



# QUARTERLY STATEMENT

AS OF MARCH 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

## Buckeye Community Health Plan, Inc.

NAIC Group Code 1295 (Current Period), 1295 (Prior Period) NAIC Company Code 11834 Employer's ID Number 32-0045282

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
 Other [ ] Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 10/29/2003 Commenced Business 01/01/2004

Statutory Home Office 4349 Easton Way, Suite 200, Columbus, OH, US 43219  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

Primary Location of Books and Records 7700 Forsyth Boulevard, Saint Louis, MO, US 63105, 314-725-4477  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.bchpohio.com

Statutory Statement Contact Jennifer Leigh Ponath, 314-445-0601  
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### OFFICERS

Name	Title	Name	Title
<u>Bruce Hill #</u>	<u>President and CEO</u>	<u>Keith Harvey Williamson</u>	<u>Secretary</u>
<u>William Nelder Scheffel</u>	<u>Treasurer</u>		

### OTHER OFFICERS

<u>Tricia Lynn Dinkelman</u>	<u>Vice President of Tax</u>	<u>Kathy Cobbs Bradley-Wells</u>	<u>Assistant Secretary</u>
<u>Ronald Albert Charles, MD</u>	<u>Vice President- Medical Affairs</u>	<u>Holly Lynette Mayer-Howell</u>	<u>Vice President- Finance</u>
<u>Lori Jean Mulichak, RN</u>	<u>Vice President- Medical Management</u>	<u>Barry Allan Smith</u>	<u>Assistant Treasurer</u>
<u>John Charles Wiley</u>	<u>Vice President- Network Develop. &amp; Contracting</u>	<u>Tracy Michelle Cloud</u>	<u>Vice President- Operational Services</u>
<u>David Brian Amerine</u>	<u>Vice President- Compliance and Regulatory Affairs</u>	<u>Robert Todd Hitchcock</u>	<u>Executive Vice President- Health Plan Business</u>

### DIRECTORS OR TRUSTEES

<u>William Nelder Scheffel</u>	<u>Bruce Hill #</u>	<u>Steven Allen White</u>	<u>Jimmy Vance Stewart</u>
<u>Charles Vignos #</u>	<u>Angela Cornelius Dawson #</u>	<u>Kathy Cobbs Bradley-Wells</u>	

State of Missouri

ss

County of Saint Louis

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

Bruce Hill  
President and CEO

Keith Harvey Williamson  
Secretary

William Nelder Scheffel  
Treasurer

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

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	193,054,367		193,054,367	152,796,084
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	6,176,795		6,176,795	6,140,750
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....78,799,164 ), cash equivalents (\$ .....100,000 ) and short-term investments (\$ .....132,799,303 ) .....	211,698,466		211,698,466	169,331,524
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	6,706,056		6,706,056	6,610,863
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	417,635,684	0	417,635,684	334,879,221
13. Title plants less \$ ..... charged off (for Title insurers only) .....	0		0	0
14. Investment income due and accrued .....	881,263		881,263	867,905
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	21,951,889		21,951,889	16,547,555
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 .....	950,385		950,385	973,364
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	567,504		567,504	766,388
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	17,573		17,573	18,270
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	1,692,466
18.2 Net deferred tax asset .....	8,192,678	1,550,155	6,642,523	6,871,149
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 .....	3,467,064		3,467,064	3,125,055
24. Health care (\$ .....1,865,259 ) and other amounts receivable .....	6,756,420	4,891,161	1,865,259	1,383,509
25. Aggregate write-ins for other-than-invested assets .....	1,115,434	866,510	248,924	1,086,752
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	461,535,894	7,307,826	454,228,068	368,211,634
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	461,535,894	7,307,826	454,228,068	368,211,634
<b>DETAILS OF WRITE-INS</b>				
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 .....	864,843	864,843	0	0
2502. Goodwill, net .....	248,924		248,924	995,694
2503. Intangibles .....	1,667	1,667	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	91,058
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,115,434	866,510	248,924	1,086,752

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,110,239 reinsurance ceded)	186,684,284		186,684,284	166,248,067
2. Accrued medical incentive pool and bonus amounts	2,055,000		2,055,000	0
3. Unpaid claims adjustment expenses	3,081,073		3,081,073	2,661,900
4. Aggregate health policy reserves including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	17,167,587		17,167,587	12,405,989
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	465,727		465,727	198,740
9. General expenses due or accrued	67,322,668		67,322,668	61,992,563
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	6,073,090		6,073,090	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	2,811,275		2,811,275	979,677
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	824,222		824,222	0
16. Derivatives		0	0	0
17. Payable for securities	3,133,552		3,133,552	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 \$ 1,786,003 current)	23,535,934	0	23,535,934	580,539
24. Total liabilities (Lines 1 to 23)	313,154,412	0	313,154,412	245,067,475
25. Aggregate write-ins for special surplus funds	XXX	XXX	8,852,875	21,882,897
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	105,650,000	84,150,000
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	25,570,781	16,111,262
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	141,073,656	123,144,159
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	454,228,068	368,211,634
<b>DETAILS OF WRITE-INS</b>				
2301. Risk Adjustment	898,030		898,030	240,862
2302. 2015 Health Insurer Fee Payable	21,883,820		21,883,820	0
2303. Cost Sharing Reduction Payable	492,738		492,738	339,677
2398. Summary of remaining write-ins for Line 23 from overflow page	261,346	0	261,346	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	23,535,934	0	23,535,934	580,539
2501. 2015 Health Insurer Fee Estimate	XXX	XXX		21,882,897
2502. 2016 Health Insurer Fee Estimate	XXX	XXX	8,852,875	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	8,852,875	21,882,897
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 AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	907,952	531,563	2,828,216
2. Net premium income (including \$ non-health premium income).....	XXX	488,968,615	209,992,896	1,325,855,870
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	488,968,615	209,992,896	1,325,855,870
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		237,049,984	106,472,512	718,073,869
10. Other professional services .....		39,026,231	13,725,106	82,377,284
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		26,867,808	14,211,075	79,665,237
13. Prescription drugs .....		81,742,008	29,499,306	192,093,405
14. Aggregate write-ins for other hospital and medical.....	0	(746,090)	(541,612)	(1,565,370)
15. Incentive pool, withhold adjustments and bonus amounts.....		2,055,000	1,710	0
16. Subtotal (Lines 9 to 15) .....	0	385,994,941	163,368,097	1,070,644,425
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,324,996	1,057,554	9,827,519
18. Total hospital and medical (Lines 16 minus 17) .....	0	384,669,945	162,310,543	1,060,816,906
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 210,658 cost containment expenses.....		11,542,464	5,518,433	35,649,879
21. General administrative expenses.....		90,853,431	43,477,368	217,214,429
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(4,676,483)	(171,169)	6,133,533
23. Total underwriting deductions (Lines 18 through 22) .....	0	482,389,357	211,135,175	1,319,814,747
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	6,579,258	(1,142,279)	6,041,123
25. Net investment income earned .....		761,659	516,114	2,254,089
26. Net realized capital gains (losses) less capital gains tax of \$ 2,715 .....		5,043	7,106	83,146
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	766,702	523,220	2,337,235
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....		(46,625)	0	(41,685)
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	7,299,335	(619,059)	8,336,673
31. Federal and foreign income taxes incurred .....	XXX	8,672,324	3,860,929	9,283,512
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(1,372,989)	(4,479,988)	(946,839)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. Unpaid Reinsurance Recoveries.....		(746,090)	(541,612)	(1,565,370)
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	(746,090)	(541,612)	(1,565,370)
2901. ....			0	0
2902. ....			0	0
2903. ....			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	123,144,165	105,714,492	105,714,492
34. Net income or (loss) from Line 32 .....	(1,372,989)	(4,479,988)	(946,839)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....8,682	19,920	48,855	594,776
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(809,936)	103,931	2,907,105
39. Change in nonadmitted assets .....	(1,407,504)	644,524	(1,025,369)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....	21,500,000	0	15,900,000
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	17,929,491	(3,682,678)	17,429,673
49. Capital and surplus end of reporting period (Line 33 plus 48)	141,073,656	102,031,814	123,144,165
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	495,781,791	199,347,623	1,326,263,735
2. Net investment income .....	948,262	935,515	2,848,268
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	496,730,053	200,283,138	1,329,112,003
5. Benefit and loss related payments .....	364,943,586	175,541,013	971,797,395
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	72,573,115	18,022,697	204,549,144
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	926,847	5,031,585	12,159,492
10. Total (Lines 5 through 9) .....	438,443,548	198,595,295	1,188,506,031
11. Net cash from operations (Line 4 minus Line 10) .....	58,286,505	1,687,843	140,605,972
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	14,069,775	11,742,535	41,167,365
12.2 Stocks .....	0	0	36,257
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	579,114
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	17,363	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	14,087,138	11,742,535	41,782,736
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	51,386,701	12,571,576	84,307,186
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	120,000	180,000	4,820,000
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	51,506,701	12,751,576	89,127,186
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(37,419,563)	(1,009,041)	(47,344,450)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	21,500,000	0	15,900,000
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	21,500,000	0	15,900,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	42,366,942	678,802	109,161,522
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	169,331,524	60,170,002	60,170,002
19.2 End of period (Line 18 plus Line 19.1) .....	211,698,466	60,848,804	169,331,524

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	293,572	619	.0	.0	.0	.0	.0	3,217	289,736	.0
2. First Quarter .....	305,270	5,605	.0	.0	.0	.0	.0	11,536	288,129	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	907,952	12,569						34,564	860,819	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	634,704	4,594						138,438	491,672	
8. Non-Physician .....	973,532	9,597						39,741	924,194	
9. Total	1,608,236	14,191	0	0	0	0	0	178,179	1,415,866	0
10. Hospital Patient Days Incurred	314,780	334						18,349	296,097	
11. Number of Inpatient Admissions	17,650	37						1,982	15,631	
12. Health Premiums Written (a).....	491,826,405	3,455,910						58,225,181	430,145,314	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	491,826,405	3,455,910						58,225,181	430,145,314	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	362,178,727	777,440						42,623,649	318,777,638	
18. Amount Incurred for Provision of Health Care Services	385,994,941	2,253,440						66,118,484	317,623,017	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 58,225,181



**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	286,591	522,280	89,274	1,762,850	375,865	432,659
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 .....	4,334,753	40,305,474	2,764,480	30,240,490	7,099,233	9,585,135
7. Title XIX - Medicaid .....	104,460,950	218,319,609	28,711,679	123,115,510	133,172,629	156,230,272
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	109,082,294	259,147,363	31,565,433	155,118,850	140,647,727	166,248,066
10. Health care receivables (a) .....		6,050,931			.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....				2,055,000	.0	.0
13. Totals (Lines 9-10+11+12)	109,082,294	253,096,432	31,565,433	157,173,850	140,647,727	166,248,066

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

## NOTES TO FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies

#### A. Accounting Practices

The accompanying financial statements of Buckeye Community Health Plan, Inc. (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company 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* (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>2015</u>	<u>2014</u>
(1) Buckeye Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	Ohio	\$ (1,372,989)	\$ (946,839)
(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	\$ (1,372,989)	\$ (946,839)
<u>SURPLUS</u>			
(5) Buckeye Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	Ohio	\$ 141,073,656	\$ 123,144,159
(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	\$ 141,073,656	\$ 123,144,159

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

No Change

#### C. Accounting Policy

1- 5 - No change

6. - Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.

7 -13 - No Change

### (2) Accounting Changes and Corrections of Errors

No change

### (3) Business Combinations and Goodwill

#### A. Statutory Purchase Method

No Change

#### B. Statutory Merger

No Change

#### C. Assumption Reinsurance

No Change

#### D. Impairment Loss

No Change

## NOTES TO FINANCIAL STATEMENTS

### (4) Discontinued Operations

No change

### (5) Investments

A-C. No change

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 \$4,914
2. 12 Months or Longer \$16,004

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

1. Less than 12 Months \$4,938,578
2. 12 Months or Longer \$3,207,978

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 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

	<u>Fair Value</u>
1. Repurchase Agreement	
(a) Open	
(b) 30 Days or Less	<u>\$ 100,000</u>
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater than 90 Days	
(f) Sub-Total	<u>\$ 100,000</u>
(g) Securities Received	
(h) Total Collateral Received	<u>\$ 100,000</u>

2. No change.

3. Collateral Received

- a. Aggregate Amount Collateral - No change.
- b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged: \$100,000

F. Real Estate

No Change

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

No Change

## NOTES TO FINANCIAL STATEMENTS

### H. Restricted Assets

No Change

### I. Working Capital Finance Investments

1. Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation – None
2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs – None
3. Events of default WCFI during the reporting period – None

J. Offsetting and Netting of Assets and Liabilities – None.

K. Structured Notes – None.

### **(6) Joint Ventures, Partnerships and Limited Liability Companies**

No change

### **(7) Investment Income**

No change

### **(8) Derivative Instruments**

No change

### **(9) Income Taxes**

No change

### **(10) Information Concerning Parent, Subsidiaries and Affiliates**

A-L – No Change.

### **(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 Plan – None

B.-I. No Change

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

No change

### **(14) Contingencies**

A.-D. No Change

E – None.

F - The Company has recognized an impairment charge of \$88,311 related to the member premium receivable outstanding as of March 31, 2015. The \$27,971 member receivable recognized as of 03/31/15 has a reasonable possibility that it will be uncollectible.

### **(15) Leases**

No change

## NOTES TO FINANCIAL STATEMENTS

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

No change

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

A. Transfer of Receivables Reported as Sales - None

B. Transfer and Servicing of Financial Assets- None

C. Wash Sales - None

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

No change

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

No change

**(20) Fair Value Measurements**

- 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 March 31, 2015 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
<b>a. Assets at fair value</b>				
Cash and Cash Equivalents	\$ 208,957,712	\$ -	\$ -	\$ 208,957,712
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	<u>\$ 208,957,712</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 208,957,712</u>
<b>b. Liabilities at fair value</b>				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

## NOTES TO FINANCIAL STATEMENTS

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:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash and Cash Equivalents	\$ 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	<u>\$ 166,564,644</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 166,564,644</u>
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

B. None

C. The following table summarizes the aggregate fair value measurements by level at March 31, 2015 for all financial instruments. The table includes \$2,740,754 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	\$ 196,600,565	\$ 195,797,510	\$ 42,607,760	\$ 149,992,805	\$ 4,000,000	\$ -
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Total	<u>\$ 196,600,565</u>	<u>\$ 195,797,510</u>	<u>\$ 42,607,760</u>	<u>\$ 149,992,805</u>	<u>\$ 4,000,000</u>	<u>\$ -</u>

The following table summarizes fair value measurement by level at December 31, 2014 for all financial instruments:

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	<u>\$ 155,409,896</u>	<u>\$ 155,562,961</u>	<u>\$ 19,945,762</u>	<u>\$ 131,464,135</u>	<u>\$ 4,000,000</u>	<u>\$ -</u>

### (21) Other Items

A. Extraordinary Items - None

A. Troubled Debt Restructuring: Debtors - None

B. Other Disclosures and Unusual Items - Assets on Deposit with Government Authorities or Trustees

Assets in the amount of \$400,040 and \$400,079 at March 31, 2015 and December 31, 2014, respectively, were on deposit with government authorities or trustees as required by law.

## NOTES TO FINANCIAL STATEMENTS

- 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

No change

### (23) Reinsurance

A-D. - No change

### (24) Retrospectively Rated Contracts and Contracts Subject to Redetermination

A.

The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the ACA Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR Rebate program.

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.

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.

B. The Company records accrued retrospective premiums through written premium.

C.

The amount of net premiums written by the Company at March 31, 2015 which are subject to retrospective rating features was \$3.46 million, which represents 1% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required per Public Health Service Act - No change.

E. Risk Sharing Provisions of the Affordable Care Act

## NOTES TO FINANCIAL STATEMENTS

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance											
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the	
	1	2	3	4	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		9	10
a) Permanent ACA Risk Adjustment Program											
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2) Premium adjustments (payable)	\$ -	\$ (240,862)	\$ -	\$ -	\$ -	\$ (240,862)	\$ -	\$ (71,383)	B	\$ -	\$ (312,245)
3) Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ (240,862)	\$ -	\$ -	\$ -	\$ (240,862)	\$ -	\$ (71,383)		\$ -	\$ (312,245)
b) Transitional ACA Reinsurance Program											
1) Amounts recoverable for claims paid	\$ 187,315	\$ -	\$ -	\$ -	\$ 187,315	\$ -	\$ 56,534	\$ -	C	\$ 243,849	\$ -
2) Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ 30,222	\$ -	\$ -	\$ -	\$ 30,222	\$ -	\$ (30,222)	D	\$ -	\$ -
3) Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ (5,369)	\$ -	\$ -	\$ -	\$ (5,369)	\$ -	\$ -	F	\$ -	\$ (5,369)
5) Ceded reinsurance premiums payable	\$ -	\$ (26,845)	\$ -	\$ -	\$ -	\$ (26,845)	\$ -	\$ -	G	\$ -	\$ (26,845)
6) Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7) Subtotal ACA Transitional Reinsurance Program	\$ 187,315	\$ (1,992)	\$ -	\$ -	\$ 187,315	\$ (1,992)	\$ 56,534	\$ (30,222)		\$ 243,849	\$ (32,214)
c) Temporary ACA Risk Corridors Program											
1) Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2) Reserve for rate credits or policy experience rating refunds	\$ -	\$ (41,609)	\$ -	\$ -	\$ -	\$ (41,609)	\$ -	\$ 25,499	J	\$ -	\$ (16,110)
3) Subtotal ACA Risk Corridors Program	\$ -	\$ (41,609)	\$ -	\$ -	\$ -	\$ (41,609)	\$ -	\$ 25,499		\$ -	\$ (16,110)
1. d. Total for ACA Risk Sharing Provisions	\$ 187,315	\$ (284,463)	\$ -	\$ -	\$ 187,315	\$ (284,463)	\$ 56,534	\$ (76,105)		\$ 243,849	\$ (360,569)

**(25) Change in Incurred Claims and Claims Adjustment Expenses**

Reserves for incurred claims and claim adjustment expenses as of December 31, 2014 were \$166.2 million and \$2.7 million. As of March 31, 2015, \$109.1 million and \$.4 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 \$31.6 million and \$2.3 million as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$25.6 million in favorable prior year development. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

**(26) Intercompany Pooling Arrangement**

No change

**(27) Structured Settlements**

No change

**(28) Health Care Receivables**

No change

**(29) Participating Policies**

No change

**(30) Premium Deficiency Reserves**

- Liability carried for premium deficiency reserves \$1,781,945
- Date of the most recent evaluation of this liability 04/1/2015
- Was anticipated investment income utilized in the calculation? Yes  No

**(31) Anticipated Salvage and Subrogation**

No change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 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 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2012
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....03/20/2014
- 6.4 By what department or departments?  
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

**GENERAL INTERROGATORIES**

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

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

9.2 Has the code of ethics for senior managers been amended? ..... Yes  No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 .....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
 .....

**FINANCIAL**

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

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

**INVESTMENT**

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

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....0

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....6,140,750	\$ .....6,176,195
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....6,140,750	\$ .....6,176,195
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No

If no, attach a description with this statement.

**GENERAL INTERROGATORIES**

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
  - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
  - 16.3 Total payable for securities lending reported on the liability page \$ .....

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

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

1 Name of Custodian(s)	2 Custodian Address
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.....

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

18.2 If no, list exceptions:  
.....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent.....	77.8	%
	1.2 A&H cost containment percent .....	0.0	%
	1.3 A&H expense percent excluding cost containment expenses.....	20.9	%
	2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ]	No [X]
	2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$	
	2.3 Do you act as an administrator for health savings accounts?.....	Yes [ ]	No [X]
	2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$	



STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums			
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	L	3,455,910	58,225,181	430,145,314				491,826,405	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		3,455,910	58,225,181	430,145,314	0	0	0	491,826,405	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1		3,455,910	58,225,181	430,145,314	0	0	0	491,826,405	0
<b>DETAILS OF WRITE-INS</b>										
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	0

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

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

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

Centene Corporation	42-1406317	DE	
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
CMC Hanley, LLC	46-4234827	MO	
Cantina Laredo Clayton, LP	36-4783005	DE	
Ferguson Acquisition, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
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	
Cenpatico of California, Inc	47-2595704	CA	
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
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	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	OH	11834

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

Health Plan Real Estate Holding, Inc (13%)	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
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
Ambetter of Magnolia Inc	35-2525384	MS	
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	
Prefontaine Merger Sub, Inc.	47-3073377	DE	
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
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

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	
Centurion of Virginia, LLC	47-1577742	VA	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Pennsylvania, LLC	47-1229365	PA	
Centurion of Mississippi, LLC	47-2967381	MS	
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	
LH Acquisition	47-2516714	DE	
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.com, LLC	27-3707698	MI	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
U.S. Medical Management, LLC (20%)	38-3153946	DE	
U.S. Medical Management, LLC (48%)	38-3153946	DE	
RMED, LLC	31-1733889	FL	
IAH of Florida, LLC	47-2138680	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	
Grace Hospice of San Antonio, LLC	20-2827526	MI	

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

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
Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI
MHS Consulting, International, Inc	20-8630006	DE
PRIMEROSALUD, S.L.		ESP

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation	DE	UDP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Shareholders/Board of Directors	0
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	36-4783005				Cantina Laredo Clayton, LP	DE	NIA	CMC Real Estate Co. LLC	Ownership	51.0	Centene Corporation	0
01295	Centene Corporation	00000	47-2914561				Ferguson Acquisition, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	37-1766939				Hanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	22-3889471				CenCorp Health Solutions, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	42-1565805				Cenphiny Mgmt, LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	1.0	Centene Corporation	0
01295	Centene Corporation	00000	42-1565807				NurseWise Holdings LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	99.0	Centene Corporation	0
01295	Centene Corporation	00000	52-2379566				NurseWise LP	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	20-4730372				Nurse Response, Inc	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	20-4980818				Bridgeway Health Solutions of Arizona, LLC	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	06-1476380				Nurtur Health, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	06-1404277				Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	CT	NIA	Nurtur Health, Inc	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	16-1686991				Wellness By Choice, LLC	NY	NIA	Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	0
01295	Centene Corporation	12525	74-3018565				Cenpatico Behavioral Health of TX, Inc	TX	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	0

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc.	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2595704				Cenpatico of California, Inc.	CA	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt, LLC	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14704	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4730341				OptiCare Managed Vision, Inc.	DE	NIA	CenCorp Health Solutions, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-4520004				OptiCare Vision Insurance Co, Inc.	SC	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95302	75-2592153				AEOC Total Vision Health Plan of Texas, Inc.	TX	IA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4773088				OptiCare Vision Company, Inc.	DE	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	65-0094759				Ocucare Systems, Inc.	FL	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4861241				Total Vision, Inc.	DE	NIA	OptiCare Managed Vision, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2783884				Dental Health & Wellness, Inc.	DE	NIA	CenCorp Health Solutions, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4168814				Dental Health & Wellness of Louisiana, Inc.	LA	NIA	Dental Health & Wellness, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc.	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc.	OH	RE	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc.	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc.	WA	IA	Healthy Washington Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp.	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co.	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc.	Ownership	75.0	Centene Corporation	.0
01295	Centene Corporation	00000	35-2525384				Ambetter of Magnolia, Inc.	MS	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	.0

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc.	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc.	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc.	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc.	LA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2794037				LSM Holdco, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	LSM Holdco, Inc.	Ownership	49.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-3073377				Prefontaine Merger Sub, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc.	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	99.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	77-0578529				US Script, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2307356				US Script IPA, LLC	NY	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14053	27-2186150				IlliniCare Health Plan, Inc.	IL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc.	KY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holdings, Inc.	MO	NIA	Centene Corporation	Ownership	95.0	Centene Corporation	.0
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc.	MO	IA	Healthy Missouri Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc.	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0

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STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	82.2	Centene Corporation	.0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc.	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	90-0766502				Centurion LLC	DE	NIA	Centurion Group, Inc.	Ownership	51.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1577742				Centurion of Virginia, LLC	VA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1229365				Centurion of Pennsylvania, LLC	PA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	61-1696004				Massachusetts Partnership for Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-3590120				Centurion of Idaho, LLC	ID	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1041008				Centurion of Michigan, LLC	MI	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4102134				Centurion of Missouri, LLC	MO	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4839132				Centurion of West Virginia, LLC	WV	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	43-1795436				MHS Travel & Charter, Inc.	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2516714				LH Acquisition	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0907261				California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15447	46-4195563				Bridgeway Advantage Solutions, Inc.	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0

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STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc.	TX	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc.	NY	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Home State Health Plan, Inc.	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Absolute Total Care, Inc.	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Peach State Health Plan, Inc.	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Superior HealthPlan, Inc.	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	IlliniCare Health Plan, Inc.	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Bankers Reserve Life Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Managed Health Services Insurance Corp.	Ownership	2.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Buckeye Community Health Plan, Inc.	Ownership	13.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	15.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275614				U.S. Medical Management Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	20.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	48.0	Centene Corporation	.0
01295	Centene Corporation	00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-2138680				IAH of Florida LLC	FL	NIA	RMED, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4364776				Rapid Respiratory Services, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0

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STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295	Centene Corporation	00000	26-4435532				Seniorcorps Pensinsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0927034				A N J, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0679248				Grace Hospice of Grand Rapids, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2635025				Traditional Home Health Services, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080567				Comfort Hospice of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1708834				Grace Hospice of Wisconsin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4229858				Pinnacle Senior Care of Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4165480				USMM Accountable Care Network, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4157180				USMM Accountable Care Partners, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0

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## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

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

.....NO.....

**Explanation:**

1.

**Bar Code:**

1.   
1 1 8 3 4 2 0 1 5 3 6 5 0 0 0 0 1

**OVERFLOW PAGE FOR WRITE-INS**

MQ002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. State Income Taxes Receivable.....	0		0	91,058
2597. Summary of remaining write-ins for Line 25 from Page 02	0	0	0	91,058

MQ003 Additional Aggregate Lines for Page 03 Line 23.

\*LIAB

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. State Income Tax Payable.....	261,346		261,346	0
2397. Summary of remaining write-ins for Line 23 from Page 03	261,346	0	261,346	0

## SCHEDULE A – VERIFICATION

### Real Estate

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

NONE

## SCHEDULE B – VERIFICATION

### Mortgage Loans

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

NONE

## SCHEDULE BA – VERIFICATION

### Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	6,610,863	1,653,392
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		4,000,000
2.2 Additional investment made after acquisition .....	120,000	820,000
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....	(24,807)	716,585
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		579,114
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8+9-10) .....	6,706,056	6,610,863
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	6,706,056	6,610,863

## SCHEDULE D – VERIFICATION

### Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	158,936,830	116,371,964
2. Cost of bonds and stocks acquired .....	51,386,701	84,307,186
3. Accrual of discount .....	21,523	26,103
4. Unrealized valuation increase (decrease) .....	36,046	128,996
5. Total gain (loss) on disposals .....	7,759	83,146
6. Deduct consideration for bonds and stocks disposed of .....	10,936,222	41,203,622
7. Deduct amortization of premium .....	221,475	776,943
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	199,231,162	158,936,830
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	199,231,162	158,936,830

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	214,817,723	466,096,701	385,428,503	489,291	295,975,212	0	0	214,817,723
2. NAIC 2 (a).....	25,901,439	790,000		(712,823)	25,978,616	0	0	25,901,439
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	4,000,000				4,000,000	0	0	4,000,000
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	244,719,162	466,886,701	385,428,503	(223,532)	325,953,828	0	0	244,719,162
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	244,719,162	466,886,701	385,428,503	(223,532)	325,953,828	0	0	244,719,162

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 22,192,561 ; NAIC 2 \$ 1,650,581 ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	132,799,302	XXX	132,857,884	52,422	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	91,823,082	12,054,861
2. Cost of short-term investments acquired .....	402,000,000	766,803,223
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	361,000,040	687,000,160
7. Deduct amortization of premium.....	23,739	34,842
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	132,799,303	91,823,082
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	132,799,303	91,823,082

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

## SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	100,000	0
2. Cost of cash equivalents acquired .....	13,500,000	4,500,000
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	13,500,000	4,400,000
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	100,000	100,000
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	100,000	100,000

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

**SCHEDULE BA - PART 2**

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

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		City	State									
Joint, Partnership or Limited Liability Company Interests that have the Underlying Characteristics - Other - Unaffiliated												
000000-00-0...	HLM Venture Partners III, L.P.	Boston,	MA	HLM Venture Associates, L.L.C.		02/10/2010	1	300,000	120,000		700,000	3.994
2199999 - Joint, Partnership or Limited Liability Company Interests that have the Underlying Characteristics - Other - Unaffiliated												
								300,000	120,000	0	700,000	XXX
4499999 – Subtotals - Unaffiliated												
								300,000	120,000	0	700,000	XXX
4599999 – Subtotals - Affiliated												
								0	0	0	0	XXX
4699999 Totals												
								300,000	120,000	0	700,000	XXX

E03

**SCHEDULE BA - PART 3**

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

1 CUSIP Identification	2 Name or Description	3 Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/ Adjusted Carrying Value Less Encumbrances Prior Year	9 Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		City	State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)	14 Total Foreign Exchange Change in B./A.C.V.						
<b>NONE</b>																			
4499999 – Subtotals - Unaffiliated																			
4599999 – Subtotals - Affiliated																			
4699999 Totals																			

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
3137EA-DM-8	FREDDIE MAC 1.25% 10/02/19		02/13/2015	JP Morgan Chase		14,280,690	14,500,000	67,969	1
<b>0599999 - Bonds - U.S. Governments</b>						14,280,690	14,500,000	67,969	XXX
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>									
613340-S7-4	MONTGOMERY CNTY MD SER A RMKT		02/03/2015	Barclay Capital		100,000	100,000		1FE
717903-E8-7	PHILADELPHIA PA HOSP & HIGHER ED		03/16/2015	JP Morgan Chase		800,000	800,000	3	1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						900,000	900,000	3	XXX
<b>Bonds - U.S. Special Revenue</b>									
13034A-FJ-4	CALIFORNIA ST INFRASTRUCTURE & REG		02/23/2015	Merrill Lynch		3,367,460	3,380,000	667	1FE
160853-MR-5	CHARLOTTE MECKLENBURG NC HOSP		03/27/2015	JP Morgan Chase		1,200,000	1,200,000	6	1FE
20772J-ZT-2	CONNECTICUT ST REGD N/C B/E		03/13/2015	Citigroup Global Markets		1,364,844	1,200,000		1FE
59447P-6S-5	MICHIGAN ST FIN AUTH REVENUE REGD		02/12/2015	JP Morgan Chase		1,228,694	1,080,000		1FE
59447P-8C-8	MICHIGAN ST FIN AUTH REVENUE REGD		03/06/2015	Merrill Lynch		2,980,000	2,980,000		1FE
64972G-EN-0	NEW YORK CITY WATER FIN AUTH VR		03/26/2015	Wells Fargo		1,300,000	1,300,000	3	1FE
64966J-B3-9	NEW YORK NY SUBSER G5 GO VR		01/22/2015	Wells Fargo		400,000	400,000	2	1FE
65829Q-BZ-6	NORTH CAROLINA ST LTD OBLIG REGD N		03/13/2015	JP Morgan Chase		975,367	850,000	14,049	1FE
68608U-AC-0	OREGON ST REGD V/R B/E		03/19/2015	JP Morgan Chase		400,000	400,000	2	1FE
709193-LO-7	PENNSYLVANIA ST INDL DEV AUTH REGD		02/20/2015	VENDOR CODE JPMO NOT IN TABLE		1,106,809	1,010,000	7,575	1FE
717883-PQ-9	PHILADELPHIA PA SCH DIST REGD N/C		03/26/2015	Merrill Lynch		1,103,645	960,000		1FE
836753-JK-0	SOUTH BROWARD FL HOSP DIST REGD N/		03/25/2015	Wells Fargo		1,366,095	1,220,000		1FE
882723-QX-0	TEXAS ST REGD N/C B/E		03/12/2015	Wells Fargo		2,057,597	1,755,000	37,050	1FE
93974D-NW-4	WASHINGTON ST REGD N/C B/E		03/30/2015	Wells Fargo		661,634	560,000	2,178	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						19,512,145	18,295,000	61,532	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
00507U-AN-1	ACTAVIS FUNDING SCS REGD V/R		03/03/2015	JP Morgan Chase		790,000	790,000		2FE
2027A0-HN-2	COMMONWEALTH BANK AUST REGD V/R 14		03/04/2015	JP Morgan Chase		3,370,000	3,370,000		1FE
04364F-AB-4	ASCENTIUM EQUIPMENT REC 2015-1		02/26/2015	Credit Suisse First Bosto		1,559,975	1,560,000		1FE
14313W-AC-6	CARMAX AUTO OWNER TRUST 2015-1 SER		02/19/2015	Merrill Lynch		1,519,629	1,520,000		1FE
200339-CG-2	COMERICA BANK REGD SER BKNT		02/24/2015	STERNE AGEE & LEACH, INC		1,703,208	1,580,000	24,227	1FE
58933Y-AS-4	MERCK & CO INC REGD		02/05/2015	JP Morgan Chase		3,379,358	3,380,000		1FE
842400-GF-4	SOUTHERN CAL EDISON		01/13/2015	JP Morgan Chase		1,030,000	1,030,000		1FE
96042A-AB-1	WESTLAKE AUTOMOBILE RECEIVABLES TR		03/04/2015	Credit Suisse First Bosto		739,962	740,000		1FE
05579H-AA-0	BNZ INTL FUNDING/LONDON REGD 144A	F	02/17/2015	Citigroup Global Markets		1,589,539	1,590,000		1FE
806213-AA-2	SCENTRE GROUP TRUST 1/2	F	01/20/2015	JP Morgan Chase		1,012,195	1,000,000	5,119	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						16,693,866	16,560,000	29,346	XXX
<b>8399997 - Subtotals - Bonds - Part 3</b>						51,386,701	50,255,000	158,850	XXX
<b>8399999 - Subtotals - Bonds</b>						51,386,701	50,255,000	158,850	XXX
<b>9999999 Totals</b>						51,386,701	XXX	158,850	XXX

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

STATEMENT AS OF MARCH 31, 2015 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>																					
613340-S7-4	MONTGOMERY CNTY MD SER A RMKT		02/17/2015	Barclay Capital		100,000	100,000	100,000					.0		100,000			.0	.1	06/01/2026	1FE
717903-E8-7	PHILADELPHIA PA HOSP & HIGHER ED		03/17/2015	JP Morgan Chase		800,000	800,000	800,000					.0		800,000			.0	.4	07/01/2041	1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						900,000	900,000	900,000	0	0	0	0	0	0	900,000	0	0	0	5	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
160853-MR-5	CHARLOTTE MECKLENBURG NC HOSP		02/17/2015	JP Morgan Chase		1,100,000	1,100,000	1,100,000					.0		1,100,000			.0	.8	01/15/2038	1FE
3138W9-J5-0	FANNIE MAE POOL ASO283		03/25/2015	PRINCIPAL RECEIPT		122,058	122,058	121,676	121,677		381		381		122,058			.0	355	08/01/2028	1
3138W9-RN-2	FANNIE MAE POOL ASO492		03/25/2015	PRINCIPAL RECEIPT		125,942	125,942	125,095	125,126		815		815		125,942			.0	456	09/01/2028	1
3138X6-M2-B	FANNIE MAE POOL AU6676		03/25/2015	PRINCIPAL RECEIPT		75,667	75,667	75,159	75,180		487		487		75,667			.0	270	09/01/2028	1
3138XD-SE-1	FANNIE MAE POOL AV2316		03/25/2015	PRINCIPAL RECEIPT		55,189	55,189	54,697	54,719		470		470		55,189			.0	301	12/01/2028	1
31418A-WC-8	FANNIE MAE POOL MA1542		03/15/2015	PRINCIPAL RECEIPT		36,514	36,514	36,309	36,309		205		205		36,514			.0	92	08/01/2028	1
30256B-AA-1	FANNIE MAE TRUST 2014-1A		03/10/2015	PRINCIPAL RECEIPT		339,816	339,816	339,816	339,816				.0		339,816			.0	801	12/10/2022	1
452152-HZ-7	ILLINOIS STATE SER A 5		01/01/2015	MATURITY		1,000,000	1,000,000	1,095,610	1,000,000				.0		1,000,000			.0	25,000	01/01/2015	1
455057-TR-0	INDIANA ST FIN AUTH REV. NEW YORK CITY WATER FIN AUTH VR		01/23/2015	Goldman Sachs & Co		200,000	200,000	200,000	200,000				.0		200,000			.0	.5	02/01/2037	1FE
649726-EN-0	NEW YORK NY SUBSER G5 GO VR		03/25/2015	Wells Fargo		1,000,000	1,000,000	1,000,000					.0		1,000,000			.0	.2	06/15/2050	1FE
64966J-B3-9	OREGON ST REGD V/R B/E		02/10/2015	Wells Fargo		400,000	400,000	400,000					.0		400,000			.0	.4	04/01/2042	1FE
68608U-AC-0	OREGON ST REGD V/R B/E		03/25/2015	JP Morgan Chase		400,000	400,000	400,000					.0		400,000			.0	.3	12/01/2041	1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						4,855,186	4,855,186	4,948,362	1,952,827	0	2,358	0	2,358	0	4,855,186	0	0	0	27,297	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
02154W-AA-7	ALTERNA FUNDING LLC 2014-1A		03/15/2015	PRINCIPAL RECEIPT		58,887	58,887	58,887	58,887				.0		58,887			.0	.22	02/15/2021	1FE
05464F-AB-0	AXIS EQUIPMENT FINANCE RECEIVABLES		03/20/2015	PRINCIPAL RECEIPT		68,111	68,111	68,108	68,123		(12)		(12)		68,111			.0	.160	03/20/2017	1FE
14916R-AE-4	CATHOLIC HEALTH INITIATIVES		01/16/2015	Morgan Stanley		302,770	295,000	294,876	295,010		.1		.1		295,012		7,759	7,759	3,643	08/01/2018	1FE
12505N-AB-0	CCC RECEIVABLES TRUST		03/14/2015	PRINCIPAL RECEIPT		56,320	56,320	56,315	56,320		(6)		(6)		56,320			.0	.78	11/15/2021	1FE
14985M-AB-7	CCG RECEIVABLES TRUST		03/14/2015	PRINCIPAL RECEIPT		65,189	65,189	65,187	65,195		(6)		(6)		65,189			.0	.79	08/14/2020	1FE
22533C-AA-1	CREDIT ACCEPTANCE AUTO LOAN TRUST		03/15/2015	PRINCIPAL RECEIPT		88,463	88,463	88,448	88,467		(4)		(4)		88,463			.0	.208	03/16/2020	1FE
25456G-AB-6	DIRECT CAPITAL FUNDING LLC		03/20/2015	PRINCIPAL RECEIPT		125,475	125,475	125,473	125,496		(21)		(21)		125,475			.0	.354	08/20/2018	1FE
301657-AA-0	EXETER AUTO RECEIVABLES TRUST		03/15/2015	PRINCIPAL RECEIPT		97,123	97,123	97,119	97,135		(12)		(12)		97,123			.0	.118	10/16/2017	1FE
30165P-AA-0	EXETER AUTOMOBILE RECEIVABLE TRUST		03/15/2015	PRINCIPAL RECEIPT		108,703	108,703	108,701	108,721		(18)		(18)		108,703			.0	.187	11/15/2017	1FE
42805R-AV-1	HERTZ VEHICLE FINANCING LLC		03/25/2015	PRINCIPAL RECEIPT		295,000	295,000	310,222	297,002		(2,002)		(2,002)		295,000			.0	2,601	03/25/2016	1FE
64828U-AK-5	NEW RESIDENTIAL ADV AUTO REC TRUST		03/15/2015	PRINCIPAL RECEIPT		1,330,000	1,330,000	1,329,997	1,329,997		.3		.3		1,330,000			.0	7,904	03/15/2047	1FE
69340F-AA-8	PFS TAX LIEN TRUST		03/15/2015	PRINCIPAL RECEIPT		15,820	15,820	15,820	15,824		(4)		(4)		15,820			.0	.57	05/15/2029	1FE
78392N-AA-9	SNAAC AUTO RECEIVABLES TRUST		03/15/2015	PRINCIPAL RECEIPT		52,957	52,957	52,955	52,967		(10)		(10)		52,957			.0	.68	07/16/2018	1FE
78459W-AA-9	SNAAC AUTO RECEIVABLES TRUST		03/15/2015	PRINCIPAL RECEIPT		71,110	71,110	71,108	71,121		(11)		(11)		71,110			.0	.81	09/17/2018	1FE
96041U-AB-8	TR WESTLAKE AUTO RECEIVABLES		03/15/2015	PRINCIPAL RECEIPT		123,173	123,173	123,160	123,176		(3)		(3)		123,173			.0	.162	01/15/2018	1FE
78008T-2C-7	ROYAL BANK OF CANADA 1.15	F	03/13/2015	MATURITY		1,000,000	1,000,000	1,000,850	1,000,056		(56)		(56)		1,000,000			.0	5,750	03/13/2015	1FE
61982L-AA-5	MOTOR PLC	F	03/25/2015	PRINCIPAL RECEIPT		108,996	108,996	108,996	108,996		.0		.0		108,996			.0	.95	08/25/2021	1FE
81783T-AA-7	SEVEN AND SEVEN LTD	F	03/11/2015	JP Morgan Chase		22,000	22,000	22,000	22,000		.0		.0		22,000			.0	201	09/11/2019	1FE
83172L-AC-5	SMART TRUST	F	03/14/2015	PRINCIPAL RECEIPT		70,476	70,476	70,472	70,478		(2)		(2)		70,476			.0	.60	03/14/2017	1FE
83173K-AD-4	SMART TRUST LEASE	F	03/14/2015	PRINCIPAL RECEIPT		120,464	120,464	120,445	120,464		(2)		(2)		120,464			.0	.171	05/14/2016	1FE
928670-AJ-7	VOLKSWAGON INTL FIN NV	F	03/22/2015	MATURITY		1,000,000	1,000,000	1,001,260	1,000,089		(89)		(89)		1,000,000			.0	8,125	03/22/2015	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						5,181,037	5,173,266	5,190,399	5,175,531	0	(2,254)	0	(2,254)	0	5,173,279	0	7,759	7,759	30,124	XXX	XXX
<b>8399997 - Subtotals - Bonds - Part 4</b>						10,936,223	10,928,452	11,038,761	7,128,358	0	104	0	104	0	10,928,465	0	7,759	7,759	57,426	XXX	XXX
<b>8399999 - Subtotals - Bonds</b>						10,936,223	10,928,452	11,038,761	7,128,358	0	104	0	104	0	10,928,465	0	7,759	7,759	57,426	XXX	XXX
<b>9999999 Totals</b>						10,936,223	10,928,452	11,038,761	7,128,358	0	104	0	104	0	10,928,465	0	7,759	7,759	57,426	XXX	XXX

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

EO5

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



