



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Community Health Plan, Inc.

NAIC Group Code1295, 1295NAIC Company Code11834Employer's ID Number32-0045282

Organized under the Laws ofOhio, State of Domicile or Port of EntryOhio

Country of DomicileUnited 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/Organized10/29/2003Commenced Business01/01/2004

Statutory Home Office4349 Easton Way, Suite 200Columbus, OH, US 43219

Main Administrative Office7700 Forsyth Boulevard

Saint Louis, MO, US 63105314-725-4477

Mail Address7700 Forsyth BoulevardSaint Louis, MO, US 63105

Primary Location of Books and Records7700 Forsyth Boulevard

Saint Louis, MO, US 63105314-725-4477

Internet Web Site Addresswww.bchpohio.com

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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	Michael Ceballos	Vice President- Long-Term Care & Product Develop.
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	Jimmy Vance Stewart
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State of Missouri.
County of St. 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 WhitePresident and CEOKeith Harvey WilliamsonSecretaryWilliam Nelder ScheffelTreasurer

Subscribed and sworn to before me this day of February, 2015

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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	152,796,084		152,796,084	110,360,212
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	6,140,750		6,140,750	6,011,754
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
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 (\$77,408,444 , Schedule E-Part 1), cash equivalents (\$100,000 , Schedule E-Part 2) and short-term investments (\$91,823,082 , Schedule DA).....	169,331,524		169,331,524	60,170,000
6. Contract loans (including \$premium notes).....			0	0
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA)	6,610,863		6,610,863	1,653,392
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	334,879,221	0	334,879,221	178,195,358
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	867,905		867,905	711,244
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	16,547,555		16,547,555	10,599,977
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.....	973,364		973,364	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	766,388		766,388	894,450
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	18,270		18,270	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	1,692,466		1,692,466	0
18.2 Net deferred tax asset.....	8,993,932	2,122,783	6,871,149	3,911,799
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	3,125,055		3,125,055	506,375
24. Health care (\$1,383,509) and other amounts receivable.....	4,625,093	3,241,584	1,383,509	340,077
25. Aggregate write-ins for other-than-invested assets	1,622,706	535,954	1,086,752	4,119,673
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	374,111,955	5,900,321	368,211,634	199,278,953
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	374,111,955	5,900,321	368,211,634	199,278,953
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
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.....	529,287	529,287	0	0
2502. Goodwill, net.....	995,694	0	995,694	3,982,769
2503. Intangibles.....	6,667	6,667	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	91,058	0	91,058	136,904
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,622,706	535,954	1,086,752	4,119,673

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$2,394,371 reinsurance ceded)	.....166,248,067		.....166,248,067	.....75,161,317
2. Accrued medical incentive pool and bonus amounts .....			.....0	.....0
3. Unpaid claims adjustment expenses .....	.....2,661,900		.....2,661,900	.....1,143,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	.....12,405,989		.....12,405,989	.....324,895
5. Aggregate life policy reserves .....			.....0	.....0
6. Property/casualty unearned premium reserves .....			.....0	.....0
7. Aggregate health claim reserves.....			.....0	.....0
8. Premiums received in advance .....	.....198,740		.....198,740	.....19,763
9. General expenses due or accrued .....	.....61,992,563		.....61,992,563	.....15,731,975
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....			.....0	.....1,183,512
10.2 Net deferred tax liability .....			.....0	.....0
11. Ceded reinsurance premiums payable .....	.....979,677		.....979,677	.....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 \$580,539 current) .....	.....580,539	.....0	.....580,539	.....0
24. Total liabilities (Lines 1 to 23).....	.....245,067,475	.....0	.....245,067,475	.....93,564,462
25. Aggregate write-ins for special surplus funds	XXX	XXX	.....21,882,897	.....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	.....84,150,000	.....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	.....16,111,262	.....36,464,489
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	.....123,144,159	.....105,714,489
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	.....368,211,634	.....199,278,951
DETAILS OF WRITE-INS				
2301. Risk Adjustment.....	.....240,862		.....240,862	.....0
2302. Cost Sharing Reduction.....	.....339,677		.....339,677	.....0
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)	.....580,539	.....0	.....580,539	.....0
2501. 2015 Health Insurer Fee Estimate.....	XXX	XXX	.....21,882,897	.....0
2502.	XXX	XXX		.....0
2503.	XXX	XXX		.....0
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	.....21,882,897	.....0
3001.	XXX	XXX		.....0
3002.	XXX	XXX		.....0
3003.	XXX	XXX		.....0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	.....0	.....0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	.....0	.....0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	2,828,216	1,964,376
2. Net premium income (including \$0 non-health premium income).....	XXX	1,325,855,870	795,033,635
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,325,855,870	795,033,635
Hospital and Medical:			
9. Hospital/medical benefits		718,073,869	431,923,263
10. Other professional services		82,377,284	39,644,226
11. Outside referrals			0
12. Emergency room and out-of-area		79,665,237	50,956,939
13. Prescription drugs		192,093,405	103,606,626
14. Aggregate write-ins for other hospital and medical	0	(1,565,370)	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	1,070,644,425	626,131,054
Less:			
17. Net reinsurance recoveries		9,827,519	6,094,544
18. Total hospital and medical (Lines 16 minus 17)	0	1,060,816,906	620,036,510
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$752,150 cost containment expenses.....		35,649,879	23,858,908
21. General administrative expenses.....		217,214,429	131,994,149
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		6,133,533	324,895
23. Total underwriting deductions (Lines 18 through 22)	0	1,319,814,747	776,214,462
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	6,041,123	18,819,173
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		2,254,089	2,025,823
26. Net realized capital gains (losses) less capital gains tax of \$83,146			8,830
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,337,235	2,034,653
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$41,685)]		(41,685)	0
29. Aggregate write-ins for other income or expenses	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	8,336,673	20,853,826
31. Federal and foreign income taxes incurred	XXX	9,283,512	7,713,521
32. Net income (loss) (Lines 30 minus 31)	XXX	(946,839)	13,140,305
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
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Unpaid reinsurance reclass.....	0	(1,565,370)	0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	(1,565,370)	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	105,714,492	90,735,177
34. Net income or (loss) from Line 32	(946,839)	13,140,305
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$250,805	594,776	72,537
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	2,907,105	598,142
39. Change in nonadmitted assets	(1,025,369)	1,168,331
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	15,900,000	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	17,429,673	14,979,315
49. Capital and surplus end of reporting year (Line 33 plus 48)	123,144,165	105,714,492
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance	1,326,263,735	796,100,095	
2. Net investment income	2,848,268	3,377,988	
3. Miscellaneous income	0	0	
4. Total (Lines 1 through 3)	1,329,112,003	799,478,083	
5. Benefit and loss related payments	971,797,395	594,199,919	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
7. Commissions, expenses paid and aggregate write-ins for deductions	204,549,144	153,133,235	
8. Dividends paid to policyholders		0	
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	12,159,492	11,708,052	
10. Total (Lines 5 through 9)	1,188,506,031	759,041,206	
11. Net cash from operations (Line 4 minus Line 10)	140,605,972	40,436,878	
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	41,167,365	86,910,477	
12.2 Stocks	36,257	0	
12.3 Mortgage loans	0	0	
12.4 Real estate	0	0	
12.5 Other invested assets	579,114	459,297	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	
12.7 Miscellaneous proceeds	0	0	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	41,782,736	87,369,774	
13. Cost of investments acquired (long-term only):			
13.1 Bonds	84,307,186	99,941,323	
13.2 Stocks	0	6,000,000	
13.3 Mortgage loans	0	0	
13.4 Real estate	0	0	
13.5 Other invested assets	4,820,000	720,000	
13.6 Miscellaneous applications	0	0	
13.7 Total investments acquired (Lines 13.1 to 13.6)	89,127,186	106,661,324	
14. Net increase (decrease) in contract loans and premium notes	0	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(47,344,450)	(19,291,550)	
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	
16.2 Capital and paid in surplus, less treasury stock	15,900,000	0	
16.3 Borrowed funds	0	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
16.5 Dividends to stockholders	0	0	
16.6 Other cash provided (applied)	0	0	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	15,900,000	0	
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)	109,161,522	21,145,328	
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	60,170,002	39,024,674	
19.2 End of year (Line 18 plus Line 19.1)	169,331,524	60,170,002	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Buckeye Community Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,325,855,870	2,169,832	0	0	0	0	42,393,010	1,281,293,028	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,325,855,870	2,169,832	0	0	0	0	42,393,010	1,281,293,028	0	0
8. Hospital/medical benefits	718,073,869	1,346,065					27,496,948	689,230,856		XXX
9. Other professional services	82,377,283	205,710					1,580,430	80,591,143		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	79,665,237	78,707					3,168,501	76,418,029		XXX
12. Prescription drugs	192,093,405	321,353					12,884,097	178,887,955		XXX
13. Aggregate write-ins for other hospital and medical	(1,565,371)	(30,222)	0	0	0	0	0	(1,535,149)	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0						0			XXX
15. Subtotal (Lines 8 to 14)	1,070,644,423	1,921,613	0	0	0	0	45,129,976	1,023,592,834	0	XXX
16. Net reinsurance recoveries	9,827,519	187,315					0	9,640,204		XXX
17. Total hospital and medical (Lines 15 minus 16)	1,060,816,904	1,734,298	0	0	0	0	45,129,976	1,013,952,630	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$752,150 cost containment expenses.....	35,649,879	88,703					1,457,802	34,103,374		
20. General administrative expenses	217,214,430	355,594					4,087,745	212,771,091		
21. Increase in reserves for accident and health contracts	6,133,533						671,159	5,462,374		XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	1,319,814,746	2,178,595	0	0	0	0	51,346,682	1,266,289,469	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	6,041,124	(8,763)	0	0	0	0	(8,953,672)	15,003,559	0	0
DETAILS OF WRITE-INS										
0501.	0									XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Unpaid reinsurance recoveries.....	(1,565,371)	(30,222)						(1,535,149)		XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	(1,565,371)	(30,222)	0	0	0	0	0	(1,535,149)	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	2,251,193		81,361	2,169,832
2. Medicare Supplement				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	42,393,672		662	42,393,010
7. Title XIX - Medicaid.....	1,290,881,231		9,588,203	1,281,293,028
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	1,335,526,096	0	9,670,226	1,325,855,870
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	1,335,526,096	0	9,670,226	1,325,855,870

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	982,092,656	1,515,373					37,962,928	942,614,355		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	9,955,581							9,955,581		
1.4 Net	972,137,075	1,515,373	0	0	0	0	37,962,928	932,658,774	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	168,642,437	462,881	0	0	0	0	9,585,135	158,594,421	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	2,394,371	30,222	0	0	0	0	0	2,364,149	0	0
3.4 Net	166,248,066	432,659	0	0	0	0	9,585,135	156,230,272	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	2,534,980	26,419					708,372	1,800,189		
7. Amounts recoverable from reinsurers December 31, current year	766,388	187,315						579,073		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	75,990,317	0	0	0	0	0	1,709,714	74,280,603	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	829,000	0	0	0	0	0	0	829,000	0	0
8.4 Net	75,161,317	0	0	0	0	0	1,709,714	73,451,603	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	894,450	0	0	0	0	0	0	894,450	0	0
12. Incurred benefits:										
12.1 Direct	1,072,209,796	1,951,835	0	0	0	0	45,129,977	1,025,127,984	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	11,392,890	217,537	0	0	0	0	0	11,175,353	0	0
12.4 Net	1,060,816,906	1,734,298	0	0	0	0	45,129,977	1,013,952,631	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	48,066,226	133,989					2,192,692	45,739,545		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	48,066,226	133,989	0	0	0	0	2,192,692	45,739,545	0	0
2. Incurred but Unreported:										
2.1. Direct	120,576,211	328,892					7,392,443	112,854,876		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	2,394,371	30,222						2,364,149		
2.4. Net	118,181,840	298,670	0	0	0	0	7,392,443	110,490,727	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	168,642,437	462,881	0	0	0	0	9,585,135	158,594,421	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	2,394,371	30,222	0	0	0	0	0	2,364,149	0	0
4.4. Net	166,248,066	432,659	0	0	0	0	9,585,135	156,230,272	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)		1,328,059		432,659	.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	1,652,854	36,551,238	128,179	9,456,956	1,781,033	1,709,714
7. Title XIX - Medicaid.....	63,896,129	870,176,972	479,237	155,751,035	64,375,366	73,451,604
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	65,548,983	908,056,269	607,416	165,640,650	66,156,399	75,161,318
10. Healthcare receivables (a).....		3,875,094			.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	65,548,983	904,181,175	607,416	165,640,650	66,156,399	75,161,318

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior0	.0	.0	.0	
2. 2010.....	.0	.0	.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0		
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	1,302

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior0	.0	.0	.0	
2. 2010.....	.0	.0	.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0		
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	1,734

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010.....	.0	.0		.0	.0	.0			.0	.0
2. 2011.....	.0	.0		.0	.0	.0			.0	.0
3. 2012.....	.0	.0		.0	.0	.0			.0	.0
4. 2013.....	.0	.0		.0	.0	.0			.0	.0
5. 2014.....	2,251	1,302	89	6.8	1,391	61.8	433	7	1,831	81.3

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	2,143	2,161	2,161	2,161	2,161
2. 2010.....	2,254	3,106	3,111	3,111	3,111
3. 2011.....	XXX	5,799	7,050	7,077	7,077
4. 2012.....	XXX	XXX	9,040	10,569	10,594
5. 2013.....	XXX	XXX	XXX	11,846	13,475
6. 2014.....	XXX	XXX	XXX	XXX	35,602

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	2,723	2,161	2,161	2,161	2,161
2. 2010.....	2,827	3,106	3,111	3,111	3,111
3. 2011.....	XXX	6,837	7,162	7,077	7,077
4. 2012.....	XXX	XXX	10,434	10,581	10,594
5. 2013.....	XXX	XXX	XXX	13,554	13,603
6. 2014.....	XXX	XXX	XXX	XXX	45,059

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010.....	3,310	3,111	118	3.8	3,229	97.6			3,229	97.6
2. 2011.....	7,413	7,077	238	3.4	7,315	98.7			7,315	98.7
3. 2012.....	10,931	10,594	346	3.3	10,940	100.1			10,940	100.1
4. 2013.....	15,138	13,475	559	4.1	14,034	92.7	128	16	14,178	93.7
5. 2014.....	42,394	35,602	1,286	3.6	36,888	87.0	9,457	148	46,493	109.7

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,589,755	1,588,880	1,588,880	1,588,880	1,588,880
2. 2010.....	377,187	412,261	411,839	411,839	411,838
3. 2011.....	XXX	415,448	462,857	467,590	467,590
4. 2012.....	XXX	XXX	516,581	551,211	550,422
5. 2013.....	XXX	XXX	XXX	540,754	605,440
6. 2014.....	XXX	XXX	XXX	XXX	867,278

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,589,789	1,588,880	1,588,880	1,588,880	1,588,880
2. 2010.....	418,657	415,144	411,838	411,838	411,838
3. 2011.....	XXX	465,346	465,118	467,590	467,590
4. 2012.....	XXX	XXX	561,459	551,335	550,422
5. 2013.....	XXX	XXX	XXX	614,082	605,920
6. 2014.....	XXX	XXX	XXX	XXX	1,023,029

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010.....	543,506	411,838	16,839	4.1	428,677	78.9			428,677	78.9
2. 2011.....	599,366	467,590	18,535	4.0	486,125	81.1			486,125	81.1
3. 2012.....	717,332	550,422	21,375	3.9	571,797	79.7			571,797	79.7
4. 2013.....	787,818	605,440	25,745	4.3	631,185	80.1	479	249	631,913	80.2
5. 2014.....	1,290,881	867,278	29,757	3.4	897,035	69.5	155,751	2,241	1,055,027	81.7

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,591,898	1,591,041	1,591,041	1,591,041	1,591,041
2. 2010.....	379,441	415,367	414,950	414,950	414,949
3. 2011.....	XXX	421,247	469,907	474,667	474,667
4. 2012.....	XXX	XXX	525,621	561,780	561,016
5. 2013.....	XXX	XXX	XXX	552,600	618,915
6. 2014.....	XXX	XXX	XXX	XXX	904,182

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,592,512	1,591,041	1,591,041	1,591,041	1,591,041
2. 2010.....	421,484	418,250	414,949	414,949	414,949
3. 2011.....	XXX	472,183	472,280	474,667	474,667
4. 2012.....	XXX	XXX	571,893	561,916	561,016
5. 2013.....	XXX	XXX	XXX	627,636	619,523
6. 2014.....	XXX	XXX	XXX	XXX	1,069,822

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010.....	546,816	414,949	16,957	4.1	431,906	79.0	.0	.0	431,906	79.0
2. 2011.....	606,779	474,667	18,773	4.0	493,440	81.3	.0	.0	493,440	81.3
3. 2012.....	728,263	561,016	21,721	3.9	582,737	80.0	.0	.0	582,737	80.0
4. 2013.....	802,956	618,915	26,304	4.3	645,219	80.4	607	265	646,091	80.5
5. 2014.....	1,335,526	904,182	31,132	3.4	935,314	70.0	165,641	2,396	1,103,351	82.6

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	6,458,428						996,054	5,462,374	
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	5,947,561	41,609					4,000	5,901,952	
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	12,405,989	41,609	.0	.0	.0	.0	1,000,054	11,364,326	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	12,405,989	41,609	0	0	0	0	1,000,054	11,364,326	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$6,458,428 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			2,535,244		2,535,244
2. Salaries, wages and other benefits			49,981,393		49,981,393
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses			885,961		885,961
5. Certifications and accreditation fees			97,198		97,198
6. Auditing, actuarial and other consulting services			8,611,199		8,611,199
7. Traveling expenses			1,661,976		1,661,976
8. Marketing and advertising			6,509,025		6,509,025
9. Postage, express and telephone			810,702		810,702
10. Printing and office supplies			2,618,681		2,618,681
11. Occupancy, depreciation and amortization			7,341,509		7,341,509
12. Equipment			244,141		244,141
13. Cost or depreciation of EDP equipment and software			6,112,607		6,112,607
14. Outsourced services including EDP, claims, and other services	752,150	34,897,729	9,167,180		44,817,059
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			235,788		235,788
17. Collection and bank service charges			164,040		164,040
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			302,611		302,611
22. Real estate taxes			207,768		207,768
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			338,316		338,316
23.2 State premium taxes			105,221,260		105,221,260
23.3 Regulatory authority licenses and fees			159,291		159,291
23.4 Payroll taxes			2,434,591		2,434,591
23.5 Other (excluding federal income and real estate taxes)			11,573,948		11,573,948
24. Investment expenses not included elsewhere				126,398	126,398
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	752,150	34,897,729	217,214,429	126,398	(a) .....252,990,706
27. Less expenses unpaid December 31, current year		2,661,900	61,992,563		64,654,463
28. Add expenses unpaid December 31, prior year	0	1,143,000	15,731,975	0	16,874,975
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	752,150	33,378,829	170,953,841	126,398	205,211,218
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$115,924,408 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....210,227	.....236,659
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....1,875,930	.....1,974,772
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....146,514	.....169,056
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	2,232,671	2,380,487
11.	Investment expenses		(g).....126,398
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....126,398
17.	Net investment income (Line 10 minus Line 16)		2,254,089
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$26,103 accrual of discount less \$776,943 amortization of premium and less \$202,698 paid for accrued interest on purchases.
(b) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$ accrual of discount less \$34,842 amortization of premium and less \$5,019 paid for accrued interest on purchases.
(f) Includes \$ accrual of discount less \$ amortization of premium.
(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$ interest on surplus notes and \$ interest on capital notes.
(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0		
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated)	46,889		46,889		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated)	36,257	.....0	36,257	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	128,996	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	716,585	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	83,146	0	83,146	845,581	0
DETAILS OF WRITE-INS						
0901.	.....			.....0		
0902.	.....			.....0		
0903.	.....			.....0		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	2,122,783	2,425,831	303,048
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	3,241,584	1,750,038	(1,491,546)
25. Aggregate write-ins for other-than-invested assets	535,954	699,083	163,129
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	5,900,321	4,874,952	(1,025,369)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	5,900,321	4,874,952	(1,025,369)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	529,287	672,416	143,129
2502. Intangibles, net.....	6,667	26,667	20,000
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	535,954	699,083	163,129

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	172,208	180,737	225,836	261,934	293,572	2,828,216
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	172,208	180,737	225,836	261,934	293,572	2,828,216
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO 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 for determining its solvency under Ohio Insurance Law.

The Ohio Department of Insurance recognizes only statutory accounting practices for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Ohio insurance law. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures Manual*, version effective March 2014 (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.

<u>NET INCOME</u>	<u>State of Domicile</u>	<u>2014</u>	<u>2013</u>
(1) Buckeye Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	Ohio	\$ (946,839)	\$ 13,140,305
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	Ohio	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property	Ohio	-	-
(4) NAIC SAP (1-2-3=4)	Ohio	\$ (946,839)	\$ 13,140,305
<u>SURPLUS</u>			
(5) Buckeye Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	Ohio	\$ 123,144,159	\$ 105,714,489
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net	Ohio	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	Ohio	-	-
(8) NAIC SAP (5-6-7=8)	Ohio	\$ 123,144,159	\$ 105,714,489

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Bonds are carried at amortized cost with the accretion of discounts and amortization of premiums being computed under the scientific method.
3. Common stocks in affiliates are carried based on the underlying GAAP equity of the investee.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
7. The Company has investments in subsidiaries, controlled and affiliated companies reported on an equity basis in the amount of \$6.1 million in common stock.
8. The Company has minor interests in joint venture that do not exceed 10% of admitted assets. The Company carries these interests based on the underlying audited GAAP equity of the investee.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has a premium deficiency reserve of \$6,458,428 at December 31, 2014.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be

NOTES TO FINANCIAL STATEMENTS

adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

- 12. There were no changes to the capitalization policy.
- 13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

(2) Accounting Changes and Corrections of Errors

None

(3) Business Combinations and Goodwill

- A. Statutory Purchase Method
 - 1. Purchase of Family Health Plan, Inc.
The Company purchased the Medicaid-related assets of Family Health Plan, Inc. in November 2003. As a result of the purchase, the Company recorded \$1.8 million in intangible assets (state contracting rights, non-compete agreements, provider contracts/network) and \$5.1 million in goodwill. General administrative expenses include \$80,000 in intangible amortization and \$506,413 in goodwill amortization expense as of December 31, 2014.
 - 2. Purchase of Summa Care, Inc.
The Company purchased the Medicaid-related assets of SummaCare, Inc., in May 2005. As a result of the purchase, the Company recorded \$520,000 in intangible assets (state contracting rights, non-compete agreements, provider contracts/network) and \$29.8 million in goodwill. General administrative expenses include \$20,000 in intangible amortization and \$2,987,077 in goodwill amortization expense as of December 31, 2014.
- B. Statutory Merger
Purchase of MediPlan Corporation
The Company purchased MediPlan Corporation from Aultman Health Foundation, Inc., in June 2006. This transaction was treated as a statutory merger per SSAP No.68.
- C. Assumption Reinsurance – None.
- D. Impairment Loss – None.

(4) Discontinued Operations

None

(5) Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None.
- B. Debt Restructuring – None.
- C. Reverse Mortgages – None.
- D. Loan-Backed Securities
 - 1. Prepayment assumptions were obtained from Bloomberg.
 - 2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
 - 3. Not applicable: there are no securities with a recognized other-than-temporary impairment.
 - 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	\$11,324
2. 12 Months or Longer	\$34,340
 - b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$14,716,651
2. 12 Months or Longer	\$3,190,437
 - 5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the

NOTES TO FINANCIAL STATEMENTS

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; therefore, there is no indication of other than temporary impairment of these securities.

E. Repurchase Agreements and/or Securities Lending Transactions

- 1. For repurchase agreements, Company policies require a minimum of 100% of the fair value of securities purchased under repurchase agreements to be maintained as collateral.
- 2. NONE
- 3. Collateral Received

a. Aggregate Amount Collateral Received

	Fair Value
1. Repurchase Agreement	
(a) Open	\$
(b) 30 Days or Less	100,000
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater than 90 Days	
(f) Sub-Total	\$ 100,000
(g) Securities Received	
(h) Total Collateral Received	\$ 100,000
2. Securities Lending	
(a) Open	\$
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater than 90 Days	
(f) Sub-Total	\$
(g) Securities Received	
(h) Total Collateral Received	\$
3. Dollar Repurchase Agreement	
(a) Open	\$
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater than 90 Days	
(f) Sub-Total	\$
(g) Securities Received	
(h) Total Collateral Received	\$
b. The fair value of the collateral and of the portion of that collateral that it has sold or replugged	100,000
c. The collateral is in the form of U.S. Treasury securities and is held by the Company's securities custodian.	

F. Real Estate- None.

G. Low-income housing tax credit- None.

H. Restricted Assets

- 1. Restricted Assets (Including Pledged)

NOTES TO FINANCIAL STATEMENTS

	1	2	3	4	5	6
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements	\$ 100,000	\$ -	\$ 100,000	\$ 100,000	0.03%	0.03%
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. FHLB Capital Stock						
j. On deposit with states	\$ 400,079	\$ 400,239	\$ (160)	\$ 400,079	0.1%	0.1%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
2. o. Total Restricted Assets	\$ 500,079	\$ 400,239	\$ 99,840	\$ 500,079	0.1%	0.1%

3. Detail of Assets Pledged as Collateral Not Captured in Other Categories- None.
4. Detail of Other Restricted Assets- None.

The following long-term investments can be liquidated within 24 hours without incurring a significant penalty (defined as greater than 20%).

	Amortized Cost	Market Value
Bonds	\$156,397,194	\$154,909,318

- I. Working Capital Finance Investments - None
- J. Offsetting and Netting of Assets and Liabilities - None
- K. Structured Notes - None

(6) Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investment in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

(7) Investment Income

- A. Investment income due and accrued with amounts greater than 90 days past due are excluded from surplus.
- B. The total amount excluded was \$0.

(8) Derivative Instruments

The Company had no derivative instruments during the statement periods.

(9) Income Taxes

NOTES TO FINANCIAL STATEMENTS

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

The 12/31/14 and 12/31/13 balances and related disclosures are calculated and presented pursuant to SSAP 101.

(1)	DTA/DTL Components	2014			2013			Change		
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred taxassets	8,953,085	229,780	9,182,865	6,365,523	86,559	6,452,082	2,587,562	143,221	2,730,783
(b)	Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
(c)	Adjusted gross deferred taxassets	8,953,085	229,780	9,182,865	6,365,523	86,559	6,452,082	2,587,562	143,221	2,730,783
(d)	Deferred taxassets nonadmitted	(2,057,250)	(65,534)	(2,122,784)	(2,425,831)	-	(2,425,831)	368,581	(65,534)	303,047
(e)	Net admitted deferred taxassets	6,895,835	164,246	7,060,081	3,939,692	86,559	4,026,251	2,956,143	77,687	3,033,830
(f)	Deferred taxliabilities	(24,688)	(164,246)	(188,934)	(19,213)	(95,239)	(114,452)	(5,475)	(69,007)	(74,482)
(g)	Net admitted deferred taxasset/(Net deferred tax liability)	6,871,147	-	6,871,147	3,920,479	(8,680)	3,911,799	2,950,668	8,679	2,959,347
(2)	Admission calculation components:									
	Description	2014			2013			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c.										
(a)	FIT recoverable by loss carryback [¶11.a.]	6,001,867	-	6,001,867	3,042,521	-	3,042,521	2,959,346	-	2,959,346
(b)	Expected to be realized [¶11.b.] (lessor of i. or ii.)	869,281	-	869,281	869,280	-	869,280	1	-	1
	1. Expected to be realized [¶11.b.i.]	869,281	-	869,281	869,280	-	869,280	1	-	1
	2. Surplus limitation [¶11.b.ii.]	11,627,301	-	11,627,301	14,671,225	-	14,671,225	(3,043,924)	-	(3,043,924)
(c)	DTL offset [¶11.c.]	24,687	164,246	188,933	27,891	86,559	114,450	(3,204)	77,687	74,483
(d)	Total admitted under ¶¶11.a.-11.c.	6,895,835	164,246	7,060,080	3,939,692	86,559	4,026,251	2,956,142	77,687	3,033,829
	Deferred taxliabilities	(24,688)	(164,246)	(188,934)	(19,213)	(95,239)	(114,452)	(5,475)	(69,007)	(74,482)
	Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.	6,871,147	-	6,871,146	3,920,479	(8,680)	3,911,799	2,950,667	8,680	2,959,346

(3) Information used in expected to be realized calculation [¶11.b.]

	2014	2013
(a) ExDTA ACL RBC or other ratio	316%	439%
(b) Adjusted capital and surplus	116,273,010	97,819,924
(c) Did the company avail itself of a tax planning strategy involving	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

B. Temporary differences for which DTLs have not been established:

n/a

C. Current tax and change in deferred tax:

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

Description	2014	2013
(a) Current federal income tax expense	9,207,744	7,784,247
(b) Foreign Taxes	-	-
(c) Subtotal	9,207,744	7,784,247
(d) Tax on capital gains/(losses)	-	-
(e) Settlement of IRS audit	-	614,871
(f) Other, including prior year underaccrual (overaccrual)	75,768	(680,843)
(g) Federal and foreign income taxes incurred	9,283,512	7,718,275

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

(2)	DTAs Resulting From Book/Tax Differences In	December 31, 2014	December 31, 2013	Change
(a)	Ordinary			
(1)	Discounting of unpaid losses and LAE	1,281,518	1,021,414	260,104
(2)	Unearned premiums	13,912	1,384	12,528
(3)	Marketplace Reinsurance	1,879	-	1,879
(4)	Accrued expenditures	1,400	483,228	(481,828)
(5)	Nonadmitted assets	1,322,138	857,192	464,946
(6)	Goodwill & Intangible Amortization	4,071,788	3,888,592	183,196
(7)	Other (separately disclose items >5%)	2,260,450	113,713	2,146,737
(99)	Gross ordinary DTAs	8,953,085	6,365,523	2,587,562
(b)	Statutory valuation adjustment adjustment - ordinary	-	-	-
(c)	Nonadmitted ordinary DTAs (-)	(2,057,250)	(2,425,831)	368,581
(d)	Admitted ordinary DTAs	6,895,835	3,939,692	2,956,143
(e)	Capital			
(1)	Other (separately disclose items >5%)	229,780	-	229,780
	Unrealized capital losses	-	86,559	(86,559)
(99)	Gross capital DTAs	229,780	86,559	143,221
(f)	Statutory valuation adjustment adjustment - capital (-)	-	-	-
(g)	Nonadmitted capital DTAs (-)	(65,534)	-	(65,534)
(h)	Admitted capital DTAs	164,246	86,559	77,687
(i)	Admitted DTAs	7,060,081	4,026,251	3,033,830

NOTES TO FINANCIAL STATEMENTS

(3)	DTLs Resulting From Book/Tax Differences In	December 31, 2014	December 31, 2013	Change
(a)	Ordinary			
(1)	Investments	(8,703)	(3,228)	(5,475)
(2)	Prepaid expenses	(15,985)	(15,985)	-
(99)	Ordinary DTLs	(24,688)	(19,213)	(5,475)
(b)	Capital			
(1)	Investments	-	(95,239)	95,239
	Unrealized capital gains	(164,246)	-	(164,246)
(99)	Capital DTLs	(164,246)	(95,239)	(69,007)
(c)	DTLs	(188,934)	(114,452)	(74,482)
(4)	Net deferred tax assets/liabilities	6,871,147	3,911,799	2,959,348

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	December 31, 2014	December 31, 2013	Change
Total deferred tax assets	9,182,865	6,452,082	2,730,783
Total deferred tax liabilities	(188,934)	(114,452)	(74,481)
Net deferred tax assets/liabilities	8,993,931	6,337,630	2,656,301
Statutory valuation allowance adjustment (*see explanation)	-	-	-
Net deferred tax assets/liabilities after SVA	8,993,931	6,337,630	2,656,301
Tax effect of unrealized gains/(losses)	164,246	(86,559)	250,805
Change in net deferred income tax [(charge)/benefit]	9,158,177	6,251,071	2,907,106

*Statutory valuation allowance

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2014 and 2013 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended

D. Reconciliation of federal income tax rate to actual effective rate:

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

Description	2014	Tax Effect	2013	Tax Effect
Income Before Taxes	8,336,671		20,858,580	
Statutory Rate	35%		35%	
Income Before Taxes	2,917,835	35.00%	7,300,503	35.00%
Tax-Exempt Interest (Net of proration)	(136,295)	-1.63%	(210,606)	-1.01%
Proration		0.00%	31,421	0.15%
Health Insurer Fee	4,058,284	48.68%	0	
Dividends Received Deduction	-	0.00%	0	0.00%
Meals & Entertainment, Lobbying Expenses, Etc.	(25)	0.00%	(670)	0.00%
Statutory Valuation Allowance	-	0.00%	0	0.00%
Deferred Taxes on Nonadmitted Assets	(464,946)	-5.58%	(2,767)	-0.01%
Other, Including Prior Year True-Up	1,553	0.02%	2,252	0.01%
Total	6,376,406	76.49%	7,120,133	34.14%
Federal income taxed incurred [expense/(benefit)]	9,283,512	111.36%	7,718,275	37.00%
Tax on capital gains/(losses)	-	0.00%	0	0.00%
Change in net deferred income tax [charge/(benefit)]	(2,907,106)	-34.87%	(598,142)	-2.87%
Total statutory income taxes	6,376,406	76.49%	7,120,133	34.14%

E. Carryforwards, recoverable taxes, and IRC §6603 deposits:

At December 31, 2014, the Company had no net operating loss or tax credit carryforwards available for tax purposes.

The following is income tax expense for 2013 and 2014 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2013	8,399,118	0	8,399,118
2014	9,207,744	0	9,207,744
Total	17,606,862	0	17,606,862

Deposits admitted under IRC § 6603
None

NOTES TO FINANCIAL STATEMENTS

The Company’s federal income tax return is consolidated with the following entities:

Absolute Total Care, Inc.	Home State Health Plan, Inc.
AECC Total Vision Health Plan of Texas, Inc.	IlliniCare Health Plan, Inc.
Bankers Reserve Life Insurance Company of Wisconsin	Kentucky Spirit Health Plan, Inc.
California Health & Wellness Plan	Louisiana Health Care Connections, Inc.
Celtic Insurance Company	Magnolia Health Plan, Inc.
CeltiCare Health Plan of Massachusetts, Inc.	Managed Health Services Insurance Corp.
Coordinated Care Corporation	Peach State Health Plan, Inc.
Coordinated Care of Washington, Inc.	Sunflower State Health Plan, Inc.
Granite State Health Plan, Inc.	Sunshine State Health Plan, Inc.
Hallmark Life Insurance Co.	Superior HealthPlan, Inc.

The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

(10) Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, D, F

During 2014 and 2013, Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the period ending December 31, 2014 and December 31, 2013 included \$136,523,916 and \$94,655,632, respectively, for such services. Amounts due (to) from at December 31, 2014 and December 31, 2013 included \$3,452,065 and \$506,375, respectively, for true-up of management fees and expenses paid on behalf of the company.

Nursewise, LP provided triage services to the Company. Medical expenses for the period ending December 31, 2014 and December 31, 2013 included \$2,535,813 and \$2,112,604, respectively, for such services. Amounts due (to) from at December 31, 2014 and December 31, 2013 included \$0 and (\$187,244), respectively, for such services. Nurse Response, Inc. provided triage services to the Company. Medical expenses for the period ending December 31, 2014 included \$3,592 for such services. Amounts due (to) from at December 31, 2014 included \$0 for such services.

US Script, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the period ending December 31, 2014 and December 31, 2013 included \$198,819,996 and \$127,664,671, respectively, for such services. Amounts due (to) from at December 31, 2014 and December 31, 2013 included \$163,464 and (\$2,409,945), respectively, for such services.

Cenpatico Behavioral Health, LLC provided mental health services to the Company. Medical expenses for the period ending December 31, 2014 and December 31, 2013 included \$24,910,494 and \$18,655,907, respectively, for such services. Amounts due (to) from at December 31, 2014 and December 31, 2013 included (\$6,467,989) and (\$27,143), respectively, for such services.

OptiCare Vision Company, Inc. provided vision management services to the Company. Medical expenses for the period ending December 31, 2014 and December 31, 2013 included \$4,888,834 and \$3,598,698, respectively, for such services. Amounts due (to) from at December 31, 2014 and December 31, 2013 included (\$498,604) and (\$312,567), respectively, for such services.

Nurtur Health, Inc. provided chronic pulmonary disease management services to the Company. Medical expenses for the period ending December 31, 2014 and December 31, 2013 included \$2,881,059 and \$2,383,809, respectively for such services. Amounts due (to) from at December 31, 2014 and December 31, 2013 included (\$265,803) and (\$207,360), respectively for such services.

The Company made a \$6.0 million investment in Health Plan Real Estate Holding, Inc. (HPREHI) on December 4, 2013 by purchasing 60 shares of HPREHI’s common stock for cash. HPREHI is wholly owned by affiliates of Centene Corporation, the Company’s parent company. The Company’s common stock investment in HPREHI is measured and reported in the Company’s statutory financial statements using the equity method in accordance with SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and at December 31, 2014 and December 31, 2014 the reported value is \$6.0 million and \$6.1 million, respectively.

- E. Guarantees- None.
- G. Control Relationship- The Company is wholly owned by Centene Corporation.
- H. Upstream Intermediate Entity- None.
- I. Investment in SCA Entity

NOTES TO FINANCIAL STATEMENTS

The Company has an investment in an SCA that does not exceed 10% of admitted assets.

- J. Investment in Impaired SCA Entity- None.
- K. Investment in Foreign Insurance Subsidiary- None.
- L. Investment in Downstream Noninsurance Holding Company- None.

(11) Debt

- A. Capital Notes - None
- B. Federal Home Loan Bank Agreements - None

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

- A. Defined Benefit Plans - None
- B. Description of investment policies and strategies – Not applicable
- C. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption – Not applicable
- D. Fair value of each class of plan assets – No plan assets held
- E. Defined Contribution Plans - None
- F. Multiemployer Plans - None
- G. Consolidated/Holding Company Plans - None
- H. Post-Employment Benefits and Compensated Absences - None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - None

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

- 1) The Company has 10,000 shares authorized, 100 shares issued, 100 shares outstanding at \$100 par value.
- 2) The Company had no preferred stock outstanding.
- 3) The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the superintendent has received notice of the distribution and has not within the thirty day period disapproved the dividend or distribution. An extraordinary dividend or distribution is one in which the fair market value, together with that of any other dividends or distributions made within the preceding twelve months, exceeds the greater of ten percent of the Company's surplus as of the thirty-first day of December next preceding, or the Company's net income for the twelve month period ending the thirty-first day of December next preceding. In addition, any dividend or distribution paid from other than earned surplus shall be considered extraordinary.
- 4) The Company paid no dividends for the years ended December 31, 2014 and 2013.
- 5) The Company is able to pay ordinary dividends to stockholders provided that the dividend or distribution of cash or other property, whose fair market value, together with that of other dividends or distributions made within the preceding twelve months, does not exceed the greater of ten percent of the Company's surplus or net income of the Company's twelve-month period ending the thirty-first day of December next preceding.
- 6) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 7) The Company has no advances to surplus not repaid.
- 8) The Company held no stock for special purposes such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- 9) The increase in the special surplus funds from the prior year is due to the projected annual fee under section 9010 of the Affordable Care Act to be paid on September 30, 2015 based on business written in 2014.
- 10) The impact to unassigned funds (surplus) by cumulative unrealized losses was \$694,854.
- 11) The Company did not issue any surplus debentures or similar obligations.
- 12) There have been no quasi-reorganizations.

NOTES TO FINANCIAL STATEMENTS

13) The Company has not been involved in a quasi-reorganization in the last 10 years.

(14) Liabilities, Contingencies and Assessments

- A. Contingent Commitments – The Company has outstanding commitments of approximately \$820,000 for additional investments in joint ventures and limited partnerships.
- B. Assessments – None.
- C. Gain Contingencies – None.
- D. Claims related to extra contractual obligation and bad faith losses stemming from lawsuits- None.
- E. Joint and Several Liabilities – None.
- F. All Other Contingencies – Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

The Company has recognized an impairment charge of \$41,685 related to the member premium receivable outstanding as of December 31, 2014. The \$7,196 member receivable recognized as of 12/31/14 has a reasonable possibility that it will be uncollectible.

(15) Leases

None.

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

None.

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

- A. Transfers of Receivables reported as Sales - None
- B. Transfers 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.

- A. ASO Plans - None
- B. ASC Plans - None
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract- None

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

None.

(20) Fair Value Measurements

- 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.
- The following table summarizes fair value measurements by level at December 31, 2014 for assets and liabilities measured at fair value on a recurring basis:

NOTES TO FINANCIAL STATEMENTS

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents & Short Term Investments	\$ 166,564,644	\$ -	\$ -	\$ 166,564,644
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 166,564,644	\$ -	\$ -	\$ 166,564,644
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2013 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents & Short Term Investments	\$ 60,170,000	\$ -	\$ -	\$ 60,170,000
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 60,170,000	\$ -	\$ -	\$ 60,170,000
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

B. None

C. The following table summarizes the aggregate fair value measurements by level at December 31, 2014 for all financial instruments. The table includes \$2,766,880 of bonds classified as short-term.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Bonds	\$ 155,409,896	\$ 155,562,961	\$ 19,945,762	\$ 131,464,135	\$ 4,000,000	\$ -
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Total	\$ 155,409,896	\$ 155,562,961	\$ 19,945,762	\$ 131,464,135	\$ 4,000,000	\$ -

The following table summarizes the aggregate fair value measurements by level at December 31, 2013 for all financial instruments.

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Bonds	\$ 109,533,203	\$ 110,360,210	\$ 19,865,595	\$ 85,667,609	\$ 4,000,000	\$ -
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Total	\$ 109,533,203	\$ 110,360,210	\$ 19,865,595	\$ 85,667,609	\$ 4,000,000	\$ -

D. None

(21) Other Items

- A. Extraordinary Items - None
- B. Troubled Debt Restructuring: Debtors - None
- C. Other Disclosures and Unusual Items - Assets on Deposit with Government Authorities or Trustees

Assets in the amount of \$400,079 and \$400,239 at December 31, 2014 and December 31, 2013, respectively, were on deposit with government authorities or trustees as required by law.

- D. Business Interruption Insurance Recoveries – None
- E. State Transferable Tax Credits and Non-transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure- None
- G. Retained Assets- None

(22) Events Subsequent

Type I

None

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through 3/2/2015 for the statutory statement issued on 3/2/2015.

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be \$21,882,897. This assessment is not expected to have a significant impact to the Company’s risk based capital as of December 31, 2015 compared to the Company’s risk based capital as of December 31, 2014. Had the estimated ACA fee assessment payable been recorded as of December 31, 2014 the estimated impact to risk based capital would have been a reduction from approximately 304% risk based capital to approximately 261% risk based capital. Reporting the ACA assessment as of December 31, 2014, would not have triggered a RBC action level. During 2015, we expect to be reimbursed by Ohio Department of Medicaid in order to maintain actuarial soundness of our premiums, which would offset this negative surplus and RBC impact that could occur on an interim basis.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	\$ 21,882,897	\$ 10,800,000
B. ACA fee assessment paid	\$ 11,595,097	\$ -
C. Premium written subject to ACA 9010 assessment	\$ 1,157,824,436	\$791,260,889
D. Total Adjusted Capital before surplus adjustment	\$ 123,144,159	
E. Authorized Control Level before surplus adjustment	\$ 36,832,197	
F. Total Adjusted Capital after surplus adjustment	\$ 101,261,262	
G. Authorized Control Level after surplus adjustment	\$ 36,832,197	
H. Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action Level (YES/NO)?	No	

(23) Reinsurance

- A. Ceded Reinsurance Report

NOTES TO FINANCIAL STATEMENTS

Section 1 – General Interrogatories

- 1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes() No (X)
- 2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X)

Section 2 – Ceded Reinsurance Report Part A

- 1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X)
- 2. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies Yes () No (X)

Section 3 – Ceded reinsurance Report Part B

- 1. What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date for this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- 2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the company as of the effective date of the agreement? Yes () No (X)

- B. Uncollectible Reinsurance
None
- C. Commutation of Reinsurance Reflected in Income and Expenses
None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
None

(24) Retrospectively Rated Contracts and Contracts Subject to Redetermination

A., B., C.

The Company is required to pay a rebate to the State of Ohio (the State) in the event profits relating to contracts with the State exceed established levels. The Company estimates the minimum loss ratio rebate. Amounts are estimated monthly and paid to the State annually. As such, the Company may report an aggregate health policy reserve, contingent upon (a) the Company’s financial performance during the State’s fiscal year and (b) any minimum loss ratio rebate payments made to the State during the reporting period. The estimates made throughout the reporting period are reported as changes in unearned premium reserve. In 2014, the Company had net premiums related to these contracts of \$433,923,370 representing 33% Company’s total net premiums in 2014.

Medicare revenue paid to the Company is subject to retroactive adjustment predicated upon membership acuity. Based on member encounter data the Company submits to CMS, the Company’s Medicare revenue is subject to adjustment for up to two years after a member’s eligibility month. Adjustments to earned premium are estimated based primarily upon members’ utilization patterns. In 2014 and 2013, the Company had net premiums related to this contract of \$42,393,010 and \$15,137,965, respectively, representing 3% and 2% of the Company’s total net premiums in 2014 and 2013, respectively.

- D. Medical Loss Ratio Rebates Required per Public Health Service Act - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

NOTES TO FINANCIAL STATEMENTS

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? Yes

2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

<i>a) Permanent ACA Risk Adjustment Program</i>	
Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment	\$ -
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	\$ 575
3) Premium adjustments payable due to ACA Risk Adjustment	\$ 240,862
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$ (240,862)
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 575
<i>b) Transitional ACA Reinsurance Program</i>	
Assets	
1) Amounts recoverable for claims paid due to ACA Reinsurance	\$ 187,315
2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 30,222
3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$ 5,369
5) Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 26,845
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)	
7) Ceded reinsurance premiums due to ACA Reinsurance	\$ 26,845
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ (217,536)
9) ACA Reinsurance contributions - not reported as ceded premium	\$ 5,369
<i>c) Temporary ACA Risk Corridors Program</i>	
Assets	
1) Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities	
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ 41,609
Operations (Revenue & Expense)	
3) Effect of ACA Risk Corridors on net premium income	\$ (41,609)
4) Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

(25) Change in Incurred Claims and Claims Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2013 were \$75.1 million and \$1.1 million. As of December 31, 2014, \$65.5 million and \$1.1 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 \$.6 million and \$0 as a result of the reestimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$9 million in favorable prior-year development. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

(26) Intercompany Pooling Arrangements

None.

(27) Structured Settlements

None

(28) Health Care Receivables

1.
- At December 31, 2014, the Company had admitted pharmacy rebate receivables of \$785,242. These are admitted in accordance with SSAP No. 84 as they are estimated amounts related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. The amounts are estimated based on historical per script rebates and the actual number of scripts during the period.

NOTES TO FINANCIAL STATEMENTS

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2014	785,242	785,242			-
9/30/2014	672,760	732,219			-
6/30/2014	391,451	482,880			-
3/31/2014	258,441	393,376			266,738
12/31/2013	251,389	390,311			390,058
9/30/2013	229,879	354,578			354,578
6/30/2013	211,079	344,044			344,044
3/31/2013	114,663	175,071			175,071
12/31/2012	130,989	217,987			217,987
9/30/2012	127,365	3,757			3,757
6/30/2012	151,899	9,669			9,669
3/31/2012	196,360	7,812			7,812

2. Risk Sharing Receivables – None.

(29) Participating Policies

None

(30) Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$6,458,428
2. Date of the most recent evaluation of this liability

1/30/2015
3. Was anticipated investment income utilized in the calculation?

Yes☒ No☐

(31) Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []
- 1.3

State Regulating?

Ohio.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2012
- 3.2

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

.....12/31/2012
- 3.3

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

.....03/20/2014
- 3.4

By what department or departments? Ohio Department of Insurance.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes [] No [X]
- 4.12 renewals?

Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes [] No [X]
- 4.22 renewals?

Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 5.2

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

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

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,
- 7.21

State the percentage of foreign control
- 7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG, LLP 10 South Broadway, Suite 900, Saint Louis, MO 63102.....

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

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

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

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Arthur L. Baldwin III, Milliman USA, 1301 Fifth Avenue, Seattle, WA 98101-2605.....

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

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

Health Plan Real Estate Holding, Inc.....

3

\$6,140,750

12.2 If yes, provide explanation
Buckeye Community Health Plan, Inc. owns 60 shares in Health Plan Real Estate Holding, Inc., an affiliated company.....

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

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

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

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

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

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

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

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

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

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.103 Total payable for securities lending reported on the liability page \$.....0

GENERAL INTERROGATORIES

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

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

25.21 Subject to repurchase agreements	\$100,000
25.22 Subject to reverse repurchase agreements	\$0
25.23 Subject to dollar repurchase agreements	\$0
25.24 Subject to reverse dollar repurchase agreements	\$0
25.25 Placed under option agreements	\$0
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$0
25.27 FHLB Capital Stock	\$0
25.28 On deposit with states	\$400,079
25.29 On deposit with other regulatory bodies	\$0
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$0
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$0
25.32 Other	\$0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....
.....

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

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian’s Address
Wells Fargo.....	230 W. Monroe St., Chicago, IL 60606.....
Brown Brothers Harriman & Co.....	140 Broadway, New York, NY 10005.....
Bank of America.....	135 South LaSalle, Chicago, IL 60603.....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/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 Number(s)	2 Name	3 Address
.....
.....
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	244,719,162	244,466,096	(253,066)
30.2 Preferred Stocks.....	0		0
30.3 Totals	244,719,162	244,466,096	(253,066)

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

Bond pricing is obtained from Brown Brothers Harriman who receives pricing from Interactive Data Corp, the original source.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

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

32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$0
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 34.1 Amount of payments for legal expenses, if any? \$19,689
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Thompson Hine.....	\$.....19,130

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

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

\$0

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

\$

1.31 Reason for excluding

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

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$1,325,855,870	\$	.....795,033,635
2.2	Premium Denominator	\$1,325,855,870	\$	.....795,033,635
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$178,654,056	\$	.....75,518,212
2.5	Reserve Denominator	\$178,654,056	\$	.....75,486,212
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$255,000

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with Bankers Reserve Life Insurance Company of Wisconsin.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....31,448

8.2 Number of providers at end of reporting year

.....31,036

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14 A Mixed Model (combination of above) ?

Yes [X] No []

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X] No []

11.3 If yes, show the name of the state requiring such net worth.

Ohio.....

11.4 If yes, show the amount required.

\$.....1,700,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation

N/A

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

1 Name of Service Area
Adams.....
Allen.....
Ashland.....
Ashtabula.....
Athens.....
Auglaize.....
Belmont.....
Brown.....
Butler.....
Carroll.....
Champaign.....
Clark.....
Clermont.....
Clinton.....
Columbiana.....
Coshocton.....
Crawford.....
Cuyahoga.....
Darke.....
Defiance.....
Delaware.....
Erie.....
Fairfield.....
Fayette.....
Franklin.....
Fulton.....
Gallia.....
Geauga.....
Greene.....
Guernsey.....
Hamilton.....
Hancock.....
Hardin.....
Harrison.....
Henry.....
Highland.....
Hocking.....
Holmes.....
Huron.....
Jackson.....
Jefferson.....
Knox.....
Lake.....
Lawrence.....
Licking.....
Logan.....
Lorain.....
Lucas.....
Madison.....
Mahoning.....
Marion.....
Medina.....
Meigs.....
Mercer.....
Miami.....
Monroe.....
Montgomery.....
Morgan.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
Morrow.....
Muskingum.....
Noble.....
Ottawa.....
Paulding.....
Perry.....
Pickaway.....
Pike.....
Portage.....
Preble.....
Putnam.....
Richland.....
Ross.....
Sandusky.....
Scioto.....
Seneca.....
Shelby.....
Stark.....
Summit.....
Trumbull.....
Tuscarawas.....
Union.....
Van Wert.....
Vinton.....
Warren.....
Washington.....
Wayne.....
Williams.....
Wood.....
Wyandot.....

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

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

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:
- 15.1 Direct Premium Written (prior to reinsurance ceded) \$0
- 15.2 Total incurred claims \$0
- 15.3 Number of covered lives0

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

FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	368,211,634	199,278,953	161,131,760	159,583,275	136,919,056
2. Total liabilities (Page 3, Line 24)	245,067,475	93,564,462	70,396,582	74,086,042	56,535,178
3. Statutory surplus	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	123,144,159	105,714,489	90,735,176	85,497,233	80,383,879
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,325,855,870	795,033,635	728,263,308	606,779,058	546,816,027
6. Total medical and hospital expenses (Line 18)	1,060,816,906	620,036,510	568,688,733	467,479,554	412,356,766
7. Claims adjustment expenses (Line 20)	35,649,879	23,858,908	21,559,482	18,344,005	16,609,419
8. Total administrative expenses (Line 21)	217,214,429	131,994,149	119,965,884	99,514,167	99,915,952
9. Net underwriting gain (loss) (Line 24)	6,041,123	18,819,173	18,049,209	21,441,332	20,881,757
10. Net investment gain (loss) (Line 27)	2,337,235	2,034,653	2,006,711	2,316,522	3,584,411
11. Total other income (Lines 28 plus 29)	(41,685)	0	0	0	0
12. Net income or (loss) (Line 32)	(946,839)	13,140,305	12,998,217	15,560,516	21,028,613
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	140,605,972	40,436,878	13,294,093	40,139,720	(36,530,952)
Risk-Based Capital Analysis					
14. Total adjusted capital.....	123,144,159	105,714,489	90,735,176	85,497,233	80,383,879
15. Authorized control level risk-based capital.....	36,832,197	23,186,894	20,958,133	18,028,544	16,147,932
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	293,572	172,208	157,002	159,059	159,321
17. Total members months (Column 6, Line 7)	2,828,216	1,964,376	1,968,840	1,926,956	1,897,839
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.0	78.0	78.1	77.0	75.4
20. Cost containment expenses	0.1	0.1	0.1	0.2	0.0
21. Other claims adjustment expenses	2.6	2.9	2.9	2.8	3.0
22. Total underwriting deductions (Line 23)	99.5	97.6	97.5	96.5	96.2
23. Total underwriting gain (loss) (Line 24)	0.5	2.4	2.5	3.5	3.8
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	66,156,399	41,055,216	50,615,427	37,952,429	35,642,588
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	75,161,318	48,644,619	53,820,052	42,656,155	44,769,604
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	6,140,750	6,011,754	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31.....	6,140,750	6,011,754	0	0	0
33. Total investment in parent included in Lines 26 to 31 above		0	0	0	0

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

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N							0	0
2.	Alaska	AK	N							0	0
3.	Arizona	AZ	N							0	0
4.	Arkansas	AR	N							0	0
5.	California	CA	N							0	0
6.	Colorado	CO	N							0	0
7.	Connecticut	CT	N							0	0
8.	Delaware	DE	N							0	0
9.	District of Columbia	DC	N							0	0
10.	Florida	FL	N							0	0
11.	Georgia	GA	N							0	0
12.	Hawaii	HI	N							0	0
13.	Idaho	ID	N							0	0
14.	Illinois	IL	N							0	0
15.	Indiana	IN	N							0	0
16.	Iowa	IA	N							0	0
17.	Kansas	KS	N							0	0
18.	Kentucky	KY	N							0	0
19.	Louisiana	LA	N							0	0
20.	Maine	ME	N							0	0
21.	Maryland	MD	N							0	0
22.	Massachusetts	MA	N							0	0
23.	Michigan	MI	N							0	0
24.	Minnesota	MN	N							0	0
25.	Mississippi	MS	N							0	0
26.	Missouri	MO	N							0	0
27.	Montana	MT	N							0	0
28.	Nebraska	NE	N							0	0
29.	Nevada	NV	N							0	0
30.	New Hampshire	NH	N							0	0
31.	New Jersey	NJ	N							0	0
32.	New Mexico	NM	N							0	0
33.	New York	NY	N							0	0
34.	North Carolina	NC	N							0	0
35.	North Dakota	ND	N							0	0
36.	Ohio	OH	L	2,251,193	42,393,672	1,290,881,231				1,335,526,096	0
37.	Oklahoma	OK	N							0	0
38.	Oregon	OR	N							0	0
39.	Pennsylvania	PA	N							0	0
40.	Rhode Island	RI	N							0	0
41.	South Carolina	SC	N							0	0
42.	South Dakota	SD	N							0	0
43.	Tennessee	TN	N							0	0
44.	Texas	TX	N							0	0
45.	Utah	UT	N							0	0
46.	Vermont	VT	N							0	0
47.	Virginia	VA	N							0	0
48.	Washington	WA	N							0	0
49.	West Virginia	WV	N							0	0
50.	Wisconsin	WI	N							0	0
51.	Wyoming	WY	N							0	0
52.	American Samoa	AS	N							0	0
53.	Guam	GU	N							0	0
54.	Puerto Rico	PR	N							0	0
55.	U.S. Virgin Islands	VI	N							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada	CAN	N							0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	2,251,193	42,393,672	1,290,881,231	0	0	0	1,335,526,096	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX							0	
61.	Total (Direct Business)	(a)	1	2,251,193	42,393,672	1,290,881,231	0	0	0	1,335,526,096	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
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.

Explanation of basis of allocation by states, premiums by state, etc. The Company only has business in Ohio

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

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	
CMC Hanley, LLC	46-4234827	MO	
Cantina Laredo Clayton, LP	36-4783005	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 (17%)	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	14704
Cenpatico of Louisiana, Inc.	45-2303998	LA	15357
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	
Dental Health & Wellness, Inc	46-2783884	DE	
Dental Health & Wellness of Louisiana, Inc.	46-4168814	LA	15525
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc (13%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959

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

PART 1 - ORGANIZATIONAL CHART

Health Plan Real Estate Holding, Inc (1%)	46-2860967	MO	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc (15%)	46-2860967	MO	
Healthy Washington Holdings, Inc.	46-5523218	DE	
Coordinated Care of Washington, Inc.	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc (2%)	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 (21%)	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
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	
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc (5%)	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 (5%)	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Casenet LLC	90-0636938	DE	
Granite State Health Plan, Inc	45-4792498	NH	14226
Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	

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

PART 1 - ORGANIZATIONAL CHART

Centurion of Virginia, LLC	47-1577742	VA	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Pennsylvania, LLC	47-1229365	PA	
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	
Centurion of Missouri, LLC	46-4102134	MO	
Centurion of West Virginia, LLC	46-4839132	WV	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
California Health and Wellness Plan	46-0907261	CA	
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	15447
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE	
Specialty Therapeutic Care, GP, LLC	73-1698807	TX	
Specialty Therapeutic Care, LP	73-1698808	TX	
AcariaHealth, Inc.	45-2780334	DE	
AcariaHealth Pharmacy #14, Inc	27-1599047	CA	
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	
HomeScripts, LLC	27-3707698	MI	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
Phoenix Home Health Care Holdings, Inc	27-0275730	DE	
U.S. Medical Management, LLC (4%)	38-3153946	DE	
Pinnacle Home Care Holdings, Inc	27-0275563	DE	
U.S. Medical Management, LLC (1%)	38-3153946	DE	
ComfortBrook Hospice Holdings, Inc	27-0275782	DE	
U.S. Medical Management, LLC (1%)	38-3153946	DE	
U.S. Medical Management, LLC (14%)	38-3153946	DE	
U.S. Medical Management, LLC (48%)	38-3153946	DE	
RMED, LLC	31-1733889	FL	
Heritage Home Hospice, LLC	51-0581762	MI	
Rapid Respiratory Services, LLC	20-4364776	DE	
Grace Hospice of Austin, LLC	20-2827613	MI	
Seniorcorps Pensinsula, LLC	26-4435532	VA	
ComfortBrook Hospice, LLC	20-1530070	OH	
R&C Healthcare, LLC	33-1179031	TX	
Comfort Hospice of Texas, LLC	20-4996551	MI	
A N J, LLC	20-0927034	TX	

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

PART 1 - ORGANIZATIONAL CHART

Grace Hospice of San Antonio, LLC	20-2827526	MI
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Country Style Health Care, LLC	03-0556422	TX
Grace Hospice of Indiana, LLC	45-0634905	MI
Phoenix Home Health Care, LLC	14-1878333	DE
Grace Hospice of Virginia, LLC	45-5080637	MI
Traditional Home Health Services, LLC	75-2635025	TX
Comfort Hospice of Missouri, LLC	45-5080567	MI
Family Nurse Care, LLC	38-2751108	MI
Grace Hospice of Colorado, LLC	45-5080675	MI
Family Nurse Care II, LLC	20-5108540	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI
Hospice DME Company, LLC	46-1734288	MI
Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI
Pinnacle Home Care, LLC	76-0713516	TX
USMM Accountable Care Network, LLC	46-5730959	DE
USMM Accountable Care Partners, LLC	46-5735993	DE
USMM Accountable Care Solutions, LLC	46-5745748	DE
North Florida Health Services, Inc	59-3519060	FL
MHS Consulting, International, Inc	20-8630006	DE
PRIMEROSALUD, S.L.		ESP

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