



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Buckeye Health Plan Community Solutions, Inc.**

Buckeye Health Plan Community Solutions, Inc.

(Name)

NAIC Group Code 01295 (Current Period) , 01295 (Prior Period) NAIC Company Code 16112 Employer's ID Number 47-5664342

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

Country of Domicile _____ United States

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

Incorporated/Organized 11/04/2015 Commenced Business 01/01/2018

Main Administrative Office 7700 Forsyth Boulevard
(Street and Number)
Saint Louis, MO, US 63105 314-725-4477

(City or Town, State, Country and Zip Code) _____ (Area Code) (Telephone Number)

(Street and Number or P.O. Box) _____ (City or Town, State, Country and Zip Code) _____

Saint Louis, MO, US 63105, **(Street and Number)**
(City or Town, State, Country and Zip Code) **314-725-4477**
(Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.centene.com
Statutory Statement Contact Liz Lee, 314-236-8025
(Name) (Area Code) (Telephone Number) (Extension)
elee@centene.com 314-725-4658
(E-Mail Address) (Fax Number)

OFFICERS

OFFICERS

Name	Title	Name	Title
Bruce Roberts Hill	President and CEO	Keith Harvey Williamson	Secretary
Jeffrey Alan Schwaneke	Treasurer	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

DIRECTORS OR TRUSTEES
Bruce Roberts Hill Megan Rebecca Flaskampner # Tricia Lynn Dinkelman Kathy Cobbs Bradley-Wells

State 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 Schwanke
Treasurer

Subscribed and sworn to before me this
day of

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

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).....	409,640		409,640	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
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 (\$ 3,338,534 , Schedule E-Part 1), cash equivalents (\$ 8,767 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....	3,347,301		3,347,301	1,700,000
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
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)	3,756,941	0	3,756,941	1,700,000
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	2,976		2,976	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	24,882		24,882	0
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 (\$ 45,318) and contracts subject to redetermination (\$)	45,318		45,318	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	324,102		324,102	0
18.2 Net deferred tax asset.....	0		0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	3,000,000		3,000,000	50
24. Health care (\$ 37,518) and other amounts receivable.....	217,388	179,870	37,518	0
25. Aggregate write-ins for other-than-invested assets	7,770	0	7,770	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	7,379,377	179,870	7,199,507	1,700,050
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	7,379,377	179,870	7,199,507	1,700,050
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State income tax receivable.....	7,770		7,770	
2502.				
2503.				
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)	7,770	0	7,770	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,149,561		2,149,561	0
2. Accrued medical incentive pool and bonus amounts	.7,153		.7,153	0
3. Unpaid claims adjustment expenses	.26,000		.26,000	0
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	1,449,129		1,449,129	0
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	.311		.311	.50
9. General expenses due or accrued	.26,303		.26,303	0
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			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	174,481		174,481	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	352,059		352,059	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	4,184,997	.0	4,184,997	.50
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	.1	1
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	5,899,999	1,699,999
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	(2,885,490)	0
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	3,014,510	1,700,000
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	7,199,507	1,700,050
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	11,185.....	0.....
2. Net premium income (including \$0 non-health premium income).....	XXX.....	9,222,510.....	0.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0.....	0.....
4. Fee-for-service (net of \$medical expenses).....	XXX.....	0.....	0.....
5. Risk revenue.....	XXX.....	0.....	0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	9,222,510.....	0.....
Hospital and Medical:			
9. Hospital/medical benefits.....		7,487,068.....	0.....
10. Other professional services.....		262,680.....	0.....
11. Outside referrals.....		0.....	0.....
12. Emergency room and out-of-area.....		702,561.....	0.....
13. Prescription drugs.....		1,216,096.....	0.....
14. Aggregate write-ins for other hospital and medical.....	.0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....		7,353.....	0.....
16. Subtotal (Lines 9 to 15).....	.0.....	9,675,758.....	0.....
Less:			
17. Net reinsurance recoveries.....		0.....	0.....
18. Total hospital and medical (Lines 16 minus 17).....	.0.....	9,675,758.....	0.....
19. Non-health claims (net).....		0.....	0.....
20. Claims adjustment expenses, including \$3,400 cost containment expenses.....		164,093.....	0.....
21. General administrative expenses.....		1,006,790.....	0.....
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		1,449,129.....	0.....
23. Total underwriting deductions (Lines 18 through 22).....	.0.....	12,295,770.....	0.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(3,073,260).....	0.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		48,853.....	0.....
26. Net realized capital gains (losses) less capital gains tax of \$0.....		0.....	0.....
27. Net investment gains (losses) (Lines 25 plus 26).....	.0.....	48,853.....	0.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)(amount charged off \$5,317)].....		(5,317).....	0.....
29. Aggregate write-ins for other income or expenses.....	.0.....	0.....	0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(3,029,724).....	0.....
31. Federal and foreign income taxes incurred.....	XXX.....	(324,104).....	0.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(2,705,620).....	0.....
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.....			
1402.....			
1403.....			
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.....	0.....	0.....
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0.....	0.....	0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0.....	0.....	0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	1,700,000	0
34. Net income or (loss) from Line 32	(2,705,620)	0
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 \$	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	(179,870)	0
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	1
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	4,200,000	1,699,999
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)	1,314,510	1,700,000
49. Capital and surplus end of reporting year (Line 33 plus 48)	3,014,510	1,700,000
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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

CASH FLOW

Cash from Operations		1	2
		Current Year	Prior Year
1. Premiums collected net of reinsurance		9,152,571	50
2. Net investment income		45,675	0
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		9,198,246	50
5. Benefit and loss related payments		7,736,432	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions		605,076	0
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		(2)	0
10. Total (Lines 5 through 9)		8,341,506	0
11. Net cash from operations (Line 4 minus Line 10)		856,740	50
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		0	0
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds		409,439	0
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		409,439	0
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)		(409,439)	0
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		1,200,000	1,700,000
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	(50)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		1,200,000	1,699,950
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)		1,647,301	1,700,000
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		1,700,000	0
19.2 End of year (Line 18 plus Line 19.1)		3,347,301	1,700,000

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, 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) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	9,223,627		1,117	9,222,510
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	9,223,627	0	1,117	9,222,510
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	9,223,627	0	1,117	9,222,510

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, 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	7,736,233						7,736,233			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	7,736,233	0	0	0	0	0	7,736,233	0	0	0
2. Paid medical incentive pools and bonuses	200						200			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,149,561	0	0	0	0	0	2,149,561	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	2,149,561	0	0	0	0	0	2,149,561	0	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	7,153						7,153			
6. Net healthcare receivables (a)	217,388						217,388			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	9,668,406	0	0	0	0	0	9,668,406	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	9,668,406	0	0	0	0	0	9,668,406	0	0	0
13. Incurred medical incentive pools and bonuses	7,353	0	0	0	0	0	7,353	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, 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	495,219						495,219			
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	495,219	0	0	0	0	0	495,219	0	0	0
2. Incurred but Unreported:										
2.1. Direct	1,654,342						1,654,342			
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	1,654,342	0	0	0	0	0	1,654,342	0	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	2,149,561	0	0	0	0	0	2,149,561	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	2,149,561	0	0	0	0	0	2,149,561	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, 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)					0	.0
2. Medicare Supplement					0	.0
3. Dental Only.....					0	.0
4. Vision Only.....					0	.0
5. Federal Employees Health Benefits Plan					0	.0
6. Title XVIII - Medicare		7,736,233		2,149,561	0	.0
7. Title XIX - Medicaid.....					0	.0
8. Other health					0	.0
9. Health subtotal (Lines 1 to 8).....	0	7,736,233	.0	2,149,561	0	.0
10. Healthcare receivables (a).....		217,388			0	.0
11. Other non-health.....					0	.0
12. Medical incentive pools and bonus amounts		200		7,153	0	.0
13. Totals (Lines 9-10+11+12)	0	7,519,045	0	2,156,714	0	0

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

Pt 2C - Sn A - Paid Claims - Comp
NONE

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, 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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	0	0	0	0	0
2. 2014	0	0	0	0	0
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	0	0
6. 2018	XXX	XXX	XXX	XXX	7,519

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	0	0	0	0	0
2. 2014	0	0	0	0	0
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	0	0
6. 2018	XXX	XXX	XXX	XXX	9,676

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. 2014	0	0	0.0	0.0	0	0.0			0	0.0
2. 2015	0	0	0.0	0.0	0	0.0			0	0.0
3. 2016	0	0	0.0	0.0	0	0.0			0	0.0
4. 2017	0	0	0.0	0.0	0	0.0			0	0.0
5. 2018	9,223	7,519	138	1.8	7,657	83.0	2,157	26	9,840	106.7

Pt 2C - Sn A - Paid Claims - XI
NONE

Pt 2C - Sn A - Paid Claims - OT
NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, 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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	0	0	0	0	0
2. 2014.....	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0
6. 2018.....	XXX	XXX	XXX	XXX	7,519

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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	0	0	0	0	0
2. 2014.....	0	0	0	0	0
3. 2015.....	XXX	0	0	0	0
4. 2016.....	XXX	XXX	0	0	0
5. 2017.....	XXX	XXX	XXX	0	0
6. 2018.....	XXX	XXX	XXX	XXX	9,676

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2015.....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2016.....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2017.....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2018.....	9,223	7,519	138	1.8	7,657	83.0	2,157	26	9,840	106.7

Pt 2C - Sn B - Incurred Claims - Comp
NONE

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

Pt 2C - Sn B - Incurred Claims - XI

NONE

Pt 2C - Sn B - Incurred Claims - OT

NONE

Part 2C - Sn C - Claims Expense Ratio Co
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

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, 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)	1,449,129						1,449,129		
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)	1,449,129	.0	0	0	0	0	1,449,129	0	0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	1,449,129	0	0	0	0	0	1,449,129	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 \$ 1,449,129 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			2,608		2,608
2. Salaries, wages and other benefits			259,601		259,601
3. Commissions (less \$ceded plus \$assumed)			313,392		313,392
4. Legal fees and expenses			528		528
5. Certifications and accreditation fees			87		87
6. Auditing, actuarial and other consulting services			54,909		54,909
7. Traveling expenses			2,236		2,236
8. Marketing and advertising			2,456		2,456
9. Postage, express and telephone			3,301		3,301
10. Printing and office supplies			246,050		246,050
11. Occupancy, depreciation and amortization			5,937		5,937
12. Equipment			291		291
13. Cost or depreciation of EDP equipment and software			16,988		16,988
14. Outsourced services including EDP, claims, and other services	3,400	160,693	103,941		268,034
15. Boards, bureaus and association fees			0		0
16. Insurance, except on real estate			338		338
17. Collection and bank service charges			5,534		5,534
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			315		315
22. Real estate taxes			143		143
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(15,834)		(15,834)
23.2 State premium taxes			250		250
23.3 Regulatory authority licenses and fees			1,065		1,065
23.4 Payroll taxes			2,429		2,429
23.5 Other (excluding federal income and real estate taxes)			225		225
24. Investment expenses not included elsewhere			0	625	625
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	3,400	160,693	1,006,790	625	(a) 1,171,508
27. Less expenses unpaid December 31, current year		26,000	26,303		52,303
28. Add expenses unpaid December 31, prior year	0	0	0	0	0
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)	3,400	134,693	980,487	625	1,119,205
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 \$ 630,949 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	5,351
1.1 Bonds exempt from U.S. tax	(a)	0
1.2 Other bonds (unaffiliated)	(a)	0
1.3 Bonds of affiliates	(a)	0
2.1 Preferred stocks (unaffiliated)	(b)	0
2.11 Preferred stocks of affiliates	(b)	0
2.2 Common stocks (unaffiliated) .....	.....	0
2.21 Common stocks of affiliates .....	.....	0
3. Mortgage loans	(c)	0
4. Real estate	(d)	0
5. Contract loans .....	.....	0
6. Cash, cash equivalents and short-term investments	(e)	41,151
7. Derivative instruments	(f)	0
8. Other invested assets .....	.....	0
9. Aggregate write-ins for investment income .....	.....	0
10. Total gross investment income	46,502	49,478
11. Investment expenses	(g)	625
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 .....	.....	0
16. Total deductions (Lines 11 through 15) .....	.....	625
17. Net investment income (Line 10 minus Line 16) .....	.....	48,853
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 \$ 200 accrual of discount less \$ 0 amortization of premium and less \$ 3,562 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 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 \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
 (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ 0 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	0 .....	.0	0	0
1.1 Bonds exempt from U.S. tax	0	0 .....	.0	0	0
1.2 Other bonds (unaffiliated)	0	0 .....	.0	0	0
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	0	0
3. Mortgage loans	0	0 .....	.0	0	0
4. Real estate	0	0 .....	.0	0	0
5. Contract loans	0	0 .....	.0	0	0
6. Cash, cash equivalents and short-term investments	0	0 .....	.0	0	0
7. Derivative instruments	0	0 .....	.0	0	0
8. Other invested assets	0	0 .....	.0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0 .....	.0	0	0
10. Total capital gains (losses)	0	0 .....	.0	0	0
DETAILS OF WRITE-INS			.....	.....	.....
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
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

NONE

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.....	0	0	0
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.....	179,870	0	(179,870)
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	179,870	0	(179,870)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	179,870	0	(179,870)
DETAILS OF WRITE-INS			
1101.	0	0	0
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.			
2502.			
2503.			
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)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

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.....	0	753	902	1,070	1,145	11,185
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	0	753	902	1,070	1,145	11,185
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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Buckeye Health Plan Community Solutions, 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.

NET INCOME	SSAP #	F/S Page	F/S Line #	2018	2017
(1) Buckeye Health Plan Community Solutions state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (2,705,620)	\$ -
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (2,705,620)	\$ -
SURPLUS					
(5) Buckeye Health Plan Community Solutions state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 3,014,510	\$ 1,700,000
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,014,510	\$ 1,700,000

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

The preparation of financial statements in conformity with the *Annual Statement Instructions* and the *Accounting Practices and Procedures Manual* 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 cash equivalents is carried at cost, which approximates fair value.
2. Bonds: 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. The Company holds no common stocks.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.

6. The Company holds no loan-backed securities.
7. The Company has no investments in subsidiaries, controlled and affiliated companies.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
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 the 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 recorded a premium deficiency reserve of \$1,449,129 at December 31, 2018.
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 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

A. Discontinued Operation Disposed of or Classified as Held for Sale

None

B. Change in Plan of Sale of Discontinued Operations

None

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal

None

D. Equity Interest Retained in the Discontinued Operation After Disposal

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

1. None

2. None

3. None

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

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$0
2. 12 Months or Longer	\$0

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

1. Less than 12 Months	\$0
2. 12 Months or Longer	\$0

5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and

is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

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. Investments in low-income housing tax credits (LIHTC)

None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
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	\$ 409,640	\$ -	\$ 409,640	\$ -	\$ 409,640	5.6%	5.7%
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	\$ 409,640	\$ -	\$ 409,640	\$ -	\$ 409,640	5.6%	5.7%

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*GI Securities

None

Q. Short Sales

None

R. Prepayment Penalty and Acceleration Fees

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

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):

(1) DTA/DTL Components Description	Ordinary	2018 Capital	Total	Ordinary	2017 Capital	Total	Ordinary	Change Capital	Total
(a) Gross deferred tax assets	350,100	0	350,100	0	0	0	350,100	0	350,100
(b) Statutory valuation allowance adjustment	(349,895)	0	(349,895)	0	0	0	(349,895)	0	(349,895)
(c) Adjusted gross deferred tax assets	205	0	205	0	0	0	205	0	205
(d) Deferred tax assets nonadmitted	0	0	0	0	0	0	0	0	0
(e) Net admitted deferred tax assets	205	0	205	0	0	0	205	0	205
(f) Deferred tax liabilities	(205)	0	(205)	0	0	0	(205)	0	(205)
(g) Net admitted deferred tax asset/(Net deferred tax liability)	(0)	0	(0)	0	0	0	(0)	0	(0)

(2) Admission calculation components:

Description	Ordinary	2018 Capital	Total	Ordinary	2017 Capital	Total	Ordinary	Change Capital	Total
Admission calculation under ¶11.a.-¶11.c.									
(a) FIT recoverable by loss carryback ¶11.a.]	0	0	0	0	0	0	0	0	0
(b) Expected to be realized ¶11.b.] (lesser of 1. or 2.)	0	0	0	0	0	0	0	0	0
1. Expected to be realized ¶11.b.i.]	0	0	0	0	0	0	0	0	0
2. Surplus limitation ¶11.b.ii.]	XXX	XXX	452,177	XXX	XXX	255,000	XXX	XXX	197,177
(c) DTL offset ¶11.c.]	205	0	205	0	0	0	205	0	205
(d) Total admitted under ¶11.a.-11.c.	205	0	205	0	0	0	205	0	205
Deferred tax liabilities	(205)	0	(205)	0	0	0	(205)	0	(205)
Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.									
	(0)	0	(0)	0	0	0	(0)	0	(0)

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

	2018	2017
(a) ExDTA ACL RBC or other ratio	387%	66666%
(b) Adjusted capital and surplus	3,014,510	1,700,000

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

Description	2018	2018	2017	2017	2017	Change	Change		
							Ordinary	Capital	Total
Adjusted gross DTAs - Amount (Memo Entry)	0	0	0	0	0	0	0	0	0
(a) Adjusted gross DTAs - Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Net admitted DTAs - Amount (Memo Entry)	0	0	0	0	0	0	0	0	0
(b) Net admitted DTAs - Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

(c) Did the company avail itself of a tax planning strategy involving reinsurance? Yes No B. Temporary differences for which DTLs have not been established:
Not Applicable

C. Current tax and change in deferred tax:

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

Description	2018	2017
(a) Current federal income tax expense	(324,104)	0
(b) Foreign taxes	0	0
(c) Subtotal	(324,104)	0
(d) Tax on capital gains/(losses)	0	0
(e) Utilization of capital loss carryforwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	4	0
(g) Federal and foreign income taxes incurred	<u>(324,100)</u>	<u>0</u>

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

(e) Capital

(1) Investments	0	0	0
(2) Net capital loss carryforward	0	0	0
(3) Real estate	0	0	0
(4) Other (separately disclose items >5%)	0	0	0
(5) Unrealized capital losses	<u>0</u>	<u>0</u>	<u>0</u>
 (99) Gross capital DTAs	 0	 0	 0
(f) Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g) Nonadmitted capital DTAs (-)	<u>0</u>	<u>0</u>	<u>0</u>
 (h) Admitted capital DTAs	 <u>0</u>	 <u>0</u>	 <u>0</u>
 (i) Admitted DTAs	 <u>205</u>	 <u>0</u>	 <u>205</u>

(2) DTAs Resulting From Book/Tax Differences In	December 31, 2018	December 31, 2017	Change
(a) Ordinary			
(1) Discounting of unpaid losses and LAE	6,880	0	6,880
(2) Unearned premiums	13	0	13
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrued	0	0	0
(7) Fixed assets	0	0	0
(8) Accrued Expenses	1,117	0	1,117
(9) Pension accruals	0	0	0
(10) Nonadmitted assets	37,773	0	37,773
(11) Net operating loss carryforward	0	0	0
(12) Tax credit carryforward	0	0	0
(13) Premium deficiency reserve	304,317	0	304,317
(14) Other (separately disclose items >5%)	0	0	0
(99) Gross ordinary DTAs	350,100	0	350,100
(b) Statutory valuation adjustment adjustment - ordinary	(349,895)	0	(349,895)
(c) Nonadmitted ordinary DTAs (-)	0	0	0
(d) Admitted ordinary DTAs	205	0	205

(e) Capital			
(1) Investments	0	0	0
(2) Net capital loss carryforward	0	0	0
(3) Real estate	0	0	0
(4) Other (separately disclose items >5%)	0	0	0
(5) Unrealized capital losses	0	0	0
 (99) Gross capital DTAs	0	0	0
(f) Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g) Nonadmitted capital DTAs (-)	0	0	0
 (h) Admitted capital DTAs	0	0	0
 (i) Admitted DTAs	205	0	205
 (3) DTLs Resulting From Book/Tax Differences In	December 31, 2018	December 31, 2017	Change
 (a) Ordinary			
(1) Investments	(42)	0	(42)
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premiums	0	0	0
(4) Policyholder reserves/salvage and subrogation	0	0	0
(5) Other (separately disclose items >5%)	(163)	0	(163)
 (99) Ordinary DTLs	(205)	0	(205)
 (b) Capital			
(1) Investments	0	0	0
(2) Real estate	0	0	0
(3) Other (separately disclose items >5%)	0	0	0
(4) Unrealized capital gains	0	0	0
 (99) Capital DTLs	0	0	0
 (c) DTLs	(205)	0	(205)

(4) Net deferred tax assets/liabilities	<u>(0)</u>	<u>0</u>	<u>(0)</u>
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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, 2018	December 31, 2017	Change
Total deferred tax assets	350,100	0	350,100
Total deferred tax liabilities	(205)	0	(205)
Net deferred tax assets/liabilities	349,895	0	349,895
Statutory valuation allowance adjustment (*see explanation below)	(349,895)	0	(349,895)
Net deferred tax assets/liabilities after SVA	(0)	0	(0)
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	(0)	0	(0)

***Statutory valuation allowance**

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2018 and 2017 was \$349,895 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2018 was \$349,895.

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	2018			2017		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	(3,029,720)	(636,241)	21.00%	0	0	0.00%
Tax-Exempt Interest	0	0	0.00%	0	0	0.00%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	0	0	0.00%	0	0	0.00%
Corporate Owned Life Insurance	0	0	0.00%	0	0	0.00%
Health Insurer Fee	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Etc.	81	17	0.00%	0	0	0.00%
Statutory Valuation Allowance Adjustment	1,666,165	349,895	-11.55%	0	0	0.00%
Deferred Taxes on Nonadmitted Assets	(179,870)	(37,773)	1.25%	0	0	0.00%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
Other, Including Prior Year True-Up	2	0	0.00%	0	0	0.00%
Total	<u>(324,100)</u>	<u>10.70%</u>		<u>0</u>	<u>0</u>	<u>0.00%</u>
Federal Income Taxes Incurred [Expense/(Benefit)]	(324,099)	10.70%		0	0	0.00%
Tax on Capital Gains/(Losses)	0	0.00%		0	0	0.00%
Change in Net Deferred Income Tax [Charge/(Benefit)]	0	0.00%		0	0	0.00%
Total Statutory Income Taxes	<u>(324,100)</u>	<u>10.70%</u>		<u>0</u>	<u>0</u>	<u>0.00%</u>

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

At December 31, 2018, the Company had net operating loss carryforwards expiring through the year
20XX of: \$0

At December 31, 2018, the Company had capital loss carryforwards expiring through the year
20XX of: \$0

The following is income tax expense for 2016, 2017, and 2018 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2016	N/A	0	0
2017	4	0	4
2018	0	0	0
Total	4	0	4

Deposits admitted under IRC § 6603

None

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

Absolute Total Care, Inc.	Envolve Dental IPA of New York, Inc.	LBB Industries, Inc.
AcariaHealth Pharmacy #11, Inc.	Envolve Dental of Florida, Inc.	LiveHealthier, Inc.
AcariaHealth Pharmacy #12, Inc.	Envolve Dental of Texas, Inc.	Louisiana Healthcare Connections, Inc.
AcariaHealth Pharmacy #13, Inc.	Envolve Dental, Inc.	LSM Holdco, Inc.
AcariaHealth Pharmacy #14, Inc.	Envolve Holdings, Inc.	Magnolia Health Plan, Inc.
AcariaHealth Pharmacy, Inc.	Envolve Optical, Inc.	Managed Health Network
AcariaHealth Solutions, Inc.	Envolve PeopleCare, Inc.	Managed Health Services Insurance Corporation
AcariaHealth, Inc.	Envolve Pharmacy Solutions, Inc.	MHM Correctional Services, Inc.
Access Medical Acquisition, Inc.	Envolve Total Vision, Inc.	MHM Health Professionals, Inc.
Access Medical Group of Florida City, Inc.	Envolve Vision Benefits, Inc.	MHM Maryland, Inc.
Access Medical Group of Hialeah, Inc.	Envolve Vision of Florida, Inc.	MHM Services, Inc.
Access Medical Group of Miami, Inc.	Envolve Vision of Texas, Inc.	MHM Services of California, Inc.
Access Medical Group of North Miami Beach, Inc.	Envolve Vision, Inc.	MHM Solutions, Inc.
Access Medical Group of Opa-Locka, Inc.	Envolve, Inc.	MHN Global Services, Inc.
Access Medical Group of Perrine, Inc.	FH Assurance Company	MHN Government Services - Guam, Inc.
Access Medical Group of Tampa, Inc.	Forensic Health Services, Inc.	MHN Government Services - International, Inc.
Access Medical Group of Tampa II, Inc.	Granite State Health Plan, Inc.	MHN Government Services - Puerto Rico, Inc.
Access Medical Group of Tampa III, Inc.	Hallmark Life Insurance Company	MHS Consulting International, Inc.
Access Medical Group of Westchester, Inc.	Health Net Access, Inc.	MHS Travel & Charter, Inc.
Agate Resources, Inc.	Health Net Community Solutions of Arizona, Inc.	Michigan Complete Health, Inc.
Ambetter of North Carolina, Inc.	Health Net Community Solutions, Inc.	Nebraska Total Care, Inc.
Arkansas Health & Wellness Health Plan, Inc.	Health Net Health Plan of Oregon, Inc.	New York Quality Healthcare Corporation
Bankers Reserve Life Insurance Company of Wisconsin	Health Net Life Insurance Company	New Door Neighbors, Inc.
Bridgeway Health Solutions of Arizona, Inc.	Health Net Life Reinsurance Company	Novasys Health, Inc.
Buckeye Community Health Plan, Inc.	Health Net of Arizona Administrative Services, Inc.	Patriots Holding Co.
Buckeye Health Plan Community Solutions, Inc.	Health Net of Arizona, Inc.	Peach State Health Plan, Inc.
California Health and Wellness Plan	Health Net of California Real Estate Holdings, Inc.	Pennsylvania Health & Wellness, Inc.
CBHSP Arizona, Inc.	Health Net of California, Inc.	QualMed, Inc.
Celtic Group, Inc.	Health Net Pharmaceutical Services	RX Direct, Inc.
Celticare Health Plan of Massachusetts, Inc.	Health Net Services, Inc.	Salus Administrative Services, Inc.
Cenpatico of Arizona, Inc.	Health Net, Inc.	SilverSummit Healthplan, Inc.
Centene Company of Texas, LP	Health Plan Real Estate Holding, Inc.	Sunflower State Health Plan, Inc.
Centene Corporation	Healthy Missouri Holdings, Inc.	Sunshine Health Community Solutions, Inc.
Centene Health Plan Holdings, Inc.	Healthy Washington Holdings, Inc.	Sunshine State Health Plan, Inc.
Centene Venture Company Florida	Home State Health Plan, Inc.	Superior HealthPlan Community Solutions, Inc.
Centene Venture Company Kansas	HomeScripts.com, LLC	Superior HealthPlan, Inc.
Centene Venture Company Illinois	IlliniCare Health Plan, Inc.	Trillium Community Health Plan, Inc.
Community Medical Holdings Corp.	Integrated Mental Health Services	U.S. Medical Management Holdings, Inc.
Coordinated Care Corporation	Interpreta, Inc.	University Health Plans, Inc.
Coordinated Care of Washington, Inc.	Interpreta Holdings, Inc.	VPA of Texas, PLLC
Envolve - New York, Inc.	Iowa Total Care, Inc.	VPA, P.C.
Envolve Captive Insurance Company, Inc.	Kentucky Spirit Health Plan, Inc.	Western Sky Community Care, Inc.

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

G. Federal or Foreign Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

(1). Gross AMT Credit Recognized as:

a. Current year recoverable	\$ -
b. Deferred tax asset (DTA)	\$ -

(2). Beginning Balance of AMT Credit Carryforward

\$ -

(3). Amounts Recovered

\$ -

(4). Adjustments

\$ -

(5). Ending Balance of AMT Credit Carryforward

\$ -

(6). Reduction for Sequestration

NONE

(7). Nonadmitted by Reporting Entity

\$ -

(8). Reporting Entity Ending Balance

\$ -

J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

K. Tax Cuts and Jobs Act

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 2018, primarily related to the remeasurement of certain deferred tax assets and liabilities.

Surplus increase / (decrease) as a result of tax reform: \$0 recorded as of December 31, 2017 and an additional \$0 recorded during 2018.

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. The Company updated the discount rate based on available guidance and the transition resulted in an increase to deferred tax assets with a corresponding increase to deferred tax liabilities of \$0 at January 1, 2018, with no impact on the effective tax rate. The Company has completed its accounting of the effects of the TCJA on current and deferred income taxes.

10. Information Concerning Parent, Subsidiaries and Affiliates

A., B., C., D., F.

During 2018 and 2017, 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, 2018 and December 31, 2017 included \$922,363 and \$0, respectively, for such services. Amounts due (to) from at December 31, 2018 and December 31, 2017 included \$(174,481) and \$(5,944), respectively, for 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, 2018 and December 31, 2017 included \$3,350 and \$0, respectively, for such services. Amounts due (to) from at December 31, 2018 and December 31, 2017 included \$(346) and \$0, respectively, for such services.

Envolve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the period ending December 31, 2018 and December 31, 2017 included \$2,252,530 and \$0, respectively, for such services. Amounts due (to) from at December 31, 2018 and December 31, 2017 included \$(235,364) and \$0, respectively, for such services.

Envolve Vision, Inc. provided vision management services to the Company. Medical expenses for the period ending December 31, 2018 and December 31, 2017 included \$46,342 and \$0, respectively, for such services. Amounts due (to) from at December 31, 2018 and December 31, 2017 included \$(8,150) and \$0, respectively, for such services.

Envolve Dental, Inc. provided dental management services to the Company. Medical expenses for the period ending December 31, 2018 and December 31, 2017 included \$193,321 and \$0, respectively, for such services. Amounts due (to) from at December 31, 2018 and December 31, 2017 included \$(19,946) and \$0, respectively, for such services.

The Company recorded surplus contributions totaling \$4,200,000 and \$1,700,000 from its parent, Centene Corporation, for the periods ended December 31, 2018 and December 31, 2017, respectively.

E. Guarantees

None

G. Control Relationship

The Company is wholly owned by Centene Corporation.

H. Upstream Intermediate Entity

None

I. Investment in an SCA entity – None

J. Investments in impaired SCA entities – None

K. Investment in a Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company - None

M. All SCA Investments - None

N. Investments in Insurance SCAs - None

O. SCA Loss Tracking - None

11. Debt

A. Capital Notes

None

B. FHLB (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 for retirement plans

None

C. Fair value of each class of plan assets

None

D. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets Assumption

None

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. None

14. Liabilities, Contingencies, and Assessments

A) Contingent Commitments

None

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 may arise in the course of the Company's business. Contingent liabilities, if any, arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

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

- 1) Revenue from the Company's Medicare contract for the year ended December 31, 2018 consisted of \$9,222,510 for medical, hospital related services, and administrative expenses.
- 2) As of December 31, 2018, the Company recorded no receivable greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000.
- 3) In connection with the Company's Medicare contract, the Company has no recorded allowances and reserves for adjustment of recorded revenues at December 31, 2018.
- 4) The Company has made no adjustments to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

None

20. Fair Value Measurements

A. The guidance in SSAP No. 100R – Fair Value allows the use of net asset value per share (NAV) instead of fair value for certain investments. The guidance is effective Jan. 1, 2018 with early adoption permitted. For reporting entities electing to early-adopt, the reporting entity shall include narrative disclosures on the use of NAV and include the SSAP No. 100R disclosures for situations when an investment may be sold below NAV or if there are significant restrictions in the liquidation of an investment held at NAV.

Level inputs are as follows:

Level input	Input definition
Level 1	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level 2	Inputs other than quoted prices included in Level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
Level 3	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at December 31, 2018 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)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Cash Equivalents and Short-Term Investments	\$ 3,347,301	\$ -	\$ -	\$ -	\$ 3,347,301
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-	-
Hybrid Securities	-	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common Stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 3,347,301	\$ -	\$ -	\$ -	\$ 3,347,301
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

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)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Cash Equivalents and Short-Term Investments	\$ 1,700,000	\$ -	\$ -	\$ -	\$ 1,700,000
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-	-
Hybrid Securities	-	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common Stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	<u>\$ 1,700,000</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,700,000</u>
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

B. None

C. Fair Value Disclosures Under Other Pronouncements

The following table summarizes the aggregate fair value measurements by level at December 31, 2018 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash & Cash Equivalents	\$ 3,347,301	\$ 3,347,301	\$ 3,347,301	\$ -	\$ -	\$ -	\$ -
Bonds	\$ 407,228	\$ 409,640	\$ 407,228	\$ -	\$ -	\$ -	\$ -

The following table summarizes the aggregate fair value measurements by level at December 31, 2017 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash	\$ 1,700,000	\$ 1,700,000	\$ 1,700,000	\$ -	\$ -	\$ -	\$ -

D. None

E. None

21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

None

C. Other Disclosures

None

D. Business Interruption Insurance Recoveries

None

E. State Transferable Tax Credits

None

F. Subprime Mortgage Related Risk Exposure

None

G. Retained Assets

None

H. Insurance Linked Securities (ILS) Contracts

None

22. Events Subsequent

Subsequent events have been considered through February 28, 2019 for the statutory statement issued February 28, 2019.

Type I – Recognizable Subsequent Events

As of December 31, 2018, the Company recorded a contribution receivable of \$3,000,000 which will be satisfied prior to the filing of the annual statement on March 1, 2019.

Type II – Non-recognizable Subsequent Events

None

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. No
2. No

Section 2 - Ceded Reinsurance Report - Part A

1. No
2. No

Section 3 - Ceded Reinsurance Report - Part B

1. \$0

2. No
- B. Uncollectible Reinsurance
None
- C. Commutation of Ceded Reinsurance
None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company participates in the Medicare Advantage 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.
- B. The Company records accrued retrospective premiums through written premium.
- C. The amount of net premiums written by the Company at December 31, 2018 which are subject to retrospective rating features was \$9.2 million, which represents 100% of the total net premiums written.
- D. Medical Loss Ratio Rebates Required pursuant to the Public Health Service Act
None
- E. Risk-Sharing Provisions of the ACA
None

25. Change in Incurred Claims and Claims Adjustment Expenses

A-B. Operations commenced January 1, 2018. The Company incurred no claims or claims adjustment expenses attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables

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
12/31/2018	118,903	\$ 118,903			
9/30/2018	\$ 97,929	\$ 91,979	1,699		
6/30/2018	\$ 70,313	\$ 71,946		76,760	
3/31/2018	\$ 65,578	\$ 55,609	-	57,977	(2,368)

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$1,149,129
2. Date of the most recent evaluation of this liability 2/28/2019
3. Was anticipated investment income utilized in the calculation? Yes

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.....

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....

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.

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).

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]
If yes, complete and file the merger history data file with the NAIC.

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

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

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

6.2 If yes, give full information

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

7.2 If yes,
7.21 State the percentage of foreign control 0.0 %
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 2018 OF THE Buckeye Health Plan Community Solutions, 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.
N/A.....

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, St. 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?
Michael Bears, Milliman USA, 1301 Fifth Avenue, Suite 3800, Seattle, WA 98101.....

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

12.11 Name of real estate holding company.....

12.12 Number of parcels involved.....0

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

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:
N/A.....

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

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

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

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

GENERAL INTERROGATORIES

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

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

1 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: \$.....,3,000,000

INVESTMENT

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

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

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

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	\$..... 409,640
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 []

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [] 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 []

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
None.....	N/A.....

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 []

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

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

GENERAL INTERROGATORIES

28.05 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
.....
.....
.....

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 [] No [X]

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 [] No [X]

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
.....
.....
.....

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

Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	409,640	407,228	(2,412)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals.....	409,640	407,228	(2,412)

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.....

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

Yes [X] No []

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

Yes [X] No []

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

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

Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

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

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

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

OTHER

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

35.2 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
.....	\$.....
.....	\$.....
.....	\$.....

36.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

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

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

37.2 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	\$ 9,222,510	\$ 0
2.2	Premium Denominator	\$ 9,222,510	\$ 0
2.3	Premium Ratio (2.1/2.2) 1.000 0.000
2.4	Reserve Numerator	\$ 3,605,843	\$ 0
2.5	Reserve Denominator	\$ 3,605,843	\$ 0
2.6	Reserve Ratio (2.4/2.5) 1.000 0.000
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 [X]	
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	\$ 1,250,000	
	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 PartnerRe.		
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	..... 0
	8.2 Number of providers at end of reporting year	..... 43,775
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	\$.....7,153
10.22 Amount actually paid for year bonuses	\$.....200
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	
Butler.....	
Columbiana.....	
Cuyahoga.....	
Greene.....	
Hamilton.....	
Mahoning.....	
Miami.....	
Montgomery.....	
Stark.....	
Trumbull.....	

13.1 Do you act as a custodian for health savings accounts?

Yes [] No []

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 []

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 []

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)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No []

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

FIVE - YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	7,199,507	1,700,050	0	0	0
2. Total liabilities (Page 3, Line 24)	4,184,997	50	0	0	0
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	0	0	0
4. Total capital and surplus (Page 3, Line 33)	3,014,510	1,700,000	0	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	9,222,510	0	0	0	0
6. Total medical and hospital expenses (Line 18)	9,675,758	0	0	0	0
7. Claims adjustment expenses (Line 20)	164,093	0	0	0	0
8. Total administrative expenses (Line 21)	1,006,790	0	0	0	0
9. Net underwriting gain (loss) (Line 24)	(3,073,260)	0	0	0	0
10. Net investment gain (loss) (Line 27)	48,853	0	0	0	0
11. Total other income (Lines 28 plus 29)	(5,317)	0	0	0	0
12. Net income or (loss) (Line 32)	(2,705,620)	0	0	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	856,740	50	0	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	3,014,510	1,700,000	0	0	0
15. Authorized control level risk-based capital	779,247	2,550	0	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,145	0	0	0	0
17. Total members months (Column 6, Line 7)	11,185	0	0	0	0
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)	104.9	0.0	0.0	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.7	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	133.3	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(33.3)	0.0	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	0	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	0	0	0	0	0
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)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	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.	9,223,627					9,223,627	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
59. Subtotal		XXX	0	9,223,627	0	0	0	9,223,627	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	0
61. Total (Direct Business)		XXX	0	9,223,627	0	0	0	9,223,627	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0

E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0

N – None of the above – Not allowed to write business in the state lines in the state 56

(b) **Explanation of basis of allocation of premiums by states, etc.**

Licensed only in OH

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	
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
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	16351
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
University Health Plans, Inc.	22-3292245	NJ	
Agate Resources, Inc.	20-0483299	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Agate Properties, LLC	26-4475075	OR	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

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

PART 1 - ORGANIZATIONAL CHART

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	16310
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	
GPT Acquisition LLC	45-5431787	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
Arkansas Total Care Holding Company, LLC (25%)	38-4042368	DE	
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	
CBHSP Arizona, Inc	86-0782736	AZ	
Cenpatico of California, Inc	47-2595704	CA	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Buckeye Health Plan Community Solutions, Inc.

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

PART 1 - ORGANIZATIONAL CHART

Integrated Mental Health Management, L.L.C.	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona Inc.	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 IPA of New York, Inc.	83-2460878	NY	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Optical, Inc.	82-2908582	DE	
Envolve Dental, Inc.	46-2783884	DE	
Envolve Dental of Florida, Inc.	81-2969330	FL	
Envolve Dental of Texas, Inc.	81-2796896	TX	16106
Envolve Dental IPA of New York, Inc.	83-1464482	NY	
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	
MHM Services, Inc.	82-5316510	DE	
Centurion LLC	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	
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 Maryland, LLC	81-4938030	MD	
Centurion of Philadelphia, LLC	81-5429405	PA	

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

PART 1 - ORGANIZATIONAL CHART

Centurion Detention Health Services, LLC	82-4735175	DE
Centurion of New Hampshire, LLC	82-4823469	DE
MHM Correctional Services, LLC	54-1856340	DE
MHM Maryland, Inc.	20-2750269	MD
MHM Ohio, Inc.	56-2547206	OH
MHM Services of California, LLC	51-0620904	CA
MHM Solutions, LLC	60-0002002	DE
Forensic Health Services, LLC.	26-1877007	DE
MHM Health Professionals, LLC	46-1734817	DE
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
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

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

PART 1 - ORGANIZATIONAL CHART

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	
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	
VPA, P.C.	38-3176990	MI	
VPA of Texas	20-2386997	MI	
Health Net, Inc.	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	66141
Health Net Life Insurance Company	73-0654885	CA	
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-Guam, Inc.	90-0889803	DE	
MHN Government Services-International, Inc.	90-0889825	DE	
MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
Network Providers, LLC (10%)	88-0357895	DE	
Health Net Preferred Providers, LLC	61-1388903	DE	
Health Net Veterans, LLC	35-2490375	DE	

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

PART 1 - ORGANIZATIONAL CHART

Network Providers, LLC (90%)	88-0357895	DE	
QualMed, Inc.	84-1175468	DE	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
QualMed Plans for Health of Western Pennsylvania, Inc.	23-2867300	PA	
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 of Pennsylvania, LLC	n/a	PA	
QualMed Plans for Health of Pennsylvania, Inc.	23-2456130	PA	
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	
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
PRIMEROSALUD, S.L.	Foreign	ESP	
MH Services International Holdings (UK) Limited	Foreign	GBR	
MH Services International (UK) Limited	Foreign	GBR	
Centene UK Ltd.	Foreign	GBR	
The Practice (Group) Limited	Foreign	GBR	
Centene Health Plan Holdings, Inc.	82-1172163	DE	
Ambetter of North Carolina, Inc.	82-5032556	NC	16395
Carolina Complete Health Holding Company Partnership (80%)	82-2699483	DE	
Carolina Complete Health, Inc.	82-2699332	NC	
New York Quality Healthcare Corporation	82-3380290	NY	
Salus Administrative Services, Inc.	55-0878053	NY	
Salus IPA, LLC	82-0802846	NY	
Calibrate Acquisition Co	82-4670677	DE	
Community Medical Holdings Corp	47-4179393	DE	
Access Medical Acquisition, Inc.	46-3485489	DE	
Access Medical Group of North Miami Beach, Inc.	45-3191569	FL	
Access Medical Group of Miami, Inc.	45-3191719	FL	
Access Medical Group of Hialeah, Inc.	45-3192283	FL	
Access Medical Group of Westchester, Inc.	45-3199819	FL	
Access Medical Group of Opa-Locka, Inc.	45-3505196	FL	
Access Medical Group of Perrine, Inc.	45-3192955	FL	
Access Medical Group of Florida City, Inc.	45-3192366	FL	

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

PART 1 - ORGANIZATIONAL CHART

Access Medical Group of Tampa, Inc.	82-1737078	FL
Access Medical Group of Tampa II, Inc.	82-1750978	FL
Access Medical Group of Tampa III, Inc.	82-1773315	FL
Interpreta Holdings, Inc. (80.1%)	82-4883921	DE
Interpreta, Inc.	46-5517858	DE
Patriots Holding Co	82-4581788	DE
RxAdvance Corporation (27.83%)		DE
Next Door Neighbors, LLC	32-2434596	DE
Next Door Neighbors, Inc.	83-2381790	DE
Centene Venture Company Michigan	83-2446307	MI
Centene Venture Company Illinois	83-2425735	IL 16505
Centene Venture Company Kansas	83-2409040	KS
Centene Venture Company Florida	83-2434596	FL

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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