



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Community Health Plan, Inc.

(Name)

NAIC Group Code 1295 , 01295 NAIC Company Code 11834 Employer's ID Number 32-0045282  
(Current Period) (Prior Period)

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.bchpohio.com

Statutory Statement Contact Christopher J Cowlen , 314-445-0675  
(Name) (Area Code) (Telephone Number) (Extension)  
christopher.j.cowlen@centene.com 314-725-4658  
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
Steven Bradley Province	President and CEO	Keith Harvey Williamson	Secretary
Jeffrey Alan Schwaneke	Treasurer		

OTHER OFFICERS

Tricia Lynn Dinkelman	Vice President of Tax	Erik Dorwin Helms	Chief Performance Officer
Hagy Gail Wegener	Vice President Quality Improvement	Lori Jean Mulichak, RN	Sr. Vice President Medical Management
Andrew Joseph Reitz	Vice President of Compliance	Eric Allan Poklar	Vice President of Government Relations & Marketing
Natalie Lukaszewicz	Vice President Network Development & Contracting	Christian Edward Miller	Sr. Vice President Finance
Kyle Schetter	Vice President Customer Service	Daisy Sinha #	VP Operations
Jay Scherler	SVP of Operations		

DIRECTORS OR TRUSTEES

Megan Flaskamper	Charles Robert Vignos	Angela Cornelius Dawson	Jimmy Vance Stewart
Edward Thomas Arcy, D.O	Elizabeth Anne Kelly	Steven Bradley Province	

State of Missouri

ss

County of

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

Steven Bradley Province  
President and CEO

Keith Harvey Williamson  
Secretary

Jeffrey Alan Schwaneke  
Treasurer

Subscribed and sworn to before me this  
day of ,

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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	353,451,453		353,451,453	338,413,836
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	7,015,077		7,015,077	6,775,417
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 (\$ .....75,482,192 , Schedule E-Part 1), cash equivalents (\$ .....19,815,493 , Schedule E-Part 2) and short-term investments (\$ .....0 , Schedule DA).....	95,297,685		95,297,685	150,734,706
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	14,192,811		14,192,811	12,896,064
9. Receivables for securities .....			0	84,351
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) .....	469,957,026	0	469,957,026	508,904,374
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	2,869,673	0	2,869,673	2,680,045
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	97,848,180	0	97,848,180	63,394,689
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	17,752,633	0	17,752,633	6,057,486
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	803,488	0	803,488	587,492
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	13,173,932	0	13,173,932	11,264,953
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,179,837	0	1,179,837	0
18.2 Net deferred tax asset.....	7,569,966	0	7,569,966	8,181,318
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 .....	23,347,125	0	23,347,125	13,944,434
24. Health care (\$ .....8,080,536 ) and other amounts receivable.....	40,706,705	32,626,168	8,080,537	8,742,628
25. Aggregate write-ins for other-than-invested assets .....	3,040,885	289,184	2,751,701	595,336
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	678,249,449	32,915,352	645,334,097	624,352,755
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	678,249,449	32,915,352	645,334,097	624,352,755
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepays.....	289,184	289,184	0	0
2502. State Income Tax Recoverable.....	2,729,183	0	2,729,183	585,815
2503. FFE User Fee Receivable.....	22,518	0	22,518	9,521
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	3,040,885	289,184	2,751,701	595,336

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....4,231,864 reinsurance ceded)	234,703,795	0	234,703,795	216,185,686
2. Accrued medical incentive pool and bonus amounts .....	13,804,768	0	13,804,768	2,281,980
3. Unpaid claims adjustment expenses .....	3,661,266	0	3,661,266	3,612,087
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....			0	1,410,172
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 .....	6,050,246	0	6,050,246	4,185,709
9. General expenses due or accrued .....	46,899,538	0	46,899,538	41,459,654
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....			0	11,602,285
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....	651,866	0	651,866	625,223
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	0
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	213,369	0	213,369	8,028,705
24. Total liabilities (Lines 1 to 23).....	305,984,848	0	305,984,848	289,391,501
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	44,296,036	0
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	129,150,000	129,150,000
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	164,903,213	204,811,254
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	339,349,249	334,961,254
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	645,334,097	624,352,755
DETAILS OF WRITE-INS				
2301. Risk Adjustment Payable.....	0	0	0	8,028,705
2302. APTC.....	213,369		213,369	0
2303. ....			0	0
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)	213,369	0	213,369	8,028,705
2501. Health Insurer Fee Estimate.....	XXX	XXX	44,296,036	0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	44,296,036	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	4,388,722	4,337,848
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	2,731,958,968	2,555,188,731
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	2,731,958,968	2,555,188,731
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		1,608,045,347	1,421,333,856
10. Other professional services .....		168,525,088	158,498,674
11. Outside referrals .....		0	0
12. Emergency room and out-of-area .....		125,063,006	120,191,116
13. Prescription drugs .....		388,672,427	385,056,085
14. Aggregate write-ins for other hospital and medical.....0		336,955	785,186
15. Incentive pool, withhold adjustments and bonus amounts.....		15,554,317	4,807,095
16. Subtotal (Lines 9 to 15) .....	0	2,306,197,140	2,090,672,012
<b>Less:</b>			
17. Net reinsurance recoveries .....		5,281,109	4,189,393
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,300,916,031	2,086,482,619
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....108,333 cost containment expenses.....		33,640,241	30,758,088
21. General administrative expenses.....		323,202,401	323,332,141
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		(1,410,172)	(597,633)
23. Total underwriting deductions (Lines 18 through 22) .....	0	2,656,348,501	2,439,975,215
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	75,610,467	115,213,516
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		12,598,753	10,034,518
26. Net realized capital gains (losses) less capital gains tax of \$ .....28,288 .....		106,417	(84,106)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	12,705,170	9,950,412
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....517,838 )].....		(517,838)	(471,776)
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	87,797,799	124,692,152
31. Federal and foreign income taxes incurred .....	XXX	16,101,537	33,802,910
32. Net income (loss) (Lines 30 minus 31) .....	XXX	71,696,262	90,889,242
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. Unpaid reinsurance recoveries.....		336,955	785,186
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	336,955	785,186
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 .....	334,961,253	253,454,786
34. Net income or (loss) from Line 32 .....	71,696,262	90,889,242
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 234,183 .....	1,120,634	654,873
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	(377,168)	2,523,804
39. Change in nonadmitted assets .....	(8,051,732)	(12,561,452)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....	(60,000,000)	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	4,387,996	81,506,467
49. Capital and surplus end of reporting year (Line 33 plus 48)	339,349,249	334,961,253
DETAILS OF WRITE-INS		
4701. ....		0
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance .....		2,679,886,175	2,514,835,068
2. Net investment income .....		13,343,404	10,137,564
3. Miscellaneous income .....		0	0
4. Total (Lines 1 through 3) .....		2,693,229,579	2,524,972,632
5. Benefit and loss related payments .....		2,289,398,157	2,039,231,784
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
7. Commissions, expenses paid and aggregate write-ins for deductions .....		354,422,067	356,064,622
8. Dividends paid to policyholders .....			0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		28,911,946	(12,101,252)
10. Total (Lines 5 through 9) .....		2,672,732,170	2,383,195,154
11. Net cash from operations (Line 4 minus Line 10) .....		20,497,409	141,777,479
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		103,032,030	98,153,720
12.2 Stocks .....		0	0
12.3 Mortgage loans .....		0	0
12.4 Real estate .....		0	0
12.5 Other invested assets .....		397,177	2,432,380
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		113	100
12.7 Miscellaneous proceeds .....		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....		103,429,321	100,586,200
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		118,784,983	209,231,101
13.2 Stocks .....		0	0
13.3 Mortgage loans .....		0	0
13.4 Real estate .....		0	0
13.5 Other invested assets .....		578,768	6,404,922
13.6 Miscellaneous applications .....		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		119,363,751	215,636,022
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) .....		(15,934,430)	(115,049,823)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....		0	0
16.2 Capital and paid in surplus, less treasury stock .....		0	0
16.3 Borrowed funds .....		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			0
16.5 Dividends to stockholders .....		60,000,000	0
16.6 Other cash provided (applied) .....		0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		(60,000,000)	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....		(55,437,021)	26,727,656
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....		150,734,706	124,007,050
19.2 End of year (Line 18 plus Line 19.1) .....		95,297,685	150,734,706

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	2,731,958,968	192,313,848	0	0	0	0	316,707,638	2,222,937,482	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	2,731,958,968	192,313,848	0	0	0	0	316,707,638	2,222,937,482	0	0
8. Hospital/medical benefits .....	1,608,045,347	99,455,028					230,137,788	1,278,452,531		XXX
9. Other professional services .....	168,525,089	1,360,274					4,484,136	162,680,679		XXX
10. Outside referrals .....	0	0					0	0		XXX
11. Emergency room and out-of-area .....	125,063,006	5,863,075					16,556,747	102,643,184		XXX
12. Prescription drugs .....	388,672,427	44,042,034					20,597,965	324,032,428		XXX
13. Aggregate write-ins for other hospital and medical.....	336,955	339,984	0	0	0	0	(76,199)	73,170	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	15,554,317	304,683					139,053	15,110,581		XXX
15. Subtotal (Lines 8 to 14) .....	2,306,197,141	151,365,078	0	0	0	0	271,839,490	1,882,992,573	0	XXX
16. Net reinsurance recoveries .....	5,281,109	1,244,216					0	4,036,893		XXX
17. Total hospital and medical (Lines 15 minus 16) .....	2,300,916,032	150,120,862	0	0	0	0	271,839,490	1,878,955,680	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ .....108,333 cost containment expenses.....	33,640,241	2,297,241					4,404,000	26,939,000		
20. General administrative expenses .....	323,144,202	36,910,826					15,652,764	270,580,612		
21. Increase in reserves for accident and health contracts .....	(1,410,172)	0					(1,410,172)	0		XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	2,656,290,303	189,328,929	0	0	0	0	290,486,082	2,176,475,292	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	75,668,665	2,984,919	0	0	0	0	26,221,556	46,462,190	0	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Unpaid reinsurance recoveries.....	336,955	339,984					(76,199)	73,170		XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	336,955	339,984	0	0	0	0	(76,199)	73,170	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....	193,831,092		1,517,244	192,313,848
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....	316,924,754		217,116	316,707,638
7. Title XIX - Medicaid.....	2,230,408,465		7,470,983	2,222,937,482
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	2,741,164,311	0	9,205,343	2,731,958,968
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	2,741,164,311	0	9,205,343	2,731,958,968



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	2,276,822,978	166,996,863					266,193,654	1,843,632,461		
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	5,373,016	1,244,216					0	4,128,800		
1.4 Net .....	2,271,449,962	165,752,647	0	0	0	0	266,193,654	1,839,503,661	0	0
2. Paid medical incentive pools and bonuses .....	4,031,530	47,438					200,877	3,783,215		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	238,935,662	19,641,700	0	0	0	0	37,436,301	181,857,661	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	4,231,864	89,336	0	0	0	0	149,199	3,993,329	0	0
3.4 Net .....	234,703,798	19,552,364	0	0	0	0	37,287,102	177,864,332	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	13,804,767	304,946					151,924	13,347,897		
6. Net healthcare receivables (a).....	4,698,264	25,029,171					1,281,985	(21,612,892)		
7. Amounts recoverable from reinsurers December 31, current year .....	39,305							39,305		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	220,754,507	10,888,980	0	0	0	0	30,571,334	179,294,193	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	4,568,820	429,321	0	0	0	0	73,000	4,066,499	0	0
8.4 Net .....	216,185,687	10,459,659	0	0	0	0	30,498,334	175,227,694	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 .....	2,281,980	47,701	0	0	0	0	213,749	2,020,530	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	131,212	0	0	0	0	0	0	131,212	0	0
12. Incurred benefits:										
12.1 Direct .....	2,290,305,869	150,720,412	0	0	0	0	271,776,636	1,867,808,821	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	4,944,153	904,231	0	0	0	0	76,199	3,963,723	0	0
12.4 Net .....	2,285,361,716	149,816,181	0	0	0	0	271,700,437	1,863,845,098	0	0
13. Incurred medical incentive pools and bonuses .....	15,554,317	304,683	0	0	0	0	139,052	15,110,582	0	0

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	60,542,843	6,753,905					7,366,002	46,422,936		
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	60,542,843	6,753,905	0	0	0	0	7,366,002	46,422,936	0	0
2. Incurred but Unreported:										
2.1. Direct .....	178,392,819	12,887,795					30,070,299	135,434,725		
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	4,231,864	89,336					149,199	3,993,329		
2.4. Net .....	174,160,955	12,798,459	0	0	0	0	29,921,100	131,441,396	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 .....	238,935,662	19,641,700	0	0	0	0	37,436,301	181,857,661	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	4,231,864	89,336	0	0	0	0	149,199	3,993,329	0	0
4.4. Net .....	234,703,798	19,552,364	0	0	0	0	37,287,102	177,864,332	0	0

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid December 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	13,367,798	130,551,595	887,949	18,664,415	14,255,747	10,459,660
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 .....	27,440,282	248,137,563	946,554	36,340,548	28,386,836	30,498,334
7. Title XIX - Medicaid.....	149,621,253	1,737,681,817	(2,014,806)	179,879,138	147,606,447	175,227,693
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	190,429,333	2,116,370,975	(180,303)	234,884,101	190,249,030	216,185,687
10. Healthcare receivables (a).....		39,956,705			.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....	1,635,285	2,396,245	6,645,950	7,158,817	8,281,235	2,281,980
13. Totals (Lines 9-10+11+12)	192,064,618	2,078,810,515	6,465,647	242,042,918	198,530,265	218,467,667

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	1,355	1,375	1,375	1,375	1,375
2. 2015 .....	7,017	9,803	9,977	9,977	9,977
3. 2016 .....	XXX	14,720	18,317	18,676	18,676
4. 2017 .....	XXX	XXX	34,307	39,061	40,188
5. 2018 .....	XXX	XXX	XXX	76,336	88,981
6. 2019 .....	XXX	XXX	XXX	XXX	127,409

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	1,396	1,375	1,375	1,375	1,375
2. 2015 .....	9,846	9,830	9,977	9,977	9,977
3. 2016 .....	XXX	18,386	18,344	18,676	18,676
4. 2017 .....	XXX	XXX	39,570	39,560	40,188
5. 2018 .....	XXX	XXX	XXX	86,344	89,869
6. 2019 .....	XXX	XXX	XXX	XXX	146,378

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

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2015.....	14,003	9,977	236	2.4	10,213	72.9			10,213	72.9
2. 2016.....	24,234	18,676	414	2.2	19,090	78.8			19,090	78.8
3. 2017.....	46,860	40,188	909	2.3	41,097	87.7			41,097	87.7
4. 2018.....	120,939	88,981	1,980	2.2	90,961	75.2	888	26	91,875	76.0
5. 2019 .....	193,831	127,409	2,297	1.8	129,706	66.9	18,969	231	148,906	76.8

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 2019 OF THE Buckeye Community Health Plan, Inc.

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	43,835	43,884	43,884	43,884	43,833
2. 2015 .....	169,344	201,803	201,616	201,616	201,616
3. 2016 .....	XXX	178,205	194,949	195,083	195,083
4. 2017 .....	XXX	XXX	205,263	227,025	226,471
5. 2018 .....	XXX	XXX	XXX	207,064	235,323
6. 2019 .....	XXX	XXX	XXX	XXX	238,165

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 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	43,920	43,884	43,884	43,884	43,883
2. 2015 .....	207,242	201,942	201,616	201,616	201,616
3. 2016 .....	XXX	203,479	194,981	195,083	195,083
4. 2017 .....	XXX	XXX	232,374	227,082	226,471
5. 2018 .....	XXX	XXX	XXX	237,719	236,269
6. 2019 .....	XXX	XXX	XXX	XXX	274,657

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2015.....	197,124	201,616	2,871	1.4	204,487	103.7			204,487	103.7
2. 2016.....	216,637	195,083	2,437	1.2	197,520	91.2			197,520	91.2
3. 2017.....	247,728	226,471	3,144	1.4	229,615	92.7			229,615	92.7
4. 2018.....	249,807	235,323	3,781	1.6	239,104	95.7	947	62	240,113	96.1
5. 2019 .....	316,925	238,165	4,404	1.8	242,569	76.5	36,492	558	279,619	88.2

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	1,054,169	1,052,798	1,052,798	1,052,798	1,052,798
2. 2015 .....	1,245,674	1,375,727	1,373,353	1,373,353	1,373,353
3. 2016 .....	XXX	1,375,468	1,476,388	1,475,039	1,475,039
4. 2017 .....	XXX	XXX	1,459,265	1,566,976	1,407,717
5. 2018 .....	XXX	XXX	XXX	1,611,603	1,920,592
6. 2019 .....	XXX	XXX	XXX	XXX	1,714,000

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	1,054,428	1,052,798	1,052,798	1,052,798	1,052,798
2. 2015 .....	1,413,022	1,375,941	1,373,353	1,373,353	1,373,353
3. 2016 .....	XXX	1,502,104	1,476,723	1,475,039	1,475,039
4. 2017 .....	XXX	XXX	1,586,856	1,568,056	1,407,717
5. 2018 .....	XXX	XXX	XXX	1,787,771	1,925,224
6. 2019 .....	XXX	XXX	XXX	XXX	1,900,581

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

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2015 .....	1,782,170	1,373,353	19,379	1.4	1,392,732	78.1			1,392,732	78.1
2. 2016 .....	1,824,884	1,475,039	18,993	1.3	1,494,032	81.9			1,494,032	81.9
3. 2017 .....	1,934,712	1,407,717	23,011	1.6	1,430,728	74.0			1,430,728	74.0
4. 2018 .....	2,193,125	1,920,592	23,372	1.2	1,943,964	88.6	(2,015)	279	1,942,228	88.6
5. 2019 .....	2,230,408	1,714,000	26,939	1.6	1,740,939	78.1	193,227	2,507	1,936,673	86.8

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	1,099,359	1,098,057	1,098,057	1,098,057	1,098,006
2. 2015.....	1,422,035	1,587,333	1,584,946	1,584,946	1,584,946
3. 2016.....	XXX	1,568,393	1,689,654	1,688,798	1,688,798
4. 2017.....	XXX	XXX	1,698,835	1,833,062	1,674,376
5. 2018.....	XXX	XXX	XXX	1,895,003	2,244,896
6. 2019.....	XXX	XXX	XXX	XXX	2,079,574

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 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	1,099,744	1,098,057	1,098,057	1,098,057	1,098,056
2. 2015.....	1,630,110	1,587,713	1,584,946	1,584,946	1,584,946
3. 2016.....	XXX	1,723,969	1,690,048	1,688,798	1,688,798
4. 2017.....	XXX	XXX	1,858,800	1,834,698	1,674,376
5. 2018.....	XXX	XXX	XXX	2,111,834	2,251,362
6. 2019.....	XXX	XXX	XXX	XXX	2,321,616

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. 2015.....	1,993,297	1,584,946	22,486	1.4	1,607,432	80.6	.0	.0	1,607,432	80.6
2. 2016.....	2,065,755	1,688,798	21,844	1.3	1,710,642	82.8	.0	.0	1,710,642	82.8
3. 2017.....	2,229,300	1,674,376	27,064	1.6	1,701,440	76.3	.0	.0	1,701,440	76.3
4. 2018.....	2,563,871	2,244,896	29,133	1.3	2,274,029	88.7	(180)	367	2,274,216	88.7
5. 2019.....	2,741,164	2,079,574	33,640	1.6	2,113,214	77.1	248,688	3,296	2,365,198	86.3



Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	.0							.0	
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	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 \$ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....			3,641,057		3,641,057
2. Salaries, wages and other benefits .....			74,565,356		74,565,356
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			1,947,732		1,947,732
4. Legal fees and expenses .....			3,741,618		3,741,618
5. Certifications and accreditation fees .....			135,890		135,890
6. Auditing, actuarial and other consulting services .....			28,069,077		28,069,077
7. Traveling expenses .....			1,828,784		1,828,784
8. Marketing and advertising .....			8,613,572		8,613,572
9. Postage, express and telephone .....			2,209,816		2,209,816
10. Printing and office supplies .....			3,160,465		3,160,465
11. Occupancy, depreciation and amortization .....			10,268,275		10,268,275
12. Equipment .....			382,880		382,880
13. Cost or depreciation of EDP equipment and software .....			11,200,481		11,200,481
14. Outsourced services including EDP, claims, and other services .....	108,333	33,531,908	27,284,420		60,924,661
15. Boards, bureaus and association fees .....			0		0
16. Insurance, except on real estate .....			433,824		433,824
17. Collection and bank service charges .....			1,018,972		1,018,972
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 .....			442,902		442,902
22. Real estate taxes .....			283,251		283,251
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			1,126,993		1,126,993
23.2 State premium taxes .....			138,906,523		138,906,523
23.3 Regulatory authority licenses and fees .....			132,781		132,781
23.4 Payroll taxes .....			3,595,768		3,595,768
23.5 Other (excluding federal income and real estate taxes) .....			211,964		211,964
24. Investment expenses not included elsewhere .....				389,300	389,300
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	108,333	33,531,908	323,202,401	389,300	(a) .....357,231,942
27. Less expenses unpaid December 31, current year .....		3,661,266	46,899,537		50,560,803
28. Add expenses unpaid December 31, prior year .....	0	3,612,087	41,459,641	0	45,071,728
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)	108,333	33,482,729	317,762,505	389,300	351,742,867
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 \$ .....170,817,624 to affiliates and \$ .....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....5,111	.....7,135
1.1	Bonds exempt from U.S. tax .....	(a).....0	.....0
1.2	Other bonds (unaffiliated) .....	(a).....10,903,097	.....11,100,336
1.3	Bonds of affiliates .....	(a).....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b).....0	.....0
2.11	Preferred stocks of affiliates .....	(b).....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c).....0	.....0
4.	Real estate .....	(d).....0	.....0
5.	Contract loans .....	.....0	.....0
6.	Cash, cash equivalents and short-term investments .....	(e).....714,422	.....1,880,602
7.	Derivative instruments .....	(f).....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	11,622,630	12,988,074
11.	Investment expenses .....		(g).....389,320
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) .....		.....389,320
17.	Net investment income (Line 10 minus Line 16) .....		12,598,753
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		0

(a) Includes \$ .....455,295 accrual of discount less \$ .....1,389,574 amortization of premium and less \$ .....393,534 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 \$ .....162,461 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....0	.....0	.....0	.....0	.....0
1.1	Bonds exempt from U.S. tax .....	.....0	.....0	.....0	.....0	.....0
1.2	Other bonds (unaffiliated) .....	.....134,592	.....0	.....134,592	.....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	.....239,660	.....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 .....	.....113	.....0	.....113	.....0	.....0
7.	Derivative instruments .....	.....0	.....0	.....0	.....0	.....0
8.	Other invested assets .....	.....0	.....0	.....0	.....1,115,157	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	134,705	0	134,705	1,354,817	0
DETAILS OF WRITE-INS						
0901.	.....			.....0		
0902.	.....			.....0		
0903.	.....			.....0		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums 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.....	32,626,168	24,819,895	(7,806,273)
25. Aggregate write-ins for other-than-invested assets .....	289,184	43,725	(245,459)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	32,915,352	24,863,620	(8,051,732)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	32,915,352	24,863,620	(8,051,732)
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	289,184	43,725	(245,459)
2502. ....		0	0
2503. ....		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	289,184	43,725	(245,459)

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.....	352,183	370,197	376,807	377,872	380,279	4,388,722
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	352,183	370,197	376,807	377,872	380,279	4,388,722
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

(1) Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Ohio Department of Insurance recognizes only statutory accounting practices for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Ohio insurance law. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures* Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The state has adopted NAIC SAP with no prescribed differences.

NET INCOME	SSAP #	F/S Page	F/S Line #	State of Domicile	2019	2018
(1) Buckeye Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Ohio	\$ 71,696,260	\$ 90,889,243
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets				Ohio	-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets, home office property				Ohio	-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Ohio	\$ 71,696,260	\$ 90,889,243
SURPLUS						
(5) Buckeye Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Ohio	\$ 339,349,248	\$ 334,961,253
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				Ohio	-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Home Office Property				Ohio	-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Ohio	\$ 339,349,248	\$ 334,961,253

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

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

C. Accounting Policy

1. Cash, cash equivalents, and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except “make whole” call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at the lower of amortized cost or fair value.
3. Common stocks in affiliates are carried based on the underlying GAAP equity of the investee.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
7. The Company has investments in subsidiaries, controlled and affiliated companies reported on an equity basis in the amount of \$7.0 million in common stock.
8. The Company has minor interests in joint ventures that do not exceed 10% of admitted assets. The Company carries these interests based on the underlying audited GAAP equity of the investee.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has a premium deficiency reserve in the amount of \$0 at December 31, 2019.
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



NOTES TO FINANCIAL STATEMENTS

making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

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

D. Going Concern - The Company’s management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

(2) Accounting Changes and Corrections of Errors

None

(3) Business Combinations and Goodwill

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

(4) Discontinued Operations

None

(5) Investments

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

	Amortized Cost	Market Value
Bonds	\$353,043,986	\$363,174,768

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
  - 1. Prepayment assumptions were obtained from Moody’s.
  - 2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
  - 3. There are no securities with a recognized other-than-temporary impairment.
  - 4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
    - a. The aggregate amount of unrealized losses:
      - 1. Less than 12 Months \$37,439.35
      - 2. 12 Months or Longer \$32,298.40
    - b. The aggregate related fair value of securities with unrealized losses:
      - 1. Less than 12 Months \$12,060,403.22
      - 2. 12 Months or Longer \$4,908,506.12
  - 5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cashflows is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flows. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cashflows is not probable, the

NOTES TO FINANCIAL STATEMENTS

securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flows.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

For dollar repurchase agreements, Company policies require a minimum of 100% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2019.

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

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

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

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

J. Real Estate- None

K. Low-Income Housing Tax Credit- None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB Capital Stock							
j. On deposit with states	\$ 407,467	\$ 485,778	\$ (78,311)		\$ 407,467	0.1%	0.1%
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	\$ 407,467	\$ 485,778	\$ (78,311)		\$ 407,467	0.1%	0.1%

(a) Column 1 divided by Asset Page, Column 1, Line 28  
(b) Column 5 divided by Asset Page, Column 3, Line 28

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. 5GI Securities – None

P. Short Sales – None

Q. Prepayment Penalty and Acceleration Fees

		General Account
(1)	Number of CUSIPs	11
(2)	Aggregate Amount of Investment Income	72,864

NOTES TO FINANCIAL STATEMENTS

(6) Joint Ventures, Partnerships and Limited Liability Companies

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

(7) Investment Income

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

(8) Derivative Instruments

The Company had no derivative instruments during the statement periods.

(9) Income Taxes

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

(1) DTA/DTL Components Description	2019			2018			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	8,311,392	346,084	8,657,475	8,656,406	370,585	9,026,990	(345,014)	(24,501)	(369,515)
(b) Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
(c) Adjusted gross deferred tax assets	8,311,392	346,084	8,657,475	8,656,406	370,585	9,026,990	(345,014)	(24,501)	(369,515)
(d) Deferred tax assets nonadmitted	0	0	0	0	0	0	0	0	0
(e) Net admitted deferred tax assets	8,311,392	346,084	8,657,475	8,656,406	370,585	9,026,990	(345,014)	(24,501)	(369,515)
(f) Deferred tax liabilities	(304,306)	(783,207)	(1,087,513)	(296,648)	(549,024)	(845,672)	(7,658)	(234,183)	(241,841)
(g) Net admitted deferred tax asset/(Net deferred tax liability)	8,007,086	(437,124)	7,569,962	8,359,758	(178,440)	8,181,318	(352,672)	(258,684)	(611,356)

(2) Admission calculation components:

Description	2019			2018			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c.									
(a) FIT recoverable by loss carryback [¶11.a.]	8,120,893	0	8,120,893	8,472,325	0	8,472,325	(351,432)	0	(351,432)
(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	49,766,892	XXX	XXX	49,016,991	XXX	XXX	749,901
(c) DTL offset [¶11.c.]	190,499	346,084	536,583	184,081	370,585	554,666	6,418	(24,501)	(18,083)
(d) Total admitted under ¶¶11.a.-11.c.	8,311,392	346,084	8,657,476	8,656,406	370,585	9,026,991	(345,014)	(24,501)	(369,515)
Deferred tax liabilities	(304,306)	(783,207)	(1,087,513)	(296,648)	(549,024)	(845,672)	(7,658)	(234,183)	(241,841)
Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.	8,007,086	(437,123)	7,569,963	8,359,758	(178,439)	8,181,319	(352,672)	(258,684)	(611,356)

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

	2019	2018
(a) ExDTA ACL RBC or other ratio	410%	416%
(b) Adjusted capital and surplus	331,779,280	326,779,943

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

Description	2019			2018			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	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 ☒

C. Current tax and change in deferred tax:

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

Description	2019	2018
(a) Current federal income tax expense	16,306,477	34,288,151
(b) Foreign taxes	0	0
(c) Subtotal	16,306,477	34,288,151
(d) Tax on capital gains/(losses)	28,288	(22,357)
(e) Utilization of capital loss carryforwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	(204,941)	(485,241)
(g) Federal and foreign income taxes incurred	16,129,824	33,780,552

The tax effects of temporary differences that give rise to significant portions of the deferred tax

NOTES TO FINANCIAL STATEMENTS

(2) DTAs Resulting From Book/Tax Differences In		December 31, 2019	December 31, 2018	Change
(a) Ordinary				
(1)	Discounting of unpaid losses and LAE	805,720	2,345,767	(1,540,046)
(2)	Unearned premiums	254,111	175,800	78,311
(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	197,514	50,050	147,464
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	6,912,224	5,221,360	1,690,864
(11)	Net operating loss carryforward	0	0	0
(12)	Tax credit carryforward	0	0	0
(13)	Goodwill & Intangible Amortization	141,823	567,293	(425,471)
(14)	Other (separately disclose items >5%)	0	296,136	(296,136)
(99) Gross ordinary DTAs		8,311,392	8,656,406	(345,014)
(b)	Statutory valuation adjustment adjustment - ordinary	0	0	0
(c)	Nonadmitted ordinary DTAs (-)	(0)	0	(0)
(d) Admitted ordinary DTAs		8,311,392	8,656,406	(345,014)
(e) Capital				
(1)	Investments	346,084	370,585	(24,501)
(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		346,084	370,585	(24,501)
(f)	Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g)	Nonadmitted capital DTAs (-)	0	0	0
(h) Admitted capital DTAs		346,084	370,585	(24,501)
(i) Admitted DTAs		8,657,476	9,026,990	(369,515)
(3) DTLs Resulting From Book/Tax Differences In		December 31, 2019	December 31, 2018	Change
(a) Ordinary				
(1)	Investments	(128,447)	(62,815)	(65,632)
(2)	Fixed assets	0	0	0
(3)	Deferred and uncollected premiums	0	0	0
(4)	Policyholder reserves/salvage and subrogation	(175,859)	(233,833)	57,974
(5)	Other (separately disclose items >5%)	0	0	0
(99) Ordinary DTLs		(304,306)	(296,648)	(7,658)
(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	(783,207)	(549,024)	(234,183)
(99) Capital DTLs		(783,207)	(549,024)	(234,183)
(c) DTLs		(1,087,513)	(845,672)	(241,841)

NOTES TO FINANCIAL STATEMENTS

(4) Net deferred tax assets/liabilities	7,569,962	8,181,318	(611,356)
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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, 2019	December 31, 2018	Change
Total deferred tax assets	8,657,475	9,026,990	(369,515)
Total deferred tax liabilities	(1,087,513)	(845,672)	(241,841)
Net deferred tax assets/liabilities	7,569,962	8,181,318	(611,356)
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	7,569,962	8,181,318	(611,356)
Tax effect of unrealized gains/(losses)	783,207	549,024	234,183
Change in net deferred income tax [(charge)/benefit]	8,353,169	8,730,343	(377,173)

\*Statutory valuation allowance

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2019 and 2018 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2019 was \$0.

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	2019			2018		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	87,826,085	18,443,478	21.00%	124,669,794	26,180,657	21.00%
Tax-Exempt Interest	(1,948,319)	(409,147)	-0.47%	(1,715,429)	(360,240)	-0.29%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	487,080	102,287	0.12%	428,857	90,060	0.07%
Health Insurer Fee	0	0	0.00%	38,717,121	8,130,595	6.52%
Meals & Entertainment, Etc.	121,174	25,447	0.03%	56,790	11,926	0.01%
Statutory Valuation Allowance Adjustment	0	0	0.00%	0	0	0.00%
Deferred Taxes on Nonadmitted Assets	(8,051,733)	(1,690,864)	-1.93%	(12,609,733)	(2,648,044)	-2.12%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
Other, Including Prior Year True-Up		35,797	0.04%		(148,206)	-0.12%
Total		16,506,997	18.80%		31,256,748	25.07%
Federal Income Taxes Incurred [Expense/(Benefit)]		16,101,536	18.33%		33,802,908	27.11%
Tax on Capital Gains/(Losses)		28,288	0.03%		(22,357)	-0.02%
Change in Net Deferred Income Tax [Charge/(Benefit)]		377,173	0.43%		(2,523,803)	-2.02%
Total Statutory Income Taxes		16,506,997	18.80%		31,256,748	25.07%

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

At December 31, 2019, the Company had net operating loss carryforwards expiring through the year 20XX of: \$0  
At December 31, 2019, the Company had capital loss carryforwards expiring through the year 20XX of: \$0

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

Year	Ordinary	Capital	Total
2017	N/A	0	0
2018	34,182,628	0	34,182,628
2019	16,306,477	28,288	16,334,765
Total	50,489,105	28,288	50,517,393

Deposits admitted under IRC § 6603  
None

NOTES TO FINANCIAL STATEMENTS

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 Benefit Options, Inc.	Kentucky Spirit Health Plan, Inc.
AcariaHealth Pharmacy #11, Inc.	Envolve Captive Insurance Company, Inc.	LBB Industries, Inc.
AcariaHealth Pharmacy #12, Inc.	Envolve Dental IPA of New York, Inc.	LiveHealthier, Inc.
AcariaHealth Pharmacy #13, Inc.	Envolve Dental of Florida, Inc.	Louisiana Healthcare Connections, Inc.
AcariaHealth Pharmacy #14, Inc.	Envolve Dental of Texas, Inc.	LSM Holdco, Inc.
AcariaHealth Pharmacy, Inc.	Envolve Dental, Inc.	Magnolia Health Plan, Inc.
AcariaHealth Solutions, Inc.	Envolve Holdings, Inc.	Managed Health Network
AcariaHealth, Inc.	Envolve Optical, Inc.	Managed Health Services Illinois, Inc.
Access Medical Acquisition, Inc.	Envolve PeopleCare, Inc.	Managed Health Services Insurance Corporation
Access Medical Group of Florida City, Inc.	Envolve Pharmacy Solutions, Inc.	Mauli Ola Health and Wellness, Inc.
Access Medical Group of Hialeah, Inc.	Envolve Total Vision, Inc.	MHM Maryland, Inc.
Access Medical Group of Miami, Inc.	Envolve Vision Benefits, Inc.	MHM Ohio, Inc.
Access Medical Group of North Miami Beach, Inc.	Envolve Vision IPA of New York, Inc.	MHM Services, Inc.
Access Medical Group of Opa-Locka, Inc.	Envolve Vision of Florida, Inc.	MHN Global Services, Inc.
Access Medical Group of Perrine, Inc.	Envolve Vision of Texas, Inc.	MHN Government Services - Guam, Inc.
Access Medical Group of Tampa II, Inc.	Envolve Vision, Inc.	MHN Government Services - International, Inc.
Access Medical Group of Tampa III, Inc.	Envolve, Inc.	MHN Government Services - Puerto Rico, Inc.
Access Medical Group of Tampa, Inc.	FH Assurance Company	MHS Consulting International, Inc.
Access Medical Group of Westchester, Inc.	Granite State Health Plan, Inc.	MHS Travel & Charter, Inc.
Agate Resources, Inc.	Hallmark Life Insurance Company	Michigan Complete Health, Inc.
Ambetter of North Carolina, Inc.	Health Net Access, Inc.	National Pharmacy Services, Inc.
Arkansas Health & Wellness Health Plan, Inc.	Health Net Community Solutions of Arizona, Inc.	Nebraska Total Care, Inc.
Bankers Reserve Life Insurance Company of Wisconsin	Health Net Community Solutions, Inc.	New York Quality Healthcare Corporation
Blue Sky Health Plan, Inc.	Health Net Health Plan of Oregon, Inc.	New York Rx, Inc.
Bridgeway Health Solutions of Arizona, Inc.	Health Net Life Insurance Company	Next Door Neighbors, Inc.
Buckeye Community Health Plan, Inc.	Health Net Life Reinsurance Company	NovaSys Health, Inc.
Buckeye Health Plan Community Solutions, Inc.	Health Net of Arizona Administrative Services, Inc.	Oklahoma Complete Health, Inc.
Calibrate Acquisition Co.	Health Net of Arizona, Inc.	Patriots Holding Co.
California Health and Wellness Plan	Health Net of California Real Estate Holdings, Inc.	Peach State Health Plan, Inc.
Carolina Complete Health Holding Company Partnership	Health Net of California, Inc.	Pennsylvania Health & Wellness, Inc.
Carolina Complete Health, Inc.	Health Net Pharmaceutical Services	Pennsylvania Health Care Plan, Inc.
CBHSP Arizona, Inc.	Health Net Services, Inc.	QCA Health Plan, Inc.
Celtic Group, Inc.	Health Plan Real Estate Holding, Inc.	QualChoice Life and Health Insurance Company, Inc.
Celticare Health Plan of Massachusetts, Inc.	HealthSmart Benefit Solutions, Inc.	QualMed Plans for Health of Pennsylvania, Inc.
Cenpatco of Arizona, Inc.	HealthSmart Care Management Solutions, LP	QualMed Plans for Health of Western Pennsylvania, Inc.
Cenpatco of California, Inc.	HealthSmart Information Systems, Inc.	QualMed, Inc.
Centene Company of Texas, LP	HealthSmart Preferred Care II, LP	RX Direct, Inc.
Centene Corporation	HealthSmart Preferred Network II, Inc.	Salus Administrative Services, Inc.
Centene Escrow II Corporation	HealthSmart Primary Care Clinics, LP	SilverSummit Healthplan, Inc.
Centene Health Plan Holdings, Inc.	HealthSmart Rx Solutions, Inc.	Sunflower State Health Plan, Inc.
Centene Venture Company Alabama Health Plan, Inc.	Healthy Missouri Holdings, Inc.	Sunshine Health Community Solutions, Inc.
Centene Venture Company Florida	Healthy Oklahoma Holdings, Inc.	Sunshine State Health Plan, Inc.
Centene Venture Company Illinois	Healthy Washington Holdings, Inc.	Superior Health Community Solutions, Inc.
Centene Venture Company Indiana, Inc.	Home State Health Plan, Inc.	Superior HealthPlan, Inc.
Centene Venture Company Kansas	HomeScripts.com, LLC	Tennessee Total Care, Inc.
Centene Venture Company Michigan	IHG Holdings, Inc.	Trillium Community Health Plan, Inc.
Centene Venture Company Tennessee	IlliniCare Health Plan, Inc.	U.S. Medical Management Holdings, Inc.
Community Medical Holdings Corp.	Integrated Mental Health Services, 501(A)	University Health Plans, Inc.
Coordinated Care Corporation	Integrated Pharmacy Systems, Inc.	Virginia Total Care, Inc.
Coordinated Care of Washington, Inc.	Interpreta Holdings, Inc.	VPA of Texas, PLLC
Delaware First Health Plan, Inc.	Interpreta, Inc.	VPA, P.C.
District Community Care, Inc.	Iowa Total Care, Inc.	Wellington Merger Sub II, Inc.
Envolve - New York, Inc.	Isla Holding Co., 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.

NOTES TO FINANCIAL STATEMENTS

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

(10) Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, D, F

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 years ending December 31, 2019 and December 31, 2018 included \$231,317,152 and \$210,516,795, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$9,978,165 and \$11,738,320, respectively, for true-up of management fees and expenses paid on behalf of the company.

Envolve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the years ending December 31, 2019 and December 31, 2018 included \$3,026,377 and \$3,218,535, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included (\$511,304) and \$23,752, respectively, for such services.

Envolve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the period ending December 31, 2019 and December 31, 2018 included \$488,163,210 and \$465,980,377, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$15,928,707 and \$8,860,874, respectively, for such services.

Cenpatico Behavioral Health, LLC provided mental health services to the Company. Medical expenses for the period ending December 31, 2019 and December 31, 2018 included \$0 and (\$839,493), respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$5,446,112 and \$0, respectively, for such services.

Envolve Vision, Inc. provided vision management services to the Company. Medical expenses for the period ending December 31, 2019 and December 31, 2018 included \$7,362,431 and \$7,125,353, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included (\$855,892) and (\$460,804), respectively, for such services.

Envolve Dental, Inc. provided dental management services to the Company. Medical expenses for the period ending December 31, 2019 and December 31, 2018 included \$42,526,483 and \$45,096,212, respectively, for such services.

NOTES TO FINANCIAL STATEMENTS

Amounts due (to) from at December 31, 2019 and December 31, 2018 included (\$1,258,482) and \$305,292, respectively, for such services.

During 2019 and 2018, Centene Corporation contributed \$0 and \$0, respectively to the surplus of the Company. There were no contributions receivables recorded at December 31, 2019 and December 31, 2018.

- E. Guarantees – None
- G. Control Relationship – The Company is wholly owned by Centene Corporation.
- H. Upstream Intermediate Entity – None
- I. Investment in SCA Entity
- The Company has an investment in an SCA that does not exceed 10% of admitted assets.
- J. Investment in Impaired SCA Entity – None
- K. Investment in Foreign Insurance Subsidiary – None
- L. Investment in Downstream Noninsurance Holding Company – None
- M. All SCA Investments

The Company made a \$6.0 million investment in Health Plan Real Estate Holding, Inc. (HPREHI) on December 4, 2013 by purchasing 60 shares of HPREHI’s common stock for cash. HPREHI is wholly owned by subsidiaries of Centene Corporation, the Company’s parent company. The Company’s common stock investment in HPREHI is measured and reported in the Company’s statutory financial statements using the equity method in accordance with SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and at December 31, 2019 and December 31, 2018 the reported value is \$7.0 million and \$6.8 million, respectively. The December 31, 2018 audited GAAP financial statements of HPREHI were filed with the NAIC SVO under Part 5 Section 2ciB3 of the NAIC valuation procedures. The NAIC affirmed the Company’s valuation of HPREHI as of December 31, 2018 at \$112,924 per share. No resubmission of the filing was required.

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX	\$ -	\$ -	\$ -
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX	\$ -	\$ -	\$ -
c. SSAP No. 97 8b(iii) Entities				
Health Plan Real Estate Holding, Inc.	13%	\$ 7,015,077	\$ 7,015,077	
Total SSAP No. 97 8b(iii) Entities	XXX	\$ 7,015,077	\$ 7,015,077	\$ -
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX			
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 7,015,077	\$ 7,015,077	\$ -
f. Aggregate Total (a+e)	XXX	\$ 7,015,077	\$ 7,015,077	\$ -

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code**
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Health Plan Real Estate Holding, Inc.	Sub-2	6/18/2019	\$ 6,775,417	Y	N	I
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$ 6,775,417	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ 6,775,417	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 6,775,417	XXX	XXX	XXX

\* S1-Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing  
\*\* I - Immaterial or M - Material

- N. Investment in an Insurance SCA – None
- O. SCA or SSAP No. 48 Entity Loss Tracking – Not applicable

(11)Debt



## NOTES TO FINANCIAL STATEMENTS

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

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

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

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

- 1) The Company has 10,000 shares authorized, 100 shares issued, 100 shares outstanding at \$10,000 par value.
- 2) The Company had no preferred stock outstanding.
- 3) The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the superintendent has received notice of the distribution and has not within the thirty day period disapproved the dividend or distribution. An extraordinary dividend or distribution is one in which the fair market value, together with that of any other dividends or distributions made within the preceding twelve months, exceeds the greater of ten percent of the Company's surplus as of the thirty-first day of December next preceding, or the Company's net income for the twelve month period ending the thirty-first day of December next preceding. In addition, any dividend or distribution paid from other than earned surplus shall be considered extraordinary.
- 4) The Company paid \$60,000,000 and \$0 in ordinary dividends for the years ended December 31, 2019 and 2018.
- 5) The Company is able to pay ordinary dividends to stockholders provided that the dividend or distribution of cash or other property, whose fair market value, together with that of other dividends or distributions made within the preceding twelve months, does not exceed the greater of ten percent of the Company's surplus or net income of the Company's twelve-month period ending the thirty-first day of December next preceding.
- 6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- 7) The Company has no advances to surplus not repaid.
- 8) The Company held no stock for special purposes such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- 9) The increase in the special surplus fund from prior year is due to the projected annual fee under section 9010 of the Affordable Care Act to be paid on September 30, 2020 based on business written in 2019.
- 10) The impact to unassigned funds (surplus) by cumulative unrealized losses was \$13,606,888.
- 11) The Company did not issue any surplus debentures or similar obligations.
- 12) There have been no quasi-reorganizations.
- 13) The Company has not been involved in a quasi-reorganization in the last 10 years.

### **(14) Liabilities, Contingencies and Assessments**

- A. Contingent Commitments – The Company has outstanding commitments of approximately \$1,344,637 for additional investments in joint ventures and limited partnerships.
- B. Assessments – None
- C. Gain Contingencies – None

NOTES TO FINANCIAL STATEMENTS

- D. Claims related to extra contractual obligation and bad faith losses stemming from lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

The Company has recognized an impairment charge of \$517,838 related to the member premium receivable outstanding as of December 31, 2019. The \$279,321 member receivable recognized as of December 31, 2019 has a reasonable possibility that it will be uncollectible.

(15) Leases

None

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

None

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

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

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

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

As of December 31, 2019, the Company recorded a net receivable from CMS that is greater than 10% of the Company’s amounts receivable from uninsured accident and health plans or \$10,000. The total balance for Medicare Part D low-income subsidy and reinsurance subsidy is \$13,173,932.

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

None

(20) Fair Value Measurements

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

The following table summarizes fair value measurements by level at December 31, 2019 for assets and liabilities measured at fair value on a recurring basis:

NOTES TO FINANCIAL STATEMENTS

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Cash Equivalents & Short Term Investments	\$ 95,297,684	\$ -	\$ -	\$ -	\$ 95,297,684
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	\$ 95,297,684	\$ -	\$ -	\$ -	\$ 95,297,684
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

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 & Short Term Investments	\$ 148,385,363	\$ -	\$ -	\$ -	\$ 148,385,363
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	\$ 148,385,363	\$ -	\$ -	\$ -	\$ 148,385,363
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

B. None

C. The following table summarizes the aggregate fair value measurements by level at December 31, 2019 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 and Cash Equivalents	\$ 95,297,684	\$ 95,297,684	\$ 95,297,684	\$ -	\$ -	\$ -	\$ -
Short Term Investments	-	-	-	-	-	-	-
Bonds	363,582,393	353,451,453	407,625	363,174,768	-	-	-
Total	\$ 458,880,077	\$ 448,749,137	\$ 95,705,309	\$ 363,174,768	\$ -	\$ -	\$ -

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

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate			Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
	Fair Value	Admitted Assets	Level I				
Cash and Cash Equivalents	\$ 148,385,363	\$ 148,385,363	\$ 148,385,363	\$ -	\$ -	\$ -	\$ -
Short Term Investments	2,348,158	2,349,342	-	2,348,158	-	-	-
Bonds	337,506,444	338,413,836	18,127,579	319,378,865	-	-	-
Total	\$ 488,239,965	\$ 489,148,542	\$ 166,512,942	\$ 321,727,022	\$ -	\$ -	\$ -

- D. Unable to Estimate Fair Value – None
- E. Investments Measured Using the NAV Practical Expedient – None

(21) Other Items

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

Assets in the amount of \$407,467 and \$485,778 at December 31, 2019 and December 31, 2018, respectively, were on deposit with government authorities or trustees as required by law.
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable Tax Credits and Non-transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-linked securities – None
- I. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy – None

(22) Events Subsequent

Type I - Recognizable Subsequent Events

Subsequent events have been considered through 3/1/2020 for the statutory statement issued on 3/1/2020.

None

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through 3/1/2020 for the statutory statement issued on 3/1/2020.

On January 1, 2020, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2019, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2020, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2020 to be approximately \$44,296,036. This amount is reflected in special surplus. This assessment is not expected to have a significant impact to the Company’s surplus as of December 31, 2020 compared to the Company’s surplus as of December 31, 2019. Had the estimated ACA fee assessment payable been recorded as of December 31, 2019, the Company would remain in compliance with the minimum statutory surplus requirements for the state of Ohio.

NOTES TO FINANCIAL STATEMENTS

	<u>Current Year</u>	<u>Prior Year</u>
Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	<u>YES</u>	
ACA fee assessment payable for the upcoming year	\$ 44,296,036	\$ -
ACA fee assessment paid	\$ -	\$ 38,717,121
Premium written subject to ACA 9010 assessment	\$ 2,326,135,541	\$ -
Total Adjusted Capital before surplus adjustment	\$ 339,349,248	
Total Adjusted Capital after surplus adjustment	\$ 295,053,212	
Authorized Control Level	\$ 85,477,722	
Would reporting the ACA assessment as of December 31, 2019, have triggered an RBC action level (YES/NO)?	<u>NO</u>	

(23) Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Section 2 – Ceded Reinsurance Report Part A

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

Section 3 – Ceded reinsurance Report Part B

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

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

(24) Retrospectively Rated Contracts and Contracts Subject to Redetermination

A., B., C.

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

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

NOTES TO FINANCIAL STATEMENTS

The amount of net premiums written by the Company at December 31, 2019 which are subject to retrospective rating features was \$958,165,645 which represents 35% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?	Yes
2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a) Permanent ACA Risk Adjustment Program	
Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment	1,455,765
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	52,187
3) Premium adjustments payable due to ACA Risk Adjustment	-
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	5,470,685
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	52,757
b) Transitional ACA Reinsurance Program	
Assets	
1) Amounts recoverable for claims paid due to ACA Reinsurance	-
2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
Liabilities	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	-
5) Ceded reinsurance premiums payable due to ACA Reinsurance	-
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
Operations (Revenue & Expense)	
7) Ceded reinsurance premiums due to ACA Reinsurance	-
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	3,160
9) ACA Reinsurance contributions - not reported as ceded premium	-
c) Temporary ACA Risk Corridors Program	
Assets	
1) Accrued retrospective premium due to ACA Risk Corridors	-
Liabilities	
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
Operations (Revenue & Expense)	
3) Effect of ACA Risk Corridors on net premium income	-
4) Effect of ACA Risk Corridors on change in reserves for rate credits	-

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance									
Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		
1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program									
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2) Premium adjustments (payable)	\$ -	\$ -	\$ -	(4,014,999)	\$ -	4,014,999	\$ -	(2,559,134)	\$ -
3) Subtotal ACA Permanent Risk Adjustme	\$ -	\$ -	\$ -	(4,014,999)	\$ -	4,014,999	\$ -	(2,559,134)	\$ -
b) Transitional ACA Reinsurance Program									
1) Amounts recoverable for claims paid	\$ -	\$ -	\$ 9,164	\$ -	(9,164)	\$ -	\$ 3,160	\$ -	(6,004)
2) Amounts recoverable for claims unpaid (	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3) Amounts receivable relating to uninsured	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5) Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6) Liability for amounts held under uninsur	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7) Subtotal ACA Transitional Reinsurance F	\$ -	\$ -	\$ 9,164	\$ -	(9,164)	\$ -	\$ 3,160	\$ -	(6,004)
c) Temporary ACA Risk Corridors Program									
1) Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2) Reserve for rate credits or policy exper	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3) Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ -	\$ -	\$ 9,164	(4,014,999)	(9,164)	4,014,999	3,160	(2,559,134)	1,455,765

(25) Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2018 were \$216.2 million and \$3.6 million. As of December 31, 2019, \$190.4 million and \$3.6 million have been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now (\$.2) million as a result of the reestimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$25.9 million in favorable prior-year development. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.
- B. There has been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense.

NOTES TO FINANCIAL STATEMENTS

(26) Intercompany Pooling Arrangements

None

(27) Structured Settlements

None

(28) Health Care Receivables

1. At December 31, 2019, the Company had admitted pharmacy rebate receivables of \$11,640,744. These are admitted in accordance with SSAP No. 84 as they are estimated amounts related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. The amounts are estimated based on historical per script rebates and the actual number of scripts during the period.

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
12/31/2019	11,640,744	8,650,598	-	-	-
9/30/2019	10,178,207	9,941,817	-	-	513
6/30/2019	9,749,780	9,933,908	-	-	8,851,368
3/31/2019	9,207,000	9,658,281	-	-	9,721,950
	-	-	-	-	-
12/31/2018	6,922,528	7,089,840	-	-	7,053,434
9/30/2018	6,178,685	6,396,179	-	-	6,396,179
6/30/2018	6,070,277	6,272,518	-	-	6,272,518
3/31/2018	6,560,089	6,889,981	-	-	6,889,981
	-	-	-	-	-
12/31/2017	3,493,216	4,327,277	-	-	4,957,592
9/30/2017	3,352,216	4,792,640	-	-	4,752,441
6/30/2017	3,067,296	4,609,932	-	-	4,623,441
3/31/2017	3,627,886	5,051,774	-	-	4,448,149

2. Risk Sharing Receivables – None

(29) Participating Policies

None

(30) Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$0
2. Date of the most recent evaluation of this liability

1/31/2020
3. Was anticipated investment income utilized in the calculation?

Yes☐

No☒

(31) Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes ☒ 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 ☒ 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 ☒ 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.

0007071739.....
- 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 ☒
- 2.2

If yes, date of change:
- 3.1

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

.....12/31/2017
- 3.2

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

.....12/31/2017
- 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).

.....04/30/2019
- 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 ☒
- 3.6

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

Yes ☐ No ☐ N/A ☒
- 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 ☒

4.12 renewals? Yes ☐ No ☒
- 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 ☒

4.22 renewals? Yes ☐ No ☒
- 5.1

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

Yes ☐ No ☒

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 ☒
- 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 ☒
- 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
.....	.....
.....	.....
.....	.....



GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 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, Seattle, WA 98101-2605.....

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

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

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

3

\$ .....7,015,077

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

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

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

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

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
- 20.12 To stockholders not officers \$.....0
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
- 20.22 To stockholders not officers \$.....0
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0
- 21.22 Borrowed from others \$.....0
- 21.23 Leased from others \$.....0
- 21.24 Other \$.....0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....0
- 22.22 Amount paid as expenses \$.....0
- 22.23 Other amounts paid \$.....0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....9,978,165

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

25.21	Subject to repurchase agreements	\$.....
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	\$.....407,467
25.29	On deposit with other regulatory bodies	\$.....
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32	Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41	Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
26.42	Permitted accounting practice	Yes [ ] No [ ]
26.43	Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
Wells Fargo Advisors.....	211 North Broadway, Suite 2080, St. Louis, MO 63102.
Wells Fargo Institutional Retirement & Trust.....	550 Fourth Street South, 8th Floor, Minneapolis, MN 55415.....
Brown Brothers Harriman & Co.....	140 Broadway, 7th Floor, New York, NY 10005.....

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ X ] No [ ]

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	Wells Capital Management.....	549300B3H21002L85190.....	SEC.....	NO.....
19616.....	Wells Fargo Advisors.....	88KRVS0EKUGQZJ3DKW55.....	SEC.....	NO.....
104487.....	Brown Brothers Harriman.....	.....	FINRA.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	353,551,429.....	363,196,374.....	9,644,945.....
30.2 Preferred Stocks.....	0.....	0.....	0.....
30.3 Totals	353,551,429	363,196,374	9,644,945

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 [ ☒ ]
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 an 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 [ ☒ ]
35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [ ☐ ] No [ ☒ ]

OTHER

- 36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 1,911,748
- 36.2 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
	\$
	\$
	\$

- 37.1 Amount of payments for legal expenses, if any?

\$ 1,911,748
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Thompson Hine, LLP	\$598,246
Skadden, Arps, Slate, Meagher & Flom LLP	\$1,039,699

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

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

1 Name	2 Amount Paid
	\$
	\$
	\$

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

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

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....2,731,958,968	\$	.....2,555,188,731
2.2	Premium Denominator	\$ .....2,731,958,968	\$	.....2,555,188,731
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....248,508,563	\$	.....219,877,838
2.5	Reserve Denominator	\$ .....248,508,563	\$	.....219,877,838
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ X ]
3.2 If yes, give particulars:
4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ X ] No [ ]
4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]
5.1 Does the reporting entity have stop-loss reinsurance? Yes [ X ] No [ ]
5.2 If no, explain:
5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical \$ .....525,000
5.32 Medical Only \$ .....
5.33 Medicare Supplement \$ .....
5.34 Dental and Vision \$ .....
5.35 Other Limited Benefit Plan \$ .....
5.36 Other \$ .....
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with Bankers Reserve Life Insurance Company of Wisconsin.
7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ X ] No [ ]
7.2 If no, give details
8. Provide the following information regarding participating providers:
8.1 Number of providers at start of reporting year .....43,775
8.2 Number of providers at end of reporting year .....47,959
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 [ X ] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....13,804,768

10.22 Amount actually paid for year bonuses

\$.....4,031,530

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]

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

Yes [ X ] No [ ]

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

Ohio.....

11.4 If yes, show the amount required.

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

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

Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

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

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

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

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

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

Table with 7 columns: 1 Company Name, 2 NAIC Company Code, 3 Domiciliary Jurisdiction, 4 Reserve Credit, 5 Letters of Credit, 6 Trust Agreements, 7 Other. Subheader: Assets Supporting Reserve Credit.

- 15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
15.1 Direct Premium Written \$.....
15.2 Total Incurred Claims \$.....
15.3 Number of Covered Lives .....

Table with 1 column: \*Ordinary Life Insurance Includes. Rows include 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 [ X ] 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 2019	2 2018	3 2017	4 2016	5 2015
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	645,334,097	624,352,755	473,326,860	429,425,986	454,532,062
2. Total liabilities (Page 3, Line 24) .....	305,984,848	289,391,501	219,872,074	218,417,350	276,247,703
3. Statutory minimum capital and surplus requirement .....	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33) .....	339,349,249	334,961,254	253,454,786	211,008,636	178,284,359
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	2,731,958,968	2,555,188,731	2,207,260,879	2,048,369,014	1,981,932,334
6. Total medical and hospital expenses (Line 18) .....	2,300,916,031	2,086,482,619	1,822,111,581	1,679,883,673	1,593,110,666
7. Claims adjustment expenses (Line 20) .....	33,640,241	30,758,088	24,773,083	22,747,600	22,325,729
8. Total administrative expenses (Line 21) .....	323,202,401	323,332,141	293,739,296	312,879,276	319,058,932
9. Net underwriting gain (loss) (Line 24) .....	75,610,467	115,213,516	64,629,114	39,892,841	46,861,058
10. Net investment gain (loss) (Line 27) .....	12,705,170	9,950,412	5,645,158	5,706,496	4,208,616
11. Total other income (Lines 28 plus 29) .....	(517,838)	(471,776)	(383,838)	(358,405)	(226,846)
12. Net income or (loss) (Line 32) .....	71,696,262	90,889,242	44,224,409	22,752,587	25,946,969
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	20,497,409	141,777,479	17,154,294	(65,950,393)	38,856,212
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	339,349,249	334,961,254	253,454,786	211,008,636	178,284,359
15. Authorized control level risk-based capital .....	85,477,722	78,538,157	66,402,171	58,578,943	55,523,309
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	380,279	352,183	345,629	326,813	311,492
17. Total members months (Column 6, Line 7) .....	4,388,722	4,337,848	4,128,954	3,917,170	3,672,144
<b>Operating Percentage</b> (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) .....	84.2	81.7	82.6	82.0	80.4
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	1.2	1.2	1.1	1.1	2.3
22. Total underwriting deductions (Line 23) .....	97.2	95.5	97.1	98.1	97.6
23. Total underwriting gain (loss) (Line 24) .....	2.8	4.5	2.9	1.9	2.4
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	198,530,265	135,006,836	119,268,117	164,375,462	129,249,276
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	218,467,667	160,357,677	155,956,113	208,460,212	166,248,066
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
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) .....	7,015,077	6,775,417	6,570,797	6,424,761	6,261,578
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....		0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31.....	7,015,077	6,775,417	6,570,797	6,424,761	6,261,578
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only							
				2	3	4	5	6	7	8	9
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N							0	0
2.	Alaska	AK	N							0	0
3.	Arizona	AZ	N							0	0
4.	Arkansas	AR	N							0	0
5.	California	CA	N							0	0
6.	Colorado	CO	N							0	0
7.	Connecticut	CT	N							0	0
8.	Delaware	DE	N							0	0
9.	District of Columbia	DC	N							0	0
10.	Florida	FL	N							0	0
11.	Georgia	GA	N							0	0
12.	Hawaii	HI	N							0	0
13.	Idaho	ID	N							0	0
14.	Illinois	IL	N							0	0
15.	Indiana	IN	N							0	0
16.	Iowa	IA	N							0	0
17.	Kansas	KS	N							0	0
18.	Kentucky	KY	N							0	0
19.	Louisiana	LA	N							0	0
20.	Maine	ME	N							0	0
21.	Maryland	MD	N							0	0
22.	Massachusetts	MA	N							0	0
23.	Michigan	MI	N							0	0
24.	Minnesota	MN	N							0	0
25.	Mississippi	MS	N							0	0
26.	Missouri	MO	N							0	0
27.	Montana	MT	N							0	0
28.	Nebraska	NE	N							0	0
29.	Nevada	NV	N							0	0
30.	New Hampshire	NH	N							0	0
31.	New Jersey	NJ	N							0	0
32.	New Mexico	NM	N							0	0
33.	New York	NY	N							0	0
34.	North Carolina	NC	N							0	0
35.	North Dakota	ND	N							0	0
36.	Ohio	OH	L	193,831,092	316,924,754	2,230,408,465				2,741,164,311	0
37.	Oklahoma	OK	N							0	0
38.	Oregon	OR	N							0	0
39.	Pennsylvania	PA	N							0	0
40.	Rhode Island	RI	N							0	0
41.	South Carolina	SC	N							0	0
42.	South Dakota	SD	N							0	0
43.	Tennessee	TN	N							0	0
44.	Texas	TX	N							0	0
45.	Utah	UT	N							0	0
46.	Vermont	VT	N							0	0
47.	Virginia	VA	N							0	0
48.	Washington	WA	N							0	0
49.	West Virginia	WV	N							0	0
50.	Wisconsin	WI	N							0	0
51.	Wyoming	WY	N							0	0
52.	American Samoa	AS	N							0	0
53.	Guam	GU	N							0	0
54.	Puerto Rico	PR	N							0	0
55.	U.S. Virgin Islands	VI	N							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada	CAN	N							0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	193,831,092	316,924,754	2,230,408,465	0	0	0	2,741,164,311	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX							0	
61.	Total (Direct Business)		XXX	193,831,092	316,924,754	2,230,408,465	0	0	0	2,741,164,311	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

(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.  
The company only has business in the State of Ohio.

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

PART 1 - ORGANIZATIONAL CHART

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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
Tennessee Total Care, Inc.	26-1849394	TN	
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
University Health Plans, Inc.	22-3292245	NJ	
Agate Resources, Inc.	20-0483299	OR	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

Trillium Community Health Plan, Inc.	42-1694349	OR	12559
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
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	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	
Integrated Care Network of Florida, LLC	84-3023173	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	
Integrated Mental Health Management, L.L.C.	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Envolve Holdings, LLC	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona Inc.	80-0879942	AZ	
Envolve, Inc.	37-1788565	DE	
Envolve - New York, Inc.	47-3454898	NY	
Envolve PeopleCare, Inc.	06-1476380	DE	
LiveHealthier, Inc.	47-2516714	DE	
Envolve Benefits Options, Inc.	61-1846191	DE	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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 Alabama, LLC	82-2268901	AL	
Centurion of Georgia, LLC	82-3128848	GA	
Centurion Detention Health Services, LLC	82-4735175	DE	
Centurion of New Hampshire, LLC	82-4823469	DE	
Centurion of Pennsylvania, LLC	82-4823469	PA	
Centurion of West Virginia, LLC	46-4839132	WV	
Centurion of Kansas, LLC	84-3436283	KS	
Centurion of Delaware, LLC	84-3767794	DE	
Centurion of Wyoming, LLC	84-3857653	WY	
MHM Correctional Services, LLC	54-1856340	DE	
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	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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
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 Partners, LLC	46-5735993	DE
Pinnacle Senior Care of Illinois, LLC	83-3534462	IL

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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VPA, P.C.	38-3176990	MI	
IAH of Michigan, PLLC	47-2159305	MI	
IAH of Wisconsin, PLLC	47-2146160	MI	
VPA of Texas	20-2386997	MI	
IAH of Texas, PLLC	35-2519603	MI	
Advantechs X-Ray Imaging Services, L.L.C.	36-4539790	TX	
Health Net, LLC	47-5208076	DE	
Health Net of California, Inc.	95-4402957	CA	
Health Net Life Insurance Company	73-0654885	CA	66141
Health Net Life Reinsurance Company	98-0409907	CYM	
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 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 Veterans, LLC	35-2490375	DE	
Network Providers, LLC (90%)	88-0357895	DE	
Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
Health Net Community Solutions, Inc.	54-2174068	CA	
Health Net of Arizona, Inc.	36-3097810	AZ	95206
Health Net Pharmaceutical Services	68-0295375	CA	
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ	15895
Health Net Access, Inc.	46-2616037	AZ	
MHS Consulting, International, Inc	20-8630006	DE	
Centene International Ventures, LLC	83-1047281	DE	
MHS European Holdings s.a.r.l.	27-2075447	LUX	
PRIMEROSALUD, S.L.	Foreign	ESP	
Ribera Salud, S.A. (90.1%)	Foreign	ESP	
Torre vieja Salud UTE (65%)	Foreign	ESP	
Ribera Salud II (96~%)	Foreign	ESP	
ERESCANNER (15%)	Foreign	ESP	
BR Salud UTE (45%)	Foreign	ESP	
Marina Salud (35%)	Foreign	ESP	
Villa Maria del Triuinfo Salud S.A. C. (5%)	Foreign	PER	
Callao Salud S.A.C. (5%)	Foreign	PER	
Infraestructuras y Servicios de Alzira S.L. (50%)	Foreign	ESP	
Elche-Crevillente Salud (100%)	Foreign	ESP	
B2B Salud	Foreign	ESP	
B2B Gestion integral, S.L.	Foreign	ESP	
B2B Lab,S.L.	Foreign	ESP	
Ribera Salud proyectos S.L.	Foreign	ESP	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

Ribera-Quilpro UTE	Foreign	ESP
Ribera Salud Infraestructuras S.L.U.	Foreign	ESP
Pro Diagnostic Group, a.s (66.43%)	Foreign	SVK
Pro RTG (80%)		SVK
DR Magnet		SVK
Pro Magnet		SVK
Medicina NZ		SVK
MR Poprad		SVK
CT Poprad		SVK
MR Zilina		SVK
Pro Magnet CZ		CZE
Progress Medical a.s.		CZE
OB Klinika, a.s.		CZE
OB Care, s.r.o		CZE
Hospital Povisa, S.A. (93.29%)		ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torre vieja Salud S.L.U.	Foreign	ESP
Torrevieja Salud UTE (35%)	Foreign	ESP
Torrejon Salud, S.A. (89.47%)	Foreign	ESP
MH Services International Holdings (UK) Limited	Foreign	GBR
MH Services International (UK) Limited	Foreign	GBR
Operose Health Ltd.	Foreign	GBR
Operose Health (Group) Ltd.	Foreign	GBR
Operose Health Corporate Management Ltd.	Foreign	GBR
Operose Health Services Ltd.	Foreign	GBR
The Practice Surgeries Limited	Foreign	GBR
Phoenix Primary Care Limited	Foreign	GBR
Phoenix Primary (South) Limited	Foreign	GBR
Circle Health Holdings Limited (19.9%)	Foreign	GBR
Circle Holdings Limited	Foreign	JEY
Health Properties Limited	Foreign	JEY
Health Property (South Manchester) Limited	Foreign	JEY
Circle Partnership Limited	Foreign	VGB
Circle Health Limited (49.9%)	Foreign	GBR
Circle International Plc	Foreign	GBR
Circle Health Limited (50.1%)	Foreign	GBR
Nations Healthcare Limited	Foreign	GBR
Circle Nottingham Limited	Foreign	GBR
Circle Rehabilitation Services	Foreign	GBR
Circle Hospital (Bath) Limited	Foreign	GBR
Circle Hospital (Reading) Limited	Foreign	GBR
Circle Clinical Services Limited	Foreign	GBR
Circle Birmingham Limited	Foreign	GBR
Circle Harmony Health Limited (50%)	Foreign	CHN
Shanghai Circle Harmony Hospital Management	Foreign	CHN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Buckeye Community Health Plan, Inc.

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Centene Europe Finance Company Limited	Foreign	MLT	
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	16526
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	
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	
Access Medical Group of Lakeland, LLC	84-2750188	FL	
Interpreta Holdings, Inc. (80.1%)	82-4883921	DE	
Interpreta, Inc.	46-5517858	DE	
Patriots Holding Co	82-4581788	DE	
RxAdvance Corporation (30.33%)		DE	
Centene Venture Company Alabama Health Plan, Inc.	84-3707689	AL	
Centene Venture Company Michigan	83-2446307	MI	16613
Next Door Neighbors, LLC (60%)	32-2434596	DE	
Next Door Neighbors, Inc.	83-2381790	DE	
Centene Venture Company Illinois	83-2425735	IL	16505
Centene Venture Company Kansas	83-2409040	KS	16528
Centene Venture Company Florida	83-2434596	FL	16499
Centene Venture Company Indiana, Inc.	84-3679376	IN	
Centene Venture Company Tennessee	84-3724374	TN	
HealthEC, LLC (12.8%)			
Arch Personalized Medicine Initiative, LLC (50%)	83-4144116	MO	
Social Health Bridge, LLC	83-4205348	DE	
Social Health Bridge Trust	84-6403386	DE	
Wellington Merger Sub I, LLC		DE	
Wellington Merger Sub II, Inc.	83-4405939	DE	
QCA Healthplan, Inc.	71-0794605	AR	95448
Qualchoice Life and Health Insurance Company	71-0386640	AR	70998
Hudson Acquisition, LLC	83-3502610	TX	
HealthSmart Benefits Management, LLC	36-4099199	TX	

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Parker LP, LLC	20-2387587	NV
HealthSmart Preferred Care II, LP (99%)	75-2508316	TX
HealthSmart Primary Care Clinics, LP (99%)	20-3394046	TX
HealthSmart Care Management Solutions, LP (99%)	75-2960859	TX
HealthSmart Information Systems, Inc.	75-2727437	TX
HealthSmart Benefit Solutions, Inc.	36-4099199	IL
HealthSmart Preferred Network II, Inc	06-1621470	DE
HealthSmart Rx Solutions, Inc.	34-1635597	OH
Mauli Ola Health and Wellness, Inc.		HI
District Community Care Inc.	84-4119570	DC

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