



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2013
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Community Health Plan, Inc.

| | | | | | | |
|-----------------|--------------------------|------------------------|-------------------|-------|----------------------|------------|
| NAIC Group Code | 1295 (Current Period) | 1295 (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 4349 Easton Way, Suite 200, Columbus, OH, US 43219
(Street and Number) (City or Town, State, County and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard, Saint Louis, MO, US 63105 314-725-4477
(Street and Number) (City or Town, State, County and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard, Saint Louis, MO, US 63105
(Street and Number or P.O. Box) (City or Town, State, County and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard, Saint Louis, MO, US 63105 314-445-0601
(Street and Number) (City or Town, State, County and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.bchphio.com
Statutory Statement Contact Jennifer Leigh Ponath 314-445-0601
(Name) (Area Code) (Telephone Number) (Extension)
jponath@centene.com 314-725-4658
(E-mail Address) (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 | Vice President of Tax | Jean Rush # | 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, RN | Vice President- Medical Management |
| Barry Allan Smith | Assistant Treasurer | John Charles Wiley | Vice President- Network Develop. & Contracting |
| Tracy Michelle Cloud | Vice President- Operational Services | David Brian Amerine | Vice President- Compliance and Regulatory Affairs |
| Robert Todd Hitchcock | Executive Vice President- Health Plan Business | | |

DIRECTORS OR TRUSTEES

| | | | |
|-------------------------|---------------------|---------------------------|-------------------------|
| William Nelder Scheffel | Steven Allen White | Kathy Cobbs Bradley-Wells | Owen Elwood Johnson, MD |
| Jean Rush # | Jimmy Vance Stewart | | |

State of Missouri

ss

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

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

b. If no:

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

Subscribed and sworn to before me this
day of November, 2013

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 110,027,929 | | 110,027,929 | 98,305,123 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$ 42,213,164), cash equivalents (\$ 0) and short-term investments (\$ 11,054,150) | 53,267,314 | | 53,267,314 | 39,024,674 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | 1,757,222 | | 1,757,222 | 1,299,177 |
| 9. Receivables for securities | 0 | | 0 | 35,000 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | .0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 165,052,465 | .0 | 165,052,465 | 138,663,974 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 559,359 | | 559,359 | 1,039,068 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 12,173,473 | | 12,173,473 | 10,657,839 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 806,930 | | 806,930 | 618,571 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | 6,089,664 | 2,532,584 | 3,557,080 | 2,170,152 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 145,025 | | 145,025 | 352,837 |
| 24. Health care (\$ 229,878) and other amounts receivable | 1,704,151 | 1,474,273 | 229,878 | 153,061 |
| 25. Aggregate write-ins for other than invested assets | 5,940,080 | 1,083,939 | 4,856,141 | 7,476,258 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 192,471,147 | 5,090,796 | 187,380,351 | 161,131,760 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 192,471,147 | 5,090,796 | 187,380,351 | 161,131,760 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | .0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid Expenses | 1,032,272 | 1,032,272 | 0 | 0 |
| 2502. Goodwill, net | 4,856,141 | | 4,856,141 | 7,476,258 |
| 2503. Intangibles, net | .51,667 | .51,667 | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | .0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 5,940,080 | 1,083,939 | 4,856,141 | 7,476,258 |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|-------------|-------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ 1,189,000 reinsurance ceded) | 51,672,281 | | 51,672,281 | 48,644,618 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses | 1,136,000 | | 1,136,000 | 948,000 |
| 4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | 16,262,371 | | 16,262,371 | 14,314,137 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | 10,830,507 | | 10,830,507 | 5,173,291 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | | | 0 | 0 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ 300,824 current) | 300,824 | 0 | 300,824 | 1,316,536 |
| 24. Total liabilities (Lines 1 to 23) | 80,201,983 | 0 | 80,201,983 | 70,396,582 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000,000 | 1,000,000 |
| 27. Preferred capital stock | XXX | XXX | | 0 |
| 28. Gross paid in and contributed surplus | XXX | XXX | 68,250,000 | 68,250,000 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 37,928,369 | 21,485,176 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | 0 |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | 0 |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 107,178,369 | 90,735,176 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 187,380,352 | 161,131,758 |
| DETAILS OF WRITE-INS | | | | |
| 2301. State Income Taxes Payable | 300,824 | | 300,824 | 327,701 |
| 2302. Reserve for At Risk Revenue | | | 0 | 988,835 |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | 300,824 | 0 | 300,824 | 1,316,536 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months..... | XXX | 1,446,261 | 1,486,770 | 1,968,840 |
| 2. Net premium income (including \$ non-health premium income) | XXX | 560,795,590 | 550,980,288 | 728,263,308 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | | 0 | 0 |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX | | 0 | 0 |
| 5. Risk revenue | XXX | | 0 | 0 |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 560,795,590 | 550,980,288 | 728,263,308 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 292,879,959 | 280,913,538 | 373,891,255 |
| 10. Other professional services | | 26,846,114 | 24,165,794 | 31,888,502 |
| 11. Outside referrals | | | 0 | 0 |
| 12. Emergency room and out-of-area | | 37,669,862 | 40,349,911 | 53,221,125 |
| 13. Prescription drugs | | 75,518,393 | 87,024,837 | 114,701,580 |
| 14. Aggregate write-ins for other hospital and medical..... | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 0 | 0 | 0 |
| 16. Subtotal (Lines 9 to 15) | 0 | 432,914,328 | 432,454,080 | 573,702,462 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 3,361,873 | 3,518,647 | 5,013,729 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 429,552,455 | 428,935,433 | 568,688,733 |
| 19. Non-health claims (net)..... | | | 0 | 0 |
| 20. Claims adjustment expenses, including \$ 472,225 cost containment expenses..... | | 16,851,573 | 16,473,349 | 21,559,482 |
| 21. General administrative expenses..... | | 92,278,009 | 90,787,966 | 119,965,884 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)..... | | 0 | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 538,682,037 | 536,196,748 | 710,214,099 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX | 22,113,553 | 14,783,540 | 18,049,209 |
| 25. Net investment income earned | | 1,551,129 | 1,524,112 | 2,006,598 |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... 2,040 | | 3,790 | 0 | 113 |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 1,554,919 | 1,524,112 | 2,006,711 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | 0 | 0 |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | 23,668,472 | 16,307,652 | 20,055,920 |
| 31. Federal and foreign income taxes incurred | XXX | 8,347,272 | 5,584,321 | 7,057,703 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 15,321,200 | 10,723,331 | 12,998,217 |
| DETAILS OF WRITE-INS | | | | |
| 0601..... | XXX | | | |
| 0602..... | XXX | | | |
| 0603..... | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | 0 | 0 | 0 |
| 0701..... | XXX | | | |
| 0702..... | XXX | | | |
| 0703..... | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 | 0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | 0 | 0 | 0 |
| 1401..... | | | | |
| 1402..... | | | | |
| 1403..... | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | 0 | 0 | 0 |
| 2901..... | | | | |
| 2902..... | | | | |
| 2903..... | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|---|
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 90,735,177 | 85,497,235 | 85,497,235 |
| 34. Net income or (loss) from Line 32 | 15,321,200 | 10,723,331 | 12,998,217 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | 0 | 0 |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | (56,684) | (105,271) | (71,568) |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | 0 | 0 |
| 38. Change in net deferred income tax | 274,778 | (86,640) | (276,005) |
| 39. Change in nonadmitted assets | 952,488 | 1,850,944 | 2,157,793 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 | 0 |
| 41. Change in treasury stock | | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles | | 383,717 | 449,486 |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend) | | 0 | 0 |
| 44.3 Transferred to surplus | | 0 | 0 |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | 0 | 0 | 0 |
| 45.3 Transferred from capital | | 0 | 0 |
| 46. Dividends to stockholders | | 0 | (10,000,000) |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 16,443,195 | 12,799,784 | 5,237,942 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 107,178,372 | 98,297,019 | 90,735,177 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 559,279,956 | 546,294,837 | 723,870,828 |
| 2. Net investment income..... | 2,866,101 | 2,912,280 | 3,421,346 |
| 3. Miscellaneous income..... | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3)..... | 562,146,057 | 549,207,117 | 727,292,174 |
| 5. Benefit and loss related payments..... | 426,731,416 | 435,054,290 | 573,273,188 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 105,356,679 | 99,827,893 | 135,665,508 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 0 | 0 | 0 |
| 8. Dividends paid to policyholders..... | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 2,678,079 | 4,530,262 | 5,059,385 |
| 10. Total (Lines 5 through 9)..... | 534,766,174 | 539,412,445 | 713,998,081 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 27,379,883 | 9,794,672 | 13,294,093 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds..... | 66,041,000 | 57,818,000 | 79,973,203 |
| 12.2 Stocks..... | 0 | 0 | 0 |
| 12.3 Mortgage loans..... | 0 | 0 | 0 |
| 12.4 Real estate..... | 0 | 0 | 0 |
| 12.5 Other invested assets..... | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds..... | 35,000 | 1,291,576 | 125,001 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 66,076,000 | 59,109,576 | 80,098,204 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds..... | 78,593,245 | 51,752,038 | 83,320,648 |
| 13.2 Stocks..... | 0 | 0 | 0 |
| 13.3 Mortgage loans..... | 0 | 0 | 0 |
| 13.4 Real estate..... | 0 | 0 | 0 |
| 13.5 Other invested assets..... | 620,000 | 440,000 | 660,000 |
| 13.6 Miscellaneous applications..... | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 79,213,245 | 52,192,038 | 83,980,648 |
| 14. Net increase (or decrease) in contract loans and premium notes..... | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)..... | (13,137,245) | 6,917,538 | (3,882,444) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes..... | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 0 | 0 | 0 |
| 16.3 Borrowed funds..... | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | 0 | 0 | 0 |
| 16.5 Dividends to stockholders..... | 0 | 0 | 10,000,000 |
| 16.6 Other cash provided (applied)..... | 0 | (2,695,117) | (3,593,489) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)..... | 0 | (2,695,117) | (13,593,489) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)..... | 14,242,638 | 14,017,093 | (4,181,840) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 39,024,674 | 43,206,514 | 43,206,514 |
| 19.2 End of period (Line 18 plus Line 19.1)..... | 53,267,312 | 57,223,607 | 39,024,674 |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|--------------|---------------------------------------|-------|---|---|----|---|------------|--------------|----|
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 157,002 | 0 | .0 | 0 | 0 | .0 | 0 | .895 | 156,107 | .0 |
| 2. First Quarter | 157,044 | 0 | .0 | 0 | 0 | .0 | 0 | 1,006 | 156,038 | .0 |
| 3. Second Quarter | 156,053 | 0 | .0 | 0 | 0 | .0 | 0 | 1,047 | 155,006 | .0 |
| 4. Third Quarter | 170,156 | | | | | | | 1,205 | 168,951 | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 1,446,261 | | | | | | | 9,487 | 1,436,774 | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 804,949 | | | | | | | 19,600 | 785,349 | |
| 8. Non-Physician | 761,330 | | | | | | | 8,249 | 753,081 | |
| 9. Total | 1,566,279 | 0 | 0 | 0 | 0 | 0 | 0 | 27,849 | 1,538,430 | 0 |
| 10. Hospital Patient Days Incurred | 70,570 | | | | | | | 1,648 | 68,922 | |
| 11. Number of Inpatient Admissions | 13,347 | | | | | | | 305 | 13,042 | |
| 12. Health Premiums Written (a) | .566,573,342 | | | | | | | 10,659,350 | 555,913,992 | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | .566,573,342 | | | | | | | 10,659,350 | 555,913,992 | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | .426,524,791 | | | | | | | 9,580,796 | .416,943,995 | |
| 18. Amount Incurred for Provision of Health Care Services | 432,914,328 | | | | | | | 9,566,212 | 423,348,116 | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 10,659,350

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims unpaid (Reported) | | | | | | |
| 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 | 10,015,195 | 260,230 | 314,031 | 21,356 | 343,902 | 10,954,714 |
| 0499999 Subtotals | 10,015,195 | 260,230 | 314,031 | 21,356 | 343,902 | 10,954,714 |
| 0599999 Unreported claims and other claim reserves | XXX | XXX | XXX | XXX | XXX | 41,906,568 |
| 0699999 Total amounts withheld | XXX | XXX | XXX | XXX | XXX | |
| 0799999 Total claims unpaid | XXX | XXX | XXX | XXX | XXX | 52,861,282 |
| 0899999 Accrued medical incentive pool and bonus amounts | XXX | XXX | XXX | XXX | XXX | |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|---|---|---|--|---|------------|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | | | | | 0 | .0 |
| 2. Medicare Supplement | | | | | 0 | .0 |
| 3. Dental only | | | | | 0 | .0 |
| 4. Vision only | | | | | 0 | .0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | .0 |
| 6. Title XVIII - Medicare | 1,606,701 | 7,974,095 | 19,726 | 1,472,222 | 1,626,427 | 1,506,153 |
| 7. Title XIX - Medicaid | 40,483,111 | 377,415,034 | 207,961 | 49,972,373 | 40,691,072 | 47,138,466 |
| 8. Other health | | | | | 0 | .0 |
| 9. Health subtotal (Lines 1 to 8)..... | 42,089,812 | 385,389,129 | 227,687 | 51,444,595 | 42,317,499 | 48,644,619 |
| 10. Health care receivables (a)..... | | 954,151 | | | 0 | .0 |
| 11. Other non-health | | | | | 0 | .0 |
| 12. Medical incentive pools and bonus amounts | | | | | 0 | .0 |
| 13. Totals (Lines 9-10+11+12) | 42,089,812 | 384,434,978 | 227,687 | 51,444,595 | 42,317,499 | 48,644,619 |

(a) Excludes \$ 750,000 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

(1) Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Buckeye Community Health Plan, Inc. (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under Ohio Insurance Law.

The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*, version effective March 2013 (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted NAIC SAP with no prescribed differences.

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

No change

C. Accounting Policy

No change

(2) Accounting Changes and Corrections of Errors

No change

(3) Business Combinations and Goodwill

No change

(4) Discontinued Operations

No change

(5) Investments

A-C. No change

D. Loan-Backed Securities

1. The source used to determine prepayment assumptions for all loan-backed securities for the Company was Bloomberg.

2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.

3. None

4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

| | |
|------------------------|-----------------|
| 1. Less than 12 Months | <u>\$74,853</u> |
| 2. 12 Months or Longer | <u>\$0</u> |

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

| | |
|------------------------|--------------------|
| 1. Less than 12 Months | <u>\$8,338,133</u> |
| 2. 12 Months or Longer | <u>\$0</u> |

5. For each security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity and it is not likely that the Company will be required to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment for these securities.

E. Repurchase Agreements and/or Securities Lending Transactions

The Company does not have any repurchase agreements and/or securities lending transactions

F. Real Estate

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

NOTES TO FINANCIAL STATEMENTS

No Change

G. Investments in Low-Income Housing Tax Credits (LIHTC)

No Change

(6) Joint Ventures, Partnerships and Limited Liability Companies

No change

(7) Investment Income

No change

(8) Derivative Instruments

No change

(9) Income Taxes

No change

(10) Information Concerning Parent, Subsidiaries and Affiliates

No change

(11) Debt

No change

(12) Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and Other Postretirement Benefit Plans.

A. Defined Benefit Plan – None

B.-F. No Change

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

No change

(14) Contingencies

No change

(15) Leases

No change

(16) Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk.

No change

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

A. No change

B. Transfer and Servicing of Financial Assets- None

C. Wash Sales - None

(18) Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.

No change

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

No change

(20) Fair Value Measurements

NOTES TO FINANCIAL STATEMENTS

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

| Level input | Input definition |
|-------------|--|
| Level I | Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date. |
| Level II | Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date. |
| Level III | Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. |

The following table summarizes fair value measurements by level at September 30, 2013 for assets and liabilities measured at fair value on a recurring basis:

| | Level I | Level II | Level III | Total |
|---------------------------------|---------------|----------|-----------|------------|
| Investments: | | | | |
| Cash and short-term investments | \$ 53,267,314 | — | — | 53,267,314 |
| Total assets at fair value | \$ 53,267,314 | — | — | 53,267,314 |

The following table summarizes fair value measurements by level at December 31, 2012 for assets and liabilities measured at fair value on a recurring basis:

| | Level I | Level II | Level III | Total |
|---------------------------------|---------------|----------|-----------|------------|
| Investments: | | | | |
| Cash and short-term investments | \$ 39,024,674 | — | — | 39,024,674 |
| Total assets at fair value | \$ 39,024,674 | — | — | 39,024,674 |

B. None

C. Aggregate Fair Value for All Financial Statements

The following table summarizes fair value measurements by level at September 30, 2013 for all financial instruments:

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level I | Level II | Level III | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|------------|------------|-----------|----------------------------------|
| Bonds | \$ 109,392,191 | 110,027,929 | 20,828,074 | 85,199,855 | 4,000,000 | — |

The following table summarizes fair value measurements by level at December 31, 2012 for all financial instruments:

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level I | Level II | Level III | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|---------|------------|-----------|----------------------------------|
| Bonds | \$ 98,305,123 | 98,305,123 | — | 94,305,123 | 4,000,000 | — |

(21) Other Items

No change

(22) Events Subsequent

No change

(23) Reinsurance

No change

(24) Retrospectively Rated Contracts and Contracts Subject to Redetermination

No change

NOTES TO FINANCIAL STATEMENTS

(25) Change in Incurred Claims and Claims Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2012 were \$48.6 million and \$.9 million. As of September 30, 2013, \$42.1 million and \$.9 million have been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$.2 million and \$0 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$.6 million in favorable prior year development. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

(26) Intercompany Pooling Arrangements

No change

(27) Structured Settlements

No change

(28) Health Care Receivables

No change

(29) Participating Policies

No change

(30) Premium Deficiency Reserves

No change

(31) Anticipated Salvage and Subrogation

No change

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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

2.2 If yes, date of change:

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.2 If the response to 3.1 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/08/2012

6.4 By what department or departments?
Ohio Department of Insurance, Texas Department of Insurance, Mississippi Department of Insurance, Wisconsin Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA [X]

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|--|--|---|
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 0 | \$ 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

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

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

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|-----------------------------------|--|
| Brown Brothers Harriman & Co..... | 140 Broadway, New York, NY 10005..... |
| Bank of America..... | 135 South LaSalle Street, Chicago, IL 60603..... |

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

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

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

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

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [X] No []

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

| | |
|--|---|
| 1.1 A&H loss percent..... | 76.7 % |
| 1.2 A&H cost containment percent | 0.1 % |
| 1.3 A&H expense percent excluding cost containment expenses..... | 19.4 % |
| 2.1 Do you act as a custodian for health savings accounts?..... | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... | \$ _____ |
| 2.3 Do you act as an administrator for health savings accounts?..... | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... | \$ _____ |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| States, Etc. | 1 Active Status | Direct Business Only | | | | | | | |
|---|--|---------------------------------|---------------------------|-------------------------|---|---|----------------------------------|--------------------------------|-----------------------------|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Program Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/ Casualty Premiums | 8 Total Columns 2 Through 7 | 9 Deposit-Type Contracts |
| 1. Alabama | AL | N. | | | | | | 0 | |
| 2. Alaska | AK | N. | | | | | | 0 | |
| 3. Arizona | AZ | N. | | | | | | 0 | |
| 4. Arkansas | AR | N. | | | | | | 0 | |
| 5. California | CA | N. | | | | | | 0 | |
| 6. Colorado | CO | N. | | | | | | 0 | |
| 7. Connecticut | CT | N. | | | | | | 0 | |
| 8. Delaware | DE | N. | | | | | | 0 | |
| 9. Dist. Columbia | DC | N. | | | | | | 0 | |
| 10. Florida | FL | N. | | | | | | 0 | |
| 11. Georgia | GA | N. | | | | | | 0 | |
| 12. Hawaii | HI | N. | | | | | | 0 | |
| 13. Idaho | ID | N. | | | | | | 0 | |
| 14. Illinois | IL | N. | | | | | | 0 | |
| 15. Indiana | IN | N. | | | | | | 0 | |
| 16. Iowa | IA | N. | | | | | | 0 | |
| 17. Kansas | KS | N. | | | | | | 0 | |
| 18. Kentucky | KY | N. | | | | | | 0 | |
| 19. Louisiana | LA | N. | | | | | | 0 | |
| 20. Maine | ME | N. | | | | | | 0 | |
| 21. Maryland | MD | N. | | | | | | 0 | |
| 22. Massachusetts | MA | N. | | | | | | 0 | |
| 23. Michigan | MI | N. | | | | | | 0 | |
| 24. Minnesota | MN | N. | | | | | | 0 | |
| 25. Mississippi | MS | N. | | | | | | 0 | |
| 26. Missouri | MO | N. | | | | | | 0 | |
| 27. Montana | MT | N. | | | | | | 0 | |
| 28. Nebraska | NE | N. | | | | | | 0 | |
| 29. Nevada | NV | N. | | | | | | 0 | |
| 30. New Hampshire | NH | N. | | | | | | 0 | |
| 31. New Jersey | NJ | N. | | | | | | 0 | |
| 32. New Mexico | NM | N. | | | | | | 0 | |
| 33. New York | NY | N. | | | | | | 0 | |
| 34. North Carolina | NC | N. | | | | | | 0 | |
| 35. North Dakota | ND | N. | | | | | | 0 | |
| 36. Ohio | OH | L. | 10,659,350 | 555,913,992 | | | | 566,573,342 | |
| 37. Oklahoma | OK | N. | | | | | | 0 | |
| 38. Oregon | OR | N. | | | | | | 0 | |
| 39. Pennsylvania | PA | N. | | | | | | 0 | |
| 40. Rhode Island | RI | N. | | | | | | 0 | |
| 41. South Carolina | SC | N. | | | | | | 0 | |
| 42. South Dakota | SD | N. | | | | | | 0 | |
| 43. Tennessee | TN | N. | | | | | | 0 | |
| 44. Texas | TX | N. | | | | | | 0 | |
| 45. Utah | UT | N. | | | | | | 0 | |
| 46. Vermont | VT | N. | | | | | | 0 | |
| 47. Virginia | VA | N. | | | | | | 0 | |
| 48. Washington | WA | N. | | | | | | 0 | |
| 49. West Virginia | WV | N. | | | | | | 0 | |
| 50. Wisconsin | WI | N. | | | | | | 0 | |
| 51. Wyoming | WY | N. | | | | | | 0 | |
| 52. American Samoa | AS | N. | | | | | | 0 | |
| 53. Guam | GU | N. | | | | | | 0 | |
| 54. Puerto Rico | PR | N. | | | | | | 0 | |
| 55. U.S. Virgin Islands | VI | N. | | | | | | 0 | |
| 56. Northern Mariana Islands | MP | N. | | | | | | 0 | |
| 57. Canada | CAN | N. | | | | | | 0 | |
| 58. Aggregate other alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | | XXX | 0 | 10,659,350 | 555,913,992 | 0 | 0 | 566,573,342 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | | XXX | | | | | | 0 | |
| 61. Total (Direct Business) | (a) | 1 | 0 | 10,659,350 | 555,913,992 | 0 | 0 | 566,573,342 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 58001 | | XXX | | | | | | | |
| 58002 | | XXX | | | | | | | |
| 58003 | | XXX | | | | | | | |
| 58998 | Summary of remaining write-ins for Line 58 from overflow page. | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999 | Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

| | | |
|--|------------|----------|
| Centene Corporation | 42-1406317 | DE |
| Centene Management Company LLC | 39-1864073 | WI |
| CMC Real Estate Co. LLC | 20-0057283 | DE |
| Centene Center LLC | 26-4094682 | DE |
| GPT Acquisition LLC | 45-5431787 | DE |
| Clayton Property Investment LLC | 45-4372065 | DE |
| Bankers Reserve Life Insurance Company of Wisconsin | 39-0993433 | WI 71013 |
| Health Plan Real Estate Holding, Inc (23.2%) | 46-2860967 | MO |
| CenCorp Health Solutions, Inc | 22-3889471 | DE |
| Cenphiny Mgmt, LLC | 42-1565805 | DE |
| NurseWise Holdings LLC | 42-1565807 | DE |
| NurseWise LP | 52-2379566 | DE |
| Nurse Response, Inc | 20-4730372 | DE |
| Bridgeway Health Solutions, LLC | 20-4980875 | DE |
| Bridgeway Health Solutions of Arizona, LLC | 20-4980818 | AZ |
| Nurtur Health, Inc | 06-1476380 | DE |
| Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations | 06-1404277 | CT |
| Wellness By Choice, LLC | 16-1686991 | NY |
| Cenpatico Behavioral Health, LLC | 68-0461584 | CA |
| Cenpatico Behavioral Health of TX, Inc | 74-3018565 | TX 12525 |
| CBHSP Arizona, Inc | 86-0782736 | AZ |
| Integrated Mental Health Mgmt, LLC | 74-2892993 | TX |
| Integrated Mental Health Services | 74-2785494 | TX |
| Cenpatico Behavioral Health of Arizona, LLC | 20-1624120 | AZ |
| Cenpatico of Louisiana, Inc. | 45-2303998 | LA |
| OptiCare Managed Vision, Inc | 20-4730341 | DE |
| OptiCare Vision Insurance Co, Inc | 36-4520004 | SC |
| AECC Total Vision Health Plan of Texas, Inc | 75-2592153 | TX 95302 |
| OptiCare Vision Company, Inc | 20-4773088 | DE |
| Ocucare Systems, Inc | 65-0094759 | FL |
| Total Vision, Inc | 20-4861241 | DE |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

| | | | |
|--|------------|----|-------|
| Dental Health & Wellness, Inc | 46-2783884 | DE | |
| Peach State Health Plan, Inc | 20-3174593 | GA | 12315 |
| Health Plan Real Estate Holding, Inc (29%) | 46-2860967 | MO | |
| Buckeye Community Health Plan, Inc | 32-0045282 | OH | 11834 |
| Absolute Total Care, Inc | 20-5693998 | SC | 12959 |
| Health Plan Real Estate Holding, Inc (1.5%) | 46-2860967 | MO | |
| Coordinated Care Corporation d/b/a Managed Health Services | 39-1821211 | IN | 95831 |
| Coordinated Care of Washington, Inc. | 46-2578279 | WA | |
| Managed Health Services Insurance Corp | 39-1678579 | WI | 96822 |
| Health Plan Real Estate Holding, Inc (2.9%) | 46-2860967 | MO | |
| Hallmark Life Insurance Co | 86-0819817 | AZ | 60078 |
| Celtic Group, Inc | 36-2979209 | DE | |
| Celtic Insurance Company | 06-0641618 | IL | 80799 |
| Novasys Health, Inc | 27-2221367 | DE | |
| CeltiCare Health Plan Holdings LLC | 26-4278205 | DE | |
| CeltiCare Health Plan of Massachusetts, Inc. | 26-4818440 | MA | 13632 |
| Superior HealthPlan, Inc | 74-2770542 | TX | 95647 |
| Health Plan Real Estate Holding, Inc (29%) | 46-2860967 | MO | |
| LSM Holdco, Inc. | 46-2794037 | DE | |
| Lifeshare Management Group, LLC | 46-2798132 | NH | |
| Healthy Louisiana Holdings LLC | 27-0916294 | DE | |
| Louisiana Healthcare Connections, Inc | 27-1287287 | LA | 13970 |
| Magnolia Health Plan Inc | 20-8570212 | MS | 13923 |
| University Health Plans, Inc | 22-3292245 | NJ | 95503 |
| CCTX Holdings, LLC | 20-2074217 | DE | |
| Centene Holdings, LLC | 20-2074277 | DE | |
| Centene Company of Texas, LP | 74-2810404 | TX | |
| US Script, Inc | 77-0578529 | DE | |
| LBB Industries, Inc | 76-0511700 | TX | |
| RX Direct, Inc | 75-2612875 | TX | |
| US Script IPA, LLC | 46-2307356 | NY | |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

| | | | |
|--|------------|----|-------|
| IlliniCare Health Plan, Inc | 27-2186150 | IL | 14053 |
| Health Plan Real Estate Holding, Inc (7.2%) | 46-2860967 | MO | |
| Sunshine Health Holding LLC | 26-0557093 | FL | |
| Sunshine State Health Plan, Inc | 20-8937577 | FL | 13148 |
| Access Health Solutions LLC | 56-2384404 | FL | |
| Kentucky Spirit Health Plan, Inc | 45-1294925 | KY | 14100 |
| Healthy Missouri Holding, Inc | 45-5070230 | MO | |
| Home State Health Plan, Inc | 45-2798041 | MO | 14218 |
| Health Plan Real Estate Holding, Inc (7.2%) | 46-2860967 | MO | |
| Sunflower State Health Plan, Inc | 45-3276702 | KS | 14345 |
| Casenet LLC | 90-0636938 | DE | |
| Casenet Holdings II, Inc | 27-4095851 | DE | |
| Casenet Holdings I, Inc | 26-4004766 | DE | |
| Casenet Holdings III, Inc | 27-4151756 | DE | |
| Granite State Health Plan, Inc | 45-4792498 | NH | 14226 |
| Western Sky Community Care, Inc | 45-5583511 | NM | |
| Centurion Group, Inc | 61-1450727 | DE | |
| Centurion LLC | 90-0766502 | DE | |
| Centurion of Tennessee, LLC | 30-0752651 | TN | |
| Massachusetts Partnership for Correctional Healthcare, LLC | 61-1696004 | MA | |
| Centurion of Idaho, LLC | 46-3590120 | ID | |
| Centurion of Michigan, LLC | 46-1041008 | MI | |
| Centurion of Minnesota, LLC | 46-2717814 | MN | |
| MHS Travel & Charter, Inc | 43-1795436 | WI | |
| California Health and Wellness Plan | 46-0907261 | CA | |
| Specialty Therapeutic Care Holdings, LLC | 27-3617766 | DE | |
| Specialty Therapeutic Care, GP, LLC | 73-1698807 | TX | |
| Specialty Therapeutic Care, LP | 73-1698808 | TX | |
| AcariaHealth Solutions, Inc | 80-0856383 | DE | |
| AcariaHealth, Inc. | 45-2780334 | DE | |
| AcariaHealth Pharmacy #14, Inc | 27-1599047 | CA | |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

| | | |
|----------------------------------|------------|----|
| AcariaHealth Pharmacy #11, Inc | 20-8192615 | TX |
| AcariaHealth Pharmacy #12, Inc | 27-2765424 | NY |
| AcariaHealth Pharmacy #13, Inc | 26-0226900 | CA |
| AcariaHealth Pharmacy, Inc | 13-4262384 | CA |
| Fairfax Healthcare Services, Inc | 41-2055462 | VA |
| Specialty Rx, Inc | 26-0170829 | VA |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 Federal ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Name of Parent Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/ Person(s) | 15 * |
|-----------------|--------------------------|------------------------|------------------------|-------------------|-----------------|---|---|---------------------------|--|---|--|--|---|---------|
| 01295..... | Centene Corporation..... | 00000..... | 42-1406317..... | | 0001071739..... | New York Stock Exchange..... | Centene Corporation..... | DE..... | UDP..... | Shareholders/Board of Directors..... | Shareholders/Board of Directors..... | 100.0 | Shareholders/Board of Directors..... | |
| 01295..... | Centene Corporation..... | 00000..... | 39-1864073..... | | | | Centene Management Company LLC..... | WI..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-0057283..... | | | | CMC Real Estate Co. LLC..... | DE..... | NIA..... | Centene Management Company LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 26-4094682..... | | | | Centene Center LLC..... | DE..... | NIA..... | CMC Real Estate Co. LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 45-5431787..... | | | | GPT Acquisition LLC..... | DE..... | NIA..... | CMC Real Estate Co. LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 45-4372065..... | | | | Clayton Property Investment LLC..... | DE..... | NIA..... | CMC Real Estate Co. LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 71013..... | 39-0993433..... | | | | Bankers Reserve Life Insurance Company of Wisconsin..... | WI..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 22-3889471..... | | | | CenCorp Health Solutions, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 42-1565805..... | | | | Cenphiny Mgmt, LLC..... | DE..... | NIA..... | CenCorp Health Solutions, Inc..... | Ownership..... | 1.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 42-1565807..... | | | | NurseWise Holdings LLC..... | DE..... | NIA..... | CenCorp Health Solutions, Inc..... | Ownership..... | .99.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 52-2379566..... | | | | NurseWise LP..... | DE..... | NIA..... | NurseWise Holdings LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-4730372..... | | | | Nurse Response, Inc..... | DE..... | NIA..... | NurseWise Holdings LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-4980875..... | | | | Bridgeway Health Solutions, LLC..... | DE..... | NIA..... | CenCorp Health Solutions, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-4980818..... | | | | Bridgeway Health Solutions of Arizona, LLC..... | AZ..... | NIA..... | Bridgeway Health Solutions, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 06-1476380..... | | | | Nurtur Health, Inc..... | DE..... | NIA..... | CenCorp Health Solutions, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 06-1404277..... | | | | Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations..... | CT..... | NIA..... | Nurtur Health, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 16-1686991..... | | | | Wellness By Choice, LLC..... | NY..... | NIA..... | Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 68-0461584..... | | | | Cenpatico Behavioral Health, LLC..... | CA..... | NIA..... | CenCorp Health Solutions, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 12525..... | 74-3018565..... | | | | Cenpatico Behavioral Health of TX, Inc..... | TX..... | IA..... | Cenpatico Behavioral Health, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 86-0782736..... | | | | CBHSP Arizona, Inc..... | AZ..... | NIA..... | Cenpatico Behavioral Health, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 45-2303998..... | | | | Cenpatico of Louisiana, Inc..... | LA..... | NIA..... | Cenpatico Behavioral Health, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 74-2892993..... | | | | Integrated Mental Health Mgmt, LLC..... | TX..... | NIA..... | Cenpatico Behavioral Health, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 74-2785494..... | | | | Integrated Mental Health Services..... | TX..... | NIA..... | Cenpatico Behavioral Health, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 Federal ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Name of Parent Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/ Person(s) | 15 * |
|-----------------|--------------------------|------------------------|------------------------|-------------------|----------|---|---|---------------------------|--|--|--|--|---|---------|
| 01295..... | Centene Corporation..... | 00000..... | 20-1624120..... | | | | Cenpatico Behavioral Health of Arizona, LLC..... | AZ..... | NIA..... | Cenpatico Behavioral Health, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-4730341..... | | | | OptiCare Managed Vision, Inc..... | DE..... | NIA..... | CenCorp Health Solutions, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 36-4520004..... | | | | OptiCare Vision Insurance Co, Inc..... | SC..... | NIA..... | OptiCare Managed Vision, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 95302..... | 75-2592153..... | | | | AECC Total Vision Health Plan of Texas, Inc..... | TX..... | IA..... | OptiCare Managed Vision, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-4773088..... | | | | OptiCare Vision Company, Inc..... | DE..... | NIA..... | OptiCare Managed Vision, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 65-0094759..... | | | | Ocucare Systems, Inc..... | FL..... | NIA..... | OptiCare Managed Vision, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-4861241..... | | | | Total Vision, Inc..... | DE..... | NIA..... | OptiCare Managed Vision, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-2783884..... | | | | Dental Health & Wellness, Inc..... | DE..... | NIA..... | CenCorp Health Solutions, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 12315..... | 20-3174593..... | | | | Peach State Health Plan, Inc..... | GA..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 11834..... | 32-0045282..... | | | | Buckeye Community Health Plan, Inc..... | OH..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 12959..... | 20-5693998..... | | | | Absolute Total Care, Inc..... | SC..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 95831..... | 39-1821211..... | | | | Coordinated Care Corporation d/b/a Managed Health Services..... | IN..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-2578279..... | | | | Coordinated Care of Washington, Inc..... | WA..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 96822..... | 39-1678579..... | | | | Managed Health Services Insurance Corp..... | WI..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 60078..... | 86-0819817..... | | | | Hallmark Life Insurance Co..... | AZ..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 36-2979209..... | | | | Celtic Group, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 80799..... | 06-0641618..... | | | | Celtic Insurance Company..... | IL..... | IA..... | Celtic Group, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 27-2221367..... | | | | Novasys Health, Inc..... | DE..... | NIA..... | Celtic Group, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 26-4278205..... | | | | CeltiCare Health Plan Holdings LLC..... | DE..... | NIA..... | Celtic Group, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 13632..... | 26-4818440..... | | | | CeltiCare Health Plan of Massachusetts, Inc..... | MA..... | IA..... | CeltiCare Health Plan Holdings LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 95647..... | 74-2770542..... | | | | Superior HealthPlan, Inc..... | TX..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 27-0916294..... | | | | Healthy Louisiana Holdings LLC..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 13970..... | 27-1287287..... | | | | Louisiana Healthcare Connections, Inc..... | LA..... | IA..... | Healthy Louisiana Holdings LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-2794037..... | | | | LSM Holdco, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 Federal ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Name of Parent Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/ Person(s) | 15 * |
|-----------------|--------------------------|------------------------|------------------------|-------------------|----------|---|--|---------------------------|--|--|--|--|---|---------|
| 01295..... | Centene Corporation..... | 00000..... | 46-2798132..... | | | | Lifeshare Management Group, LLC..... | NH..... | NIA..... | LSM Holdco, Inc..... | Ownership..... | 49.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 13923..... | 20-8570212..... | | | | Magnolia Health Plan Inc..... | MS..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 95503..... | 22-3292245..... | | | | University Health Plans, Inc..... | NJ..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-2074217..... | | | | CCTX Holdings, LLC..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 1.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-2074277..... | | | | Centene Holdings, LLC..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | .99.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 74-2810404..... | | | | Centene Company of Texas, LP..... | TX..... | NIA..... | Centene Holdings, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 77-0578529..... | | | | US Script, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 76-0511700..... | | | | LBB Industries, Inc..... | TX..... | NIA..... | US Script, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 75-2612875..... | | | | RX Direct, Inc..... | TX..... | NIA..... | US Script, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-2307356..... | | | | US Script IPA, LLC..... | NY..... | NIA..... | US Script, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 14053..... | 27-2186150..... | | | | IlliniCare Health Plan, Inc..... | IL..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 26-0557093..... | | | | Sunshine Health Holding LLC..... | FL..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 13148..... | 20-8937577..... | | | | Sunshine State Health Plan, Inc..... | FL..... | IA..... | Sunshine Health Holding LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 56-2384404..... | | | | Access Health Solutions LLC..... | FL..... | NIA..... | Sunshine Health Holding LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 14100..... | 45-1294925..... | | | | Kentucky Spirit Health Plan, Inc..... | KY..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 45-5070230..... | | | | Healthy Missouri Holdings, Inc..... | MO..... | NIA..... | Centene Corporation..... | Ownership..... | .95.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 14218..... | 45-2798041..... | | | | Home State Health Plan, Inc..... | MO..... | IA..... | Healthy Missouri Holdings, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 14345..... | 45-3276702..... | | | | Sunflower State Health Plan, Inc..... | KS..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 90-0636938..... | | | | Casenet LLC..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | .82.2 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 27-4095851..... | | | | Casenet Holdings II, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 26-4004766..... | | | | Casenet Holdings I, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 27-4151756..... | | | | Casenet Holdings III, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 14226..... | 45-4792498..... | | | | Granite State Health Plan, Inc..... | NH..... | IA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 45-5583511..... | | | | Western Sky Community Care, Inc..... | NM..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

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

| 1 Group Code | 2 Group Name | 3 NAIC Company Code | 4 Federal ID Number | 5 Federal RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Name of Parent Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/ Person(s) | 15 * |
|-----------------|--------------------------|------------------------|------------------------|-------------------|----------|---|---|---------------------------|--|--|--|--|---|---------|
| 01295..... | Centene Corporation..... | 00000..... | 61-1450727..... | | | | Centurion Group, Inc..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 90-0766502..... | | | | Centurion LLC..... | DE..... | NIA..... | Centurion Group, Inc..... | Ownership..... | 51.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 30-0752651..... | | | | Centurion of Tennessee, LLC..... | TN..... | NIA..... | Centurion LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 61-1696004..... | | | | Massachusetts Partnership for Correctional Healthcare, LLC..... | MA..... | NIA..... | Centurion LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-3590120..... | | | | Centurion of Idaho, LLC..... | ID..... | NIA..... | Centurion LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-1041008..... | | | | Centurion of Michigan, LLC..... | MI..... | NIA..... | Centurion LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-2717814..... | | | | Centurion of Minnesota, LLC..... | MN..... | NIA..... | Centurion LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 43-1795436..... | | | | MHS Travel & Charter, Inc..... | WI..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-0907261..... | | | | California Health and Wellness Plan..... | CA..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 27-3617766..... | | | | Specialty Therapeutic Care Holdings, LLC..... | DE..... | NIA..... | Centene Corporation..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 73-1698807..... | | | | Specialty Therapeutic Care, GP, LLC..... | TX..... | NIA..... | Specialty Therapeutic Care Holdings, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 73-1698808..... | | | | Specialty Therapeutic Care, LP..... | TX..... | NIA..... | Specialty Therapeutic Care Holdings, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 80-0856383..... | | | | AcariaHealth Solutions, Inc..... | DE..... | NIA..... | Specialty Therapeutic Care Holdings, LLC..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 45-2780334..... | | | | AcariaHealth, Inc..... | DE..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 27-1599047..... | | | | AcariaHealth Pharmacy #14, Inc..... | CA..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 20-8192615..... | | | | AcariaHealth Pharmacy #11, Inc..... | TX..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 27-2765424..... | | | | AcariaHealth Pharmacy #12, Inc..... | NY..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 26-0226900..... | | | | AcariaHealth Pharmacy #13, Inc..... | CA..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 13-4262384..... | | | | AcariaHealth Pharmacy, Inc..... | CA..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 41-2055462..... | | | | Fairfax Healthcare Services, Inc..... | VA..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 26-0170829..... | | | | Specialty Rx, Inc..... | VA..... | NIA..... | AcariaHealth, Inc..... | Ownership..... | 100.0 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-2860967..... | | | | Health Plan Real Estate Holding, Inc..... | MO..... | NIA..... | Home State Health Plan, Inc..... | Ownership..... | 7.2 | Centene Corporation..... | |
| 01295..... | Centene Corporation..... | 00000..... | 46-2860967..... | | | | Health Plan Real Estate Holding, Inc..... | MO..... | NIA..... | Absolute Total Care, Inc..... | Ownership..... | 1.5 | Centene Corporation..... | |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

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

16.4

| Asterisk | Explanation |
|----------|-------------|
|----------|-------------|

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE A – VERIFICATION

Real Estate

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 0 | 0 |
| 2.2 Additional investment made after acquisition | 0 | 0 |
| 3. Current year change in encumbrances | 0 | 0 |
| 4. Total gain (loss) on disposals | 0 | 0 |
| 5. Deduct amounts received on disposals | 0 | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 7. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 8. Deduct current year's depreciation | 0 | 0 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. Deduct total nonadmitted amounts | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 1,299,177 | 780,021 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 0 | 0 |
| 2.2 Additional investment made after acquisition | 620,000 | 660,000 |
| 3. Capitalized deferred interest and other | 0 | 0 |
| 4. Accrual of discount | 0 | 0 |
| 5. Unrealized valuation increase (decrease) | (161,955) | (140,844) |
| 6. Total gain (loss) on disposals | 0 | 0 |
| 7. Deduct amounts received on disposals | 0 | 0 |
| 8. Deduct amortization of premium and depreciation | 0 | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 10. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 1,757,222 | 1,299,177 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 1,757,222 | 1,299,177 |

SCHEDULE D – VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 98,305,122 | 96,273,789 |
| 2. Cost of bonds and stocks acquired | 78,593,243 | 83,320,648 |
| 3. Accrual of discount | 7,725 | 3,537 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals | 5,830 | 113 |
| 6. Deduct consideration for bonds and stocks disposed of | 66,041,000 | 79,973,201 |
| 7. Deduct amortization of premium | 842,988 | 1,319,764 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 110,027,932 | 98,305,122 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 110,027,932 | 98,305,122 |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE D - PART 1B

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

| | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|--|---|--|--|---|---|--|---|---|
| BONDS | | | | | | | | |
| 1. Class 1 (a)..... | 103,187,484 | 115,295,166 | 114,241,276 | (1,214,373) | 103,879,507 | 103,187,484 | 103,027,001 | 104,576,935 |
| 2. Class 2 (a)..... | 13,133,896 | 1,187,226 | 1,250,000 | 983,957 | 9,483,270 | 13,133,896 | 14,055,079 | 9,773,955 |
| 3. Class 3 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 4. Class 4 (a)..... | 4,000,000 | | | | 4,000,000 | 4,000,000 | 4,000,000 | 4,000,000 |
| 5. Class 5 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 6. Class 6 (a)..... | 0 | | | | 0 | 0 | 0 | 0 |
| 7. Total Bonds..... | 120,321,380 | 116,482,392 | 115,491,276 | (230,416) | 117,362,777 | 120,321,380 | 121,082,080 | 118,350,890 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1..... | 0 | | | | 0 | 0 | 0 | 0 |
| 9. Class 2..... | 0 | | | | 0 | 0 | 0 | 0 |
| 10. Class 3..... | 0 | | | | 0 | 0 | 0 | 0 |
| 11. Class 4..... | 0 | | | | 0 | 0 | 0 | 0 |
| 12. Class 5..... | 0 | | | | 0 | 0 | 0 | 0 |
| 13. Class 6..... | 0 | | | | 0 | 0 | 0 | 0 |
| 14. Total Preferred Stock..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds & Preferred Stock..... | 120,321,380 | 116,482,392 | 115,491,276 | (230,416) | 117,362,777 | 120,321,380 | 121,082,080 | 118,350,890 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|---------|--------------------------------------|----------------|------------------|---|---|
| 9199999 | 11,054,150 | XXX | 11,054,150 | 11,506 | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 20,045,771 | 8,028,930 |
| 2. Cost of short-term investments acquired | 307,008,540 | 207,054,310 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease)..... | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 316,000,161 | 195,037,469 |
| 7. Deduct amortization of premium..... | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value..... | | 0 |
| 9. Deduct current year's other than temporary impairment recognized..... | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | 11,054,150 | 20,045,771 |
| 11. Deduct total nonadmitted amounts..... | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 11,054,150 | 20,045,771 |

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE E - VERIFICATION

(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|----------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | 0 | 0 |
| 2. Cost of cash equivalents acquired | 9,200,000 | 10,000,000 |
| 3. Accrual of discount | 0 | 0 |
| 4. Unrealized valuation increase (decrease) | 0 | 0 |
| 5. Total gain (loss) on disposals..... | 0 | 0 |
| 6. Deduct consideration received on disposals | 9,200,000 | 10,000,000 |
| 7. Deduct amortization of premium | 0 | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 9. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

ONE

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STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE D - PART 3

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

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation or Market Indicator (a) |
|---|---|--------------|--------------------|--------------------------------|-----------------------------------|---------------------|----------------|---|---|
| Bonds - U.S. Governments | | | | | | | | | |
| 912828-VH-0..... | US TREASURY .375% 6/30/2015..... | | .08/19/2013..... | Mizuho Security..... | | 400,297 | .400,000 | .208 | 1..... |
| 0599999 - Bonds - U.S. Governments | | | | | | 400,297 | 400,000 | 208 | XXX |
| Bonds - U.S. Political Subdivisions of States, Territories and Possessions | | | | | | | | | |
| .613340-S9-0..... | MONTGOMERY CNTY MD VAR IMPT B RMKT..... | | .09/17/2013..... | JP Morgan Chase..... | .200,000 | .200,000 | | .4 | .1FE |
| .613340-S7-4..... | MONTGOMERY CNTY MD SER A RMKT..... | | .09/16/2013..... | Barclay Capital..... | .1,900,000 | .1,900,000 | | .27 | .1FE |
| 2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions | | | | | 2,100,000 | 2,100,000 | | 31 | XXX |
| Bonds - U.S. Special Revenue | | | | | | | | | |
| .160853-NC-7..... | CHARLOTTE MECKLENBURG HOSP AUTH VR..... | | .07/15/2013..... | Wachovia Bank of North Ca..... | .635,000 | .635,000 | | .7 | .1FE |
| .160853-MR-5..... | CHARLOTTE MECKLENBURG NC HOSP..... | | .09/17/2013..... | JP Morgan Chase..... | .400,000 | .400,000 | | .9 | .1FE |
| .182521-BL-7..... | CLARKSVILLE TN NAT GAS ACQ CORP..... | | .08/06/2013..... | Citigroup Global Markets..... | .898,554 | .815,000 | | .6,113 | 2FE |
| .455057-TP-4..... | INDIANA ST FIN AUTH REV VR..... | | .08/15/2013..... | JP Morgan Chase..... | .5,300,000 | .5,300,000 | | .88 | .1FE |
| .545904-CS-7..... | LOUDOUN CNTY CA SANTN WTR SWR REV..... | | .08/26/2013..... | Wellis Fargo..... | .1,100,000 | .1,100,000 | | .33 | .1FE |
| .606901-LC-8..... | Missouri St Health & Edl Facs V/R..... | | .09/17/2013..... | Goldman Sachs & Co..... | .200,000 | .200,000 | | .4 | .1FE |
| .644614-RY-7..... | NEW HAMPSHIRE HEALTH & ED FACS..... | | .09/03/2013..... | JP Morgan Chase..... | .600,000 | .600,000 | | .2 | .1FE |
| .679111-TB-0..... | OKLAHOMA ST TPK AUTH TPK REV..... | | .08/13/2013..... | JP Morgan Chase..... | .2,600,000 | .2,600,000 | | .2 | .1FE |
| .717825-NG-4..... | Philadelphia PA Hospitals & H..... | | .09/17/2013..... | JP Morgan Chase..... | .200,000 | .200,000 | | .4 | .1FE |
| .717903-ZG-6..... | PHILADELPHIA PA HOSPS AND EDU..... | | .08/21/2013..... | JP Morgan Chase..... | .1,150,000 | .1,150,000 | | .22 | .1FE |
| .771902-FH-1..... | ROCHESTER MN HEALTH CARE FACS RMKT..... | | .08/01/2013..... | Wellis Fargo..... | .700,000 | .700,000 | | .26 | .1FE |
| 3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions | | | | | 13,783,554 | 13,700,000 | | 6,310 | XXX |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | |
| .126802-C0-8..... | CABELA'S MASTER CREDIT CARD TRUST..... | | .08/07/2013..... | Bank of America..... | .949,900 | .950,000 | | | .1FE |
| .30165P-AA-0..... | EXETER AUTOMOBILE RECEIVABLE TRUST..... | | .09/11/2013..... | Deutsche Bank..... | .1,049,986 | .1,050,000 | | | .1FE |
| .50187V-AC-5..... | LEAF II RECEIVABLES FUNDING LLC..... | | .09/23/2013..... | Credit Suisse First Bosto..... | .319,081 | .320,000 | | | .1FE |
| .50187V-AD-3..... | LEAF II RECEIVABLES FUNDING LLC..... | | .09/19/2013..... | Credit Suisse First Bosto..... | .409,991 | .410,000 | | | .1FE |
| .96041U-AB-8..... | WESTLAKE AUTO RECEIVABLES TR..... | | .09/18/2013..... | Greenwich Capital..... | .629,930 | .630,000 | | | .1FE |
| .06366R-PR-0..... | BANK OF MONTREAL..... | F..... | .07/11/2013..... | Morgan Stanley..... | .964,122 | .965,000 | | | .1FE |
| .064159-C0-7..... | BANK OF NOVIA SCOTIA..... | F..... | .07/10/2013..... | Bank of America..... | .479,563 | .480,000 | | | .1FE |
| .136069-FU-0..... | CANADIAN IMPERIAL BANK..... | F..... | .07/15/2013..... | Barclay Capital..... | .1,708,940 | .1,710,000 | | | .1FE |
| .716540-BJ-0..... | PETROLEOS MEXICANOS..... | F..... | .07/12/2013..... | Barclay Capital..... | .288,672 | .290,000 | | | .2FE |
| .89153V-AF-6..... | TOTAL CAPITAL INTL SA..... | F..... | .08/05/2013..... | JP Morgan Chase..... | .598,356 | .600,000 | | | .1FE |
| 3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | 7,398,541 | 7,405,000 | | 0 | XXX |
| 8399997 - Subtotals- Bonds - Part 3 | | | | | 23,682,392 | 23,605,000 | | 6,549 | XXX |
| 8399999 - Subtotals - Bonds | | | | | 23,682,392 | 23,605,000 | | 6,549 | XXX |
| 9999999 Totals | | | | | 23,682,392 | 23,605,000 | | 6,549 | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE D - PART 4

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

| 1 CUSIP Identifi- cation | 2 Description | 3 For- eign | 4 Disposal Date | 5 Name of Purchaser | 6 Number of Shares of Stock | 7 Consideration | 8 Par Value | 9 Actual Cost | 10 Prior Year Book/Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/Stock Dividends Received During Year | 21 Stated Contractual Maturity Date | 22 NAIC Design- ation or Market Indicator (a) | |
|--|---|-------------------|-----------------------|-----------------------------|--------------------------------------|--------------------|----------------|------------------|--|--|--|---|---|--|--|---|--|---|--|---|--|-------|
| | | | | | | | | | | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's (Amortization)/ Accretion | 13 Current Year's Other Than Temporary Impairment Recognized | 14 Total Change in B.A.C.V. (11+12-13) | 15 Total Foreign Exchange Change in B.A.C.V. | | | | | | | | |
| Bonds - U.S. Governments | | | | | | | | | | | | | | | | | | | | | | |
| 912828-BH-2.. | US TREASURY, T 4 1/4 8/15/13.. | | 08/15/2013.. | MATURITY.. | | .400,000 | .400,000 | .395,641 | .399,648 | | 352 | | 352 | | .400,000 | | | 0 | | 17,000 | .08/15/2013.. | 1.. |
| 05999999 - Bonds - U.S. Governments | | | | | | 400,000 | 400,000 | 395,641 | 399,648 | 0 | 352 | 0 | 352 | 0 | 400,000 | 0 | 0 | 0 | | 17,000 | XXX | XXX |
| Bonds - U.S. States, Territories and Possessions | | | | | | | | | | | | | | | | | | | | | | |
| 419787-CM-6.. | HAWAII ST SER DN NC.. | | 08/01/2013.. | MATURITY.. | | .475,000 | .475,000 | .508,720 | .479,605 | | (4,605) | | (4,605) | | .475,000 | | | 0 | | 23,750 | .08/01/2013.. | 1FE.. |
| 1799999 - Bonds - U.S. States, Territories and Possessions | | | | | | 475,000 | 475,000 | 508,720 | 479,605 | 0 | (4,605) | 0 | (4,605) | 0 | 475,000 | 0 | 0 | 0 | | 23,750 | XXX | XXX |
| Bonds - U.S. Political Subdivisions of States, Territories and Possessions | | | | | | | | | | | | | | | | | | | | | | |
| 438670-MT-5.. | HONOLULU HAWAII CITY & CNTY.. | | 07/01/2013.. | MATURITY.. | | .900,000 | .900,000 | .985,518 | .909,859 | | (9,859) | | (9,859) | | .900,000 | | | 0 | | 47,250 | .07/01/2013.. | 1FE.. |
| 613340-S9-0.. | MONTGOMERY CNTY MD VAR IMPT B RMKT.. | | 07/18/2013.. | JP Morgan Chase.. | | .100,000 | .100,000 | .100,000 | | | 0 | | 0 | | .100,000 | | | 0 | | 18 | .06/01/2026.. | 1FE.. |
| 609558-4A-6.. | MONMOUTH CNTY NJ.. | | 09/15/2013.. | MATURITY.. | | .1,000,000 | .1,000,000 | .1,074,000 | .1,011,446 | | (11,446) | | (11,446) | | .1,000,000 | | | 0 | | 45,000 | .09/15/2013.. | 1FE.. |
| 613340-S7-4.. | MONTGOMERY CNTY MD SER A RMKT.. | | 08/20/2013.. | Barclay Capital.. | | .400,000 | .400,000 | .400,000 | | | 0 | | 0 | | .400,000 | | | 0 | | 10 | .06/01/2026.. | 1FE.. |
| 2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions | | | | | | 2,400,000 | 2,400,000 | 2,559,518 | 1,921,305 | 0 | (21,305) | 0 | (21,305) | 0 | 2,400,000 | 0 | 0 | 0 | | 92,278 | XXX | XXX |
| Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | | | | | | | | | | | | | | | | | |
| 160853-NC-7.. | CHARLOTTE MECKLENBURG HOSP AUTH VR.. | | 09/25/2013.. | Wachovia Bank of North Ca.. | | .635,000 | .635,000 | .635,000 | | | 0 | | 0 | | .635,000 | | | 0 | | 20 | .01/15/2045.. | 1FE.. |
| 160853-MR-5.. | CHARLOTTE MECKLENBURG NC HOSP.. | | 09/26/2013.. | JP Morgan Chase.. | | .400,000 | .400,000 | .400,000 | | | 0 | | 0 | | .400,000 | | | 0 | | 21 | .01/15/2038.. | 1FE.. |
| 167505-NU-6.. | CHICAGO IL BOARD EDU SER F.. | | 08/01/2013.. | Merrill Lynch.. | | .628,779 | .560,000 | .656,930 | | (5,098) | | (5,098) | | .651,833 | | (23,053) | (23,053) | | 19,056 | .12/01/2018.. | 1FE.. | |
| 29270C-KN-4.. | ENERGY NORTHWEST WA ELEC INDIANA ST FIN AUTH REV | | 07/01/2013.. | MATURITY.. | | .1,125,000 | .1,125,000 | .1,254,668 | .1,140,253 | | (15,253) | | (15,253) | | .1,125,000 | | | 0 | | 56,250 | .07/01/2013.. | 1FE.. |
| 455057-TP-4.. | INDIANA ST FIN AUTH REV VR.. | | 08/12/2013.. | JP Morgan Chase.. | | .2,200,000 | .2,200,000 | .2,200,000 | | | 0 | | 0 | | .2,200,000 | | | 0 | | 64 | .02/01/2037.. | 1FE.. |
| 455057-UC-1.. | INDIANA ST FIN AUTH REV VR.. | | 09/26/2013.. | JP Morgan Chase.. | | .300,000 | .300,000 | .300,000 | | | 0 | | 0 | | .300,000 | | | 0 | | 96 | .02/01/2039.. | 1FE.. |
| 57582P-ND-8.. | MASSACHUSETTS ST REF SER 1 N/C.. | | 09/01/2013.. | MATURITY.. | | .390,000 | .390,000 | .406,130 | .392,409 | | (2,409) | | (2,409) | | .390,000 | | | 0 | | 15,600 | .09/01/2013.. | 1FE.. |
| 679111-TA-2.. | OKLAHOMA ST SPK AUTH REV VR.. | | 07/16/2013.. | JP Morgan Chase.. | | .100,000 | .100,000 | .100,000 | | | 0 | | 0 | | .100,000 | | | 0 | | 7 | .01/01/2028.. | 1FE.. |
| 679111-TB-0.. | OKLAHOMA ST TPK AUTH TPK REV.. | | 09/26/2013.. | JP Morgan Chase.. | | .2,400,000 | .2,400,000 | .2,400,000 | | | 0 | | 0 | | .2,400,000 | | | 0 | | 102 | .01/01/2028.. | 1FE.. |
| 717903-ZG-6.. | PHILADELPHIA PA HOSPS AND EDU.. | | 07/16/2013.. | JP Morgan Chase.. | | .750,000 | .750,000 | .750,000 | | | 0 | | 0 | | .750,000 | | | 0 | | 12 | .02/15/2021.. | 1FE.. |
| 771902-FH-1.. | ROCHESTER MN HEALTH CARE FACS RMKT.. | | 09/25/2013.. | Wells Fargo.. | | .500,000 | .500,000 | .500,000 | | | 0 | | 0 | | .500,000 | | | 0 | | 57 | .08/15/2032.. | 1FE.. |
| 92817F-N9-3.. | STATE OF VIRGINIA PUB SCH AUT N/C.. | | 08/01/2013.. | MATURITY.. | | .1,295,000 | .1,295,000 | .1,412,107 | .1,310,393 | | (15,393) | | (15,393) | | .1,295,000 | | | 0 | | 64,750 | .08/01/2013.. | 1FE.. |
| 3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions | | | | | | 10,723,779 | 10,655,000 | 11,014,835 | 2,843,055 | 0 | (38,153) | 0 | (38,153) | 0 | 10,746,833 | 0 | (23,053) | (23,053) | | 156,035 | XXX | XXX |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | | | | | | | | | | | |
| 88579E-AE-5.. | 30 COMPANY.. | | 08/15/2013.. | MATURITY.. | | .1,250,000 | .1,250,000 | .1,360,250 | .1,268,788 | | (18,788) | | (18,788) | | .1,250,000 | | | 0 | | 54,688 | .08/15/2013.. | 1FE.. |
| 084664-BG-5.. | BERKSHIRE HATHAWAY FIN.. | | 08/15/2013.. | MATURITY.. | | .1,250,000 | .1,250,000 | .1,367,688 | .1,270,294 | | (20,294) | | (20,294) | | .1,250,000 | | | 0 | | 62,500 | .08/15/2013.. | 1FE.. |
| 110122-AL-2.. | BRISTOL-MYERS SQUIBB CO.. | | 08/15/2013.. | MATURITY.. | | .1,500,000 | .1,500,000 | .1,656,405 | .1,528,668 | | (28,668) | | (28,668) | | .1,500,000 | | | 0 | | 78,750 | .08/15/2013.. | 1FE.. |
| 172967-FD-8.. | CITIGROUP INC.. | | 09/16/2013.. | Called.. | | .560,498 | .528,000 | .560,298 | .552,221 | | (7,043) | | (7,043) | | .545,178 | | 15,321 | 15,321 | | 20,691 | .05/19/2015.. | 1FE.. |
| 263534-BU-2.. | EI DU PONT DE NEMOURS EXETER AUTO RECEIVABLES TRUST.. | | 07/15/2013.. | MATURITY.. | | .1,250,000 | .1,250,000 | .1,368,550 | .1,268,105 | | (18,105) | | (18,105) | | .1,250,000 | | | 0 | | 62,500 | .07/15/2013.. | 1FE.. |
| 301657-AA-0.. | NEW MEXICO EDUC ASSIST FOUNDATION.. | | 09/15/2013.. | PRINCIPAL RECEIPT.. | | .146,038 | .146,038 | .146,032 | | | 6 | | 6 | | .146,038 | | | 0 | | .414 | .12/15/2015.. | 1FE.. |
| 647110-FG-5.. | PEPSICO INC.. | | 09/01/2013.. | PRINCIPAL RECEIPT.. | | .115,312 | .115,312 | .114,805 | | | 506 | | 506 | | .115,312 | | | 0 | | .263 | .04/01/2021.. | 1FE.. |
| 713448-BK-3.. | SNIAC AUTO RECEIVABLES TRUST.. | | 08/26/2013.. | Called.. | | .1,271,650 | .1,250,000 | .1,313,275 | .1,268,192 | | (10,104) | | (10,104) | | .1,258,088 | | 13,562 | 13,562 | | 46,224 | .03/01/2014.. | 1FE.. |
| 78392N-AA-9.. | WALGREEN CO.. | | 09/15/2013.. | PRINCIPAL RECEIPT.. | | .104,789 | .104,789 | .104,785 | | | 4 | | 4 | | .104,789 | | | 0 | | .366 | .07/16/2018.. | 1FE.. |
| 931422-AD-1.. | | | 08/01/2013.. | MATURITY.. | | .1,250,000 | .1,250,000 | .1,355,913 | .1,267,251 | | (17,251) | | (17,251) | | .1,250,000 | | | 0 | | .60,938 | .08/01/2013.. | 2FE.. |
| 3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 8,698,287 | 8,644,138 | 9,348,001 | 8,423,519 | 0 | (119,737) | 0 | (119,737) | 0 | 8,669,405 | 0 | 28,883 | 28,883 | | 387,334 | XXX | XXX |
| 8399997 - Subtotals - Bonds - Part 4 | | | | | | 22,697,066 | 22,574,138 | 23,826,715 | 24,067,132 | 0 | (183,448) | 0 | (183,448) | 0 | 22,691,238 | 0 | 5,830 | 5,830 | | 676,397 | XXX | XXX |
| 8399999 - Subtotals - Bonds | | | | | | 22,697,066 | 22,574,138 | 23,826,715 | 24,067,132 | 0 | (183,448) | 0 | (183,448) | 0 | 22,691,238 | 0 | 5,830 | 5,830 | | 676,39 | | |

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE E - PART 1 - CASH

| Month End Depository Balances | | | | | | | | |
|---|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
| 1 Depository | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| Open Depositories | | | | | | | | |
| Bank of America.....Chicago, IL..... | | 0.000 | | | 1,534,974 | 64,130 | 1,872,794 | XXX |
| The Private Bank.....Chicago, IL..... | | 0.400 | 13,535 | | 15,228,450 | 15,233,484 | 15,237,804 | XXX |
| Regions Bank.....St. Louis, MO..... | | 0.000 | | | 10,004,168 | 25,005,011 | 25,007,334 | XXX |
| 0199998 Deposits in1 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories | XXX | XXX | | | 71,799 | 87,224 | 95,232 | XXX |
| 0199999 Total Open Depositories | XXX | XXX | 13,535 | 0 | 26,839,391 | 40,389,849 | 42,213,164 | XXX |
| 0399999 Total Cash on Deposit | XXX | XXX | 13,535 | 0 | 26,839,391 | 40,389,849 | 42,213,164 | XXX |
| 0499999 Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| 0599999 Total | XXX | XXX | 13,535 | 0 | 26,839,391 | 40,389,849 | 42,213,164 | XXX |

STATEMENT AS OF SEPTEMBER 30, 2013 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

NONE

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