



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO, Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Incorporated/Organized	10/29/2003		Commenced Business	01/01/2004		
Statutory Home Office	4349 Easton Way, Suite 200 (Street and Number)			Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)		
Main Administrative Office	7700 Forsyth Boulevard (Street and Number)					
	Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code)					
	314-725-4477 (Area Code) (Telephone Number)					
Mail Address	7700 Forsyth Boulevard (Street and Number or P.O. Box)					
Primary Location of Books and Records	7700 Forsyth Boulevard (Street and Number)					
	Saint Louis, MO, US 63105 (City or Town, State, Country and Zip Code)					
	314-725-4477 (Area Code) (Telephone Number) (Extension)					
Internet Web Site Address	www.bchpohio.com					
Statutory Statement Contact	Jennifer Leigh Ponath (Name)		314-445-0601 (Area Code) (Telephone Number) (Extension)			
	jponath@centene.com (E-Mail Address)		314-725-4658 (Fax Number)			

OFFICERS

Name Title Name Title
Bruce Roberts Hill President and CEO Keith Harvey Williamson Secretary
Jeffrey Alan Schwaneke Treasurer

OTHER OFFICERS

Tricia Lynn Dinkelman	Vice President of Tax	Kathy Cobbs Bradley-Wells	Assistant Secretary
Ronald Albert Charles, MD	Vice President Medical Affairs	Erik Dorwin Helms	Sr. Vice President Strategic Initiatives
Hagy Gail Wegener	Vice President Quality Improvement	Lori Jean Mulichak, RN	Sr. Vice President Medical Management
Christopher Donald Bowers	Exec. Vice President Health Plans	Andrew Joseph Reitz #	Vice President of Compliance
Eric Allan Poklar	Vice President of Government Relations & Marketing	Natalie Lukaszewicz #	Vice President Network Development & Contracting

DIRECTORS OR TRUSTEES

Kathy Cobbs Bradley-Wells Christopher Donald Bowers Charles Robert Vignos Angela Cornelius Dawson
Jimmy Vance Stewart Bruce Roberts Hill William Darrell Smucker, MD Edward Thomas Arcy, D.O
Elizabeth Anne Kelly

State of Missouri

ss

County of _____

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 Roberts Hill
President and CEO

Keith Harvey Williamson
Secretary

Jeffrey Alan Schwanek
Treasurer

Subscribed and sworn to before me this
day of February, 2018

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	228,740,952		228,740,952	280,722,641
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	6,570,797		6,570,797	6,424,761
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 71,472,087 , Schedule E-Part 1), cash equivalents (\$ 52,534,963 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....	124,007,050		124,007,050	56,023,576
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	8,375,721		8,375,721	7,417,728
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	367,694,520	0	367,694,520	350,588,706
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	1,548,132		1,548,132	1,821,666
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	27,053,257		27,053,257	9,399,266
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 (\$ 7,195,124) and contracts subject to redetermination (\$)	7,195,124		7,195,124	3,575,977
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,504,230		2,504,230	4,344,375
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	108,887
17. Amounts receivable relating to uninsured plans	11,900,648		11,900,648	10,969,713
18.1 Current federal and foreign income tax recoverable and interest thereon	34,279,522		34,279,522	31,417,209
18.2 Net deferred tax asset.....	5,776,436	48,281	5,728,155	7,887,203
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	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	8,241,486		8,241,486	2,946,602
24. Health care (\$ 3,493,216) and other amounts receivable.....	15,686,603	12,193,387	3,493,216	4,549,949
25. Aggregate write-ins for other-than-invested assets	3,749,069	60,500	3,688,569	1,816,433
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	485,629,028	12,302,168	473,326,860	429,425,986
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	485,629,028	12,302,168	473,326,860	429,425,986
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepads.....	60,500	60,500	0	
2502. State Income Tax Recoverable.....	3,666,579	0	3,666,579	0
2503. FFE User Fee Receivable.....	21,990		21,990	1,816,433
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,749,069	60,500	3,688,569	1,816,433

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 5,354,005 reinsurance ceded)	158,451,150		158,451,150	154,488,158
2. Accrued medical incentive pool and bonus amounts	1,906,526		1,906,526	1,467,955
3. Unpaid claims adjustment expenses	2,658,644		2,658,644	2,592,774
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	2,007,805		2,007,805	7,832,364
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	3,034,711		3,034,711	1,571,384
9. General expenses due or accrued	36,833,184		36,833,184	36,904,711
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	1,857,474		1,857,474	1,614,780
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	25,259		25,259	0
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ 13,097,321 current)	13,097,321	0	13,097,321	11,945,224
24. Total liabilities (Lines 1 to 23)	219,872,074	0	219,872,074	218,417,350
25. Aggregate write-ins for special surplus funds	XXX	XXX	36,776,692	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	129,150,000	129,150,000
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	86,528,094	80,858,636
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	253,454,786	211,008,636
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	473,326,860	429,425,986
DETAILS OF WRITE-INS				
2301. Risk Adjustment Payable	12,964,498		12,964,498	11,133,686
2302. Long Term Risk Adjusted Payable	0		0	733,206
2303. Advanced Premium Tax Credit	132,823		132,823	78,332
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	13,097,321	0	13,097,321	11,945,224
2501. 2018 Health Insurer Fee Estimate	XXX	XXX	36,776,692	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	36,776,692	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	4,128,954	3,917,170
2. Net premium income (including \$ 0 non-health premium income).....	XXX	2,207,260,879	2,048,369,014
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0
5. Risk revenue.....	XXX		0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	2,207,260,879	2,048,369,014
Hospital and Medical:			
9. Hospital/medical benefits.....		1,153,607,330	1,070,087,178
10. Other professional services.....		216,934,806	198,352,162
11. Outside referrals.....			0
12. Emergency room and out-of-area.....		114,010,204	111,861,841
13. Prescription drugs.....		347,666,193	314,184,247
14. Aggregate write-ins for other hospital and medical.....	0	(755,714)	(2,492,591)
15. Incentive pool, withhold adjustments and bonus amounts.....		5,958,524	4,851,917
16. Subtotal (Lines 9 to 15).....	0	1,837,421,343	1,696,844,754
Less:			
17. Net reinsurance recoveries.....		15,309,762	16,961,081
18. Total hospital and medical (Lines 16 minus 17).....	0	1,822,111,581	1,679,883,673
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 702,239 cost containment expenses.....		24,773,083	22,747,600
21. General administrative expenses.....		293,739,296	312,879,276
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		2,007,805	(7,034,376)
23. Total underwriting deductions (Lines 18 through 22).....	0	2,142,631,765	2,008,476,173
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	64,629,114	39,892,841
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		5,662,518	5,660,376
26. Net realized capital gains (losses) less capital gains tax of \$		(17,360)	46,120
27. Net investment gains (losses) (Lines 25 plus 26).....	0	5,645,158	5,706,496
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 383,838)].....	(383,838)	(383,838)	(358,405)
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	69,890,434	45,240,932
31. Federal and foreign income taxes incurred.....	XXX	25,666,025	22,488,345
32. Net income (loss) (Lines 30 minus 31).....	XXX	44,224,409	22,752,587
DETAILS OF WRITE-INS			
0601.....	XXX		
0602.....	XXX		
0603.....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.....	XXX		
0702.....	XXX		
0703.....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401. Unpaid reinsurance recoveries.....		(755,714)	(2,492,591)
1402.....			0
1403.....			0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	(755,714)	(2,492,591)
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	211,008,636	178,284,359
34. Net income or (loss) from Line 32	44,224,409	22,752,587
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 \$	122,839	335,845
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	(2,235,443)	(4,138,318)
39. Change in nonadmitted assets	(790,209)	3,774,163
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	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	0	10,000,000
45.2 Transferred to capital (Stock Dividend)	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
48. Net change in capital and surplus (Lines 34 to 47)	42,446,150	32,724,277
49. Capital and surplus end of reporting year (Line 33 plus 48)	253,454,786	211,008,636
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations	1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance	2,181,855,588	2,053,368,974
2. Net investment income	7,337,405	7,464,263
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	2,189,192,993	2,060,833,237
5. Benefit and loss related payments	1,823,551,731	1,730,549,801
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	319,958,635	341,660,853
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$	(6,076) tax on capital gains (losses)	28,528,333 54,572,976
10. Total (Lines 5 through 9)	2,172,038,699	2,126,783,630
11. Net cash from operations (Line 4 minus Line 10)	17,154,294	(65,950,393)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	107,403,905	107,631,065
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	1,315,325	479,266
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	1	(36)
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	108,719,230	108,110,295
13. Cost of investments acquired (long-term only):		
13.1 Bonds	56,833,420	93,378,994
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	1,056,629	263,998
13.6 Miscellaneous applications	1	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	57,890,050	93,642,992
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	50,829,180	14,467,303
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	23,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	0	23,000,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	67,983,474	(28,483,090)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	56,023,576	84,506,666
19.2 End of year (Line 18 plus Line 19.1)	124,007,050	56,023,576

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	2,207,260,879	.46,662,037	.0	0	0	.0	.247,144,562	.1,913,454,280	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	.0	.0	0	0	.0	.0	0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	2,207,260,879	.46,662,037	.0	0	0	.0	.247,144,562	.1,913,454,280	.0	.0
8. Hospital/medical benefits	1,153,607,330	24,615,345					.146,928,447	.982,063,538		XXX
9. Other professional services	216,934,806	1,501,539					.40,222,709	.175,210,558		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	.114,010,204	.1,570,147					.13,793,595	.98,646,462		XXX
12. Prescription drugs	347,666,193	.12,808,622					.21,427,269	.313,430,302		XXX
13. Aggregate write-ins for other hospital and medical	(755,714)	.89,803		0	0		(47,000)	(798,517)		XXX
14. Incentive pool, withhold adjustments and bonus amounts	.5,958,524	.103,962		0	0		.1,224,470	.4,630,092		XXX
15. Subtotal (Lines 8 to 14)	1,837,421,343	.40,689,418		0	0		.223,549,490	.1,573,182,435		XXX
16. Net reinsurance recoveries	.15,309,762	.1,014,714					.0	.14,295,048		XXX
17. Total hospital and medical (Lines 15 minus 16)	1,822,111,581	.39,674,704		0	0		.223,549,490	.1,558,887,387		XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ cost containment expenses	.24,773,083	.694,083					.2,891,735	.21,187,265		
20. General administrative expenses	293,739,296	9,304,210					.16,829,515	.267,605,571		
21. Increase in reserves for accident and health contracts	.2,007,805	.0					.2,007,805	.0		XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,142,631,765	.49,672,997	.0	0	0	.0	.245,278,545	.1,847,680,223	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	64,629,114	(3,010,960)	0	0	0	0	1,866,017	65,774,057	0	.0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	.0	.0	0	0	.0	0	0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Unpaid reinsurance recoveries	(755,714)	.89,803					(47,000)	(798,517)		XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	.0	.0	0	0	.0	.0	0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	(755,714)	89,803	0	0	0	0	(47,000)	(798,517)	0	XXX

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	46,860,436		198,399	46,662,037
2. Medicare Supplement				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	247,727,889		583,327	247,144,562
7. Title XIX - Medicaid.....	1,934,712,124		21,257,844	1,913,454,280
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	2,229,300,449	0	22,039,570	2,207,260,879
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	2,229,300,449	0	22,039,570	2,207,260,879

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	1,827,455,442	39,832,755					222,445,618	1,565,177,069		
1.2 Reinsurance assumed	0	0					0	0		
1.3 Reinsurance ceded	17,994,458	1,797,337					0	16,197,121		
1.4 Net	1,809,460,984	38,035,418	0	0	0	0	222,445,618	1,548,979,948	0	0
2. Paid medical incentive pools and bonuses	5,519,953	62,400					209,059	5,248,494		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	163,805,157	5,226,258	0	0	0	0	26,261,386	132,317,513	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	5,354,005	0	0	0	0	0	168,000	5,186,005	0	0
3.4 Net	158,451,152	5,226,258	0	0	0	0	26,093,386	127,131,508	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,906,526	62,357					1,049,737	794,432		
6. Net healthcare receivables (a)	(44,384)	801,396					835,108	(1,680,888)		
7. Amounts recoverable from reinsurers December 31, current year	1,659,679							1,659,679		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	159,086,449	3,761,963	0	0	0	0	25,499,875	129,824,611	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	4,598,291	89,803	0	0	0	0	121,000	4,387,488	0	0
8.4 Net	154,488,158	3,672,160	0	0	0	0	25,378,875	125,437,123	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,467,955	20,795	0	0	0	0	34,326	1,412,834	0	0
11. Amounts recoverable from reinsurers December 31, prior year	4,344,375	782,623	0	0	0	0	0	3,561,752	0	0
12. Incurred benefits:										
12.1 Direct	1,832,218,534	40,495,654	0	0	0	0	222,372,021	1,569,350,859	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	16,065,476	924,911	0	0	0	0	47,000	15,093,565	0	0
12.4 Net	1,816,153,058	39,570,743	0	0	0	0	222,325,021	1,554,257,294	0	0
13. Incurred medical incentive pools and bonuses	5,958,524	103,962	0	0	0	0	1,224,470	4,630,092	0	0

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

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	31,044,878	1,681,340					3,750,146	25,613,392		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	31,044,878	1,681,340	0	0	0	0	3,750,146	25,613,392	0	0
2. Incurred but Unreported:										
2.1. Direct	132,760,279	3,544,918					22,511,240	106,704,121		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	5,354,005						168,000	5,186,005		
2.4. Net	127,406,274	3,544,918	0	0	0	0	22,343,240	101,518,116	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	163,805,157	5,226,258	0	0	0	0	26,261,386	132,317,513	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	5,354,005	0	0	0	0	0	168,000	5,186,005	0	0
4.4. Net	158,451,152	5,226,258	0	0	0	0	26,093,386	127,131,508	0	0

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	3,761,746	35,503,532	26,205	5,200,053	3,787,951	3,672,160
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	16,501,012	212,226,053	32,130	26,061,256	16,533,142	25,378,875
7. Title XIX - Medicaid	97,002,464	1,462,131,860	335,326	126,796,181	97,337,790	125,437,123
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	117,265,222	1,709,861,445	393,661	158,057,490	117,658,883	154,488,158
10. Healthcare receivables (a)	0	14,936,604	0	0	0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	1,609,234	3,910,720	0	1,906,526	1,609,234	1,467,955
13. Totals (Lines 9-10+11+12)	118,874,456	1,698,835,561	393,661	159,964,016	119,268,117	155,956,113

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

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	1,302	1,355	1,375	1,375
4. 2015	XXX	XXX	7,017	9,803	9,977
5. 2016	XXX	XXX	XXX	14,720	18,317
6. 2017	XXX	XXX	XXX	XXX	34,307

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	1,734	1,396	1,375	1,375
4. 2015	XXX	XXX	9,846	9,830	9,977
5. 2016	XXX	XXX	XXX	18,386	18,344
6. 2017	XXX	XXX	XXX	XXX	39,570

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	0	0	0	0.0	0	0.0			0	0.0
2. 2014	2,251	1,375	89	6.5	1,464	65.0			1,464	65.0
3. 2015	14,003	9,977	236	2.4	10,213	72.9			10,213	72.9
4. 2016	24,234	18,317	409	2.2	18,726	77.3	.26	8	18,760	77.4
5. 2017	46,860	34,307	597	1.7	34,904	74.5	5,262	76	40,242	85.9

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	1,530	1,554	1,554	1,554	1,554
2. 2013.....	11,846	13,475	13,481	13,481	13,481
3. 2014.....	XXX	35,602	42,200	42,249	42,249
4. 2015.....	XXX	XXX	169,344	201,803	201,616
5. 2016.....	XXX	XXX	XXX	178,205	194,949
6. 2017.....	XXX	XXX	XXX	XXX	205,263

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	1,542	1,554	1,554	1,554	1,554
2. 2013.....	13,544	13,603	13,481	13,481	13,481
3. 2014.....	XXX	45,059	42,285	42,249	42,249
4. 2015.....	XXX	XXX	207,242	201,942	201,616
5. 2016.....	XXX	XXX	XXX	203,479	194,981
6. 2017.....	XXX	XXX	XXX	XXX	232,374

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013.....	15,138	13,481	.559	4.1	14,040	.92.7			14,040	.92.7
2. 2014.....	42,394	42,249	1,286	3.0	43,535	102.7			43,535	102.7
3. 2015.....	197,124	201,616	2,871	1.4	204,487	103.7			204,487	103.7
4. 2016.....	216,637	194,949	2,442	1.3	197,391	.91.1	.32	.43	197,466	.91.2
5. 2017.....	247,728	205,263	2,516	1.2	207,779	83.9	27,111	387	235,277	95.0

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	34,630	33,840	33,840	33,840	33,840
2. 2013.....	540,754	605,440	605,386	605,386	605,386
3. 2014.....	XXX	867,278	989,538	988,167	988,167
4. 2015.....	XXX	XXX	1,245,674	1,375,727	1,373,353
5. 2016.....	XXX	XXX	XXX	1,375,468	1,476,388
6. 2017.....	XXX	XXX	XXX	XXX	1,459,265

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	34,754	33,840	33,840	33,840	33,840
2. 2013.....	614,082	605,920	605,386	605,386	605,386
3. 2014.....	XXX	1,023,029	989,797	988,167	988,167
4. 2015.....	XXX	XXX	1,413,022	1,375,941	1,373,353
5. 2016.....	XXX	XXX	XXX	1,502,104	1,476,723
6. 2017.....	XXX	XXX	XXX	XXX	1,586,856

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013.....	787,818	605,386	21,375	3.5	626,761	79.6			626,761	79.6
2. 2014.....	1,290,881	988,167	27,131	2.7	1,015,298	78.7			1,015,298	78.7
3. 2015.....	1,782,170	1,373,353	19,379	1.4	1,392,732	78.1			1,392,732	78.1
4. 2016.....	1,824,884	1,476,388	19,905	1.3	1,496,293	82.0	335	214	1,496,842	82.0
5. 2017.....	1,934,712	1,459,265	18,532	1.3	1,477,797	76.4	127,591	1,930	1,607,318	83.1

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	36,160	35,394	35,394	35,394	35,394
2. 2013.....	552,600	618,915	618,867	618,867	618,867
3. 2014.....	XXX.....	904,182	1,033,093	1,031,791	1,031,791
4. 2015.....	XXX.....	XXX.....	1,422,035	1,587,333	1,584,946
5. 2016.....	XXX.....	XXX.....	XXX.....	1,568,393	1,689,654
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	1,698,835

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	36,296	35,394	35,394	35,394	35,394
2. 2013.....	627,626	619,523	618,867	618,867	618,867
3. 2014.....	XXX.....	1,069,822	1,033,478	1,031,791	1,031,791
4. 2015.....	XXX.....	XXX.....	1,630,110	1,587,713	1,584,946
5. 2016.....	XXX.....	XXX.....	XXX.....	1,723,969	1,690,048
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	1,858,800

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments (Col. 3/2) Percent	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013.....	802,956	618,867	21,934	3.5	640,801	79.8	0	0	640,801	.79.8
2. 2014.....	1,335,526	1,031,791	28,506	2.8	1,060,297	79.4	0	0	1,060,297	.79.4
3. 2015.....	1,993,297	1,584,946	22,486	1.4	1,607,432	80.6	0	0	1,607,432	.80.6
4. 2016.....	2,065,755	1,689,654	22,756	1.3	1,712,410	82.9	393	265	1,713,068	.82.9
5. 2017.....	2,229,300	1,698,835	21,645	1.3	1,720,480	77.2	159,964	2,393	1,882,837	.84.5

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS
NONE

Part 2C - Sn C - Claims Expense Ratio DO
NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

2017 Annual BUCKEYE COMM HLTH PLAN INC OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	.0								
2. Additional policy reserves (a)	.2,007,805						.2,007,805		
3. Reserve for future contingent benefits	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	.0								
5. Aggregate write-ins for other policy reserves	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	.2,007,805	.0	.0	.0	.0	.0	.2,007,805	.0	.0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	.2,007,805	0	0	0	0	0	.2,007,805	0	0
9. Present value of amounts not yet due on claims	.0								
10. Reserve for future contingent benefits	.0								
11. Aggregate write-ins for other claim reserves	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross)	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$.2,007,805 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			3,222,491		3,222,491
2. Salaries, wages and other benefits			61,661,103		61,661,103
3. Commissions (less \$ceded plus \$assumed)			0		0
4. Legal fees and expenses			1,189,592		1,189,592
5. Certifications and accreditation fees			272,828		272,828
6. Auditing, actuarial and other consulting services			21,088,353		21,088,353
7. Traveling expenses			1,485,159		1,485,159
8. Marketing and advertising			6,793,608		6,793,608
9. Postage, express and telephone			1,977,994		1,977,994
10. Printing and office supplies			2,871,265		2,871,265
11. Occupancy, depreciation and amortization			6,538,967		6,538,967
12. Equipment			504,754		504,754
13. Cost or depreciation of EDP equipment and software			12,408,060		12,408,060
14. Outsourced services including EDP, claims, and other services	702,239	24,070,844	19,509,519		44,282,602
15. Boards, bureaus and association fees			0		0
16. Insurance, except on real estate			545,464		545,464
17. Collection and bank service charges			595,222		595,222
18. Group service and administration fees			0		0
19. Reimbursements by uninsured plans			0		0
20. Reimbursements from fiscal intermediaries			0		0
21. Real estate expenses			295,154		295,154
22. Real estate taxes			205,262		205,262
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			795,402		795,402
23.2 State premium taxes			148,718,020		148,718,020
23.3 Regulatory authority licenses and fees			140,257		140,257
23.4 Payroll taxes			2,760,845		2,760,845
23.5 Other (excluding federal income and real estate taxes)			159,977		159,977
24. Investment expenses not included elsewhere				296,796	296,796
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	702,239	24,070,844	293,739,296	296,796	(a) 318,809,175
27. Less expenses unpaid December 31, current year		2,658,644	36,833,184		39,491,828
28. Add expenses unpaid December 31, prior year	0	2,592,774	36,904,713	0	39,497,487
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	702,239	24,004,974	293,810,825	296,796	318,814,834
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ 143,412,572 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	1,701
1.1 Bonds exempt from U.S. tax	(a)	2,940
1.2 Other bonds (unaffiliated)	(a)	5,460,471
1.3 Bonds of affiliates	(a)	5,712,914
2.1 Preferred stocks (unaffiliated)	(b)	0
2.11 Preferred stocks of affiliates	(b)	0
2.2 Common stocks (unaffiliated)	(b)	0
2.21 Common stocks of affiliates	(b)	0
3. Mortgage loans	(c)	0
4. Real estate	(d)	0
5. Contract loans	(e)	495,904
6. Cash, cash equivalents and short-term investments	(e)	518,233
7. Derivative instruments	(f)	0
8. Other invested assets	(f)	0
9. Aggregate write-ins for investment income	(f)	0
10. Total gross investment income	6,232,848	5,959,314
11. Investment expenses	(g)	296,796
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	0
13. Interest expense	(h)	0
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income	(i)	0
16. Total deductions (Lines 11 through 15)	296,796	0
17. Net investment income (Line 10 minus Line 16)	5,662,518	0
DETAILS OF WRITE-INS		
0901. .....	.....	.....
0902. .....	.....	.....
0903. .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ 97,086 accrual of discount less \$ 1,498,439 amortization of premium and less \$ 51,350 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 1,967 accrual of discount less \$ 15,317 amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.....	.....	0 .....	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	0 .....	.....	.....
1.2 Other bonds (unaffiliated)	(17,360) .....	.....	(17,360)	7,507 .....	.....
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	146,036	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans .....	.....	.....	0	0	0
6. Cash, cash equivalents and short-term investments .....	.....	.....	0	0	0
7. Derivative instruments .....	.....	.....	0	0	0
8. Other invested assets	0	0	0	1,216,689	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(17,360)	0	(17,360)	1,370,232	0
DETAILS OF WRITE-INS			.....	.....	.....
0901. .....	.....	.....	0 .....	.....	.....
0902. .....	.....	.....	0 .....	.....	.....
0903. .....	.....	.....	0 .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	48,281	247,520	199,239
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	12,193,387	11,181,038	(1,012,349)
25. Aggregate write-ins for other-than-invested assets	60,500	83,401	22,901
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	12,302,168	11,511,959	(790,209)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	12,302,168	11,511,959	(790,209)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	60,500	83,401	22,901
2502. Intangibles, net.....		0	0
2503.		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	60,500	83,401	22,901

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	326,813	342,658	346,092	350,289	345,629	4,128,954
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	326,813	342,658	346,092	350,289	345,629	4,128,954
DETAILS OF WRITE-INS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

(1) Summary of Significant Accounting Policies and Going Concern

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>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>State of Domicile</u>	<u>2017</u>	<u>2016</u>
(1) Buckeye Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Ohio	\$ 44,224,409	\$ 22,752,587
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets				Ohio	-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets, home office property				Ohio	-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Ohio	\$ 44,224,409	\$ 22,752,587
<u>SURPLUS</u>						
(5) Buckeye Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Ohio	\$ 253,454,786	\$ 211,008,636
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				Ohio	-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Home Office Property				Ohio	-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Ohio	\$ 253,454,786	\$ 211,008,636

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

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

C. Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at the lower of amortized cost or fair value.
3. Common stocks in affiliates are carried based on the underlying GAAP equity of the investee.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
7. The Company has investments in subsidiaries, controlled and affiliated companies reported on an equity basis in the amount of \$6.6 million in common stock.
8. The Company has minor interests in joint ventures that do not exceed 10% of admitted assets. The Company carries these interests based on the underlying audited GAAP equity of the investee.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has a premium deficiency reserve in the amount of \$2,007,805 at December 31, 2017.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be

NOTES TO FINANCIAL STATEMENTS

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

12. There were no changes to the capitalization policy.
13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.
- D. Going Concern - The Company's management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

(2) Accounting Changes and Corrections of Errors

None

(3) Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger – None
- C. Assumption Reinsurance – None.
- D. Impairment Loss – None.

(4) Discontinued Operations

None

(5) Investments

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

	Amortized Cost	Market Value
Bonds	\$228,329,341	\$228,485,893

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None.
- B. Debt Restructuring – None.
- C. Reverse Mortgages – None.
- D. Loan-Backed Securities
 1. Prepayment assumptions were obtained from Moody's.
 2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
 3. 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 \$18,642
 2. 12 Months or Longer \$21,142
 - b. The aggregate related fair value of securities with unrealized losses:
 1. Less than 12 Months \$7,185,805
 2. 12 Months or Longer \$3,375,976
 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.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cashflows is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flows. For those loan-back and structured securities (NAIC designated 1 or

NOTES TO FINANCIAL STATEMENTS

2) where management has determined that collection of all contractual cashflows is not probable, the securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flows.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

1. For dollar repurchase agreements, Company policies require a minimum of 100% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2017.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None.

H. Repurchase Agreements Transactions Accounted for as a Sale – None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.

J. Real Estate- None.

K. Low-Income Housing Tax Credit- None.

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year		Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB Capital Stock							
j. On deposit with states	\$ 876,501	\$ 461,303	\$ 415,197		\$ 876,501	0.2%	0.2%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 876,501	\$ 461,303	\$ 415,197		\$ 876,501	0.2%	0.2%

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories- None.

3. Detail of Other Restricted Assets- None.

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None.

M. Working Capital Finance Investments – None.

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

O. Structured Notes – None.

P. 5* Securities – None.

Q. Short Sales – None.

R. Prepayment Penalty and Acceleration Fees

NOTES TO FINANCIAL STATEMENTS

		General Account
(1)	Number of CUSIPs	5
(2)	Aggregate Amount of Investment Income	<u>9,546</u>

(6) Joint Ventures, Partnerships and Limited Liability Companies

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

(7) Investment Income

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

(8) Derivative Instruments

The Company had no derivative instruments during the statement periods.

(9) Income Taxes

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

The 12/31/17 and 12/31/16 balances and related disclosures are calculated and presented pursuant to SSAP 101.

(1) DTA/DTL Components	Description	2017			2016			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	5,885,658	351,115	6,236,773	8,386,072	100,011	8,486,083	(2,500,414)	251,104	(2,249,310)	
(b) Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-	
(c) Adjusted gross deferred tax assets	5,885,658	351,115	6,236,773	8,386,072	100,011	8,486,083	(2,500,414)	251,104	(2,249,310)	
(d) Deferred tax assets nonadmitted	(48,282)	-	(48,282)	(247,520)	-	(247,520)	199,238	-	199,238	
(e) Net admitted deferred tax assets	5,837,376	351,115	6,188,491	8,138,552	100,011	8,238,563	(2,301,176)	251,104	(2,050,072)	
(f) Deferred tax liabilities	(30,233)	(430,100)	(460,333)	(44,102)	(307,258)	(351,360)	13,869	(122,842)	(108,973)	
(g) Net admitted deferred tax asset/(Net deferred tax liability)	5,807,143	(78,985)	5,728,158	8,094,450	(207,247)	7,887,203	(2,287,307)	128,262	(2,159,045)	

(2) Admission calculation components:

Description	2017			2016			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c.									
(a) FIT recoverable by loss carryback ¶11.a.]	5,586,335	-	5,586,335	7,178,082	-	7,178,082	(1,591,747)	-	(1,591,747)
(b) Expected to be realized ¶11.b.] (lesser of i. or ii.)	141,823	-	141,823	709,118	-	709,118	(567,295)	-	(567,295)
1. Expected to be realized ¶11.b.i.]	141,823	-	141,823	709,118	-	709,118	(567,295)	-	(567,295)
2. Surplus limitation ¶11.b.ii.]	37,158,994	-	37,158,994	30,468,216	-	30,468,216	6,690,778	-	6,690,778
(c) DTL offset ¶11.c.]	109,218	351,115	460,333	251,352	100,011	351,363	(142,134)	251,104	108,970
(d) Total admitted under ¶11.a.-11.c.	5,837,376	351,115	6,188,491	8,138,552	100,011	8,238,563	(2,301,176)	251,104	(2,050,072)
Deferred tax liabilities	(30,233)	(430,100)	(460,333)	(44,102)	(307,258)	(351,360)	13,869	(122,842)	(108,973)
Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.]	5,807,143	(78,985)	5,728,158	8,094,450	(207,247)	7,887,203	(2,287,307)	128,262	(2,159,045)

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

	2017	2016
(a) ExDTA ACL RBC or other ratio	373%	346%
(b) Adjusted capital and surplus	247,726,627	203,121,433

(4) Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:

Description	2017			2016			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Adjusted gross DTAs - Amount (Memo Entry)	25,424	0	25,424	219,428	0	219,428	(194,004)	0	(194,004)
(a) Adjusted gross DTAs - Percentage	0.41%	0.00%	0.41%	2.59%	0.00%	2.59%	-2.18%	0.00%	-2.18%
Net admitted DTAs - Amount (Memo Entry)	25,424	0	25,424	219,428	0	219,428	(194,004)	0	(194,004)
(b) Net admitted DTAs - Percentage	0.44%	0.00%	0.44%	2.78%	0.00%	2.78%	-2.34%	0.00%	-2.34%

(c) Did the company avail itself of a tax planning strategy involving reinsurance? [check]

Yes No

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

n/a

C. Current tax and change in deferred tax:

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

	Description	2017	2016
(a) Current federal income tax expense		25,590,417	22,559,138
(b) Foreign Taxes		-	-
(c) Subtotal		25,590,417	22,559,138
(d) Tax on capital gains/(losses)		-	-
(e) Settlement of IRS audit		-	-
(f) Other, including prior year underaccrual (overaccrual)		75,608	(70,793)
(g) Federal and foreign income taxes incurred		<u>25,666,025</u>	<u>22,488,345</u>

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

NOTES TO FINANCIAL STATEMENTS

(2) DTAs Resulting From Book/Tax Differences In	December 31, 2017	December 31, 2016	Change
(a) Ordinary			
(1) Loss reserve discounting	1,636,326	1,268,289	368,037
(2) Unearned premiums	127,458	109,997	17,461
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Unrealized loss	-	-	-
(7) Fixed assets	-	-	-
(8) Accrued expenditures	38,057	381,180	(343,123)
(9) Pension accruals	-	-	-
(10) Nonadmitted assets	2,573,316	3,942,554	(1,369,238)
(11) Net operating loss carryforward	-	-	-
(12) Tax credit carryforward	-	-	-
(13) Uncertain tax position - Margin	-	-	-
(14) Goodwill & Intangible Amortization	1,088,862	2,684,052	(1,595,190)
(15) Other (separately disclose items >5%)	-	-	-
Premium Deficiency Reserve	421,639	-	421,639
(99) Gross ordinary DTAs	5,885,658	8,386,072	(2,500,414)
(b) Statutory valuation adjustment adjustment - ordinary	-	-	-
(c) Nonadmitted ordinary DTAs (-)	(48,282)	(247,520)	199,238
(d) Admitted ordinary DTAs	5,837,376	8,138,552	(2,301,176)
(e) Capital			
(1) Investments	-	-	-
(2) Net capital loss carryforward	-	-	-
(3) Real estate	-	-	-
(4) Other (separately disclose items >5%)	351,115	100,011	251,104
Unrealized capital losses	-	-	-
(99) Gross capital DTAs	351,115	100,011	251,104
(f) Statutory valuation adjustment adjustment - capital (-)	-	-	-
(g) Nonadmitted capital DTAs (-)	-	-	-
(h) Admitted capital DTAs	351,115	100,011	251,104
(i) Admitted DTAs	6,188,491	8,238,563	(2,050,072)
(3) DTLs Resulting From Book/Tax Differences In	December 31, 2017	December 31, 2016	Change
(a) Ordinary			
(1) Investments	(30,233)	(44,102)	13,869
(2) Prepaid expenses	-	-	-
(3) Deferred and uncollected premiums	-	-	-
(4) Policyholder reserves/salvage and subrogation	-	-	-
(5) Other (separately disclose items >5%)	-	-	-
(99) Ordinary DTLs	(30,233)	(44,102)	13,869
(b) Capital			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (separately disclose items >5%)	-	-	-
Unrealized capital gains	(430,100)	(307,258)	(122,842)
(99) Capital DTLs	(430,100)	(307,258)	(122,842)
(c) DTLs	(460,333)	(351,360)	(108,973)
(4) Net deferred tax assets/liabilities	5,728,158	7,887,203	(2,159,045)

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

	December 31, 2017	December 31, 2016	Change
Total deferred tax assets	6,236,773	8,486,083	(2,249,310)
Total deferred tax liabilities	(460,333)	(351,360)	(108,973)
Net deferred tax assets/liabilities	5,776,440	8,134,723	(2,358,283)
Statutory valuation allowance adjustment (*see explanation below)	-	-	-
Net deferred tax assets/liabilities after SVA	5,776,440	8,134,723	(2,358,283)
Tax effect of unrealized gains/(losses)	430,100	307,258	122,842
Change in net deferred income tax [(charge)/benefit]	6,206,540	8,441,981	(2,235,441)

***Statutory valuation allowance**

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2017 and 2016 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2017 was \$0.

NOTES TO FINANCIAL STATEMENTS

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

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

Description	2017	Tax Effect	2016	Tax Effect
Income Before Taxes	69,890,436		45,240,932	
Statutory Rate	35%		35%	
Income Before Taxes	24,461,653	35.00%	15,834,326	35.00%
Tax-Exempt Interest (Net of proration)	(351,628)	-0.50%	(439,850)	-0.97%
Health Insurer Fee	-	0.00%	10,181,287	22.50%
Dividends Received Deduction	-	0.00%	0	0.00%
Meals & Entertainment, Penalties, Etc.	54	0.00%	0	0.00%
Statutory Valuation Allowance	-	0.00%	0	0.00%
Change in Enacted Tax Rates	4,137,693	5.92%	0	0.00%
Deferred Taxes on Nonadmitted Assets	(346,307)	-0.50%	1,050,900	2.32%
Other, Including Prior Year True-Up	1	0.00%	0	0.00%
Total	27,901,466	39.92%	26,626,663	58.86%
 Federal income taxed incurred [expense/(benefit)]	25,666,025	36.72%	22,488,345	49.71%
Tax on capital gains/(losses)	-	0.00%	0	0.00%
Change in net deferred income tax [charge/(benefit)]	2,235,441	3.20%	4,138,318	9.15%
Total statutory income taxes	27,901,466	39.92%	26,626,663	58.86%

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

At December 31, 2017, the Company had no net operating loss or tax credit carryforwards available for tax purposes.

The following is income tax expense for 2016 and 2017 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2016	22,634,745	0	22,634,745
2017	25,590,417	0	25,590,417
Total	48,225,162	0	48,225,162

Deposits admitted under IRC § 6603

None

F. Tax Contingencies and Uncertainties

During 2017, the Company calculated a multi-year benefit relating to domestic production activities. Due to the uncertain nature of this benefit, the full amount has been reserved through a tax contingency. The benefit and reserve for this item are captured in long-term assets, for a net balance sheet effect of \$0.

Tax Contingency for the period ending December 31, 2017:

(8,987,728)

G. Tax Reform

On December 22, 2017, the United States enacted tax reform legislation through the Tax Cuts and Jobs Act, which significantly changes the existing U.S. tax laws, including a reduction in the corporate tax rate from 35% to 21%, as well as other changes. As a result of enactment of the legislation, the Company incurred an additional one-time surplus increase (decrease) during the 4th quarter of 2017, primarily related to the remeasurement of certain deferred tax assets

Surplus increase / (decrease) as a result of tax reform:

4,137,693

The Tax Cuts and Jobs Act of 2017 provides for a change in the methodology employed to calculate reserves for tax purposes. Beginning January 1, 2018, a higher interest rate assumption and longer payout patterns will be used to discount these reserves. In addition, companies will no longer be able to elect to use their own experience to discount reserves, but will instead be required to use the industry-based tables published by the IRS annually; however, the 2018 tables have yet to be released. Consequently, the company cannot reasonably estimate the impact this would have on

H. The Company's federal income tax return is consolidated with Centene Corporation and its subsidiaries including, but not limited to, the following:

Absolute Total Care, Inc.	Home State Health Plan, Inc.
Bankers Reserve Life Insurance Company of Wisconsin	IlliCare Health Plan, Inc.
California Health and Wellness Plan	Kentucky Spirit Health Plan, Inc.
CeltiCare Health Plan of Massachusetts, Inc.	Louisiana Healthcare Connections, Inc.
Cenpatico of Arizona Inc.	Magnolia Health Plan Inc.
Coordinated Care Corporation	Managed Health Network
Coordinated Care of Washington, Inc.	Managed Health Services Insurance Corp.
Envolve Vision of Texas, Inc.	Michigan Complete Health, Inc.
Granite State Health Plan, Inc.	Nebraska Total Care, Inc.
Hallmark Life Insurance Co.	Peach State Health Plan, Inc.
Health Net Access, Inc.	SilverSummit Healthplan, Inc.
Health Net of Arizona, Inc.	Sunflower State Health Plan, Inc.
Health Net of California, Inc.	Sunshine State Health Plan, Inc.
Health Net Community Solutions, Inc.	Sunshine Health Community Solutions, Inc.
Health Net Community Solutions of Arizona, Inc.	Superior HealthPlan, Inc.
Health Net Life Insurance Company	Superior HealthPlan Community Solutions, Inc.
Health Net Life Reinsurance Company	Trillium Community Health Plan, Inc.
Health Net Health Plan of Oregon, Inc.	

NOTES TO FINANCIAL STATEMENTS

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

(10) Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, D, F

During 2017 and 2016, Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the period ending December 31, 2017 and December 31, 2016 included \$186,258,578 and \$178,164,248, respectively, for such services. Amounts due (to) from at December 31, 2017 and December 31, 2016 included \$935,344 and \$2,633,496, respectively, for true-up of management fees and expenses paid on behalf of the company.

Envolve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the period ending December 31, 2017 and December 31, 2016 included \$3,153,558 and \$4,705,898, respectively, for such services. Amounts due (to) from at December 31, 2017 and December 31, 2016 included (\$189,721) and (\$411,955), respectively, for such services.

Envolve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the period ending December 31, 2017 and December 31, 2016 included \$422,327,646 and \$377,332,834, respectively, for such services. Amounts due (to) from at December 31, 2017 and December 31, 2016 included \$6,419,262 and \$10,198,870, respectively, for such services.

Cenpatico Behavioral Health, LLC provided mental health services to the Company. Medical expenses for the period ending December 31, 2017 and December 31, 2016 included \$43,671,074 and \$44,238,562, respectively, for such services. Amounts due (to) from at December 31, 2017 and December 31, 2016 included \$4,437,794 and (\$3,682,730), respectively, for such services.

Envolve Vision, Inc. provided vision management services to the Company. Medical expenses for the period ending December 31, 2017 and December 31, 2016 included \$6,906,212 and \$6,636,539, respectively, for such services. Amounts due (to) from at December 31, 2017 and December 31, 2016 included (\$380,222) and (\$555,427), respectively, for such services.

Envolve Dental, Inc. provided dental management services to the Company. Medical expenses for the period ending December 31, 2017 and December 31, 2016 included \$43,883,497 and \$38,428,313, respectively, for such services. Amounts due (to) from at December 31, 2017 and December 31, 2016 included (\$114,122) and \$162,125, respectively, for such services.

During 2017 and 2016, Centene Corporation contributed \$0 and \$10,000,000, respectively to the surplus of the Company. There were no contributions receivables recorded at December 31, 2017 and December 31, 2016.

E. Guarantees- None.

G. Control Relationship- The Company is wholly owned by Centene Corporation.

H. Upstream Intermediate Entity- None.

I. Investment in SCA Entity

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

J. Investment in Impaired SCA Entity- None.

K. Investment in Foreign Insurance Subsidiary- None.

L. Investment in Downstream Noninsurance Holding Company- None.

M. All SCA Investments

The Company made a \$6.0 million investment in Health Plan Real Estate Holding, Inc. (HPREHI) on December 4, 2013 by purchasing 60 shares of HPREHI's common stock for cash. HPREHI is wholly owned by subsidiaries of Centene Corporation, the Company's parent company. The Company's common stock investment in HPREHI is measured and reported in the Company's statutory financial statements using the equity method in accordance with SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and at December 31, 2017 and December 31, 2016 the reported value is \$6.6 million and \$6.4 million, respectively. The December 31, 2016 audited GAAP financial statements of HPREHI were filed with the NAIC SVO under Part 5 Section 2ciB3 of the NAIC valuation procedures. The NAIC affirmed the Company's valuation of HPREHI as of December 31, 2016 at \$107,079 per share. No resubmission of the filing was required.

NOTES TO FINANCIAL STATEMENTS

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount		
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	\$ -	\$ -	\$ -		
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	\$ -	\$ -	\$ -		
c. SSAP No. 97 8b(iii) Entities						
Health Plan Real Estate Holding, Inc.	13%	\$ 6,570,797	\$ 6,570,797			
Total SSAP No. 97 8b(iii) Entities	XXX	\$ 6,570,797	\$ 6,570,797	\$ -		
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX					
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 6,570,797	\$ 6,570,797	\$ -		
f. Aggregate Total (a+e)	XXX	\$ 6,570,797	\$ 6,570,797	\$ -		
				NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N Code**		
SCA Entity (Should be same entities as shown in M(1) above.)	NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	Resubmission Required Y/N	Code**
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Health Plan Real Estate Holding, Inc.	Sub-1	7/19/2017	\$ 6,424,761	Y	N	I
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$ 6,424,761	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ 6,424,761	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 6,424,761	XXX	XXX	XXX

* S1-Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

** I - Immaterial or M - Material

N. Investment in an Insurance SCA- None.

(11) Debt

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

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

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

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

- 1) The Company has 10,000 shares authorized, 100 shares issued, 100 shares outstanding at \$10,000 par value.
- 2) The Company had no preferred stock outstanding.
- 3) The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the superintendent has received notice of the distribution and has not within the thirty day period disapproved the dividend or distribution. An extraordinary dividend or distribution is one in which the fair market value, together with that of any other dividends or distributions made within the preceding twelve months, exceeds the greater of ten percent of the Company's surplus as of the thirty-first day of December next preceding.

NOTES TO FINANCIAL STATEMENTS

or the Company's net income for the twelve month period ending the thirty-first day of December next preceding. In addition, any dividend or distribution paid from other than earned surplus shall be considered extraordinary.

- 4) The Company paid no dividends for the years ended December 31, 2017 and 2016.
- 5) The Company is able to pay ordinary dividends to stockholders provided that the dividend or distribution of cash or other property, whose fair market value, together with that of other dividends or distributions made within the preceding twelve months, does not exceed the greater of ten percent of the Company's surplus or net income of the Company's twelve-month period ending the thirty-first day of December next preceding.
- 6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- 7) The Company has no advances to surplus not repaid.
- 8) The Company held no stock for special purposes such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- 9) The Company reported a special surplus of \$36,776,692 at December 31, 2017, related to the projected annual fee under section 9010 of the Affordable Care Act. The Company reported no special surplus at December 31, 2016.
- 10) The impact to unassigned funds (surplus) by cumulative unrealized losses was \$2,315,400.
- 11) The Company did not issue any surplus debentures or similar obligations.
- 12) There have been no quasi-reorganizations.
- 13) The Company has not been involved in a quasi-reorganization in the last 10 years.

(14) Liabilities, Contingencies and Assessments

- A. Contingent Commitments – The Company has outstanding commitments of approximately \$1,616,287 for additional investments in joint ventures and limited partnerships.
- B. Assessments – None.
- C. Gain Contingencies – None.
- D. Claims related to extra contractual obligation and bad faith losses stemming from lawsuits- None.
- E. Joint and Several Liabilities – None.
- F. All Other Contingencies – Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

The Company has recognized an impairment charge of \$383,838 related to the member premium receivable outstanding as of December 31, 2017. The \$189,545 member receivable recognized as of 12/31/17 has a reasonable possibility that it will be uncollectible.

(15) Leases

None.

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

None.

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

- A. Transfers of Receivables reported as Sales - None
- B. Transfers and Servicing of Financial Assets - None
- C. Wash Sales - None

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

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

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2017, the Company recorded a net receivable from CMS that is greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000. The total balance for Medicare Part D low-income subsidy and reinsurance subsidy is \$ 11,902,620.

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

None.

(20) Fair Value Measurements

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

The following table summarizes fair value measurements by level at December 31, 2017 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents & Short Term Investments	\$ 124,007,050	\$ -	\$ -	\$ 124,007,050
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	1,361,682	\$ -	1,361,682
Hybrid Securities	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ -	\$ 1,361,682	\$ -	\$ 1,361,682
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	\$ 124,007,050	\$ 1,361,682	\$ -	\$ 125,368,732
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2016 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash, Cash Equivalents & Short Term Investments	\$ 52,903,257	\$ -	\$ -	\$ 52,903,257
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	1,154,200	\$ -	1,154,200
Hybrid Securities	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ -	\$ 1,154,200	\$ -	\$ 1,154,200
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	\$ 52,903,257	\$ 1,154,200	\$ -	\$ 54,057,457
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

B. None

C. The following table summarizes the aggregate fair value measurements by level at December 31, 2017 for all financial instruments. The table includes \$0 of bonds classified as short-term.

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Bonds	\$ 228,896,845	\$ 228,740,951	\$ 18,863,105	\$ 206,033,740	\$ 4,000,000	\$ -
Cash, Cash Equivalents & Short Term Investments	124,007,050	124,007,050	124,007,050	-	-	-
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Total	\$ 352,903,895	\$ 352,748,001	\$ 142,870,154	\$ 206,033,740	\$ 4,000,000	\$ -

The following table summarizes the aggregate fair value measurements by level at December 31, 2016 for all financial instruments. The table includes \$3,120,317 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	\$ 283,397,679	\$ 283,842,959	\$ 837,704	\$ 278,559,976	\$ 4,000,000	\$ -
Cash, Cash Equivalents & Short Term Investments	52,903,257	52,903,257	52,903,257	-	-	-
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Total	\$ 336,300,936	\$ 336,746,216	\$ 53,740,961	\$ 278,559,976	\$ 4,000,000	\$ -

D. None

(21) Other Items

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring: Debtors - None
- C. Other Disclosures - Assets on Deposit with Government Authorities or Trustees
- Assets in the amount of \$876,501 and \$461,303 at December 31, 2017 and December 31, 2016, respectively, were on deposit with government authorities or trustees as required by law.
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable Tax Credits and Non-transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure- None
- G. Retained Assets- None
- H. Insurance-linked securities- None

(22) Events Subsequent

Type I

None

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through 3/1/2018 for the statutory statement issued on 3/1/2018.

On January 1, 2018, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$36,776,692. This amount is reflected in special surplus. This assessment is not expected to have a significant impact to the Company's risk based capital as of December 31, 2018 compared to the Company's risk based capital as of December 31, 2017. Had the estimated ACA fee assessment payable been recorded as of December 31, 2017 the estimated impact to risk based capital would have been a reduction from approximately 373% risk based capital to approximately 326% risk based capital. Reporting the ACA assessment as of December 31, 2017, would not have triggered a RBC action level. During 2018, we expect to be reimbursed by Ohio Department of Medicaid in order to maintain actuarial soundness of our premiums, which would offset this negative surplus and RBC impact that could occur on an interim basis.

NOTES TO FINANCIAL STATEMENTS

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	YES	
B. ACA fee assessment payable for the upcoming year	\$ 36,776,692	\$ -
C. ACA fee assessment paid	\$ -	\$ 29,089,391
D. Premium written subject to ACA 9010 assessment	\$ 1,855,056,808	\$ -
E. Total Adjusted Capital before surplus adjustment	\$ 253,454,786	
F. Total Adjusted Capital after surplus adjustment	\$ 216,678,094	
G. Authorized Control Level	\$ 66,402,171	
H. Would reporting the ACA assessment as of December 31, 2017, have triggered an RBC action level (YES/NO)?	NO	

(23) Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Section 2 – Ceded Reinsurance Report Part A

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

Section 3 – Ceded reinsurance Report Part B

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

B. Uncollectible Reinsurance

None

C. Commutation of Reinsurance Reflected in Income and Expenses

None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

None

(24) Retrospectively Rated Contracts and Contracts Subject to Redetermination

A., B., C.

The Company estimates accrued retrospective premiums for its federal and state sponsored programs in accordance with the provisions in its contract with the State of Ohio.

The Company participates in a the Medicare Advantage Special Needs Plan program under a contract with Centers for Medicare and Medicaid Services which is subject to federal Medicare MLR regulations under Title 42 of the Code of Federal Regulations, Part 422.

NOTES TO FINANCIAL STATEMENTS

The amount of net premiums written by the Company at December 31, 2017 which are subject to retrospective rating features was \$1,270,528,641 which represents 58% 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 – None

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/N

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

a) Permanent ACA Risk Adjustment Program

Assets	-
1) Premium adjustments receivable due to ACA Risk Adjustment	24,237
Liabilities	12,964,498
2) Risk adjustment user fees payable for ACA Risk Adjustment	(11,770,715)
3) Premium adjustments payable due to ACA Risk Adjustment	24,496
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	

b) Transitional ACA Reinsurance Program

Assets	179,196
1) Amounts recoverable for claims paid due to ACA Reinsurance	-
2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
Liabilities	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	-
5) Ceded reinsurance premiums payable due to ACA Reinsurance	-
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
Operations (Revenue & Expense)	
7) Ceded reinsurance premiums due to ACA Reinsurance	-
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	265,152
9) ACA Reinsurance contributions - not reported as ceded premium	-

c) Temporary ACA Risk Corridors Program

Assets	-
1) Accrued retrospective premium due to ACA Risk Corridors	-
Liabilities	
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
Operations (Revenue & Expense)	
3) Effect of ACA Risk Corridors on net premium income	-
4) Effect of ACA Risk Corridors on change in reserves for rate credits	-

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		Unsettled Balances as of the	
			Prior Year Accrued Less Payments (Col. 1-2)	Prior Year Accrued Less Payments (Col. 2-3)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)		
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	9 Ref Receivable	10 (Payable)
a) Permanent ACA Risk Adjustment Program										
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2) Premium adjustments (payable)	\$ -	\$ (11,133,686)	\$ -	\$ (9,939,904)	\$ -	\$ (1,193,783)	\$ -	\$ 1,193,783	\$ -	\$ -
3) Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ (11,133,686)	\$ -	\$ (9,939,904)	\$ -	\$ (1,193,783)	\$ -	\$ 1,193,783	\$ -	\$ -
b) Transitional ACA Reinsurance Program										
1) Amounts recoverable for claims paid	\$ 782,623	\$ -	\$ 952,786	\$ -	\$ (170,163)	\$ -	\$ 349,359	\$ -	\$ 179,196	\$ -
2) Amounts recoverable for claims unpaid (contra liability)	\$ 84,207	\$ -	\$ -	\$ 84,207	\$ -	\$ (84,207)	\$ -	\$ -	\$ -	\$ -
3) Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ (48,843)	\$ -	\$ (48,843)	\$ -	\$ (0)	\$ -	\$ -	\$ -	\$ (0)
5) Ceded reinsurance premiums payable	\$ -	\$ (195,372)	\$ -	\$ (195,372)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0
6) Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7) Subtotal ACA Transitional Reinsurance Program	\$ 866,831	\$ (244,215)	\$ 952,786	\$ (244,215)	\$ (85,955)	\$ -	\$ 265,152	\$ -	\$ 179,196	\$ -
c) Temporary ACA Risk Corridors Program										
1) Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2) Reserve for rate credits or policy experience rating refund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3) Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 866,831	\$ (11,377,901)	\$ 952,786	\$ (10,184,119)	\$ (85,955)	\$ (1,193,783)	\$ 265,152	\$ 1,193,783	\$ 179,196	\$ -

(25) Change in Incurred Claims and Claims Adjustment Expenses

A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2016 were \$154.5 million and \$2.6 million. As of December 31, 2017, \$117.3 million and \$2.6 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 \$0.4 million and \$0 as a result of the reestimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$36.8 million in favorable prior-year development. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. There has been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense.

(26) Intercompany Pooling Arrangements

None.

(27) Structured Settlements

None

(28) Health Care Receivables

- At December 31, 2017, the Company had admitted pharmacy rebate receivables of \$3,493,216. These are admitted in accordance with SSAP No. 84 as they are estimated amounts related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. The amounts are estimated based on historical per script rebates and the actual number of scripts during the period.

NOTES TO FINANCIAL STATEMENTS

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2017	3,493,216	3,493,216			
9/30/2017	3,352,216	3,352,216			
6/30/2017	3,067,296	4,293,306			
3/31/2017	3,627,886	4,609,283			3,847,244
12/31/2016	3,173,398	3,820,735	-	-	3,889,739
9/30/2016	3,051,772	4,326,726	-	-	4,500,919
6/30/2016	1,318,208	1,594,677	-	-	1,614,225
3/31/2016	778,035	1,017,502	-	-	1,015,896
12/31/2015	2,043,079	2,576,086	813	-	2,575,538
9/30/2015	1,919,488	1,627,071	601	-	1,627,071
6/30/2015	1,648,912	1,819,719	-	-	1,797,232
3/31/2015	1,662,769	2,074,700	-	-	2,074,619

2. Risk Sharing Receivables – None.

(29) Participating Policies

None

(30) Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	<u>\$2,007,805</u>
2. Date of the most recent evaluation of this liability	<u>1/29/2018</u>
3. Was anticipated investment income utilized in the calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(31) Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio.....

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

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2017

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

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).03/10/2014

3.4 By what department or departments? Ohio Department of Insurance.....

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

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]

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

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

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

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

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
7.21 State the percentage of foreign control0.0
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

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

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

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

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

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [X] No []
Health Plan Real Estate Holding, Inc.....

12.11 Name of real estate holding company	.....
12.12 Number of parcels involved	..... 3
12.13 Total book/adjusted carrying value	\$ 6,570,797

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

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

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

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

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

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

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

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....
20.12 To stockholders not officers \$.....
20.13 Trustees, supreme or grand (Fraternal only) \$.....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....
20.22 To stockholders not officers \$.....
20.23 Trustees, supreme or grand (Fraternal only) \$.....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....
21.22 Borrowed from others \$.....
21.23 Leased from others \$.....
21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....
22.22 Amount paid as expenses \$.....
22.23 Other amounts paid \$.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

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

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.103 Total payable for securities lending reported on the liability page	\$.....0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

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

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

25.2 If yes, state the amount thereof at December 31 of the current year. 25.31 Subject to regulation

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$..
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$ 875,890
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$..
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
Wells Fargo Advisors.....	211 North Broadway, Suite 2080, St. Louis, MO 63102.
	550 Fourth Street South, 8th Floor, Minneapolis, MN 55415.....
Wells Capital Management.....	10 South Wacker Drive, 18th Floor, Chicago, IL 60606.....
Wells Fargo Securities.....	140 Broadway, 7th Floor, New York, NY 10005.....
Brown Brothers Harriman.....	

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
28.04 If yes, give full and complete information relating thereto:

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”, “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Wells Capital Management.....	U.....
Wells Fargo Advisors.....	U.....
Wells Fargo Securities.....	U.....
Brown Brothers Harriman.....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....
19616.....	Wells Fargo Advisors.....	88KRV50EKUGQZJ3DKW55.....	SEC.....	NO.....
126292.....	Wells Fargo Securities.....	VYVVCKR63DVZN70PB21.....	SEC.....	NO.....
104487.....	Brown Brothers Harriman.....	.....	FINRA.....	NO.....

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

Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

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

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

1	2	3
Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	228,740,952	228,896,845
30.2 Preferred Stocks.....	0	0
30.3 Totals	228,740,952	228,896,845
		155,893

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

Our primary pricing vendor is SE provided through Clearwater. Where SE pricing is not available, we revert to Reuters, provided through our custodians.....

Yes [X] No []

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

Yes [X] No []

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

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

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

Yes [X] No []

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes [] No []

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

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

35.1 Amount of payments for legal expenses, if any? \$185,190

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Thompson Hine.....	\$.....184,270

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ 0
1.6	Individual policies:	
	Most current three years:	
	1.61 Total premium earned	\$ 0
	1.62 Total incurred claims	\$ 0
	1.63 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.64 Total premium earned	\$ 0
	1.65 Total incurred claims	\$ 0
	1.66 Number of covered lives	..... 0
1.7	Group policies:	
	Most current three years:	
	1.71 Total premium earned	\$ 0
	1.72 Total incurred claims	\$ 0
	1.73 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.74 Total premium earned	\$ 0
	1.75 Total incurred claims	\$ 0
	1.76 Number of covered lives	..... 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 2,207,260,880	\$ 2,048,369,014
2.2	Premium Denominator	\$ 2,207,260,879	\$ 2,048,369,014
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ 162,365,481	\$ 163,788,477
2.5	Reserve Denominator	\$ 162,365,481	\$ 163,788,477
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 1.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [] No [X]
3.2	If yes, give particulars:	

4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [] No []
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No []
5.2	If no, explain:	

5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical	\$ 255,000
		5.32 Medical Only	\$
		5.33 Medicare Supplement	\$
		5.34 Dental and Vision	\$
		5.35 Other Limited Benefit Plan	\$
		5.36 Other	\$

6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	
	The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with Bankers Reserve Life Insurance Company of Wisconsin.	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [X] No []
7.2	If no, give details	

8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	..... 48,014
	8.2 Number of providers at end of reporting year	..... 49,005
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [] No [X]
9.2	If yes, direct premium earned:	
	9.21 Business with rate guarantees between 15-36 months	.....
	9.22 Business with rate guarantees over 36 months	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....1,906,526
10.22 Amount actually paid for year bonuses	\$.....5,519,953
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
11.13 An Individual Practice Association (IPA), or,	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
11.14 A Mixed Model (combination of above) ?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

11.4 If yes, show the amount required.

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

11.6 If the amount is calculated, show the calculation

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

1	Name of Service Area
ADAMS.....	
ALLEN.....	
ASHLAND.....	
ASHTABULA.....	
ATHENS.....	
AUGLAIZE.....	
BELMONT.....	
BROWN.....	
BUTLER.....	
CARROLL.....	
CHAMPAIGN.....	
CLARK.....	
CLERMONT.....	
CLINTON.....	
COLUMBIANA.....	
COSHOCTON.....	
CRAWFORD.....	
CUYAHOGA.....	
DARKE.....	
DEFIANCE.....	
DELAWARE.....	
ERIE.....	
FAIRFIELD.....	
FAYETTE.....	
FRANKLIN.....	
FULTON.....	
GALLIA.....	
GEauga.....	
GREENE.....	
GUERNSEY.....	
HAMILTON.....	
HANCOCK.....	
HARDIN.....	
HARRISON.....	
HENRY.....	
HIGHLAND.....	
HOCKING.....	
HOLMES.....	
HURON.....	
JACKSON.....	
JEFFERSON.....	
KNOX.....	
LAKE.....	
LAWRENCE.....	
LICKING.....	
LOGAN.....	
LORAIN.....	
LUCAS.....	
MADISON.....	
MAHONING.....	
MARION.....	
MEDINA.....	
MEIGS.....	
MERCER.....	
MIAMI.....	
MONROE.....	
MONTGOMERY.....	
MORGAN.....	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area	
MORROW.....	
MUSKINGUM.....	
NOBLE.....	
OTTAWA.....	
PAULDING.....	
PERRY.....	
PICKAWAY.....	
PIKE.....	
PORTAGE.....	
PREBLE.....	
PUTNAM.....	
RICHLAND.....	
ROSS.....	
SANDUSKY.....	
SCIOTO.....	
SENECA.....	
SHELBY.....	
STARK.....	
SUMMIT.....	
TRUMBULL.....	
TUSCARAWAS.....	
UNION.....	
VAN WERT.....	
VINTON.....	
WARREN.....	
WASHINGTON.....	
WAYNE.....	
WILLIAMS.....	
WOOD.....	
WYANDOT.....	

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [N/A [X]]
 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded) \$.....
 15.2 Total incurred claims \$.....
 15.3 Number of covered lives.....

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

FIVE - YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	473,326,860	429,425,986	454,532,062	368,211,634	199,278,953
2. Total liabilities (Page 3, Line 24)	219,872,074	218,417,350	276,247,703	245,067,475	93,564,462
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	253,454,786	211,008,636	178,284,359	123,144,159	105,714,489
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,207,260,879	2,048,369,014	1,981,932,334	1,325,855,870	795,033,635
6. Total medical and hospital expenses (Line 18)	1,822,111,581	1,679,883,673	1,593,110,666	1,060,816,906	620,036,510
7. Claims adjustment expenses (Line 20)	24,773,083	22,747,600	22,325,729	35,649,879	23,858,908
8. Total administrative expenses (Line 21)	293,739,296	312,879,276	319,058,932	217,214,429	131,994,149
9. Net underwriting gain (loss) (Line 24)	64,629,114	39,892,841	46,861,058	6,041,123	18,819,173
10. Net investment gain (loss) (Line 27)	5,645,158	5,706,496	4,208,616	2,337,235	2,034,653
11. Total other income (Lines 28 plus 29)	(383,838)	(358,405)	(226,846)	(41,685)	0
12. Net income or (loss) (Line 32)	44,224,409	22,752,587	25,946,969	(946,839)	13,140,305
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	17,154,294	(65,950,393)	38,856,212	140,605,972	40,436,878
Risk-Based Capital Analysis					
14. Total adjusted capital	253,454,786	211,008,636	178,284,359	123,144,159	105,714,489
15. Authorized control level risk-based capital	66,402,171	58,578,943	55,523,309	36,832,197	23,186,894
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	345,629	326,813	311,492	293,572	172,208
17. Total members months (Column 6, Line 7)	4,128,954	3,917,170	3,672,144	2,828,216	1,964,376
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	82.6	82.0	80.4	80.0	78.0
20. Cost containment expenses	0.0	0.0	0.0	0.1	0.1
21. Other claims adjustment expenses	1.1	1.1	2.3	2.6	2.9
22. Total underwriting deductions (Line 23)	97.1	98.1	97.6	99.5	97.6
23. Total underwriting gain (loss) (Line 24)	2.9	1.9	2.4	0.5	2.4
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	119,268,117	164,375,462	129,249,276	66,156,399	41,055,216
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	155,956,113	208,460,212	166,248,066	75,161,318	48,644,619
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	6,570,797	6,424,761	6,261,578	6,140,750	6,011,754
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	6,570,797	6,424,761	6,261,578	6,140,750	6,011,754
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	0
2. Alaska	AK	N						0	0
3. Arizona	AZ	N						0	0
4. Arkansas	AR	N						0	0
5. California	CA	N						0	0
6. Colorado	CO	N						0	0
7. Connecticut	CT	N						0	0
8. Delaware	DE	N						0	0
9. District of Columbia	DC	N						0	0
10. Florida	FL	N						0	0
11. Georgia	GA	N						0	0
12. Hawaii	HI	N						0	0
13. Idaho	ID	N						0	0
14. Illinois	IL	N						0	0
15. Indiana	IN	N						0	0
16. Iowa	IA	N						0	0
17. Kansas	KS	N						0	0
18. Kentucky	KY	N						0	0
19. Louisiana	LA	N						0	0
20. Maine	ME	N						0	0
21. Maryland	MD	N						0	0
22. Massachusetts	MA	N						0	0
23. Michigan	MI	N						0	0
24. Minnesota	MN	N						0	0
25. Mississippi	MS	N						0	0
26. Missouri	MO	N						0	0
27. Montana	MT	N						0	0
28. Nebraska	NE	N						0	0
29. Nevada	NV	N						0	0
30. New Hampshire	NH	N						0	0
31. New Jersey	NJ	N						0	0
32. New Mexico	NM	N						0	0
33. New York	NY	N						0	0
34. North Carolina	NC	N						0	0
35. North Dakota	ND	N						0	0
36. Ohio	OH	L 46,860,436	247,727,889	1,934,712,124				2,229,300,449	0
37. Oklahoma	OK	N						0	0
38. Oregon	OR	N						0	0
39. Pennsylvania	PA	N						0	0
40. Rhode Island	RI	N						0	0
41. South Carolina	SC	N						0	0
42. South Dakota	SD	N						0	0
43. Tennessee	TN	N						0	0
44. Texas	TX	N						0	0
45. Utah	UT	N						0	0
46. Vermont	VT	N						0	0
47. Virginia	VA	N						0	0
48. Washington	WA	N						0	0
49. West Virginia	WV	N						0	0
50. Wisconsin	WI	N						0	0
51. Wyoming	WY	N						0	0
52. American Samoa	AS	N						0	0
53. Guam	GU	N						0	0
54. Puerto Rico	PR	N						0	0
55. U.S. Virgin Islands	VI	N						0	0
56. Northern Mariana Islands	MP	N						0	0
57. Canada	CAN	N						0	0
58. Aggregate other alien	OT	XXX 0	0	0	0	0	0	0	0
59. Subtotal		XXX 46,860,436	247,727,889	1,934,712,124	0	0	0	2,229,300,449	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)	(a) 1	46,860,436	247,727,889	1,934,712,124	0	0	0	2,229,300,449	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX 0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX 0	0	0	0	0	0	0	0

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

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

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

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

PART 1 - ORGANIZATIONAL CHART

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc (17%)	46-2860967	MO	
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
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	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
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
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc (21%)	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)	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
Granite State Health Plan, Inc	45-4792498	NH	14226
California Health and Wellness Plan	46-0907261	CA	
Michigan Complete Health, Inc.	30-0312489	MI	10769
Western Sky Community Care, Inc.	45-5583511	NM	
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
Agate Resources, Inc.	20-0483299	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559

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

PART 1 - ORGANIZATIONAL CHART

Agate Properties, LLC	26-4475075	OR	
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-5664342	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-4042368	DE	
Arkansas Total Care, Inc.	82-2649097	AR	16256
Healthy Oklahoma Holdings, Inc.	81-2788043	DE	
Oklahoma Complete Health Inc.	81-3121527	OK	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
Centene Center III, LLC	82-3210933	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP (1%)	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP (99%)	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
Health Care Enterprises, LLC	46-4855483	DE	
Envolve Holdings, Inc.	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	

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

PART 1 - ORGANIZATIONAL CHART

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	
Cenpatico of Arizona Inc. (80%)	80-0879942	AZ	
Envolve, Inc.	37-1788565	DE	
AHA Administrative Services, LLC	47-4545413	AL	
Envolve - New York, Inc.	47-3454898	NY	
Community Care of Central Colorado, LLC	82-2288767	DE	
Envolve PeopleCare, Inc.	06-1476380	DE	
LiveHealthier, Inc.	47-2516714	DE	
Envolve Benefits Options, Inc.	61-1846191	DE	
Envolve Vision Benefits, Inc.	20-4730341	DE	
Envolve Captive Insurance Company, Inc.	36-4520004	SC	
Envolve Vision of Texas, Inc.	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Vision of New York, Inc.	06-1635519	NY	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Envolve Pharmacy Solutions, Inc.	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
Envolve Pharmacy IPA, LLC	46-2307356	NY	
Casenet LLC	90-0636938	DE	
Casenet S.R.O.	Foreign	CZE	
Centurion Group, Inc	61-1450727	DE	
Centurion LLC (51%)	90-0766502	DE	
Centurion of Arizona, LLC	81-4228054	AZ	
Centurion of Vermont, LLC	47-1686283	VT	
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 Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
Centurion of Florida, LLC	81-0687470	FL	
Centurion of Illinois, LLC	81-3007264	IL	
Centurion of Maryland, LLC	81-4938030	MD	

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

PART 1 - ORGANIZATIONAL CHART

Centurion of Philadelphia, LLC	81-5429405	PA
Specialty Therapeutic Care Holdings, LLC	27-3617766	DE
Specialty Therapeutic Care, LP (99.99%)	73-1698808	TX
Specialty Therapeutic Care, GP, LLC	73-1698807	TX
Specialty Therapeutic Care, LP (0.01%)	73-1698808	TX
Specialty Therapeutic Care West, LLC	26-2624521	TX
AcariaHealth Solutions, Inc.	80-0856383	DE
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
New York Rx, Inc.	20-8235695	NY
Foundation Care, LLC (80%)	20-0873587	MO
U.S. Medical Management Holdings, Inc	27-0275614	DE
U.S. Medical Management, LLC (20%)	38-3153946	DE
U.S. Medical Management, LLC (80%)	38-3153946	DE
RMED, LLC	31-1733889	FL
IAH of Florida, LLC	47-2138680	FL
Heritage Home Hospice, LLC	51-0581762	MI
Grace Hospice of Austin, LLC	20-2827613	MI
ComfortBrook Hospice, LLC	20-1530070	OH
Comfort Hospice of Texas, LLC	20-4996551	MI
Grace Hospice of San Antonio, LLC	20-2827526	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Grace Hospice of Indiana, LLC	45-0634905	MI
Grace Hospice of Virginia, LLC	45-5080637	MI
Comfort Hospice of Missouri, LLC	45-5080567	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Grace Hospice of Illinois, LLC	81-5129923	IL
Seniorcorps Peninsula, LLC	26-4435532	VA
R&C Healthcare, LLC	33-1179031	TX
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Country Style Health Care, LLC	03-0556422	TX
Phoenix Home Health Care, LLC	14-1878333	DE
Traditional Home Health Services, LLC	75-2635025	TX
Family Nurse Care, LLC	38-2751108	MI
Family Nurse Care II, LLC	20-5108540	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI
Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI
Pinnacle Senior Care of Indiana, LLC	81-1565426	MI

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

PART 1 - ORGANIZATIONAL CHART

Pinnacle Home Care, LLC	76-0713516	TX	
North Florida Health Services, Inc	59-3519060	FL	
Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI	
Hospice DME Company, LLC	46-1734288	MI	
Rapid Respiratory Services, LLC	20-4364776	DE	
USMM Accountable Care Network, LLC	46-5730959	DE	
USMM Accountable Care Partners, LLC	46-5735993	DE	
USMM Accountable Care Solutions, LLC	46-5745748	DE	
USMM ACO, LLC	45-4165480	MI	
USMM ACO Florida, LLC	45-4157180	MI	
USMM ACO North Texas, LLC	45-4154905	MI	
Health Net, Inc.	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	CYM	
Health Net of California Real Estate Holdings, Inc.	54-2174069	CA	
Managed Health Network, LLC	95-4117722	DE	
Managed Health Network	95-3817988	CA	
MHN Services, LLC	95-4146179	CA	
Health Net Federal Services, LLC	68-0214809	DE	
MHN Government Services LLC	42-1680916	DE	
MHN Global Services, Inc.	51-0589404	DE	
MHN Government Services-Belgium, Inc.	80-0852000	DE	
MHN Government Services-Djibouti, Inc.	90-0889816	DE	
MHN Government Services-Germany, Inc.	80-0852008	DE	
MHN Government Services-Guam, Inc.	90-0889803	DE	
MHN Government Services-International, Inc.	90-0889825	DE	
MHN Government Services-Italy, Inc.	80-0852019	DE	
MHN Government Services-Japan, Inc.	46-1038058	DE	
MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
MHN Government Services-Turkey, Inc.	90-0889824	DE	
MHN Government Services-United Kingdom, Inc.	90-0889833	DE	
Network Providers, LLC (10%)	88-0357895	DE	
Health Net Preferred Providers, LLC	61-1388903	DE	
Health Net Veterans, LLC	35-2490375	DE	
Network Providers, LLC (90%)	88-0357895	DE	
Health Net of the Northeast, LLC (25%)	06-1116976	DE	
North Region Providers, LLC	n/a	DE	
Health Net of the Northeast, LLC (75%)	06-1116976	DE	
QualMed, Inc.	84-1175468	DE	
QualMed Plans for Health of Colorado, Inc.	84-0975985	CO	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
HSI Advantage Health Holdings, Inc.	23-2867299	DE	
QualMed Plans for Health of Western Pennsylvania, Inc.	23-2867300	PA	

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

PART 1 - ORGANIZATIONAL CHART

Pennsylvania Health Care Plan, Inc.	25-1516632	PA	
Health Net Services Inc.	94-3037822	DE	
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net One Payment Services, Inc.	54-2153100	DE	
Health Net of Pennsylvania, LLC	n/a	PA	
QualMed Plans for Health of Pennsylvania, Inc.	23-2456130	PA	
FH Surgery Limited, Inc.	68-0390434	CA	
Foundation Health Facilities, Inc.	68-0390438	CA	
FH Assurance Company	98-0150604	CYM	
Health Net Pharmaceutical Services	68-0295375	CA	
Health Net of Arizona Administrative Services, Inc.	86-0660443	AZ	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
National Pharmacy Services Inc.	84-1301249	DE	
Integrated Pharmacy Systems, Inc. (90%)	23-2789453	PA	
FH Surgery Centers Inc.	68-0390435	CA	
Greater Sacramento Surgery Center LP (66%)	68-0343818	CA	
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
PRIMEROSALUD, S.L.	Foreign	ESP	
Centene UK Limited	Foreign	GBR	
The Practice (Group) Limited (75%)	Foreign	GBR	
Centene Health Plan Holdings, Inc.	82-1172163	DE	
Carolina Complete Health Holding Company Partnership	82-2699483	DE	
Carolina Complete Health, Inc.	82-2699332	NC	

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

