | 18,180                | 0                 |       |
| 12. Health Premiums Written (b) .....                           |      | 616,497,251                           | 0                                     | 0     | 0                      | 0              | 0              | 0  | 7,413,279               | 609,083,972           | 0                 |       |
| 13. Life Premiums Direct .....                                  |      | 0                                     | 0                                     | 0     | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0                 |       |
| 14. Property/Casualty Premiums Written .....                    |      | 0                                     | 0                                     | 0     | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0                 |       |
| 15. Health Premiums Earned .....                                |      | 616,497,251                           | 0                                     | 0     | 0                      | 0              | 0              | 0  | 7,413,279               | 609,083,972           | 0                 |       |
| 16. Property/Casualty Premiums Earned .....                     |      | 0                                     | 0                                     | 0     | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0                 |       |
| 17. Amount Paid for Provision of Health Care Services .....     |      | 456,315,656                           | 0                                     | 0     | 0                      | 0              | 0              | 0  | 6,668,721               | 449,646,935           | 0                 |       |
| 18. Amount Incurred for Provision of Health Care Services ..... |      | 478,460,585                           | 0                                     | 0     | 0                      | 0              | 0              | 0  | 6,554,506               | 471,906,079           | 0                 |       |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 7,413,279

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE S - PART 1 - SECTION 2**

#### Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

## **SCHEDULE S - PART 2**

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

| 1<br>NAIC<br>Company<br>Code  | 2<br>Federal ID<br>Number | 3<br>Effective Date | 4<br>Name of Company | 5<br>Domiciliary<br>Jurisdiction | 6<br>Type | 7<br>Premiums | 8<br>Unearned Premiums<br>(Estimated) | 9<br>Reserve Credit<br>Taken Other than for<br>Unearned Premiums | Outstanding Surplus Relief |                  | 12<br>Modified<br>Coinsurance<br>Reserve | 13<br>Funds Withheld<br>Under Coinsurance |
|---|---------------------------|---------------------|----------------------|----------------------------------|-----------|---------------|---------------------------------------|--|----------------------------|------------------|--|---|
|   |                           |                     |                      |                                  |           |               |                                       |  | 10<br>Current Year         | 11<br>Prior Year |  |   |
| General Account - Authorized - Affiliates - U.S. Affiliates   |                           |                     |                      |                                  |           |               |                                       |  |                            |                  |  |   |
| 71013.....39-0993433.....01/01/2011.....Bankers Reserve Life Insurance Company.....MO.....                  |                           |                     |                      |                                  | SSL/I/L   | 9,717,800     |                                       |  |                            |                  |  |   |
| 0199999 - General Account - Authorized - Affiliates - U.S. Affiliates                                       |                           |                     |                      |                                  |           | 9,717,800     | 0                                     | 0  | 0                          | 0                | 0  | 0   |
| General Account - Authorized - Affiliates - Non-U.S. Affiliates   |                           |                     |                      |                                  |           |               |                                       |  |                            |                  |  |   |
| 22667.....95-2371728.....01/01/2011.....Ace American Insurance Company.....PA.....                          |                           |                     |                      |                                  | SSL/I/L   | 393           |                                       |  |                            |                  |  |   |
| 0299999 - General Account - Authorized - Affiliates - Non-U.S. Affiliates                                   |                           |                     |                      |                                  |           | 393           | 0                                     | 0  | 0                          | 0                | 0  | 0   |
| 0399999 - General Account - Authorized - Affiliates - Total Authorized Affiliates                           |                           |                     |                      |                                  |           | 9,718,193     | 0                                     | 0  | 0                          | 0                | 0  | 0   |
| 0799999 - General Account - Authorized - Total General Account Authorized                                   |                           |                     |                      |                                  |           | 9,718,193     | 0                                     | 0  | 0                          | 0                | 0  | 0   |
| 1599999 - General Account - Total General Account Authorized and Unauthorized                               |                           |                     |                      |                                  |           | 9,718,193     | 0                                     | 0  | 0                          | 0                | 0  | 0   |
| 3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)     |                           |                     |                      |                                  |           | 9,717,800     | 0                                     | 0  | 0                          | 0                | 0  | 0   |
| 3299999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999) |                           |                     |                      |                                  |           | 393           | 0                                     | 0  | 0                          | 0                | 0  | 0   |
| 3399999 Total (Sum of 1599999 and 3099999)  |                           |                     |                      |                                  |           |               |                                       |  |                            |                  |  |   |
|   |                           |                     |                      |                                  |           | 9,718,193     | 0                                     | 0  | 0                          | 0                | 0  | 0   |

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

## **SCHEDULE S - PART 4**

## Reinsurance Ceded To Unauthorized Companies

**NONE**

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| (a) | Code | American Bankers Association (ABA)<br>Routing Number | Bank Name |
|-----|------|--|-----------|
|     |      | .....  | .....     |
|     |      | .....  | .....     |
|     |      | .....  | .....     |

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**Schedule S - Part 5**

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

|  | 1<br>2011 | 2<br>2010 | 3<br>2009 | 4<br>2008 | 5<br>2007 |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>A. OPERATIONS ITEMS</b>   |           |           |           |           |           |
| 1. Premiums.....   | 0         | 0         | 0         | 0         | 0         |
| 2. Title XVIII-Medicare.....   | 0         | 0         | 0         | 0         | 0         |
| 3. Title XIX-Medicaid.....   | 9,718     | 10,767    | 9,236     | 5,747     | 10,974    |
| 4. Commissions and reinsurance expense allowance.....                    | 0         | 0         | 0         | 0         | 0         |
| 5. Total hospital and medical expenses.....                              | 10,981    | 4,080     | 5,871     | 8,563     | 7,021     |
| <b>B. BALANCE SHEET ITEMS</b>  |           |           |           |           |           |
| 6. Premiums receivable .....   | 0         | 0         | 0         | 0         | 0         |
| 7. Claims payable.....   | (2,903)   | (1,402)   | (2,685)   | (762)     | (122)     |
| 8. Reinsurance recoverable on paid losses.....                           | 1,300     | 522       | 348       | 367       | 1,707     |
| 9. Experience rating refunds due or unpaid.....                          | 0         | 0         | 0         | 0         | 0         |
| 10. Commissions and reinsurance expense allowances unpaid.....           | 0         | 0         | 0         | 0         | 0         |
| 11. Unauthorized reinsurance offset.....                                 | 0         | 0         | 0         | 0         | 0         |
| <b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b> |           |           |           |           |           |
| 12. Funds deposited by and withheld from (F).....                        | 0         | 0         | 0         | 0         | 0         |
| 13. Letters of credit (L).....   | 0         | 0         | 0         | 0         | 0         |
| 14. Trust agreements (T).....  | 0         | 0         | 0         | 0         | 0         |
| 15. Other (O).....   | 0         | 0         | 0         | 0         | 0         |

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|  | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| <b>ASSETS (Page 2, Col. 3)</b>   |                                    |                                 |                                   |
| 1. Cash and invested assets (Line 12).....   | 140,420,325                        |                                 | 140,420,325                       |
| 2. Accident and health premiums due and unpaid (Line 15).....  | 6,265,359                          |                                 | 6,265,359                         |
| 3. Amounts recoverable from reinsurers (Line 16.1).....  | 1,300,494                          | (1,300,494)                     | 0                                 |
| 4. Net credit for ceded reinsurance.....   | XXX                                | 4,202,994                       | 4,202,994                         |
| 5. All other admitted assets (Balance).....  | 11,597,097                         |                                 | 11,597,097                        |
| 6. Total assets (Line 28).....   | 159,583,275                        | 2,902,500                       | 162,485,775                       |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>   |                                    |                                 |                                   |
| 7. Claims unpaid (Line 1).....   | 53,820,053                         | 2,902,500                       | 56,722,553                        |
| 8. Accrued medical incentive pool and bonus payments (Line 2).....                                   | 0                                  |                                 | 0                                 |
| 9. Premiums received in advance (Line 8).....  | 0                                  |                                 | 0                                 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)..... | 0                                  |                                 | 0                                 |
| 11. Reinsurance in unauthorized companies (Line 20).....   | 0                                  |                                 | 0                                 |
| 12. All other liabilities (Balance).....   | 20,265,989                         |                                 | 20,265,989                        |
| 13. Total liabilities (Line 24).....   | 74,086,042                         | 2,902,500                       | 76,988,542                        |
| 14. Total capital and surplus (Line 33).....   | 85,497,233                         | XXX                             | 85,497,233                        |
| 15. Total liabilities, capital and surplus (Line 34).....  | 159,583,275                        | 2,902,500                       | 162,485,775                       |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>  |                                    |                                 |                                   |
| 16. Claims unpaid.....   | 2,902,500                          |                                 |                                   |
| 17. Accrued medical incentive pool.....  | 0                                  |                                 |                                   |
| 18. Premiums received in advance .....   | 0                                  |                                 |                                   |
| 19. Reinsurance recoverable on paid losses .....   | 1,300,494                          |                                 |                                   |
| 20. Other ceded reinsurance recoverables .....   | 0                                  |                                 |                                   |
| 21. Total ceded reinsurance recoverables .....   | 4,202,994                          |                                 |                                   |
| 22. Premiums receivable .....  | 0                                  |                                 |                                   |
| 23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....          | 0                                  |                                 |                                   |
| 24. Unauthorized reinsurance .....   | 0                                  |                                 |                                   |
| 25. Other ceded reinsurance payables/offsets .....   | 0                                  |                                 |                                   |
| 26. Total ceded reinsurance payables/offsets .....   | 0                                  |                                 |                                   |
| 27. Total net credit for ceded reinsurance   | 4,202,994                          |                                 |                                   |

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE T – PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

| States, Etc.                       | Direct Business Only                   |  |  |  |                                |             |
|------------------------------------|--|--|--|--|--------------------------------|-------------|
|                                    | 1<br>Life<br>(Group and<br>Individual) | 2<br>Annuities (Group<br>and Individual) | 3<br>Disability<br>Income<br>(Group and<br>Individual) | 4<br>Long-Term Care<br>(Group and<br>Individual) | 5<br>Deposit-Type<br>Contracts | 6<br>Totals |
| 1. Alabama .....                   | AL .....                               |  |  |  |                                | 0           |
| 2. Alaska .....                    | AK .....                               |  |  |  |                                | 0           |
| 3. Arizona .....                   | AZ .....                               |  |  |  |                                | 0           |
| 4. Arkansas .....                  | AR .....                               |  |  |  |                                | 0           |
| 5. California .....                | CA .....                               |  |  |  |                                | 0           |
| 6. Colorado .....                  | CO .....                               |  |  |  |                                | 0           |
| 7. Connecticut .....               | CT .....                               |  |  |  |                                | 0           |
| 8. Delaware .....                  | DE .....                               |  |  |  |                                | 0           |
| 9. District of Columbia .....      | DC .....                               |  |  |  |                                | 0           |
| 10. Florida .....                  | FL .....                               |  |  |  |                                | 0           |
| 11. Georgia .....                  | GA .....                               |  |  |  |                                | 0           |
| 12. Hawaii .....                   | HI .....                               |  |  |  |                                | 0           |
| 13. Idaho .....                    | ID .....                               |  |  |  |                                | 0           |
| 14. Illinois .....                 | IL .....                               |  |  |  |                                | 0           |
| 15. Indiana .....                  | JN .....                               |  |  |  |                                | 0           |
| 16. Iowa .....                     | JA .....                               |  |  |  |                                | 0           |
| 17. Kansas .....                   | KS .....                               |  |  |  |                                | 0           |
| 18. Kentucky .....                 | KY .....                               |  |  |  |                                | 0           |
| 19. Louisiana .....                | LA .....                               |  |  |  |                                | 0           |
| 20. Maine .....                    | ME .....                               |  |  |  |                                | 0           |
| 21. Maryland .....                 | MD .....                               |  |  |  |                                | 0           |
| 22. Massachusetts .....            | MA .....                               |  |  |  |                                | 0           |
| 23. Michigan .....                 | MI .....                               |  |  |  |                                | 0           |
| 24. Minnesota .....                | MN .....                               |  |  |  |                                | 0           |
| 25. Mississippi .....              | MS .....                               |  |  |  |                                | 0           |
| 26. Missouri .....                 | MO .....                               |  |  |  |                                | 0           |
| 27. Montana .....                  | MT .....                               |  |  |  |                                | 0           |
| 28. Nebraska .....                 | NE .....                               |  |  |  |                                | 0           |
| 29. Nevada .....                   | NV .....                               |  |  |  |                                | 0           |
| 30. New Hampshire .....            | NH .....                               |  |  |  |                                | 0           |
| 31. New Jersey .....               | NJ .....                               |  |  |  |                                | 0           |
| 32. New Mexico .....               | NM .....                               |  |  |  |                                | 0           |
| 33. New York .....                 | NY .....                               |  |  |  |                                | 0           |
| 34. North Carolina .....           | NC .....                               |  |  |  |                                | 0           |
| 35. North Dakota .....             | ND .....                               |  |  |  |                                | 0           |
| 36. Ohio .....                     | OH .....                               |  |  |  |                                | 0           |
| 37. Oklahoma .....                 | OK .....                               |  |  |  |                                | 0           |
| 38. Oregon .....                   | OR .....                               |  |  |  |                                | 0           |
| 39. Pennsylvania .....             | PA .....                               |  |  |  |                                | 0           |
| 40. Rhode Island .....             | RI .....                               |  |  |  |                                | 0           |
| 41. South Carolina .....           | SC .....                               |  |  |  |                                | 0           |
| 42. South Dakota .....             | SD .....                               |  |  |  |                                | 0           |
| 43. Tennessee .....                | TN .....                               |  |  |  |                                | 0           |
| 44. Texas .....                    | TX .....                               |  |  |  |                                | 0           |
| 45. Utah .....                     | UT .....                               |  |  |  |                                | 0           |
| 46. Vermont .....                  | VT .....                               |  |  |  |                                | 0           |
| 47. Virginia .....                 | VA .....                               |  |  |  |                                | 0           |
| 48. Washington .....               | WA .....                               |  |  |  |                                | 0           |
| 49. West Virginia .....            | WV .....                               |  |  |  |                                | 0           |
| 50. Wisconsin .....                | WI .....                               |  |  |  |                                | 0           |
| 51. Wyoming .....                  | WY .....                               |  |  |  |                                | 0           |
| 52. American Samoa .....           | AS .....                               |  |  |  |                                | 0           |
| 53. Guam .....                     | GU .....                               |  |  |  |                                | 0           |
| 54. Puerto Rico .....              | PR .....                               |  |  |  |                                | 0           |
| 55. U.S. Virgin Islands .....      | VI .....                               |  |  |  |                                | 0           |
| 56. Northern Mariana Islands ..... | MP .....                               |  |  |  |                                | 0           |
| 57. Canada .....                   | CN .....                               |  |  |  |                                | 0           |
| 58. Aggregate Other Alien .....    | OT .....                               |  |  |  |                                | 0           |
| 59. Totals .....                   |  | 0  | 0  | 0  | 0                              | 0           |

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

| 1<br>Group Code | 2<br>Group Name          | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK   | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent Subsidiaries or Affiliates           | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|-----------------|--------------------------|------------------------|------------------------|-------------------|------------|---|--|---------------------------|--|--|--|--|---|---------|
| 1295.....       | Centene Corporation..... | 12959.....             | 20-5693998.....        |                   |            |   | Absolute Total Care, Inc.....                            | SC.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 56-2384404.....        |                   |            |   | Access Health Solutions LLC.....                         | FL.....                   | NIA.....                               | Sunshine Health Holding Company, Inc.....            | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 95302.....             | 75-2592153.....        |                   |            |   | AECC Total Vision Health Plan of Texas, Inc.....         | TX.....                   | IA.....                                | OptiCare Managed Vision, Inc.....                    | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 71013.....             | 39-0993433.....        |                   |            |   | Bankers Reserve Life Insurance Company of Wisconsin..... | WI.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-4980818.....        |                   |            |   | Bridgeway Health Solutions of Arizona, LLC.....          | AZ.....                   | NIA.....                               | Bridgeway Health Solutions, LLC.....                 | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-4980875.....        |                   |            |   | Bridgeway Health Solutions, LLC.....                     | DE.....                   | NIA.....                               | CenCorp Health Solutions, Inc.....                   | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 11834.....             | 32-0045282.....        |                   |            |   | Buckeye Community Health Plan, Inc.....                  | OH.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 90-0636938.....        |                   |            |   | Casenet LLC.....   | DE.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 81.0   | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 86-0782736.....        |                   |            |   | CBHSP Arizona, Inc.....                                  | AZ.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 36-2979209.....        |                   |            |   | Celtic Group, Inc.....                                   | DE.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 80799.....             | 06-0641618.....        |                   |            |   | Celtic Insurance Company.....                            | IL.....                   | IA.....                                | Celtic Group, Inc.....                               | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 26-4278205.....        |                   |            |   | CeltiCare Health Plan Holdings LLC.....                  | DE.....                   | NIA.....                               | Celtic Group, Inc.....                               | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 13632.....             | 26-4818440.....        |                   |            |   | CeltiCare Health Plan of Massachusetts.....              | MA.....                   | IA.....                                | CeltiCare Health Plan Holdings LLC.....              | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 22-3889471.....        |                   |            |   | CenCorp Health Solutions, Inc.....                       | DE.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-1624120.....        |                   |            |   | Cenpatico Behavioral Health of Arizona, LLC.....         | AZ.....                   | NIA.....                               | Cenpatico Behavioral Health, LLC.....                | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 12525.....             | 74-3018565.....        |                   |            |   | Cenpatico Behavioral Health of TX, Inc.....              | TX.....                   | IA.....                                | Cenpatico Behavioral Health, LLC.....                | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 65-1180389.....        |                   |            |   | Cenpatico Behavioral Health Wisconsin, LLC.....          | WI.....                   | NIA.....                               | Cenpatico Behavioral Health, LLC.....                | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 68-0461584.....        |                   |            |   | Cenpatico Behavioral Health, LLC.....                    | CA.....                   | NIA.....                               | CenCorp Health Solutions, Inc.....                   | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 45-2819782.....        |                   |            |   | Cenpatico CeliCare Integrated Services, Inc.....         | MA.....                   | NIA.....                               | Cenpatico Behavioral Health, LLC.....                | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 26-4094682.....        |                   |            |   | Centene Center LLC.....                                  | DE.....                   | NIA.....                               | CMC Real Estate Co. LLC.....                         | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 74-2810404.....        |                   |            |   | Centene Company of Texas, LP.....                        | TX.....                   | NIA.....                               | Centene Holdings, LLC.....                           | Ownership.....   | 99.0   | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 42-1406317.....        |                   | 0001071739 | New York Stock Exchange.....  | Centene Corporation.....                                 | DE.....                   | UDP.....                               | Centene Holdings, LLC.....                           | Shareholders/Board of Directors.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-2074277.....        |                   |            |   | Centene Holdings, LLC.....                               | DE.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 39-1864073.....        |                   |            |   | Centene Management Company LLC.....                      | WI.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-0057283.....        |                   |            |   | CMC Real Estate Co. LLC.....                             | DE.....                   | NIA.....                               | Centene Management Company LLC.....                  | Ownership.....   | 100.0  | Centene Corporation.....                          |         |

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

| 1<br>Group Code | 2<br>Group Name          | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Name of Parent/Subsidiaries or Affiliates                                    | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/ Person(s) | 15<br>* |
|-----------------|--------------------------|------------------------|------------------------|-------------------|----------|---|---|---------------------------|--|--|--|--|---|---------|
| 1295.....       | Centene Corporation..... | 95831.....             | 39-1821211.....        |                   |          |   | Coordinated Care Corporation d/b/a Managed Health Services.....                   | IN.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 06-1404277.....        |                   |          |   | Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations..... | CT.....                   | NIA.....                               | Nurtur Health, Inc.....                              | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 60078.....             | 86-0819817.....        |                   |          |   | Hallmark Life Insurance Co.....   | AZ.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 27-0916294.....        |                   |          |   | Healthy Louisiana Holdings LLC.....   | DE.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 51.0   | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 45-2798041.....        |                   |          |   | Home State Health Plan, Inc.....  | MO.....                   | NIA.....                               | Centene Corporation.....                             | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 14053.....             | 27-2186150.....        |                   |          |   | IlliniCare Health Plan, Inc.....  | IL.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 74-2892993.....        |                   |          |   | Integrated Mental Health Mgmt, LLC.....   | TX.....                   | NIA.....                               | Cenpatico Behavioral Health, LLC.....                | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 74-2785494.....        |                   |          |   | Integrated Mental Health Services.....  | TX.....                   | NIA.....                               | Integrated Mental Health Mgmt, LLC.....              | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 14100.....             | 45-1294925.....        |                   |          |   | Kentucky Spirit Health Plan, Inc.....   | KY.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 76-0511700.....        |                   |          |   | LBB Industries, Inc.....  | TX.....                   | NIA.....                               | US Script, Inc.....                                  | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 13970.....             | 27-1287287.....        |                   |          |   | Louisiana Healthcare Connections, Inc.....  | LA.....                   | IA.....                                | Healthy Louisiana Holdings LLC.....                  | Ownership.....   | 100.0  | Centene Corporation.....                          |         |
| 1295.....       | Centene Corporation..... | 13923.....             | 20-8570212.....        |                   |          |   | Magnolia Health Plan Inc.....   | MS.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 96822.....             | 39-1678579.....        |                   |          |   | Managed Health Services Insurance Corp.....                                       | WI.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 27-2221367.....        |                   |          |   | Novasys Health, Inc.....  | DE.....                   | NIA.....                               | Celtic Group, Inc.....                               | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-4730372.....        |                   |          |   | Nurse Response, Inc.....  | DE.....                   | NIA.....                               | NurseWise LP.....                                    | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 42-1565807.....        |                   |          |   | NurseWise Holdings LLC.....   | DE.....                   | NIA.....                               | CenCorp Health Solutions, Inc.....                   | Ownership.....   | 99.0   | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 52-2379566.....        |                   |          |   | NurseWise LP.....   | DE.....                   | NIA.....                               | NurseWise Holdings LLC.....                          | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 06-1476380.....        |                   |          |   | Nurtur Health, Inc.....   | DE.....                   | NIA.....                               | CenCorp Health Solutions, Inc.....                   | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 65-0094759.....        |                   |          |   | Oucare Systems, Inc.....  | FL.....                   | NIA.....                               | OptiCare Managed Vision, Inc.....                    | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-4730341.....        |                   |          |   | OptiCare Managed Vision, Inc.....   | DE.....                   | NIA.....                               | CenCorp Health Solutions, Inc.....                   | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 20-4773088.....        |                   |          |   | OptiCare Vision Company, Inc.....   | DE.....                   | NIA.....                               | OptiCare Managed Vision, Inc.....                    | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 36-4520004.....        |                   |          |   | OptiCare Vision Insurance Co, Inc.....  | SC.....                   | NIA.....                               | OptiCare Managed Vision, Inc.....                    | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 12315.....             | 20-3174593.....        |                   |          |   | Peach State Health Plan, Inc.....   | GA.....                   | IA.....                                | Centene Corporation.....                             | Ownership.....   | 100.0  | Corporation.....                                  |         |
| 1295.....       | Centene Corporation..... | 0.....                 | 75-2612875.....        |                   |          |   | RX Direct, Inc.....   | TX.....                   | NIA.....                               | US Script, Inc.....                                  | Ownership.....   | 100.0  | Centene Corporation.....                          |         |

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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| Asterisk | Explanation |
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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

| 1<br>NAIC<br>Company<br>Code | 2<br>Federal ID<br>Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales or<br>Exchanges of<br>Loans, Securities,<br>Real<br>Estate, Mortgage<br>Loans or Other<br>Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for the<br>Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>*<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 11 | 12 | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve<br>Credit<br>Taken/(Liability) |
|------------------------------|---------------------------|---|-------------------------------|-------------------------------|---|--|--|--|---|----|----|--|
| 0.....                       | 42-1406317.....           | Centene Corporation.....                                      | 67,059,535.....               | (121,148,147).....            |   |  | 13,061,464.....  |  |   |    |    | (41,027,149).....  |
| 0.....                       | 39-1864073.....           | Centene Management Company LLC.....                           |                               |                               |   |  | 412,084,763.....                                       |  |   |    |    | 412,084,763.....   |
| 0.....                       | 20-0057283.....           | CMC Real Estate Co. LLC.....                                  |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 26-4094682.....           | Centene Center LLC.....                                       |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 71013.....                   | 39-0993433.....           | Bankers Reserve Life Insurance Company o.....                 |                               | (25,000,000).....             |   |  | (142,825,460).....                                     |  | (21,211,433).....   |    |    | (189,036,893).....(19,747,749)   |
| 0.....                       | 22-3889471.....           | CenCorp Health Solutions, Inc.....                            |                               |                               |   |  | 606,986.....   |  |   |    |    | 606,986.....   |
| 0.....                       | 42-1565807.....           | NurseWise Holdings LLC.....                                   |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 52-2379566.....           | NurseWise LP.....   |                               |                               |   |  | 24,154,279.....  |  |   |    |    | 24,154,279.....  |
| 0.....                       | 20-4730372.....           | Nurse Response, Inc.....                                      |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 20-4980875.....           | Bridgeway Health Solutions, LLC.....                          |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 20-4980818.....           | Bridgeway Health Solutions of Arizona, L.....                 |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 06-1476380.....           | Nurtur Health, Inc.....                                       |                               |                               |   |  | 18,934,609.....  |  |   |    |    | 18,934,609.....  |
| 0.....                       | 06-1404277.....           | Family Care & Workforce Diversity Consul.....                 |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 16-1686991.....           | Wellness By Choice, LLC.....                                  |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 68-0461584.....           | Cenpatico Behavioral Health, LLC.....                         |                               |                               |   |  | 119,953,453.....                                       |  |   |    |    | 119,953,453.....   |
| 12525.....                   | 74-3018565.....           | Cenpatico Behavioral Health of TX, Inc.....                   |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 45-2819782.....           | Cenpatico CelticCare Integrated Services,.....                |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 86-0782736.....           | CBHSP Arizona, Inc.....                                       |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 74-2892993.....           | Integrated Mental Health Mgmt, LLC.....                       |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 74-2785494.....           | Integrated Mental Health Services.....                        |                               |                               |   |  | 126,977,193.....                                       |  |   |    |    | 126,977,193.....   |
| 0.....                       | 65-1180389.....           | Cenpatico Behavioral Health Wisconsin, L.....                 |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 20-1624120.....           | Cenpatico Behavioral Health of Arizona,.....                  |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 0.....                       | 20-4730341.....           | OptiCare Managed Vision, Inc.....                             |                               |                               |   |  | 1,242,084.....   |  |   |    |    | 1,242,084.....   |
| 0.....                       | 36-4520004.....           | OptiCare Vision Insurance Co., Inc.....                       |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 95302.....                   | 75-2592153.....           | AECC Total Vision Health Plan of Texas,.....                  |                               |                               |   |  | 5,611,271.....   |  |   |    |    | 5,611,271.....   |
| 0.....                       | 20-4773088.....           | OptiCare Vision Company, Inc.....                             |                               |                               |   |  | 20,294,327.....  |  |   |    |    | 20,294,327.....  |
| 0.....                       | 65-0094759.....           | Ocucare Systems, Inc.....                                     |                               |                               |   |  | 2,541,702.....   |  |   |    |    | 2,541,702.....   |
| 0.....                       | 20-4861241.....           | Total Vision, Inc.....  |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 12315.....                   | 20-3174593.....           | Peach State Health Plan, Inc.....                             | (5,000,000).....              |                               |   |  | (223,547,978).....                                     | 3,592,656.....   |   |    |    | (224,955,322).....2,521,213  |
| 11834.....                   | 32-0045282.....           | Buckeye Community Health Plan, Inc.....                       | (15,000,000).....             |                               |   |  | (140,921,324).....                                     | (1,263,231).....   |   |    |    | (157,184,554).....4,202,994  |
| 12959.....                   | 20-5693998.....           | Absolute Total Care, Inc.....                                 |                               |                               |   |  | (82,445,454).....                                      | 289,357.....   |   |    |    | (82,156,097).....1,045,076   |
| 95831.....                   | 39-1821211.....           | Coordinated Care Corporation d/b/a Manag.....                 | (11,100,000).....             |                               |   |  | (71,384,677).....                                      |  |   |    |    | (82,484,677).....  |
| 96822.....                   | 39-1678579.....           | Managed Health Services Insurance Corp.....                   | (7,000,000).....              |                               |   |  | (27,690,721).....                                      | 796,787.....   |   |    |    | (33,893,935).....61,000  |
| 60078.....                   | 86-0819817.....           | Hallmark Life Insurance Co.....                               |                               |                               |   |  | (693,237).....   |  |   |    |    | (693,237).....   |
| 0.....                       | 36-2979209.....           | Celtic Group, Inc.....  |                               |                               |   |  | 8,265,667.....   |  |   |    |    | 8,265,667.....   |
| 80799.....                   | 06-0641618.....           | Celtic Insurance Company.....                                 |                               |                               |   |  | (13,040,617).....                                      |  |   |    |    | (3,040,617).....   |
| 0.....                       | 27-2221367.....           | Novasys Health, Inc.....                                      |                               |                               |   |  | 3,048,382.....   |  |   |    |    | 3,048,382.....   |
| 0.....                       | 26-4278205.....           | CeltiCare Health Plan Holdings LLC.....                       |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 13632.....                   | 26-4818440.....           | CeltiCare Health Plan of Massachusetts.....                   |                               |                               |   |  | (29,388,696).....                                      |  |   |    |    | (29,388,696).....  |
| 95647.....                   | 74-2770542.....           | Superior HealthPlan, Inc.....                                 |                               |                               |   |  | (186,697,285).....                                     | 15,055,988.....  |   |    |    | (146,641,297).....7,350,339  |
| 0.....                       | 27-0916294.....           | Healthy Louisiana Holdings LLC.....                           |                               |                               |   |  |  |  |   |    |    | 0.....   |
| 13970.....                   | 27-1287287.....           | Louisiana Healthcare Connections, Inc.....                    |                               |                               |   |  |  |  |   |    |    | 0.....   |

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

| 1<br>NAIC<br>Company<br>Code | 2<br>Federal ID<br>Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales or<br>Exchanges of<br>Loans, Securities,<br>Real<br>Estate, Mortgage<br>Loans or Other<br>Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for the<br>Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>*<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 11 | 12 | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve<br>Credit<br>Taken/(Liability) |           |
|------------------------------|---------------------------|---|-------------------------------|-------------------------------|---|--|--|--|---|----|----|--|-----------|
| 13923                        | 20-8570212                | Magnolia Health Plan Inc.                                     |                               | 16,096,932                    |   |  | (89,728,910)   | 935,936  |   |    |    | (72,696,042)   | 629,132   |
| 95503                        | 22-3292245                | University Health Plans, Inc.                                 |                               | (3,959,535)                   | .96,057   |  | (43,496)   |  |   |    |    | (3,906,974)  |           |
| 0                            | 20-2074277                | Centene Holdings, LLC   |                               |                               |   |  |  |  |   |    |    | 0  |           |
| 0                            | 74-2810404                | Centene Company of Texas, LP                                  |                               |                               |   |  |  |  |   |    |    | .134,109,268   |           |
| 0                            | 77-0578529                | US Script, Inc.   |                               |                               |   |  |  |  |   |    |    | .369,224,959   |           |
| 0                            | 76-0511700                | LBB Industries, Inc.  |                               |                               |   |  |  |  |   |    |    | 0  |           |
| 0                            | 75-2612875                | RX Direct, Inc.   |                               |                               |   |  |  |  |   |    |    | 0  |           |
| 14053                        | 27-2186150                | IlliniCare Health Plan, Inc.                                  |                               | 13,309,488                    |   |  | (37,387,936)   | .81,338  |   |    |    | (23,997,110)   | .579,000  |
| 0                            | 26-0557093                | Sunshine Health Holding Company, Inc.                         |                               |                               |   |  |  |  |   |    |    | 0  |           |
| 13148                        | 20-8937577                | Sunshine State Health Plan, Inc.                              |                               | 14,644,952                    |   |  | (173,127,117)  | 1,607,580  |   |    |    | (156,874,584)  | 3,067,995 |
| 0                            | 56-2384404                | Access Health Solutions LLC                                   |                               |                               |   |  |  |  |   |    |    | 0  |           |
| 14100                        | 45-1294925                | Kentucky Spirit Health Plan, Inc.                             |                               |                               | 42,000,718  |  |  | (41,187,497)   | .115,022  |    |    | 928,243  | .291,000  |
| 0                            | 45-2798041                | Home State Health Plan, Inc.                                  |                               |                               |   |  |  |  |   |    |    | 0  |           |
| 0                            | 45-3276702                | Sunflower State Health Plan, Inc.                             |                               |                               |   |  |  |  |   |    |    | 0  |           |
| 0                            | 90-0636938                | Casenet LLC   |                               |                               |   |  |  |  |   |    |    | 0  |           |
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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

### MARCH FILING

|   | Responses     |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....YES..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | .....YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | .....YES..... |

### APRIL FILING

|  |               |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | .....YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | .....YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | .....YES..... |

### JUNE FILING

|  |               |
|--|---------------|
| 8. Will an audited financial report be filed by June 1?  | .....YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....YES..... |

### AUGUST FILING

|  |               |
|--|---------------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

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

### MARCH FILING

|  |                           |
|--|---------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO.....              |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO.....              |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | .....NO.....              |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO.....              |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | .....NO.....              |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | .....NO.....              |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO.....              |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | .....SEE EXPLANATION..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | .....SEE EXPLANATION..... |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?  | .....SEE EXPLANATION..... |

### APRIL FILING

|  |              |
|--|--------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO..... |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?          | .....NO..... |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                              | .....NO..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | .....NO..... |

### AUGUST FILING

|  |               |
|--|---------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

#### Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
18. Relief from regulation not applied for
19. Relief from regulation not applied for
20. Relief from regulation not applied for

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

24.

25.

**Bar code:**



**OVERFLOW PAGE FOR WRITE-INS**

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Buckeye Community Health Plan, Inc.**