



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

Buckeye Health Plan Community Solutions, Inc.

(Name)

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

Organized under the Laws of _____, 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 11/04/2015 Commenced Business 01/01/2018

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

Mail Address 7700 Forsyth Boulevard, Saint Louis, MO, US 63105
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Primary Location of Books and Records _____ 7700 Forsyth Boulevard _____
(Street and Number of P.O. Box) (City or Town, State, County and Zip Code)

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.centene.com
Statutory Statement Contact Shaun O'Rourke, 314-349-3805
(Name) (Area Code) (Telephone Number) (Extension)
shaun.t.orourke@centene.com 314-725-4658
(E-Mail Address) (Fax Number)

OFFICERS

OFFICERS

Name	Title	Name	Title
Steven Bradley Province #	President and CEO	Keith Harvey Williamson	Secretary
Jeffrey Alan Schwaneke	Treasurer	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

DIRECTORS OR TRUSTEES
Megan Rebecca Flasckampen Tricia Lynn Dinkelman Steven Bradley Province

State of

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

Steven Bradley Province
President and CEO

Keith Harvey Williamson
Secretary

Jeffrey Alan Schwanke
Treasurer

Subscribed and sworn to before me this
day of .

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

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

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	409,855		409,855	409,640
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 346,740 , Schedule E-Part 1), cash equivalents (\$ 6,002,687 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....	6,349,427		6,349,427	3,347,301
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	6,759,282	0	6,759,282	3,756,941
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	2,944		2,944	2,976
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	25,554		25,554	24,882
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ 610,248) and contracts subject to redetermination (\$)	610,248		610,248	45,318
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	324,102
18.2 Net deferred tax asset.....	17,233		17,233	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	1,000,000		1,000,000	3,000,000
24. Health care (\$ 209,940) and other amounts receivable.....	439,142	229,202	209,940	37,518
25. Aggregate write-ins for other-than-invested assets	0	0	0	7,770
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	8,854,403	229,202	8,625,201	7,199,507
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	8,854,403	229,202	8,625,201	7,199,507
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State income tax receivable.....			0	7,770
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	7,770

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

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,057,511		2,057,511	2,149,561
2. Accrued medical incentive pool and bonus amounts	25,484		25,484	7,153
3. Unpaid claims adjustment expenses	32,000		32,000	26,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	1,986,390		1,986,390	1,449,129
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	438		438	311
9. General expenses due or accrued	86,760		86,760	26,303
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	55,242		55,242	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	219,803		219,803	174,481
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	556,143		556,143	352,059
23. Aggregate write-ins for other liabilities (including \$ current)	108,222	0	108,222	0
24. Total liabilities (Lines 1 to 23)	5,127,993	0	5,127,993	4,184,997
25. Aggregate write-ins for special surplus funds	XXX	XXX	372,378	0
26. Common capital stock	XXX	XXX	1	1
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	6,899,999	5,899,999
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	(3,775,170)	(2,885,490)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	3,497,208	3,014,510
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	8,625,201	7,199,507
DETAILS OF WRITE-INS				
2301. State Income Tax Payable	108,222		108,222	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	108,222	0	108,222	0
2501. 2020 Health Insurance Fee Estimate	XXX	XXX	372,378	
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	372,378	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	21,593	11,185
2. Net premium income (including \$ 0 non-health premium income).....	XXX	18,436,873	9,222,510
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0
5. Risk revenue.....	XXX		0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	18,436,873	9,222,510
Hospital and Medical:			
9. Hospital/medical benefits.....		13,035,094	7,487,068
10. Other professional services.....		566,126	262,680
11. Outside referrals.....			0
12. Emergency room and out-of-area.....		1,197,115	702,561
13. Prescription drugs.....		1,539,368	1,216,096
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		29,428	7,353
16. Subtotal (Lines 9 to 15).....	0	16,367,131	9,675,758
Less:			
17. Net reinsurance recoveries.....			0
18. Total hospital and medical (Lines 16 minus 17).....	0	16,367,131	9,675,758
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 4,215 cost containment expenses.....		269,048	164,093
21. General administrative expenses.....		1,880,118	1,006,790
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		537,261	1,449,129
23. Total underwriting deductions (Lines 18 through 22).....	0	19,053,558	12,295,770
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(616,685)	(3,073,260)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		161,464	48,853
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26).....	0	161,464	48,853
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 12,583)].....		(12,583)	(5,317)
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	(467,804)	(3,029,724)
31. Federal and foreign income taxes incurred.....	XXX	17,399	(324,104)
32. Net income (loss) (Lines 30 minus 31).....	XXX	(485,203)	(2,705,620)
DETAILS OF WRITE-INS			
0601.....	XXX		
0602.....	XXX		
0603.....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.....	XXX		
0702.....	XXX		
0703.....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	3,014,510	1,700,000
34. Net income or (loss) from Line 32	(485,203)	(2,705,620)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	17,233	0
39. Change in nonadmitted assets	(49,332)	(179,870)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	1,000,000	4,200,000
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	482,698	1,314,510
49. Capital and surplus end of reporting year (Line 33 plus 48)	3,497,208	3,014,510
DETAILS OF WRITE-INS		
4701.		0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

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

CASH FLOW

Cash from Operations		1	2
		Current Year	Prior Year
1. Premiums collected net of reinsurance		17,871,398	9,152,571
2. Net investment income		161,282	45,675
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		18,032,680	9,198,246
5. Benefit and loss related payments		16,662,604	7,736,432
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions		1,729,895	605,076
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		(361,945)	(2)
10. Total (Lines 5 through 9)		18,030,554	8,341,506
11. Net cash from operations (Line 4 minus Line 10)		2,126	856,740
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		0	0
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds		0	409,439
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		0	409,439
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)		0	(409,439)
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		3,000,000	1,200,000
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		3,000,000	1,200,000
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		3,002,126	1,647,301
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		3,347,301	1,700,000
19.2 End of year (Line 18 plus Line 19.1)		6,349,427	3,347,301

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	18,436,873	0	0	0	0	0	18,436,873	0	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									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)	18,436,873	0	0	0	0	0	18,436,873	0	0	0
8. Hospital/medical benefits	13,035,094						13,035,094			XXX
9. Other professional services	566,126						566,126			XXX
10. Outside referrals	0						0			XXX
11. Emergency room and out-of-area	1,197,115						1,197,115			XXX
12. Prescription drugs	1,539,368						1,539,368			XXX
13. Aggregate write-ins for other hospital and medical	0		0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	29,428						29,428			XXX
15. Subtotal (Lines 8 to 14)	16,367,131	0	0	0	0	0	16,367,131	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	16,367,131	0	0	0	0	0	16,367,131	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$.4,215 cost containment expenses	269,048						269,048			
20. General administrative expenses	1,880,118						1,880,118			
21. Increase in reserves for accident and health contracts	537,261						537,261			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	19,053,558	0	0	0	0	0	19,053,558	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(616,685)	0	0	0	0	0	(616,685)	0	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.										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)	0	0	0	0	0	0	0	0	0	XXX

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare	18,440,002		3,129	18,436,873
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	18,440,002	0	3,129	18,436,873
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	18,440,002	0	3,129	18,436,873

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	16,651,507						16,651,507			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	16,651,507	0	0	0	0	0	16,651,507	0	0	0
2. Paid medical incentive pools and bonuses	11,097						11,097			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,057,511	0	0	0	0	0	2,057,511	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	2,057,511	0	0	0	0	0	2,057,511	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	25,484						25,484			
6. Net healthcare receivables (a)	221,754						221,754			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,149,561	0	0	0	0	0	2,149,561	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	2,149,561	0	0	0	0	0	2,149,561	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	7,153	0	0	0	0	0	7,153	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	16,337,703	0	0	0	0	0	16,337,703	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	16,337,703	0	0	0	0	0	16,337,703	0	0	0
13. Incurred medical incentive pools and bonuses	29,428	0	0	0	0	0	29,428	0	0	0

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	387,496						387,496			
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	387,496	0	0	0	0	0	387,496	0	0	0
2. Incurred but Unreported:										
2.1. Direct	1,670,015						1,670,015			
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	1,670,015	0	0	0	0	0	1,670,015	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	2,057,511	0	0	0	0	0	2,057,511	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	2,057,511	0	0	0	0	0	2,057,511	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	.0
2. Medicare Supplement					0	.0
3. Dental Only					0	.0
4. Vision Only					0	.0
5. Federal Employees Health Benefits Plan					0	.0
6. Title XVIII - Medicare	1,627,893	15,241,002	31,213	2,026,298	1,659,106	2,149,561
7. Title XIX - Medicaid					0	.0
8. Other health					0	.0
9. Health subtotal (Lines 1 to 8)	1,627,893	15,241,002	31,213	2,026,298	1,659,106	2,149,561
10. Healthcare receivables (a)	0	439,142	0	0	0	.0
11. Other non-health					0	.0
12. Medical incentive pools and bonus amounts	7,153	3,944	0	25,484	7,153	7,153
13. Totals (Lines 9-10+11+12)	1,635,046	14,805,804	31,213	2,051,782	1,666,259	2,156,714

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

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	0	0	0	0	0
2. 2015	0	0	0	0	0
3. 2016	XXX	0	0	0	0
4. 2017	XXX	XXX	0	0	0
5. 2018	XXX	XXX	XXX	7,519	9,154
6. 2019	XXX	XXX	XXX	XXX	14,806

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	0	0	0	0	0
2. 2015	0	0	0	0	0
3. 2016	XXX	0	0	0	0
4. 2017	XXX	XXX	0	0	0
5. 2018	XXX	XXX	XXX	9,676	9,185
6. 2019	XXX	XXX	XXX	XXX	16,858

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015	0	0	0.0	0.0	0	0.0			0	0.0
2. 2016	0	0	0.0	0.0	0	0.0			0	0.0
3. 2017	0	0	0.0	0.0	0	0.0			0	0.0
4. 2018	9,223	9,154	.175	1.9	9,329	101.1	.31	0	9,360	101.5
5. 2019	18,437	14,806	226	1.5	15,032	81.5	2,052	32	17,116	92.8

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	7,519	9,154
6. 2019	XXX	XXX	XXX	XXX	14,806

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	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	9,676	9,185
6. 2019	XXX	XXX	XXX	XXX	16,858

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.....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2016.....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2017.....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2018.....	9,223	9,154	.175	1.9	9,329	.101.1	.31	0	9,360	101.5
5. 2019	18,437	14,806	226	1.5	15,032	81.5	2,052	32	17,116	92.8

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	.0								
2. Additional policy reserves (a)	1,986,390						1,986,390		
3. Reserve for future contingent benefits	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	.0								
5. Aggregate write-ins for other policy reserves	.0	.0	.0	0	.0	.0	0	0	.0
6. Totals (gross)	1,986,390	.0	0	0	0	0	1,986,390	0	0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	1,986,390	0	0	0	0	0	1,986,390	0	0
9. Present value of amounts not yet due on claims	.0								
10. Reserve for future contingent benefits	.0								
11. Aggregate write-ins for other claim reserves	.0	.0	0	0	.0	.0	0	0	.0
12. Totals (gross)	.0	.0	0	0	0	0	0	0	.0
13. Reinsurance ceded	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	0	0	.0	0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	0	0	.0	0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ 1,986,390 premium deficiency reserve.

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			20,099		20,099
2. Salaries, wages and other benefits			429,368		429,368
3. Commissions (less \$ceded plus \$assumed)			517,706		517,706
4. Legal fees and expenses			10,152		10,152
5. Certifications and accreditation fees			750		750
6. Auditing, actuarial and other consulting services			294,442		294,442
7. Traveling expenses			9,106		9,106
8. Marketing and advertising			23,562		23,562
9. Postage, express and telephone			11,505		11,505
10. Printing and office supplies			234,044		234,044
11. Occupancy, depreciation and amortization			56,681		56,681
12. Equipment			2,107		2,107
13. Cost or depreciation of EDP equipment and software			59,664		59,664
14. Outsourced services including EDP, claims, and other services	4,215	264,833	166,278		435,326
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			2,345		2,345
17. Collection and bank service charges			11,869		11,869
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			2,443		2,443
22. Real estate taxes			1,564		1,564
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(1,188)		(1,188)
23.2 State premium taxes			250		250
23.3 Regulatory authority licenses and fees			6,879		6,879
23.4 Payroll taxes			19,849		19,849
23.5 Other (excluding federal income and real estate taxes)			643		643
24. Investment expenses not included elsewhere				0	0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	4,215	264,833	1,880,118	0	(a) 2,149,166
27. Less expenses unpaid December 31, current year		32,000	86,760		118,760
28. Add expenses unpaid December 31, prior year	0	26,000	26,303	0	52,303
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)	4,215	258,833	1,819,661	0	2,082,709
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 \$ 1,551,988 to affiliates and \$ 0 to non-affiliates.

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....8,928	.....8,911
1.1 Bonds exempt from U.S. tax	(a).....	.....
1.2 Other bonds (unaffiliated)	(a).....	.....
1.3 Bonds of affiliates	(a).....0	.....
2.1 Preferred stocks (unaffiliated)	(b).....0	.....
2.11 Preferred stocks of affiliates	(b).....0	.....
2.2 Common stocks (unaffiliated) .....	.....0	.....
2.21 Common stocks of affiliates .....	.....0	.....
3. Mortgage loans	(c).....	.....
4. Real estate	(d).....	.....
5. Contract loans.....		
6. Cash, cash equivalents and short-term investments	(e).....152,569	.....152,553
7. Derivative instruments	(f).....	.....
8. Other invested assets .....	.....0	.....0
9. Aggregate write-ins for investment income .....	.....0	.....0
10. Total gross investment income .....	.....161,497	.....161,464
11. Investment expenses	(g).....	.....
12. Investment taxes, licenses and fees, excluding federal income taxes	(g).....	.....
13. Interest expense	(h).....	.....
14. Depreciation on real estate and other invested assets	(i).....0	.....0
15. Aggregate write-ins for deductions from investment income .....	.....0	.....0
16. Total deductions (Lines 11 through 15) .....	.....0	.....0
17. Net investment income (Line 10 minus Line 16) .....	.....161,464	.....
DETAILS OF WRITE-INS		
0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....0	.....0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....0	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....0	.....0

(a) Includes \$ 215 accrual of discount less \$ amortization of premium and less \$0 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
 (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

NONE

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	229,202	179,870	(49,332)
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	229,202	179,870	(49,332)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	229,202	179,870	(49,332)
DETAILS OF WRITE-INS			
1101.		0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

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

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	1,145	1,699	1,797	1,884	1,923	21,593
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	1,145	1,699	1,797	1,884	1,923	21,593
DETAILS OF WRITE-INS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

NET INCOME	SSAP #	F/S Page	F/S Line #	2019	2018
(1) Buckeye Health Plan Community Solutions state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (485,203)	\$ (2,705,620)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (485,203)	\$ (2,705,620)
SURPLUS					
(5) Buckeye Health Plan Community Solutions state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 3,497,208	\$ 3,014,510
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,497,208	\$ 3,014,510

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

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

C. Accounting Policy

1. Cash, 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. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. The Company holds no loan-backed securities.
7. The Company has no investments in subsidiaries, controlled and affiliated entities.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of the reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company recorded a premium deficiency reserve of \$1,986,390 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 making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

12. There were no changes to the capitalization policy.

13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

D. Going Concern

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

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

A. Statutory Purchase Method

None

B. Statutory Merger

None

C. Assumption Reinsurance

None

D. Impairment Loss

None

4. Discontinued Operations

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

None

B. Change in Plan of Sale of Discontinued Operations

None

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

None

D. Equity Interest Retained in the Discontinued Operation After Disposal

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

1. None

- 2. None
- 3. None
- 4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
 - a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$0
2. 12 Months or Longer	\$0
 - b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$0
2. 12 Months or Longer	\$0
- 5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

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

None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	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	\$ 409,855	\$ 409,640	\$ 215	\$ -	\$ 409,855	4.6%	4.8%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 409,855	\$ 409,640	\$ 215	\$ -	\$ 409,855	4.6%	4.8%

(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. 5*GI Securities

None

P. Short Sales

None

Q. Prepayment Penalty and Acceleration Fees

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

A. Investment income due and accrued with amounts greater than 90 days past due are excluded from surplus.

B. The total amount excluded was \$0.

8. Derivative Instruments

A. Derivatives under SSAP No. 86-Derivatives

None

B. Derivatives under SSAP No. 86-Derivatives

None

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	475,975	0	475,975	350,100	0	350,100	125,875	0	125,875	
(b) Statutory valuation allowance adjustment	(458,653)	0	(458,653)	(349,895)	0	(349,895)	(108,758)	0	(108,758)	
(c) Adjusted gross deferred tax assets	17,322	0	17,322	205	0	205	17,117	0	17,117	
(d) Deferred tax assets nonadmitted	(0)	0	(0)	0	0	0	(0)	0	(0)	
(e) Net admitted deferred tax assets	17,322	0	17,322	205	0	205	17,117	0	17,117	
(f) Deferred tax liabilities	(89)	0	(89)	(205)	0	(205)	116	0	116	
(g) Net admitted deferred tax asset/(Net deferred tax liability)	17,233	0	17,233	(0)	0	(0)	17,233	0	17,233	
(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.]	17,235	0	17,235	0	0	0	17,235	0	17,235	
(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	521,996	XXX	XXX	452,177	XXX	XXX	69,819	
(c) DTL offset [¶11.c.]	87	0	87	205	0	205	(118)	0	(118)	
(d) Total admitted under ¶11.a.-¶11.c.	17,322	0	17,322	205	0	205	17,117	0	17,117	
Deferred tax liabilities	(89)	0	(89)	(205)	0	(205)	116	0	116	
Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.	17,233	0	17,233	(0)	0	(0)	17,233	0	17,233	
(3) Information used in expected to be realized calculation [¶11.b.]										
Description	2019		2018							
	Ordinary	Capital	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital
(a) ExDTA ACL RBC or other ratio		328%		401%						
(b) Adjusted capital and surplus		3,407,208		3,014,513						
(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	
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	
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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>						

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

Not Applicable

C. Current tax and change in deferred tax:

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

Description	2019	2018
(a) Current federal income tax expense	17,237	(324,104)
(b) Foreign taxes	0	0
(c) Subtotal	17,237	(324,104)
(d) Tax on capital gains/(losses)	0	0
(e) Utilization of capital loss carryforwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	162	4
(g) Federal and foreign income taxes incurred	17,399	(324,100)

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

(2) DTAs Resulting From Book/Tax Differences In		December 31, 2019	December 31, 2018	Change
(a) Ordinary				
(1) Discounting of unpaid losses and LAE	6,758	6,880	(122)	
(2) Unearned premiums	18	13	5	
(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	3,925	1,117	2,808	
(9) Pension accruals	0	0	0	
(10) Nonadmitted assets	48,132	37,773	10,359	
(11) Net operating loss carryforward	0	0	0	
(12) Tax credit carryforward	0	0	0	
(13) Premium deficiency reserve	417,142	304,317	112,825	
(14) Other (separately disclose items >5%)	0	0	0	
(99) Gross ordinary DTAs	475,975	350,100	125,876	
(b) Statutory valuation adjustment adjustment - ordinary	(458,653)	(349,895)	(108,758)	
(c) Nonadmitted ordinary DTAs (-)	(0)	0	(0)	
(d) Admitted ordinary DTAs	17,322	205	17,117	
(e) Capital				
(1) Investments	0	0	0	
(2) Net capital loss carryforward	0	0	0	
(3) Real estate	0	0	0	
(4) Other (separately disclose items >5%)	0	0	0	
(5) Unrealized capital losses	0	0	0	
(99) Gross capital DTAs	0	0	0	
(f) Statutory valuation adjustment adjustment - capital (-)	(0)	0	0	
(g) Nonadmitted capital DTAs (-)	(0)	0	0	
(h) Admitted capital DTAs	0	0	0	
(i) Admitted DTAs	17,322	205	17,117	
(3) DTLs Resulting From Book/Tax Differences In		December 31, 2019	December 31, 2018	Change
(a) Ordinary				
(1) Investments	(89)	(42)	(47)	
(2) Fixed assets	0	0	0	
(3) Deferred and uncollected premiums	0	0	0	
(4) Policyholder reserves/salvage and subrogation	0	0	0	
(5) Other (separately disclose items >5%)	0	(163)	163	
(99) Ordinary DTLs	(89)	(205)	116	
(b) Capital				
(1) Investments	0	0	0	
(2) Real estate	0	0	0	
(3) Other (separately disclose items >5%)	0	0	0	
(4) Unrealized capital gains	0	0	0	
(99) Capital DTLs	0	0	0	
(c) DTLs	(89)	(205)	116	
(4) Net deferred tax assets/liabilities	17,233	(0)	17,233	

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	475,975	350,100	125,875
Total deferred tax liabilities	(89)	(205)	116
Net deferred tax assets/liabilities	475,886	349,895	125,991
Statutory valuation allowance adjustment (*see explanation below)	(458,653)	(349,895)	(108,758)
Net deferred tax assets/liabilities after SVA	17,233	(0)	17,233
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	17,233	(0)	17,233

***Statutory valuation allowance**

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2019 and 2018 was \$458,652 and \$349,895, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2019 was \$108,757.

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	(467,804)	(98,235)	21.00%	(3,029,720)	(636,241)	21.00%
Tax-Exempt Interest	0	0	0.00%	0	0	0.00%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	0	0	0.00%	0	0	0.00%
Corporate Owned Life Insurance	0	0	0.00%	0	0	0.00%
Health Insurer Fee	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Etc.	19	4	0.00%	81	17	0.00%
Statutory Valuation Allowance Adjustment	517,892	108,757	-23.25%	1,666,165	349,895	-11.55%
Deferred Taxes on Nonadmitted Assets	(49,332)	(10,360)	2.21%	(179,870)	(37,773)	1.25%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
Other, Including Prior Year True-Up	0	0	0.00%	2	0	0.00%
Total	166	-0.04%		(324,100)	10.70%	
Federal Income Taxes Incurred [Expense/(Benefit)]	17,399		-3.72%			
Tax on Capital Gains/(Losses)	0		0.00%			
Change in Net Deferred Income Tax [Charge/(Benefit)]	(17,233)		3.68%			
Total Statutory Income Taxes	166	-0.04%		(324,100)	10.70%	

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

At December 31, 2018, the Company had net operating loss carryforwards expiring through the year

20XX of: \$0

At December 31, 2018, the Company had capital loss carryforwards expiring through the year

20XX of: \$0

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

Year	Ordinary	Capital	Total
2017	N/A	0	0
2018	0	0	0
2019	17,233	0	17,233

Deposits admitted under IRC § 6603

None

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

Absolute Total Care, Inc.	Envolve 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 Holdeo, 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.
Ambedter 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.
Cenpatico of Arizona, Inc.	HealthSmart Care Management Solutions, LP	QualMed Plans for Health of Western Pennsylvania, Inc.
Cenpatico 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	IlliciCare 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.

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	<u>\$ -</u>
(6). Reduction for Sequestration	<u>NONE</u>
(7). Nonadmitted by Reporting Entity	<u>\$ -</u>
(8). Reporting Entity Ending Balance	<u>\$ -</u>

J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, D, F

During 2019 and 2018, Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the period ending December 31, 2019 and December 31, 2018 included \$1,844,000 and

\$922,363, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$(219,803) and \$(174,481), respectively, for management fees and expenses paid on behalf of the company.

Envolve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the period ending December 31, 2019 and December 31, 2018 included \$5,610 and \$3,350, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$(496) and \$(346), 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 \$4,166,736 and \$2,252,530, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$400,393 and \$(235,364), 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 \$97,628 and \$46,342, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$(8,574) and \$(8,150), 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 \$386,792 and \$193,321, respectively, for such services. Amounts due (to) from at December 31, 2019 and December 31, 2018 included \$(34,188) and \$(19,946), respectively, for such services.

During 2019 and 2018, Centene Corporation contributed \$1,000,000 and \$3,000,000, respectively, to the surplus of the Company. Of the total surplus contributed \$1,000,000 and \$3,000,000 are recorded as a receivable at December 31, 2019 and 2018, respectively and included in due from affiliates.

E. Guarantees

None

G. Control Relationship

The Company is wholly owned by Centene Corporation.

H. Upstream Intermediate Entity

None

I. Investment in an SCA entity – None

J. Investments in impaired SCA entities – None

K. Investment in a Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company - None

M. All SCA Investments - None

N. Investments in Insurance SCAs - None

O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt

A. Capital Notes

None

B. FHLB (Federal Home Loan Bank) agreements

None

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

A. Defined Benefit Plans

None

B. Description of investment policies and strategies for retirement plans

None

C. Fair value of each class of plan assets

None

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

None

E. Defined Contribution Plans

None

F. Multiemployer Plans

None

G. Consolidated/Holding Company Plans

None

H. Post-Employment Benefits and Compensated Absences

None

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

None

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

1. The Company has 1,000, \$.001 par value shares authorized, issued and outstanding.
2. The Company has no preferred stock outstanding.
3. The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the Commissioner 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.
4. No dividends were paid during 2019 and 2018.
5. Within the limitations of 3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
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 including conversion of preferred stock, employee stock options and stock purchase warrants.
9. The Company reported a special surplus of \$372,378 at December 31, 2019. The Company reported no special surplus at December 31, 2018.
10. There are no unassigned funds (surplus) represented or reduced by cumulative gains and losses.
11. The Company did not hold or 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 ten years.

14. Liabilities, Contingencies, and Assessments

A. Contingent Commitments

None

B. Assessments

None

C. Gain Contingencies

None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

None

E. Joint and Several Liabilities

None

F. All Other Contingencies

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

15. Leases

None

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

None

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

A. Transfers of Receivables reported as Sales

None

B. Transfers and Servicing of Financial Assets

None

C. Wash Sales

None

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

A. ASO Plans

None

B. ASC Plans

None

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

1. Revenue from the Company's Medicare contract for the year ended December 31, 2019 consisted of \$18,436,874 for medical, hospital related services, and administrative expenses.
2. As of December 31, 2019, the Company recorded no receivable greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000.
3. In connection with the Company's Medicare contract, the Company has no recorded allowances and reserves for adjustment of recorded revenues at December 31, 2019.
4. The Company has made no adjustments to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

None

20. Fair Value Measurements

- A. The guidance in SSAP No. 100R – Fair Value allows the use of net asset value per share (NAV) instead of fair value for certain investments. The guidance is effective Jan. 1, 2018 with early adoption permitted. For reporting entities electing to early-adopt, the reporting entity shall include narrative disclosures on the use of NAV and include the

SSAP No. 100R disclosures for situations when an investment may be sold below NAV or if there are significant restrictions in the liquidation of an investment held at NAV.

Level inputs are as follows:

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

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

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Cash Equivalents and Short-Term Investments	\$ 6,349,427	\$ -	\$ -	\$ -	\$ 6,349,427
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/NAV	\$ 6,349,427	\$ -	\$ -	\$ -	\$ 6,349,427
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 and Short-Term Investments	\$ 3,347,301	\$ -	\$ -	\$ -	\$ 3,347,301
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Hybrid Securities	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common Stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Common Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Credit contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity futures contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity forward contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value/NAV	<u>\$ 3,347,301</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,347,301</u>
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

B. Assets Measured at Fair Value on a Nonrecurring Basis

None

C. Aggregate Fair Value for all Financial Instruments

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)
Bonds	\$ 411,217	\$ 409,855	\$ 411,217	\$ -	\$ -	\$ -	\$ -
Cash and Cash Equivalents	\$ 6,349,427	\$ 6,349,427	\$ 6,349,427	\$ -	\$ -	\$ -	\$ -

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

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

D. Unable to Estimate Fair Value

None

E. Assets Measured at Net Asset Value

None

21. Other Items

A. Unusual or Infrequent Items

None

B. Troubled Debt Restructuring: Debtors

None

C. Other Disclosures

None

D. Business Interruption Insurance Recoveries

None

E. State Transferable and Non-transferable Tax Credits

None

F. Subprime Mortgage Related Risk Exposure

None

G. Retained Assets

None

H. Insurance Linked Securities (ILS) Contracts

None

I. Life Insurance Policy

None

22. Events Subsequent

Subsequent events have been considered through February 28, 2020 for the statutory statement issued as of December 31, 2019 on February 28, 2020.

Type I – Recognizable Subsequent Events

As of December 31, 2019, the Company recorded a contribution receivable of \$1,000,000 which will be satisfied prior to the filing of the annual statement on March 1, 2020.

Type II – Non-recognizable Subsequent Events

The Company is subject to an annual fee under Section 9010 of the Affordable Care Act (ACA). This annual fee is 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 the Company's portion of the annual health insurance industry fee to be payable on September 30, 2020 to be approximately \$372,378. 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.

	<u>Current Year</u>	<u>Prior Year</u>
	Yes	
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	\$ 372,378	\$ -
B. ACA fee assessment payable for the upcoming year	\$ -	\$ -
C. ACA fee assessment paid	\$ 19,568,016	\$ -
D. Premium written subject to ACA 9010 assessment	\$ 3,497,208	
E. Total Adjusted Capital before surplus adjustment	\$ 3,124,829	
F. Total Adjusted Capital after surplus adjustment	\$ 1,048,243	
G. Authorized Control Level		
H. Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC Action Level (YES/NO)?	No	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. No
2. No

Section 2 - Ceded Reinsurance Report - Part A

1. No
2. No

Section 3 - Ceded Reinsurance Report - Part B

1. \$0

2. No

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company participates in the Medicare Advantage program under a contract with Centers for Medicare and Medicaid Services which is subject to federal Medicare MLR regulations under Title 42 of the Code of Federal Regulations, Part 422.
- B. The Company records accrued retrospective premiums through written premium.
- C. The amount of net premiums written by the Company at December 31, 2019 which are subject to retrospective rating features was \$18.4 million, which represents 100% of the total net premiums written.
- D. Medical Loss Ratio Rebates Required pursuant to the Public Health Service Act

None

E. Risk-Sharing Provisions of the ACA

None

25. Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2018 were \$2.2 million and \$0.03 million. As of December 31, 2019, \$1.6 million and \$0.03 million have been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0.03 million and \$0 million as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicaid lines of insurance. Therefore, there has been \$0.5 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 were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

- A. At December 31, 2019, the Company had admitted pharmacy rebate receivables of \$209,940. 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	212,308	209,940			
9/30/2019	209,771	205,033	30		
6/30/2019	181,209	196,434		200,479	
3/31/2019	161,800	179,039		182,017	
12/31/2018	118,903	\$ 107,224		-	107,224
9/30/2018	\$ 97,929	\$ 91,979		1,699	90,280
6/30/2018	\$ 70,313	\$ 71,946		76,760	(4,814)
3/31/2018	\$ 65,578	\$ 55,609		55,609	-

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$1,986,390
2. Date of the most recent evaluation of this liability 1/31/2020
3. Was anticipated investment income utilized in the calculation? Yes

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] 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. 0001071739.....

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

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. 12/31/2019.....

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

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

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

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Michael Bears, Milliman USA, 1301 Fifth Avenue, Suite 3800, Seattle, WA 98101.....

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

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

12.12 Number of parcels involved.....0

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

12.2 If yes, provide explanation

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

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

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

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:
N/A.....

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

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

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

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

GENERAL INTERROGATORIES

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

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

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

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

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

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

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

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....1,000,000

INVESTMENT

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

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

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$..... 409,855
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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 [<input type="checkbox"/>] No [<input type="checkbox"/>]
26.42 Permitted accounting practice	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
26.43 Other accounting guidance	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

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 []

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
None.....	N/A.....

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

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

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

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

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

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

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation
.....
.....
.....

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 [] No [X]

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

Yes [] No [X]

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....
.....
.....

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

Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	409,855	411,217	1,362
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	409,855	411,217	1,362

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

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

Yes [X] No []

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

Yes [X] No []

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

Yes [X] No []

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

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

Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

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

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

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as 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 [X]

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 [X]

OTHER

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

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? \$

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
.....	\$.....
.....	\$.....
.....	\$.....

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 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 18,436,873	\$ 9,222,510
2.2	Premium Denominator	\$ 18,436,873	\$ 9,222,510
2.3	Premium Ratio (2.1/2.2) 1.000 1.000
2.4	Reserve Numerator	\$ 4,069,385	\$ 3,605,843
2.5	Reserve Denominator	\$ 4,069,385	\$ 3,605,843
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 [X]	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No []	
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental and Vision 5.35 Other Limited Benefit Plan 5.36 Other	\$ 1,250,000 \$..... \$..... \$..... \$..... \$.....
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:		
	The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with PartnerRe.		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [X] No []	
7.2	If no, give details		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year	..... 43,775
	8.2 Number of providers at end of reporting year	..... 39,097
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [] No [X]	
9.2	If yes, direct premium earned:		
	9.21 Business with rate guarantees between 15-36 months	.....
	9.22 Business with rate guarantees over 36 months	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....25,484
10.22 Amount actually paid for year bonuses	\$.....3,944
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

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

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

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio.....
11.4 If yes, show the amount required. \$.....2,128,630
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []

11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area	
Butler.....	
Columbiana.....	
Cuyahoga.....	
Greene.....	
Hamilton.....	
Mahoning.....	
Miami.....	
Montgomery.....	
Stark.....	
Trumbull.....	

13.1 Do you act as a custodian for health savings accounts? Yes [] No []

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

13.3 Do you act as an administrator for health savings accounts? Yes [] No []

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A []

14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written	\$.....
15.2 Total Incurred Claims	\$.....
15.3 Number of Covered Lives	.....

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

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

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

FIVE - YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	8,625,201	7,199,507	1,700,050	0	0
2. Total liabilities (Page 3, Line 24)	5,127,993	4,184,997	50	0	0
3. Statutory minimum capital and surplus requirement	2,128,630	1,700,000	1,700,000	0	0
4. Total capital and surplus (Page 3, Line 33)	3,497,208	3,014,510	1,700,000	0	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	18,436,873	9,222,510	0	0	0
6. Total medical and hospital expenses (Line 18)	16,367,131	9,675,758	0	0	0
7. Claims adjustment expenses (Line 20)	269,048	164,093	0	0	0
8. Total administrative expenses (Line 21)	1,880,118	1,006,790	0	0	0
9. Net underwriting gain (loss) (Line 24)	(616,685)	(3,073,260)	0	0	0
10. Net investment gain (loss) (Line 27)	161,464	48,853	0	0	0
11. Total other income (Lines 28 plus 29)	(12,583)	(5,317)	0	0	0
12. Net income or (loss) (Line 32)	(485,203)	(2,705,620)	0	0	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,126	856,740	50	0	0
Risk-Based Capital Analysis					
14. Total adjusted capital	3,497,208	3,014,510	1,700,000	0	0
15. Authorized control level risk-based capital	1,064,315	779,247	2,550	0	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,923	1,145	0	0	0
17. Total members months (Column 6, Line 7)	21,593	11,185	0	0	0
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	88.8	104.9	0.0	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.4	1.7	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	103.3	133.3	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	(3.3)	(33.3)	0.0	0.0	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	1,666,259	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	2,156,714	0	0	0	0
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	0
2. Alaska	AK	N						0	0
3. Arizona	AZ	N						0	0
4. Arkansas	AR	N						0	0
5. California	CA	N						0	0
6. Colorado	CO	N						0	0
7. Connecticut	CT	N						0	0
8. Delaware	DE	N						0	0
9. District of Columbia	DC	N						0	0
10. Florida	FL	N						0	0
11. Georgia	GA	N						0	0
12. Hawaii	HI	N						0	0
13. Idaho	ID	N						0	0
14. Illinois	IL	N						0	0
15. Indiana	IN	N						0	0
16. Iowa	IA	N						0	0
17. Kansas	KS	N						0	0
18. Kentucky	KY	N						0	0
19. Louisiana	LA	N						0	0
20. Maine	ME	N						0	0
21. Maryland	MD	N						0	0
22. Massachusetts	MA	N						0	0
23. Michigan	MI	N						0	0
24. Minnesota	MN	N						0	0
25. Mississippi	MS	N						0	0
26. Missouri	MO	N						0	0
27. Montana	MT	N						0	0
28. Nebraska	NE	N						0	0
29. Nevada	NV	N						0	0
30. New Hampshire	NH	N						0	0
31. New Jersey	NJ	N						0	0
32. New Mexico	NM	N						0	0
33. New York	NY	N						0	0
34. North Carolina	NC	N						0	0
35. North Dakota	ND	N						0	0
36. Ohio	OH	L		18,440,002				18,440,002	0
37. Oklahoma	OK	N						0	0
38. Oregon	OR	N						0	0
39. Pennsylvania	PA	N						0	0
40. Rhode Island	RI	N						0	0
41. South Carolina	SC	N						0	0
42. South Dakota	SD	N						0	0
43. Tennessee	TN	N						0	0
44. Texas	TX	N						0	0
45. Utah	UT	N						0	0
46. Vermont	VT	N						0	0
47. Virginia	VA	N						0	0
48. Washington	WA	N						0	0
49. West Virginia	WV	N						0	0
50. Wisconsin	WI	N						0	0
51. Wyoming	WY	N						0	0
52. American Samoa	AS	N						0	0
53. Guam	GU	N						0	0
54. Puerto Rico	PR	N						0	0
55. U.S. Virgin Islands	VI	N						0	0
56. Northern Mariana Islands	MP	N						0	0
57. Canada	CAN	N						0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	0	18,440,002	0	0	0	18,440,002	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)		XXX	0	18,440,002	0	0	0	18,440,002	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page.		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

(a) Active Status Counts

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

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

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

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

Licensed only in OH

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

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	
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

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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	
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	

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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
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
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

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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
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

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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	
Torrevieja 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	
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		

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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
Torrevieja Salud S.L.U.	Foreign
Torrevieja Salud UTE (35%)	Foreign
Torrejon Salud, S.A. (89.47%)	Foreign
MH Services International Holdings (UK) Limited	Foreign
MH Services International (UK) Limited	Foreign
Operose Health Ltd.	Foreign
Operose Health (Group) Ltd.	Foreign
Operose Health Corporate Management Ltd.	Foreign
Operose Health Services Ltd.	Foreign
The Practice Surgeries Limited	Foreign
Phoenix Primary Care Limited	Foreign
Phoenix Primary (South) Limited	Foreign
Circle Health Holdings Limited (19.9%)	Foreign
Circle Holdings Limited	Foreign
Health Properties Limited	Foreign
Health Property (South Manchester) Limited	Foreign
Circle Partnership Limited	Foreign
Circle Health Limited (49.9%)	Foreign
Circle International Plc	Foreign
Circle Health Limited (50.1%)	Foreign
Nations Healthcare Limited	Foreign
Circle Nottingham Limited	Foreign
Circle Rehabilitation Services	Foreign
Circle Hospital (Bath) Limited	Foreign
Circle Hospital (Reading) Limited	Foreign
Circle Clinical Services Limited	Foreign
Circle Birmingham Limited	Foreign
Circle Harmony Health Limited (50%)	Foreign
Shanghai Circle Harmony Hospital Management	Foreign
Centene Europe Finance Company Limited	Foreign
Centene Health Plan Holdings, Inc.	82-1172163
Ambetter of North Carolina, Inc.	82-5032556
Carolina Complete Health Holding Company Partnership (80%)	82-2699483
Carolina Complete Health, Inc.	82-2699332
New York Quality Healthcare Corporation	82-3380290
	DE
	NC
	16395
	DE
	NC
	16526
	NY

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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	
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	

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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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