



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE**

## **Buckeye Community Health Plan, Inc.**

(Name)

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

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

Country of Domicile \_\_\_\_\_ United States \_\_\_\_\_

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

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

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

Main Administrative Office 7700 Forsyth Boulevard  
(Street and Number)

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

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

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

Internet Web Site Address www.bchpohio.com

## OFFICERS

**OFFICERS**

Name	Title	Name	Title
Steven Bradley Province	President and CEO	Joel Benjamin Samson #	Secretary
Jeffrey Alan Schwancke	Treasurer		

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## OTHER OFFICERS

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OTHER OFFICERS			
Tricia Lynn Dinkelman	Vice President of Tax	Brad Lucas	Chief Medical Officer
Erik Dorwin Helms	Chief Performance Officer	Hagy Gail Wegener	Vice President Quality Improvement
Lori Jean Mulichak, RN	Sr. Vice President Medical Management	Daisy R Sinha	Vice President of Operations
Andrew Joseph Reitz	Vice President of Compliance	Eric Allan Poklar	Sr. VP of Legislative & Government Affairs
Natalie A Lukaszewicz	Vice President Network Development & Contracting	Christian Edward Miller	Chief Financial Officer
Meera Patel-Zook #	Vice President of Pharmacy	Kyle Schetter	Vice President of Customer Service
John Scherler	Sr. VP of Operations		

## **DIRECTORS OR TRUSTEES**

Megan Rebecca Flaskamper	Charles Robert Vignos	Angela Cornelius Dawson	Jimmy Vance Stewart
Edward Thomas Arcy, D.O	Elizabeth Anne Kelly	Julie DiRossi-King #	Joshua J Joseph, M.D. #
Gregory K Lam, M.D. #	Nathan Thomas Landsbaum #	Charles Modlin, M.D. #	Sarah Redding, M.D. #
Shawn A Ryan, M.D. #	Sharon Schweikhart #	T Lawrence Blosser, M.D. #	Steven Bradley Province

State of Missouri

County of St. Charles

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

Joel Benjamin Samson  
Secretary

Jeffrey Alan Schwanke  
Treasurer

Subscribed and sworn to before me this  
day of ,

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, 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).....	309,122,877		309,122,877	353,451,453
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	10,287,774		10,287,774	7,015,077
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 (\$ ..... 76,819,592 , Schedule E-Part 1), cash equivalents (\$ ..... 155,649,461 , Schedule E-Part 2) and short-term investments (\$ ..... 199,961 , Schedule DA).....	232,669,013		232,669,013	95,297,685
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	4,550,057		4,550,057	14,192,811
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) .....	556,629,722	0	556,629,722	469,957,026
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	2,549,190		2,549,190	2,869,673
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	130,409,492		130,409,492	97,848,180
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 (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	19,602,794		19,602,794	17,752,633
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	2,584,068		2,584,068	803,488
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 .....	22,112,015		22,112,015	13,173,932
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0		0	1,179,837
18.2 Net deferred tax asset.....	8,074,470		8,074,470	7,569,966
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 .....	30,129,191		30,129,191	23,347,125
24. Health care (\$ ..... 11,396,396 ) and other amounts receivable.....	43,794,540	32,398,144	11,396,396	8,080,537
25. Aggregate write-ins for other-than-invested assets .....	1,082,945	628,625	454,320	2,751,701
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	816,968,426	33,026,769	783,941,657	645,334,097
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	816,968,426	33,026,769	783,941,657	645,334,097
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. <b>Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)</b>	0	0	0	0
2501. Prepads.....	628,625	628,625	0	0
2502. State Income Tax Recoverable.....	415,098		415,098	2,729,183
2503. Admitted Aggregate Write-Ins.....	39,222		39,222	22,518
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. <b>Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)</b>	1,082,945	628,625	454,320	2,751,701

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,345,439 reinsurance ceded)	313,746,446		313,746,446	234,703,795
2. Accrued medical incentive pool and bonus amounts	8,120,744		8,120,744	13,804,768
3. Unpaid claims adjustment expenses	3,963,986		3,963,986	3,661,266
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	29,416,664		29,416,664	0
5. Aggregate life policy reserves	0		0	0
6. Property/casualty unearned premium reserves	0		0	0
7. Aggregate health claim reserves	0		0	0
8. Premiums received in advance	9,327,820		9,327,820	6,050,246
9. General expenses due or accrued	54,625,025		54,625,025	46,899,538
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	1,345,507		1,345,507	0
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	4,111,791		4,111,791	651,866
12. Amounts withheld or retained for the account of others	0		0	0
13. Remittances and items not allocated	0		0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	0		0	0
16. Derivatives	0	0	0	0
17. Payable for securities	900,000		900,000	0
18. Payable for securities lending	0		0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	0		0	0
20. Reinsurance in unauthorized and certified (\$ companies)	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans	937,600		937,600	0
23. Aggregate write-ins for other liabilities (including \$ current)	7,954,223	0	7,954,223	213,369
24. Total liabilities (Lines 1 to 23)	434,449,805	0	434,449,805	305,984,848
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	44,296,036
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	129,150,000	129,150,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	219,341,852	164,903,213
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	349,491,852	339,349,249
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	783,941,657	645,334,097
<b>DETAILS OF WRITE-INS</b>				
2301. Hospital Assessment Payable	7,954,222		7,954,222	0
2302. APTC	1		1	213,369
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	7,954,223	0	7,954,223	213,369
2501. Health Insurer Fee Estimate	XXX	XXX	0	44,296,036
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	44,296,036
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	5,291,415	4,388,722
2. Net premium income (including \$ 0 non-health premium income).....	XXX	3,386,710,972	2,731,958,968
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	3,386,710,972	2,731,958,968
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		2,013,668,810	1,608,045,347
10. Other professional services.....		205,619,550	168,525,088
11. Outside referrals.....		0	0
12. Emergency room and out-of-area.....		153,070,761	125,063,006
13. Prescription drugs.....		479,437,284	388,672,427
14. Aggregate write-ins for other hospital and medical.....	0	886,426	336,955
15. Incentive pool, withhold adjustments and bonus amounts.....		4,725,891	15,554,317
16. Subtotal (Lines 9 to 15).....	0	2,857,408,721	2,306,197,140
<b>Less:</b>			
17. Net reinsurance recoveries.....		3,737,147	5,281,109
18. Total hospital and medical (Lines 16 minus 17).....	0	2,853,671,574	2,300,916,031
19. Non-health claims (net).....		0	0
20. Claims adjustment expenses, including \$ 897,848 cost containment expenses.....		33,483,707	33,640,241
21. General administrative expenses.....		436,310,450	323,202,401
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	(1,410,172)
23. Total underwriting deductions (Lines 18 through 22).....	0	3,323,465,731	2,656,348,501
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	63,245,241	75,610,467
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		10,620,466	12,598,753
26. Net realized capital gains (losses) less capital gains tax of \$ 553,591.....		2,082,555	106,417
27. Net investment gains (losses) (Lines 25 plus 26).....	0	12,703,021	12,705,170
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ 956,953 )].....		(956,953)	(517,838)
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	74,991,309	87,797,799
31. Federal and foreign income taxes incurred.....	XXX	25,347,965	16,101,537
32. Net income (loss) (Lines 30 minus 31).....	XXX	49,643,344	71,696,262
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX		
0602.....	XXX		
0603.....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.....	XXX		
0702.....	XXX		
0703.....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401. Unpaid reinsurance recoveries.....		886,426	336,955
1402.....			0
1403.....			0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	886,426	336,955
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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	339,349,249	334,961,253
34. Net income or (loss) from Line 32 .....	49,643,344	71,696,262
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 \$ 399,038 .....	(2,720,042)	1,120,634
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	(311,512)	(377,168)
39. Change in nonadmitted assets .....	(111,417)	(8,051,732)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....	0	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0
44.3 Transferred to surplus .....	0	0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	(40,000,000)	(60,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	3,642,230	0
48. Net change in capital and surplus (Lines 34 to 47) .....	10,142,603	4,387,996
49. Capital and surplus end of reporting year (Line 33 plus 48)	349,491,852	339,349,249
<b>DETAILS OF WRITE-INS</b>		
4701. 2019 & Prior HLM Investment Distribution Income .....	3,642,230	0
4702. .....	0	0
4703. .....	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	3,642,230	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**CASH FLOW**

<b>Cash from Operations</b>		<b>1 Current Year</b>	<b>2 Prior Year</b>
1. Premiums collected net of reinsurance		3,388,240,292	2,679,886,175
2. Net investment income		11,710,356	13,343,404
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		3,399,950,648	2,693,229,579
5. Benefit and loss related payments		2,784,940,991	2,289,398,157
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		467,833,660	354,422,067
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		24,591,266	28,911,946
10. Total (Lines 5 through 9)		3,277,365,917	2,672,732,170
11. Net cash from operations (Line 4 minus Line 10)		122,584,731	20,497,409
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		.75,549,262	103,032,030
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		12,526,455	397,177
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		.681	113
12.7 Miscellaneous proceeds		900,000	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		.88,976,399	103,429,321
13. Cost of investments acquired (long-term only):			
13.1 Bonds		.32,333,609	118,784,983
13.2 Stocks		.2,922,949	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		(1,066,756)	.578,768
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		34,189,801	119,363,751
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)		54,786,597	(15,934,430)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
16.5 Dividends to stockholders		.40,000,000	60,000,000
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)		(40,000,000)	(60,000,000)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		137,371,329	(55,437,021)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		.95,297,685	150,734,706
19.2 End of year (Line 18 plus Line 19.1)		232,669,014	95,297,685

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	3,386,710,972	237,840,515	.0	0	0	.0	.352,586,035	2,796,284,422	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	.0	.0	0	0	.0	.0	0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	3,386,710,972	237,840,515	.0	0	0	.0	.352,586,035	2,796,284,422	.0	.0
8. Hospital/medical benefits	2,013,668,810	130,549,868					.269,015,347	1,614,103,595		XXX
9. Other professional services	205,619,550	1,877,857					.4,715,395	.199,026,298		XXX
10. Outside referrals	0	.0					.0	0		XXX
11. Emergency room and out-of-area	.153,070,761	.11,393,815					.11,252,337	.130,424,609		XXX
12. Prescription drugs	479,437,283	.49,585,691					.24,539,933	.405,311,659		XXX
13. Aggregate write-ins for other hospital and medical	.886,426	.89,336					.149,199	.647,891		XXX
14. Incentive pool, withhold adjustments and bonus amounts	.4,725,891	.261,090					.466,125	.3,998,676		XXX
15. Subtotal (Lines 8 to 14)	2,857,408,721	193,757,657	.0	0	0	.0	.310,138,336	.2,353,512,728		XXX
16. Net reinsurance recoveries	.3,737,147	.193,370					.0	.3,543,777		XXX
17. Total hospital and medical (Lines 15 minus 16)	2,853,671,574	193,564,287	.0	0	0	.0	.310,138,336	.2,349,968,951		XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ .897,848 cost containment expenses	.33,483,707	.2,469,707					.4,091,000	.26,923,000		
20. General administrative expenses	436,310,450	.43,005,987					.32,428,016	.360,876,447		
21. Increase in reserves for accident and health contracts	0	.0					.0	0		XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	3,323,465,731	239,039,981	.0	0	0	.0	.346,657,352	.2,737,768,398	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	63,245,241	(1,199,466)	0	0	0	0	5,928,683	58,516,024	0	.0
<b>DETAILS OF WRITE-INS</b>										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	.0	.0	0	0	.0	0	0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Unpaid reinsurance recoveries	.886,426	.89,336					.149,199	.647,891		XXX
1302.										
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)	886,426	89,336	0	0	0	0	149,199	647,891	0	XXX

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....	237,885,795	0	45,280	237,840,515
2. Medicare Supplement .....	0	0	0	0
3. Dental only.....	0	0	0	0
4. Vision only.....	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0
6. Title XVIII - Medicare .....	352,848,888	0	262,853	352,586,035
7. Title XIX - Medicaid.....	2,807,595,415	0	11,310,993	2,796,284,422
8. Other health.....	0	0	0	0
9. Health subtotal (Lines 1 through 8) .....	3,398,330,098	0	11,619,126	3,386,710,972
10. Life .....	0	0	0	0
11. Property/casualty.....	0	0	0	0
12. Totals (Lines 9 to 11)	3,398,330,098	0	11,619,126	3,386,710,972

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	2,770,746,320	184,252,365					297,793,046	2,288,700,909		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	1,192,384	193,370						999,014		
1.4 Net	2,769,553,936	184,058,995	0	0	0	0	297,793,046	2,287,701,895	0	0
2. Paid medical incentive pools and bonuses	10,409,914	154,494					343,731	9,911,689		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	317,091,886	24,689,998	0	0	0	0	50,486,272	241,915,616	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	3,345,439	0	0	0	0	0	0	3,345,439	0	0
3.4 Net	313,746,447	24,689,998	0	0	0	0	50,486,272	238,570,177	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	.8,120,742	411,542					274,317	7,434,883		
6. Net healthcare receivables (a)	(2,893,861)	(4,106,569)					1,320,004	(107,296)		
7. Amounts recoverable from reinsurers December 31, current year	2,584,068							2,584,068		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	238,935,662	19,641,700	0	0	0	0	37,436,301	181,857,661	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	4,231,864	89,336	0	0	0	0	149,199	3,993,329	0	0
8.4 Net	234,703,798	19,552,364	0	0	0	0	37,287,102	177,864,332	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	13,804,767	304,946	0	0	0	0	151,924	13,347,897	0	0
11. Amounts recoverable from reinsurers December 31, prior year	39,305	0	0	0	0	0	0	39,305	0	0
12. Incurred benefits:										
12.1 Direct	2,851,796,405	193,407,232	0	0	0	0	309,523,013	2,348,866,160	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	2,850,722	104,034	0	0	0	0	(149,199)	2,895,887	0	0
12.4 Net	2,848,945,683	193,303,198	0	0	0	0	309,672,212	2,345,970,273	0	0
13. Incurred medical incentive pools and bonuses	4,725,889	261,090	0	0	0	0	466,124	3,998,675	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	74,075,106	7,343,611					11,715,785	55,015,710		
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	74,075,106	7,343,611	0	0	0	0	11,715,785	55,015,710	0	0
2. Incurred but Unreported:										
2.1. Direct .....	243,016,780	17,346,387					38,770,487	186,899,906		
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	3,345,439							3,345,439		
2.4. Net .....	239,671,341	17,346,387	0	0	0	0	38,770,487	183,554,467	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 .....	317,091,886	24,689,998	0	0	0	0	50,486,272	241,915,616	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	3,345,439	0	0	0	0	0	0	3,345,439	0	0
4.4. Net .....	313,746,447	24,689,998	0	0	0	0	50,486,272	238,570,177	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	19,432,150	177,911,027	1,103,301	23,586,697	20,535,451	19,552,364
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 .....	32,646,893	275,844,716	313,456	50,172,816	32,960,349	37,287,102
7. Title XIX - Medicaid .....	149,176,329	2,148,972,660	1,271,216	237,298,962	150,447,545	177,864,332
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	201,255,372	2,602,728,403	2,687,973	311,058,475	203,943,345	234,703,798
10. Healthcare receivables (a) .....		34,080,742			0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	8,031,285	2,378,630	3,194,185	4,926,559	11,225,470	13,804,767
13. Totals (Lines 9-10+11+12)	209,286,657	2,571,026,291	5,882,158	315,985,034	215,168,815	248,508,565

(a) Excludes \$ 9,713,797 loans or advances to providers not yet expensed.

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A – Paid Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	11,178	11,352	11,352	11,352	11,352
2. 2016.....	14,720	18,317	18,676	18,676	18,676
3. 2017.....	XXX	34,307	39,061	40,188	40,188
4. 2018.....	XXX	XXX	76,336	88,981	90,802
5. 2019.....	XXX	XXX	XXX	127,409	145,047
6. 2020	XXX	XXX	XXX	XXX	168,810

**Section B – Incurred Health Claims - Hospital and Medical**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	11,205	11,352	11,352	11,352	11,352
2. 2016.....	18,386	18,344	18,676	18,676	18,676
3. 2017.....	XXX	39,570	39,560	40,188	40,188
4. 2018.....	XXX	XXX	86,344	89,869	90,802
5. 2019.....	XXX	XXX	XXX	146,378	146,150
6. 2020	XXX	XXX	XXX	XXX	192,808

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	24,234	18,676	.414	2.2	19,090	78.8			19,090	.78.8
2. 2017.....	46,860	40,188	.909	2.3	41,097	87.7			41,097	.87.7
3. 2018.....	120,939	90,802	1,990	2.2	92,792	76.7			.92,792	.76.7
4. 2019.....	193,831	145,047	2,637	1.8	147,684	76.2	1,103	.28	148,815	.76.8
5. 2020	237,886	168,810	2,120	1.3	170,930	71.9	23,998	254	195,182	82.0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Medicare**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	245,687	245,500	245,500	245,449	245,499
2. 2016.....	178,205	194,949	195,083	195,083	195,083
3. 2017.....	XXX.....	205,263	227,025	226,471	226,471
4. 2018.....	XXX.....	XXX.....	207,064	235,323	235,499
5. 2019.....	XXX.....	XXX.....	XXX.....	238,165	270,878
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	264,067

**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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	245,826	245,500	245,500	245,499	245,499
2. 2016.....	203,479	194,981	195,083	195,083	195,083
3. 2017.....	XXX.....	232,374	227,082	226,471	226,471
4. 2018.....	XXX.....	XXX.....	237,719	236,269	235,499
5. 2019.....	XXX.....	XXX.....	XXX.....	274,657	271,286
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	314,420

**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. 2016.....	216,637	195,083	2,437	1.2	197,520	.91.2			197,520	.91.2
2. 2017.....	247,728	226,471	3,144	1.4	229,615	.92.7			229,615	.92.7
3. 2018.....	249,807	235,499	3,782	1.6	239,281	.95.8			239,281	.95.8
4. 2019.....	316,925	270,878	4,993	1.8	275,871	.87.0	313	.65	276,249	.87.2
5. 2020.....	352,849	264,067	3,501	1.3	267,568	.75.8	50,447	.581	318,596	.90.3

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	2,428,525	2,426,151	2,426,151	2,426,151	2,426,152
2. 2016.....	1,375,468	1,476,388	1,475,039	1,475,039	1,475,039
3. 2017.....	XXX.....	1,459,265	1,566,976	1,407,717	1,407,717
4. 2018.....	XXX.....	XXX.....	1,611,603	1,920,592	1,917,926
5. 2019.....	XXX.....	XXX.....	XXX.....	1,714,000	1,873,605
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	2,138,150

**Section B – Incurred Health Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	2,428,739	2,426,151	2,426,151	2,426,151	2,426,152
2. 2016.....	1,502,104	1,476,723	1,475,039	1,475,039	1,475,039
3. 2017.....	XXX.....	1,586,856	1,568,056	1,407,717	1,407,717
4. 2018.....	XXX.....	XXX.....	1,787,771	1,925,224	1,917,926
5. 2019.....	XXX.....	XXX.....	XXX.....	1,900,581	1,877,976
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	2,379,784

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	1,824,884	1,475,039	18,993	1.3	1,494,032	81.9			1,494,032	81.9
2. 2017.....	1,934,712	1,407,717	23,011	1.6	1,430,728	74.0			1,430,728	74.0
3. 2018.....	2,193,125	1,917,926	23,360	1.2	1,941,286	88.5			1,941,286	88.5
4. 2019.....	2,230,408	1,873,605	30,381	1.6	1,903,986	85.4	4,371	304	1,908,661	85.6
5. 2020.....	2,807,595	2,138,150	23,494	1.1	2,161,644	77.0	241,634	2,732	2,406,010	85.7

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	2,685,390	2,683,003	2,683,003	2,682,952	2,683,003
2. 2016.....	1,568,393	1,689,654	1,688,798	1,688,798	1,688,798
3. 2017.....	XXX.....	1,698,835	1,833,062	1,674,376	1,674,376
4. 2018.....	XXX.....	XXX.....	1,895,003	2,244,896	2,244,227
5. 2019.....	XXX.....	XXX.....	XXX.....	2,079,574	2,289,530
6. 2020	XXX	XXX	XXX	XXX	2,571,027

**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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	2,685,770	2,683,003	2,683,003	2,683,002	2,683,003
2. 2016.....	1,723,969	1,690,048	1,688,798	1,688,798	1,688,798
3. 2017.....	XXX.....	1,858,800	1,834,698	1,674,376	1,674,376
4. 2018.....	XXX.....	XXX.....	2,111,834	2,251,362	2,244,227
5. 2019.....	XXX.....	XXX.....	XXX.....	2,321,616	2,295,412
6. 2020	XXX	XXX	XXX	XXX	2,887,012

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments (Col. 3/2)	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2016.....	2,065,755	1,688,798	21,844	1.3	1,710,642	.82.8	0	0	1,710,642	.82.8
2. 2017.....	2,229,300	1,674,376	27,064	1.6	1,701,440	.76.3	0	0	1,701,440	.76.3
3. 2018.....	2,563,871	2,244,227	29,132	1.3	2,273,359	.88.7	0	0	2,273,359	.88.7
4. 2019.....	2,741,164	2,289,530	38,011	1.7	2,327,541	.84.9	5,787	397	2,333,725	.85.1
5. 2020	3,398,330	2,571,027	29,115	1.1	2,600,142	.76.5	316,079	3,567	2,919,788	.85.9

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	.0								
2. Additional policy reserves (a)	.0								
3. Reserve for future contingent benefits	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	29,416,664	2,787,875					4,440,226	22,188,563	
5. Aggregate write-ins for other policy reserves	.0	.0	.0	0	.0	.0	.0	.0	.0
6. Totals (gross)	29,416,664	2,787,875	0	0	0	0	4,440,226	22,188,563	.0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	29,416,664	2,787,875	0	0	0	0	4,440,226	22,188,563	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
<b>DETAILS OF WRITE-INS</b>									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	0	0	.0	0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	0	0	.0	0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, 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)			5,284,541		5,284,541
2. Salaries, wages and other benefits .....			93,504,886		93,504,886
3. Commissions (less \$ .....ceded plus \$ .....assumed)			3,615,434		3,615,434
4. Legal fees and expenses .....			2,676,548		2,676,548
5. Certifications and accreditation fees .....			59,537		59,537
6. Auditing, actuarial and other consulting services .....			33,578,873		33,578,873
7. Traveling expenses .....			380,120		380,120
8. Marketing and advertising .....			7,949,601		7,949,601
9. Postage, express and telephone .....			2,560,842		2,560,842
10. Printing and office supplies .....			2,684,810		2,684,810
11. Occupancy, depreciation and amortization .....			9,459,453		9,459,453
12. Equipment .....			300,203		300,203
13. Cost or depreciation of EDP equipment and software .....			8,934,457		8,934,457
14. Outsourced services including EDP, claims, and other services .....	897,848	32,585,859	44,741,214		78,224,921
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			509,512		509,512
17. Collection and bank service charges .....			1,081,663		1,081,663
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			607,542		607,542
22. Real estate taxes .....			304,500		304,500
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			2,211,742		2,211,742
23.2 State premium taxes .....			163,610,024		163,610,024
23.3 Regulatory authority licenses and fees .....			243,307		243,307
23.4 Payroll taxes .....			4,882,740		4,882,740
23.5 Other (excluding federal income and real estate taxes) .....			47,128,900		47,128,900
24. Investment expenses not included elsewhere .....				324,604	324,604
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	897,848	32,585,859	436,310,450	324,604	(a) 470,118,761
27. Less expenses unpaid December 31, current year .....		3,963,986	54,625,025		58,589,011
28. Add expenses unpaid December 31, prior year .....	0	3,661,266	46,899,537	0	50,560,803
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) .....	897,848	32,283,139	428,584,962	324,604	462,090,554
<b>DETAILS OF WRITE-INS</b>					
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 \$ 280,718,212 to affiliates and \$ .....to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 6,513	6,513
1.1 Bonds exempt from U.S. tax .....	(a) .....	.....
1.2 Other bonds (unaffiliated) .....	(a) 10,668,725	10,371,091
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) .....	(b) 0	.....
2.21 Common stocks of affiliates .....	(b) 0	.....
3. Mortgage loans .....	(c) .....	.....
4. Real estate .....	(d) .....	.....
5. Contract loans .....	(e) 590,316	567,466
6. Cash, cash equivalents and short-term investments .....	(f) .....	.....
7. Derivative instruments .....	.....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	0	0
10. Total gross investment income .....	11,265,554	10,945,070
11. Investment expenses .....	(g) 324,604	.....
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
15. Aggregate write-ins for deductions from investment income .....	0	.....
16. Total deductions (Lines 11 through 15) .....	.....	324,604
17. Net investment income (Line 10 minus Line 16) .....	.....	10,620,466
<b>DETAILS OF WRITE-INS</b>		
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 \$ 409,837 accrual of discount less \$ 1,179,244 amortization of premium and less \$ 85,364 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 \$ 17,696 accrual of discount less \$ 15,674 amortization of premium and less \$ 16,414 paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.....	.....	0	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	0	.....	.....
1.2 Other bonds (unaffiliated) .....	26,597	.....	26,597	(370,112)	.....
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	349,749	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments .....	681	.....	681	0	0
7. Derivative instruments .....	.....	.....	0	.....	.....
8. Other invested assets .....	2,608,868	0	2,608,868	(2,300,641)	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	2,636,146	0	2,636,146	(2,321,004)	0
<b>DETAILS OF WRITE-INS</b>			.....	.....	.....
0901. .....	.....	.....	0	.....	.....
0902. .....	.....	.....	0	.....	.....
0903. .....	.....	.....	0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**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.....	32,398,144	32,626,168	228,024
25. Aggregate write-ins for other-than-invested assets .....	628,625	289,184	(339,441)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	33,026,769	32,915,352	(111,417)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	33,026,769	32,915,352	(111,417)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0
2501. Prepaid Expenses.....	628,625	289,184	(339,441)
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) .....	628,625	289,184	(339,441)

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, 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.....	380,279	404,750	449,706	464,375	474,847	5,291,415
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	380,279	404,750	449,706	464,375	474,847	5,291,415
<b>DETAILS OF WRITE-INS</b>						
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

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

### (1) Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

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

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

<u>NET INCOME</u>		<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>State of Domicile</u>	<u>2020</u>	<u>2019</u>
(1) Buckeye Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)		XXX	XXX	XXX	Ohio	\$ 49,643,344	\$ 71,696,260
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets		—	—	—	Ohio	—	—
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets, home office property		—	—	—	Ohio	—	—
(4) NAIC SAP (1-2-3=4)		XXX	XXX	XXX	Ohio	\$ 49,643,344	\$ 71,696,260
<u>SURPLUS</u>		<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>State of Domicile</u>	<u>2020</u>	<u>2019</u>
(5) Buckeye Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)		XXX	XXX	XXX	Ohio	\$ 349,491,852	\$ 339,349,248
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net		—	—	—	Ohio	—	—
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Home Office Property		—	—	—	Ohio	—	—
(8) NAIC SAP (5-6-7=8)		XXX	XXX	XXX	Ohio	\$ 349,491,852	\$ 339,349,248

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

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

#### C. Accounting Policy

1. Cash, cash equivalents, and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at the lower of amortized cost or fair value.
3. Common stocks in affiliates are carried based on the underlying GAAP equity of the investee.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
7. The Company has investments in subsidiaries, controlled and affiliated companies reported on an equity basis in the amount of \$10.3 million in common stock.
8. The Company has minor interests in joint ventures that do not exceed 10% of admitted assets. The Company carries these interests based on the underlying audited GAAP equity of the investee.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has a premium deficiency reserve in the amount of \$0 at December 31, 2020.

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

None

### (5) Investments

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

	Amortized Cost	Market Value
Bonds	\$308,918,857	\$327,004,470

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
  1. Prepayment assumptions were obtained from Moody's.
  2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
  3. There are no securities with a recognized other-than-temporary impairment.
  4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
    - a. The aggregate amount of unrealized losses:
      1. Less than 12 Months \$391,586.40
      2. 12 Months or Longer \$126,785.47
    - b. The aggregate related fair value of securities with unrealized losses:
      1. Less than 12 Months \$8,312,137.17
      2. 12 Months or Longer \$6,669,487.32

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

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

### E. Dollar Repurchase Agreements and/or Securities Lending Transactions

For dollar repurchase agreements, Company policies require a minimum of 100% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2020.

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

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

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

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

### J. Real Estate- None

### K. Low-Income Housing Tax Credit- None

### L. Restricted Assets

#### 1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	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	\$ 403,980	\$ 407,467	\$ (3,487)		\$ 403,980	0.0%	0.1%
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 403,980	\$ 407,467	\$ (3,487)		\$ 403,980	0.0%	0.1%

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

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

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

#### 3. Detail of Other Restricted Assets- None

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

### M. Working Capital Finance Investments – None

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

### O. 5GI Securities – None

### P. Short Sales – None

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

### Q. Prepayment Penalty and Acceleration Fees

General Account		
(1) Number of CUSIPs		7
(2) Aggregate Amount of Investment Income		<u>94,395</u>

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

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

### (7) Investment Income

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

### (8) Derivative Instruments

The Company had no derivative instruments during the statement periods.

### (9) Income Taxes

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

①	DTA/DTL Components	Description	2020			2019			Change		
			Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets	8,620,851	277,631	8,898,483	8,311,392	346,084	8,657,475	309,460	(68,452)	0	241,007
(b)	Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0	0
(c)	Adjusted gross deferred tax assets	8,620,851	277,631	8,898,483	8,311,392	346,084	8,657,475	309,460	(68,452)	0	241,007
(d)	Deferred tax assets nonadmitted	(1)	0	(1)	0	0	0	0	0	0	0
(e)	Net admitted deferred tax assets	8,620,851	277,632	8,898,483	8,311,392	346,084	8,657,475	309,460	(68,452)	0	241,007
(f)	Deferred tax liabilities	(205,714)	(527,299)	(632,012)	(204,306)	(783,207)	(1,097,513)	7,592	255,909	263,501	
(g)	Net admitted deferred tax asset/(Net deferred tax liability)	8,324,137	(249,667)	8,074,470	8,007,086	(437,124)	7,569,962	317,052	187,458	504,508	
②	Admission calculation components:										
Description			2020			2019			Change		
(a)	Admission calculation under ¶11.a.-¶11.c.		8,620,851	32,813	8,653,664	8,120,893	0	8,120,893	499,958	32,813	532,771
(b)	FIT recoverable by loss carryback ¶11.a.]	0	0	0	0	0	0	0	0	0	0
(c)	Expected to be realized ¶11.b.] (lesser of 1. or 2.)	0	0	0	0	0	0	0	0	0	0
1.	Expected to be realized ¶11.b.i.]	XXX	XXX	51,212,607	XXX	XXX	XXX	XXX	XXX	XXX	51,212,607
2.	Surplus limitation ¶11.b.ii.]										
(d)	DTL offset ¶11.c.]	0	244,819	244,819	190,499	0	190,499	(190,499)	244,819	54,320	
(e)	Total admitted under ¶11.a.-¶11.c.]	8,620,851	277,632	8,898,483	8,311,392	346,084	8,657,475	309,459	277,632	587,091	
③	Information used in expected to be realized calculation ¶11.b.]										
Description			2020		2019		Change			Total	
(a)	ExDTA ACL RBC or other ratio		334%	410%							
(b)	Adjusted capital and surplus	341,417,382		331,779,280							
④	Impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs:										
Description			2020			2019			Change		
(a)	Adjusted gross DTAs - TPS Amount (Necessary for Centene Entities)	48,730	32,813	81,543	0	0	0	0	48,730	32,813	81,543
	Adjusted gross DTAs - Amount (Memo Entry)	8,620,851	277,631	8,898,483	8,311,392	346,084	8,657,475	309,460	(68,452)	0	241,007
(b)	Adjusted gross DTAs - Percentage	0.55%	0.37%	0.92%	0.00%	0.00%	0.00%	0.00%	0.55%	0.37%	0.92%
	Net admitted DTAs - TPS Amount (Necessary for Centene Entities)	48,730	32,813	81,543	0	0	0	0	48,730	32,813	81,543
(c)	Net admitted DTAs - Amount (Memo Entry)	8,620,851	277,632	8,898,483	8,311,392	346,084	8,657,475	309,459	(68,452)	0	241,007
(d)	Net admitted DTAs - Percentage	0.60%	0.41%	1.01%	0.00%	0.00%	0.00%	0.00%	0.60%	0.41%	1.01%
(e)	Did the company avail itself of a tax planning strategy involving reinsurance? [check box]	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	2020	2019
(a)	Current federal income tax expense	25,248,007	16,306,477
(b)	Foreign taxes	0	0
(c)	Subtotal	25,248,007	16,306,477
(d)	Tax on capital gains/(losses)	553,591	28,288
(e)	Utilization of capital loss carryforwards	0	0
(f)	Other, including prior year underaccrual (overaccrual)	99,958	(204,940)
(g)	Federal and foreign income taxes incurred	<u>25,901,556</u>	<u>16,129,825</u>

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

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

(2) DTAs Resulting From Book/Tax Differences In	December 31, 2020	December 31, 2019	Change
<b>(a) Ordinary</b>			
(1) Discounting of unpaid losses and LAE	1,037,727	805,720	232,006
(2) Unearned premiums	391,768	254,111	137,658
(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	255,734	197,514	58,221
(9) Pension accruals	0	0	0
(10) Nonadmitted assets	6,935,622	6,912,224	23,397
(11) Net operating loss carryforward	0	0	0
(12) Tax credit carryforward	0	0	0
(13.1) Goodwill & Intangible Amortization	0	141,823	(141,822)
(13.2) Premium deficiency reserve	0	0	0
(13.3) Other (separately disclose items >5%)	0	0	0
<b>(99) Gross ordinary DTAs</b>	<b>8,620,851</b>	<b>8,311,392</b>	<b>309,460</b>
(b) Statutory valuation adjustment adjustment - ordinary	0	0	0
(c) Nonadmitted ordinary DTAs (-)	(0)	0	(0)
<b>(d) Admitted ordinary DTAs</b>	<b>8,620,851</b>	<b>8,311,392</b>	<b>309,459</b>
<b>(e) Capital</b>			
(1) Investments	244,819	346,084	(101,265)
(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	32,812	0	32,812
<b>(99) Gross capital DTAs</b>	<b>277,631</b>	<b>346,084</b>	<b>(68,452)</b>
(f) Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g) Nonadmitted capital DTAs (-)	0	0	0
<b>(h) Admitted capital DTAs</b>	<b>277,632</b>	<b>346,084</b>	<b>(68,452)</b>
<b>(i) Admitted DTAs</b>	<b>8,898,483</b>	<b>8,657,475</b>	<b>241,007</b>
<b>(3) DTLs Resulting From Book/Tax Differences In</b>			
(a) Ordinary	December 31, 2020	December 31, 2019	Change
(1) Investments	(150,164)	(128,447)	(21,718)
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premiums	0	0	0
(4) Policyholder reserves/salvage and subrogation	(146,549)	(175,859)	29,310
(5) Other (separately disclose items >5%)	(0)	0	(0)
<b>(99) Ordinary DTLs</b>	<b>(296,714)</b>	<b>(304,306)</b>	<b>7,592</b>
<b>(b) Capital</b>			
(1) Investments	(527,299)	0	(527,299)
(2) Real estate	0	0	0
(3) Other (separately disclose items >5%)	0	0	0
(4) Unrealized capital gains	0	(783,207)	783,207
<b>(99) Capital DTLs</b>	<b>(527,299)</b>	<b>(783,207)</b>	<b>255,909</b>
<b>(c) DTLs</b>	<b>(824,012)</b>	<b>(1,087,513)</b>	<b>263,501</b>
<b>(4) Net deferred tax assets/liabilities</b>	<b>8,074,470</b>	<b>7,569,962</b>	<b>504,508</b>

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, 2020	December 31, 2019	Change
Total deferred tax assets	8,898,483	8,657,475	241,007
Total deferred tax liabilities	(824,012)	(1,087,513)	263,501
Net deferred tax assets/liabilities	8,074,470	7,569,962	504,508
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	8,074,470	7,569,962	504,508
Tax effect of unrealized gains/(losses)	(32,812)	(783,207)	(816,020)
Change in net deferred income tax [(charge)/benefit]	8,041,658	8,353,169	(311,512)

### \*Statutory valuation allowance

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2020 and 2019 was \$0 and \$0, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2020 was \$0.

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

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

Description	2020			2019		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	75,544,900	15,864,429	21.00%	87,826,085	18,443,478	21.00%
Tax-Exempt Interest	(1,844,920)	(387,433)	-0.51%	(1,948,319)	(409,147)	-0.47%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	461,230	96,858	0.13%	487,080	102,287	0.12%
Health Insurer Fee	47,029,176	9,876,127	13.07%	0	0	0.00%
COLI Life Insurance	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	51,555	10,827	0.01%	121,174	25,447	0.03%
Statutory Valuation Allowance Adjustment	0	0	0.00%	0	0	0.00%
Deferred Taxes on Nonadmitted Assets	(111,416)	(23,397)	-0.03%	(8,051,733)	(1,690,864)	-1.93%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
<i>Partnership unrealized reclass</i>	764,868	1.01%				
Other, Including Prior Year True-Up	10,789	0.01%		35,797	0.04%	
Total	<u>26,213,068</u>	<u>34.70%</u>		<u>16,506,997</u>	<u>18.80%</u>	
Federal Income Taxes Incurred [Expense/(Benefit)]	25,347,965	33.55%		16,101,536	18.33%	
Tax on Capital Gains/(Losses)	553,591	0.73%		28,288	0.03%	
Change in Net Deferred Income Tax [Charge/(Benefit)]	311,512	0.41%		377,173	0.43%	
Total Statutory Income Taxes	<u>26,213,068</u>	<u>34.70%</u>		<u>16,506,997</u>	<u>18.80%</u>	
	0					

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

At December 31, 2020, the Company had net operating loss carryforwards expiring through the year 20XX of:

\$0

At December 31, 2020, 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
2018	N/A	0	0
2019	16,393,183	28,288	16,421,471
2020	25,248,007	553,591	25,801,598
Total	<u>41,641,190</u>	<u>581,879</u>	<u>42,223,069</u>

Deposits admitted under IRC § 6603

**None**

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

Absolute Total Care, Inc.	FH Assurance Company	QCA Health Plan, Inc.
AcariaHealth Pharmacy #11, Inc.	Golden Triangle Physician Alliance	QualChoice Life and Health Insurance Company, Inc.
AcariaHealth Pharmacy #12, Inc.	Granite State Health Plan, Inc.	QualMed Plans for Health of Pennsylvania, Inc.
AcariaHealth Pharmacy #13, Inc.	Hallmark Life Insurance Company	QualMed Plans for Health of Western Pennsylvania, Inc.
AcariaHealth Pharmacy #14, Inc.	Harmony Behavioral Health IPA, Inc.	QualMed, Inc.
AcariaHealth Pharmacy, Inc.	Harmony Behavioral Health, Inc.	Quincy Coverage Corporation
AcariaHealth Solutions, Inc.	Harmony Health Management, Inc.	RX Direct, Inc.
AcariaHealth, Inc.	Harmony Health Plan, Inc.	Salus Administrative Services, Inc.
Access Medical Acquisition, Inc.	Harmony Health Systems, Inc.	SelectCare Health Plans, Inc.
Access Medical Group of Florida City, Inc.	Health Net Access, Inc.	SelectCare of Texas, Inc.
Access Medical Group of Hialeah, Inc.	Health Net Community Solutions of Arizona, Inc.	SilverSummit Healthplan, Inc.
Access Medical Group of Miami, Inc.	Health Net Community Solutions, Inc.	Sunflower State Health Plan, Inc.
Access Medical Group of North Miami Beach, Inc.	Health Net Health Plan of Oregon, Inc.	Sunshine Health Community Solutions, Inc.
Access Medical Group of Opa-Locka, Inc.	Health Net Life Insurance Company	Sunshine State Health Plan, Inc.
Access Medical Group of Perrine, Inc.	Health Net Life Reinsurance Company	Superior Health Community Solutions, Inc.
Access Medical Group of Tampa II, Inc.	Health Net of Arizona Administrative Services, Inc.	Superior HealthPlan, Inc.
Access Medical Group of Tampa III, Inc.	Health Net of Arizona, Inc.	Tennessee Total Care, Inc.
Access Medical Group of Tampa, Inc.	Health Net of California Real Estate Holdings, Inc.	The WellCare Management Group, Inc.
Access Medical Group of Westchester, Inc.	Health Net of California, Inc.	Trillium Community Health Plan, Inc.
Accountable Care Coalition of DeKalb, LLC	Health Net Pharmaceutical Services	U.S. Medical Management Holdings, Inc.
Accountable Care Coalition of Southeast Texas	Health Net Services, Inc.	UAM Agent Services Corp.
Accountable Care Coalition of Texas, Inc.	Health Plan Real Estate Holding, Inc.	UAM/APS Holding Corp.
Agate Resources, Inc.	HealthSmart Benefit Solutions, Inc.	Universal American Corporation
Ambetter of North Carolina, Inc.	HealthSmart Care Management Solutions, LP	Universal American Financial Services, Inc.
American Progressive Life and Health	HealthSmart Information Systems, Inc.	University Health Plans, Inc.
APS Healthcare Holdings, Inc.	HealthSmart Preferred Care II, LP	Virginia Total Care, Inc.
APS Healthcare, Inc.	HealthSmart Preferred Network II, Inc.	VPA of Texas, PLLC
APS Parent, Inc.	HealthSmart Primary Care Clinics, LP	VPA, P.C.
Arkansas Health & Wellness Health Plan, Inc.	HealthSmart Rx Solutions, Inc.	WCG Health Management, Inc.
AWC of Syracuse, Inc.	Healthy Missouri Holdings, Inc.	WellCare Health Insurance Company New
Bankers Reserve Life Insurance Company of Wisconsin	Healthy Oklahoma Holdings, Inc.	WellCare Health Insurance Company of
Blue Sky Health Plan, Inc.	Healthy Washington Holdings, Inc.	WellCare Health Insurance Company of
Bridgeway Health Solutions of Arizona, Inc.	Heritage Health Systems of Texas, Inc.	WellCare Health Insurance Company of America
Buckeye Community Health Plan, Inc.	Heritage Health Systems, Inc.	WellCare Health Insurance Company of Kentucky
Buckeye Health Plan Community Solutions, Inc.	Heritage Physicians Networks	WellCare Health Insurance Company of Nevada
Calibrate Acquisition Co.	HHS Texas Management, Inc.	WellCare Health Insurance of Arizona, Inc.
California Health and Wellness Plan	Home State Health Plan, Inc.	WellCare Health Insurance of Connecticut
Care 1st Health Plan Arizona, Inc.	HomeScripts.com, LLC	WellCare Health Insurance of New York, Inc.
Care1st Health Plan Administrative Services	IHG Holdings, Inc.	WellCare Health Insurance of North Carolina
Carolina Complete Health Holding Company Partnership	IllinCare Health Plan, Inc.	WellCare Health Insurance of Tennessee
Carolina Complete Health, Inc.	Integrated Mental Health Services, 501(A)	WellCare Health Insurance of the Southwest
CBHSP Arizona, Inc.	Integrated Pharmacy Systems, Inc.	WellCare Health Plans of Arizona, Inc.
Celtic Group, Inc.	Interpret Holdings, Inc.	WellCare Health Plans of California, Inc.
Celticare Health Plan of Massachusetts, Inc.	Interpreta, Inc.	WellCare Health Plans of Kentucky, Inc.
Cenpatico of Arizona, Inc.	Iowa Total Care, Inc.	WellCare Health Plans of Massachusetts, Inc.
Cenpatico of California, Inc.	Isla Holding Co., Inc.	WellCare Health Plans of Missouri, Inc.
Centene Company of Texas, LP	Kentucky Spirit Health Plan, Inc.	WellCare Health Plans of New Jersey, Inc.
Centene Corporation	LBB Industries, Inc.	WellCare Health Plans of Tennessee, Inc.
Centene Escrow II Corporation	LiveHealthier, Inc.	WellCare Health Plans of Vermont, Inc.
Centene Health Plan Holdings, Inc.	Louisiana Healthcare Connections, Inc.	WellCare Health Plans of Wisconsin, Inc.
Centene Venture Company Alabama Health Plan, Inc.	LSM Holdco, Inc.	WellCare National Health Insurance Company
Centene Venture Company Florida	Magnolia Health Plan, Inc.	WellCare of Alabama, Inc.
Centene Venture Company Illinois	Managed Health Network	WellCare of Arkansas, Inc.
Centene Venture Company Indiana, Inc.	Managed Health Services Illinois, Inc.	WellCare of California, Inc.
Centene Venture Company Kansas	Managed Health Services Insurance Corporation	WellCare of Connecticut, Inc.
Centene Venture Company Michigan	Maryland Collaborative Care Transformation	WellCare of Florida, Inc.
Centene Venture Company Tennessee	Mauli Ola Health and Wellness, Inc.	WellCare of Georgia, Inc.
Community Medical Holdings Corp.	Meridian Health Plan of Illinois, Inc.	WellCare of Indiana, Inc.
Comprehensive Health Management, Inc.	Meridian Health Plan of Michigan, Inc.	WellCare of Kansas, Inc.
Comprehensive Reinsurance, Ltd.	MHM Maryland, Inc.	WellCare of Maine, Inc.
Coordinated Care Corporation	MHM Ohio, Inc.	WellCare of Michigan Holding Company
Coordinated Care of Washington, Inc.	MHM Services, Inc.	WellCare of Mississippi, Inc.
Delaware First Health Plan, Inc.	MHN Global Services, Inc.	WellCare of Missouri Health Insurance Company
District Community Care, Inc.	MHN Government Services - Guam, Inc.	WellCare of Nebraska, Inc.
Envolve - New York, Inc.	MHN Government Services - International, Inc.	WellCare of New Hampshire, Inc.
Envolve Benefit Options, Inc.	MHN Government Services - Puerto Rico, Inc.	WellCare of New York, Inc.
Envolve Captive Insurance Company, Inc.	MHS Consulting International, Inc.	WellCare of North Carolina, Inc.
Envolve Dental IPA of New York, Inc.	MHS Travel & Charter, Inc.	WellCare of Ohio, Inc.
Envolve Dental of Florida, Inc.	Michigan Complete Health, Inc.	WellCare of Oklahoma, Inc.
Envolve Dental of Texas, Inc.	Missouri Care, Incorporated	WellCare of Pennsylvania, Inc.
Envolve Dental, Inc.	National Pharmacy Services, Inc.	WellCare of South Carolina, Inc.
Envolve Holdings, Inc.	Nebraska Total Care, Inc.	WellCare of Texas, Inc.
Envolve Optical, Inc.	New York Quality Healthcare Corporation	WellCare of Virginia
Envolve PeopleCare, Inc.	New York Rx, Inc.	WellCare of Washington, Inc.
Envolve Pharmacy Solutions, Inc.	Next Door Neighbors, Inc.	WellCare Pharmacy Benefits Management, Inc.
Envolve Total Vision, Inc.	NovaSys Health, Inc.	WellCare Prescription Insurance, Inc.
Envolve Vision Benefits, Inc.	Ohana Health Plan, Inc.	Wellington Merger Sub II, Inc.
Envolve Vision IPA of New York, Inc.	Oklahoma Complete Health, Inc.	Western Sky Community Care, Inc.
Envolve Vision of Florida, Inc.	One Care by Care1st Health Plan of Arizona	Windsor Health Group, Inc.
Envolve Vision of Texas, Inc.	Patriots Holding Co.	Windsor Management Services, Inc.
Envolve Vision, Inc.	Peach State Health Plan, Inc.	Worley Management Services, Inc.
Envolve, Inc.	Pennsylvania Health & Wellness, Inc.	
Exactus Pharmacy Solutions, Inc.	Pennsylvania Health Care Plan, 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.

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

### G. Federal or Foreign Income Tax Loss Contingencies

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

### H. Repatriation Transition Tax (RTT)

Not applicable

### I. Alternative Minimum Tax (AMT) Credit

Not applicable

(1). Gross AMT Credit Recognized as:

a.	Current year recoverable	\$	-
b.	Deferred tax asset (DTA)	\$	-
(2).	Beginning Balance of AMT Credit Carryforward	\$	-
(3).	Amounts Recovered	\$	-
(4).	Adjustments	\$	-
(5).	Ending Balance of AMT Credit Carryforward	\$	-
(6).	Reduction for Sequestration		NONE
(7).	Nonadmitted by Reporting Entity	\$	-
(8).	Reporting Entity Ending Balance	\$	-

### J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

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

A, B, C, D, F

Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the years ending December 31, 2020 and December 31, 2019 included \$280,718,212 and \$231,317,152, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included \$17,000,593 and \$9,978,165, respectively, for true-up of management fees and expenses paid on behalf of the company.

Envolve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the years ending December 31, 2020 and December 31, 2019 included \$2,608,676 and \$3,026,377, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included \$394,831 and (\$511,304), respectively, for such services.

Envolve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the period ending December 31, 2020 and December 31, 2019 included \$591,233,842 and \$488,163,210, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included \$10,395,967 and \$15,928,707, respectively, for such services.

Cenpatico Behavioral Health, LLC provided mental health services to the Company. Medical expenses for the period ending December 31, 2020 and December 31, 2019 included \$0 and \$0, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$4,959,833) and \$5,446,112, respectively, for such services.

Envolve Vision, Inc. provided vision management services to the Company. Medical expenses for the period ending December 31, 2020 and December 31, 2019 included \$8,821,626 and \$7,362,431, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$1,522,868) and (\$855,892), respectively, for such services.

Envolve Dental, Inc. provided dental management services to the Company. Medical expenses for the period ending December 31, 2020 and December 31, 2019 included \$39,089,572 and \$42,526,483, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included \$12,733,758 and (\$1,258,482), respectively, for such services.

During 2020 and 2019, Centene Corporation contributed \$0 and \$0, respectively to the surplus of the Company. There were no contributions receivables recorded at December 31, 2020 and December 31, 2019.

E. Guarantees – None

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

H. Upstream Intermediate Entity – None

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

### I. Investment in SCA Entity

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

### J. Investment in Impaired SCA Entity – None

### K. Investment in Foreign Insurance Subsidiary – None

### L. Investment in Downstream Noninsurance Holding Company – None

### M. All SCA Investments

The Company made a \$6.0 million investment in Health Plan Real Estate Holding, Inc. (HPREHI) on December 4, 2013 by purchasing 60 shares of HPREHI's common stock for cash. The Company purchased an additional 25 shares of HPREHI's common stock on January 16, 2020 for \$2.9 million. HPREHI is wholly owned by subsidiaries of Centene Corporation, the Company's parent company. The Company's common stock investment in HPREHI is measured and reported in the Company's statutory financial statements using the equity method in accordance with SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and at December 31, 2020 and December 31, 2019 the reported value is \$10.3 million and \$7.0 million, respectively. The December 31, 2018 audited GAAP financial statements of HPREHI were filed with the NAIC SVO under Part 5 Section 2ciB3 of the NAIC valuation procedures. The NAIC affirmed the Company's valuation of HPREHI as of December 31, 2019 at \$115,804 per share. No resubmission of the filing was required.

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX	\$ -	\$ -	\$ -
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX	\$ -	\$ -	\$ -
c. SSAP No. 97 8b(iii) Entities				
Health Plan Real Estate Holding, Inc.	18%	\$ 10,287,774	\$ 10,287,774	
Total SSAP No. 97 8b(iii) Entities	XXX	\$ 10,287,774	\$ 10,287,774	\$ -
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX			
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 10,287,774	\$ 10,287,774	\$ -
f. Aggregate Total (a+e)	XXX	\$ 10,287,774	\$ 10,287,774	\$ -

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	Resubmission Required Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code**
a. SSAP No. 97 8a Entities							
Total SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities							
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities							
Health Plan Real Estate Holding, Inc.	Sub-2	6/30/2020	\$ 10,287,774	Y	N	I	
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$ 10,287,774	XXX	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities							
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ 10,287,774	XXX	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 10,287,774	XXX	XXX	XXX	XXX

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

\*\* I - Immaterial or M - Material

### N. Investment in an Insurance SCA – None

### O. SCA or SSAP No. 48 Entity Loss Tracking – Not applicable

## (11) Debt

### A. Capital Notes – None

### B. Federal Home Loan Bank Agreements – None

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

### A. Defined Benefit Plans – None

### B. Description of investment policies and strategies – Not applicable

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

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

- 1) The Company has 10,000 shares authorized, 100 shares issued, 100 shares outstanding at \$10,000 par value.
- 2) The Company had no preferred stock outstanding.
- 3) The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the superintendent has received notice of the distribution and has not within the thirty day period disapproved the dividend or distribution. An extraordinary dividend or distribution is one in which the fair market value, together with that of any other dividends or distributions made within the preceding twelve months, exceeds the greater of ten percent of the Company's surplus as of the thirty-first day of December next preceding, or the Company's net income for the twelve month period ending the thirty-first day of December next preceding. In addition, any dividend or distribution paid from other than earned surplus shall be considered extraordinary.
- 4) The Company paid \$40,000,000 and \$60,000,000 dividends for the years ended December 31, 2020 and 2019.
- 5) The Company is able to pay ordinary dividends to stockholders provided that the dividend or distribution of cash or other property, whose fair market value, together with that of other dividends or distributions made within the preceding twelve months, does not exceed the greater of ten percent of the Company's surplus or net income of the Company's twelve-month period ending the thirty-first day of December next preceding.
- 6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- 7) The Company has no advances to surplus not repaid.
- 8) The Company held no stock for special purposes such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- 9) The decrease in the special surplus fund from prior year is due to the annual fee under section 9010 of the Affordable Care Act paid on September 30, 2020 based on business written in 2019.
- 10) The impact to unassigned funds (surplus) by cumulative unrealized losses was \$4,861,357.
- 11) The Company did not issue any surplus debentures or similar obligations.
- 12) There have been no quasi-reorganizations.
- 13) The Company has not been involved in a quasi-reorganization in the last 10 years.

### (14) Liabilities, Contingencies and Assessments

- A. Contingent Commitments – The Company has outstanding commitments of approximately \$1,196,338 for additional investments in joint ventures and limited partnerships.
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims related to extra contractual obligation and bad faith losses stemming from lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

The Company has recognized an impairment charge of \$956,953 related to the member premium receivable outstanding as of December 31, 2020. The \$496,529 member receivable recognized as of December 31, 2020 has a reasonable possibility that it will be uncollectible.

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

**(15) Leases**

None

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

None

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

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

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

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

As of December 31, 2020, the Company recorded a net receivable from CMS that is greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000. The total balance for Medicare Part D low-income subsidy and reinsurance subsidy is \$21,174,414.

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

None

**(20) Fair Value Measurements**

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

The following table summarizes fair value measurements by level at December 31, 2020 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
<b>a. Assets at fair value</b>					
Cash, Cash Equivalents & Short Term Investments	\$ 232,669,013	\$ -	\$ -	\$ -	\$ 232,669,013
Perpetual Preferred stock	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	\$ 3,750,436	\$ -	\$ -	\$ 3,750,436
Hybrid Securities	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ -	\$ 3,750,436	\$ -	\$ -	\$ 3,750,436
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	\$ 232,669,013	\$ 3,750,436	\$ -	\$ -	\$ 236,419,449
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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
<b>a. Assets at fair value</b>					
Cash, Cash Equivalents & Short Term Investments	\$ 95,297,684	\$ -	\$ -	\$ -	\$ 95,297,684
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Hybrid Securities	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common Stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Common Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Credit contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity futures contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity forward contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	<u>\$ 95,297,684</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 95,297,684</u>
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

B. None

C. The following table summarizes the aggregate fair value measurements by level at December 31, 2020 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and Cash Equivalents	\$ 232,469,064	\$ 232,269,104	\$ 232,469,064	\$ -	\$ -	\$ -	\$ -
Short Term Investments	199,949	199,961	-	199,949	-	-	-
Bonds	327,215,146	309,122,877	410,625	326,804,521	-	-	-
Total	<u>\$ 559,884,160</u>	<u>\$ 541,591,942</u>	<u>\$ 232,879,689</u>	<u>\$ 327,004,470</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The following table summarizes the aggregate fair value measurements by level at December 31, 2019 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and Cash Equivalents	\$ 95,297,684	\$ 95,297,684	\$ 95,297,684	\$ -	\$ -	\$ -	\$ -
Short Term Investments	-	-	-	-	-	-	-
Bonds	363,582,393	353,451,453	407,625	363,174,768	-	-	-
Total	<u>\$ 458,880,077</u>	<u>\$ 448,749,137</u>	<u>\$ 95,705,309</u>	<u>\$ 363,174,768</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

D. Unable to Estimate Fair Value – None

E. Investments Measured Using the NAV Practical Expedient – None

### (21) Other Items

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

Assets in the amount of \$403,980 and \$407,467 at December 31, 2020 and December 31, 2019, respectively, were on deposit with government authorities or trustees as required by law.

- D. Business Interruption Insurance Recoveries – None
- E. State Transferable Tax Credits and Non-transferable Tax Credits – None
- F. Subprime Mortgage Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance-linked securities – None

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

- I. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy – None

### (22) Events Subsequent

#### Type I - Recognizable Subsequent Events

Subsequent events have been considered through 3/1/2021 for the statutory statement issued on 3/1/2021.

None

#### Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through 3/1/2021 for the statutory statement issued on 3/1/2021.

The Company is subject to the annual industry fee under section 9010 of ACA. The industry fee is being levied on certain health insurers that provide insurance in the assessment year, and is allocated to health insurers based on each health insurer's share of net premiums for all U.S health insurers in the year preceding the assessment. In December 2015, President Obama signed the Consolidated Appropriations Act, 2016 which, among other provisions, included a one-year moratorium on the ACA industry fee for 2017 (payable in 2018). Additionally, in January 2018, Congress approved an additional one-year moratorium of the ACA industry fee for 2019 (payable in 2020). The 116th Congress passed a permanent repeal of the ACA industry fee starting in 2021 and repealed the other two ACA taxes, Medical Device Tax and Excise Tax, immediately.

The liability and expense are recognized once the Company provides health insurance for any U.S. health risk in the assessment year. The Company paid and expensed \$47,029,176 and \$0 in 2020 and 2019, respectively.

The Company has an agreement with its state Medicaid customer in Ohio which provides for them to reimburse the Company for the portion of the ACA industry fee attributable to the Medicaid program in the state, including its non-deductibility for income tax purposes. The execution of the agreement enabled the Company to recognize approximately \$45,110,290 and \$0 reimbursement as premium revenue for the years ending December 31, 2020 and 2019, respectively.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	N/A	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 44,296,036
C. ACA fee assessment paid	\$ 47,029,176	\$ -
D. Premium written subject to ACA 9010 assessment	\$ -	\$ 2,326,135,541
E. Total Adjusted Capital before surplus adjustment	\$ 349,491,852	
F. Total Adjusted Capital after surplus adjustment	\$ 349,491,852	
G. Authorized Control Level	\$ 104,303,322	
H. Would reporting the ACA assessment as of December 31, 2020, have triggered an RBC action level (YES/NO)?	N/A	

### (23) Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

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

##### Section 2 – Ceded Reinsurance Report Part A

1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes ( ) No (X)

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

### Section 3 – Ceded reinsurance Report Part B

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

- B. Uncollectible Reinsurance – None
- C. Commutation of Reinsurance Reflected in Income and Expenses – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
- E. Reinsurance Credit – Not applicable

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

A., B., C.

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

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

The amount of net premiums written by the Company at December 31, 2020 which are subject to retrospective rating features was \$3,386,710,972 which represents 100% of the total net premiums written.

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

E) Risk Sharing Provisions of the Affordable Care Act

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

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

a) Permanent ACA Risk Adjustment Program

Assets											(0)
1) Premium adjustments receivable due to ACA Risk Adjustment											
Liabilities											
2) Risk adjustment user fees payable for ACA Risk Adjustment											86,146
3) Premium adjustments payable due to ACA Risk Adjustment											2,112,681
Operations (Revenue & Expense)											
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment											2,100,248
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)											90,521

b) Transitional ACA Reinsurance Program

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

c) Temporary ACA Risk Corridors Program

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

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance													
Accrued During the Prior Year on Business Written Before December 31 of the Prior Year			Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year			Differences			Adjustments			Unsettled Balances as of the Reporting Date	
1	2	3	4	5	6	7	8	9	10	11	12	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	(Payable)
a) Permanent ACA Risk Adjustment Program													
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
2) Premium payments (payable)	\$ -	\$ -	\$ (2,112,681)	\$ -	\$ 5,668,694	\$ -	\$ (7,781,375)	\$ -	\$ 2,112,681	\$ -	\$ -	\$ (5,668,694)	
3) Temporary ACA Risk Adjustment Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
b) Transitional ACA Reinsurance Program													
1) Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
2) Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
3) Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Liabilities													
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
5) Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Operations (Revenue & Expense)													
7) Ceded reinsurance premiums due to ACA Reinsurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
9) ACA Reinsurance contributions - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
c) Temporary ACA Risk Corridors Program													
1) Accrued retrospective premium due to ACA Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Liabilities													
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Operations (Revenue & Expense)													
3) Effect of ACA Risk Corridors on net premium income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
4) Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
d) Total for ACA Risk Sharing Provisions	\$ -	\$ -	\$ (2,112,681)	\$ -	\$ 5,668,694	\$ -	\$ (7,781,375)	\$ -	\$ 2,112,681	\$ -	\$ -	\$ (5,668,694)	

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

## NOTES TO THE FINANCIAL STATEMENTS

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

- A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2019 were \$234.7 million and \$3.7 million. As of December 31, 2020, \$201.3 million and \$3.6 million have been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2.7 million as a result of the reestimation of unpaid claims and claim adjustment expenses. Therefore, there has been (\$30.8) million in unfavorable 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 have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense.

### (26) Intercompany Pooling Arrangements

None

### (27) Structured Settlements

None

### (28) Health Care Receivables

- At December 31, 2020, the Company had admitted pharmacy rebate receivables of \$11,368,832. 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
12/31/2020	\$ 11,368,832	\$ 11,460,969	\$ -	\$ -	\$ -
9/30/2020	\$ 7,832,915	\$ 8,880,660	\$ (1,458,900)	\$ -	\$ 2,917,801
6/30/2020	\$ 6,331,006	\$ 8,287,658	\$ -	\$ (781,799)	\$ 8,982,826
3/31/2020	\$ 5,864,472	\$ 6,870,949	\$ -	\$ (5,014,060)	\$ 11,819,302
12/31/2019	\$ 8,005,867	\$ 10,403,651	\$ -	\$ -	\$ 9,520,481
9/30/2019	\$ 9,190,111	\$ 10,210,564	\$ -	\$ -	\$ 10,073,533
6/30/2019	\$ 9,749,780	\$ 8,714,732	\$ -	\$ -	\$ 8,851,950
3/31/2019	\$ 9,207,000	\$ 9,685,692	\$ -	\$ -	\$ 9,753,821
12/31/2018	\$ 6,922,528	\$ 7,089,840	\$ -	\$ -	\$ 7,089,840
9/30/2018	\$ 6,178,685	\$ 6,396,179	\$ -	\$ -	\$ 6,396,179
6/30/2018	\$ 6,070,277	\$ 6,272,519	\$ -	\$ -	\$ 6,272,519
3/31/2018	\$ 6,560,089	\$ 6,889,981	\$ -	\$ -	\$ 6,889,981

- Risk Sharing Receivables – None

### (29) Participating Policies

None

### (30) Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$0
- Date of the most recent evaluation of this liability 2/12/2021
- Was anticipated investment income utilized in the calculation? Yes  No

### (31) Anticipated Salvage and Subrogation

None

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? Ohio.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0007071739.....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2017
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/30/2020
- 3.4 By what department or departments? Ohio Department of Insurance.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [ X ]
- 4.12 renewals? Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [ X ]
- 4.22 renewals? Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]
- If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]
- 7.2 If yes,
- 7.21 State the percentage of foreign control ..... 0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
KPMG, LLP 10 South Broadway, Suite 900, Saint Louis, MO 63102.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Michael Schooley, Centene Corporation, 8735 Henderson Rd, Tampa, FL 33634.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ X ] No [ ]  
Health Plan Real Estate Holding, Inc.....
- |   |                     |
|---|---------------------|
| 12.11 Name of real estate holding company | .....               |
| 12.12 Number of parcels involved          | ..... 3             |
| 12.13 Total book/adjusted carrying value  | \$ ..... 10,287,774 |
- 12.2 If yes, provide explanation  
Buckeye Community Health Plan, Inc. owns 60 shares in Health Plan Real Estate Holding, Inc., an affiliated company.....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**GENERAL INTERROGATORIES**

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

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

**BOARD OF DIRECTORS**

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

**FINANCIAL**

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

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For securities 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 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....
- 24.06 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 ]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 24.08 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 ]

## GENERAL INTERROGATORIES

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [ X ] No [ ]

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

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....403,980
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [ ] No [ ] N/A [ X ]

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

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes [ ] No [ ]

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

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

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

Yes [ ] No [ ]

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [ X ]

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

\$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [ X ] No [ ]

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

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**GENERAL INTERROGATORIES**

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [ ] No [ X ]

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

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

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

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

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

Yes [ X ] No [ ]

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

Yes [ X ] No [ ]

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

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

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

Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

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

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

## GENERAL INTERROGATORIES

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.....	310,322,761	328,415,030	18,092,269
30.2 Preferred Stocks.....	0		0
30.3 Totals	310,322,761	328,415,030	18,092,269

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

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

Yes [ X ] No [ ]

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

Yes [ X ] No [ ]

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

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

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

Yes [ X ] No [ ]

- 32.2 If no, list exceptions:

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 ]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [ X ] No [ ] NA [ ]

## OTHER

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

- 37.2 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
.....	\$.....
.....	\$.....
.....	\$.....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**GENERAL INTERROGATORIES**

38.1 Amount of payments for legal expenses, if any?

\$ .....1,548,053

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

1 Name	2 Amount Paid
Thompson Hine, LLP.....	\$.....492,400
Skadden, Arps, Slate, Meagher & Flom LLP.....	\$.....844,563

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

39.2 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	\$ ..... 3,386,710,972	\$ ..... 2,731,958,968
2.2	Premium Denominator	\$ ..... 3,386,710,972	\$ ..... 2,731,958,968
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ ..... 351,283,854	\$ ..... 248,508,563
2.5	Reserve Denominator	\$ ..... 351,283,854	\$ ..... 248,508,563
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ] No [ X ]	
3.2	If yes, give particulars:		
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [ X ] No [ ]	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ] No [ ]	
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ X ] No [ ]	
5.2	If no, explain:		
5.3	Maximum retained risk (see instructions)		
	5.31	Comprehensive Medical	\$ ..... 3,000,000
	5.32	Medical Only	\$ .....
	5.33	Medicare Supplement	\$ .....
	5.34	Dental and Vision	\$ .....
	5.35	Other Limited Benefit Plan	\$ .....
	5.36	Other	\$ .....
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:		
	The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with Bankers Reserve Life Insurance Company of Wisconsin.		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [ X ] No [ ]	
7.2	If no, give details		
8.	Provide the following information regarding participating providers:		
	8.1	Number of providers at start of reporting year	..... 47,959
	8.2	Number of providers at end of reporting year	..... 56,104
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	\$.....8,120,744
10.22 Amount actually paid for year bonuses	\$.....10,409,915
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

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

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

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

11.4 If yes, show the amount required.

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

11.6 If the amount is calculated, show the calculation

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

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

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

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

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

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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (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 [ X ] No [ ]  
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**FIVE - YEAR HISTORICAL DATA**

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	783,941,657	645,334,097	624,352,755	473,326,860	429,425,986
2. Total liabilities (Page 3, Line 24)	434,449,805	305,984,848	289,391,501	219,872,074	218,417,350
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	349,491,852	339,349,249	334,961,254	253,454,786	211,008,636
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	3,386,710,972	2,731,958,968	2,555,188,731	2,207,260,879	2,048,369,014
6. Total medical and hospital expenses (Line 18)	2,853,671,574	2,300,916,031	2,086,482,619	1,822,111,581	1,679,883,673
7. Claims adjustment expenses (Line 20)	33,483,707	33,640,241	30,758,088	24,773,083	22,747,600
8. Total administrative expenses (Line 21)	436,310,450	323,202,401	323,332,141	293,739,296	312,879,276
9. Net underwriting gain (loss) (Line 24)	63,245,241	75,610,467	115,213,516	64,629,114	39,892,841
10. Net investment gain (loss) (Line 27)	12,703,021	12,705,170	9,950,412	5,645,158	5,706,496
11. Total other income (Lines 28 plus 29)	(956,953)	(517,838)	(471,776)	(383,838)	(358,405)
12. Net income or (loss) (Line 32)	49,643,344	71,696,262	90,889,242	44,224,409	22,752,587
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	122,584,731	20,497,409	141,777,479	17,154,294	(65,950,393)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	349,491,852	339,349,249	334,961,254	253,454,786	211,008,636
15. Authorized control level risk-based capital	102,721,328	85,477,722	78,538,157	66,402,171	58,578,943
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	474,847	380,279	352,183	345,629	326,813
17. Total members months (Column 6, Line 7)	5,291,415	4,388,722	4,337,848	4,128,954	3,917,170
<b>Operating Percentage (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	84.3	84.2	81.7	82.6	82.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.0	1.2	1.2	1.1	1.1
22. Total underwriting deductions (Line 23)	98.1	97.2	95.5	97.1	98.1
23. Total underwriting gain (loss) (Line 24)	1.9	2.8	4.5	2.9	1.9
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	215,168,815	198,530,265	135,006,836	119,268,117	164,375,462
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	248,508,565	218,467,667	160,357,677	155,956,113	208,460,212
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	10,287,774	7,015,077	6,775,417	6,570,797	6,424,761
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	10,287,774	7,015,077	6,775,417	6,570,797	6,424,761
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	0
2. Alaska	AK	N						0	0
3. Arizona	AZ	N						0	0
4. Arkansas	AR	N						0	0
5. California	CA	N						0	0
6. Colorado	CO	N						0	0
7. Connecticut	CT	N						0	0
8. Delaware	DE	N						0	0
9. District of Columbia	DC	N						0	0
10. Florida	FL	N						0	0
11. Georgia	GA	N						0	0
12. Hawaii	HI	N						0	0
13. Idaho	ID	N						0	0
14. Illinois	IL	N						0	0
15. Indiana	IN	N						0	0
16. Iowa	IA	N						0	0
17. Kansas	KS	N						0	0
18. Kentucky	KY	N						0	0
19. Louisiana	LA	N						0	0
20. Maine	ME	N						0	0
21. Maryland	MD	N						0	0
22. Massachusetts	MA	N						0	0
23. Michigan	MI	N						0	0
24. Minnesota	MN	N						0	0
25. Mississippi	MS	N						0	0
26. Missouri	MO	N						0	0
27. Montana	MT	N						0	0
28. Nebraska	NE	N						0	0
29. Nevada	NV	N						0	0
30. New Hampshire	NH	N						0	0
31. New Jersey	NJ	N						0	0
32. New Mexico	NM	N						0	0
33. New York	NY	N						0	0
34. North Carolina	NC	N						0	0
35. North Dakota	ND	N						0	0
36. Ohio	OH	L	237,885,795	352,848,888	2,807,595,415			3,398,330,098	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	237,885,795	352,848,888	2,807,595,415	0	0	3,398,330,098	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	0
61. Total (Direct Business)		XXX	237,885,795	352,848,888	2,807,595,415	0	0	3,398,330,098	0
<b>DETAILS OF WRITE-INS</b>									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page.								
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 R – Registered – Non-domiciled RRGs ..... 0  
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
N – None of the above – Not allowed to write business in the state lines in the state ..... 56

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

The company only has business in the State of Ohio.

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.

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

## PART 1 - ORGANIZATIONAL CHART

Centene Corporation		42-1406317	DE
Bankers Reserve Life Insurance Company of Wisconsin		39-0993433	WI
Health Plan Real Estate Holding, Inc (17%)		46-2860967	MO
Peach State Health Plan, Inc		20-3174593	GA
Health Plan Real Estate Holding, Inc (21%)		46-2860967	MO
Iowa Total Care, Inc		46-4829006	IA
Buckeye Community Health Plan, Inc		32-0045282	OH
Health Plan Real Estate Holding, Inc (18%)		46-2860967	MO
Absolute Total Care, Inc		20-5693998	SC
Health Plan Real Estate Holding, Inc (1%)		46-2860967	MO
Coordinated Care Corporation d/b/a Managed Health Services		39-1821211	IN
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
Managed Health Services Insurance Corp		39-1678579	WI
Health Plan Real Estate Holding, Inc (2%)		46-2860967	MO
Hallmark Life Insurance Co		86-0819817	AZ
Superior HealthPlan, Inc		74-2770542	TX
Health Plan Real Estate Holding, Inc (21%)		46-2860967	MO
Healthy Louisiana Holdings LLC		27-0916294	DE
Louisiana Healthcare Connections, Inc		27-1287287	LA
Magnolia Health Plan Inc		20-8570212	MS
Sunshine Health Holding LLC		26-0557093	FL
Sunshine State Health Plan, Inc		20-8937577	FL
Kentucky Spirit Health Plan, Inc		45-1294925	KY
Healthy Missouri Holding, Inc (95%)		45-5070230	MO
Home State Health Plan, Inc		45-2798041	MO
Health Plan Real Estate Holding, Inc (5%)		46-2860967	MO
Sunflower State Health Plan, Inc		45-3276702	KS
Granite State Health Plan, Inc		45-4792498	NH
California Health and Wellness Plan		46-0907261	CA
Michigan Complete Health, Inc.		30-0312489	MI
Western Sky Community Care, Inc.		45-5583511	NM
Tennessee Total Care, Inc.		26-1849394	TN
SilverSummit Healthplan, Inc.		20-4761189	NV
University Health Plans, Inc.		22-3292245	NJ
Agate Resources, Inc.		20-0483299	OR

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Buckeye Health Plan Community Solutions, Inc.	47-5664342	OH	16112
Arkansas Health & Wellness Health Plan, Inc.	81-1282251	AR	16130
Arkansas Total Care Holding Company, LLC (49%)	38-4042368	DE	
Arkansas Total Care, Inc.	82-2649097	AR	16256
Oklahoma Complete Health Inc.	81-3121527	OK	16904
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 Company. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center I, LLC	82-1816153	DE	
Centene Center II, LLC	47-5156015	DE	
7676 Management, LLC	85-1711857	MO	
7676 Forsyth, LLC	85-1724287	MO	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	
Integrated Care Network of Florida, LLC (50%)	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	

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

Envolve, Inc.	37-1788565	DE
Envolve PeopleCare, Inc.	06-1476380	DE
LiveHealthier, Inc.	47-2516714	DE
Envolve Benefits Options, Inc.	61-1846191	DE
Envolve Vision Benefits, Inc.	20-4730341	DE
Envolve Captive Insurance Company, Inc.	36-4520004	SC
Envolve Vision of Texas, Inc.	75-2592153	TX 95302
Envolve Vision, Inc	20-4773088	DE
Envolve Vision IPA of New York, Inc.	83-2460878	NY
Envolve Vision of Florida, Inc	65-0094759	FL
Envolve Total Vision, Inc.	20-4861241	DE
Envolve Optical, Inc.	82-2908582	DE
Envolve Dental, Inc.	46-2783884	DE
Envolve Dental of Florida, Inc.	81-2969330	FL
Envolve Dental of Texas, Inc.	81-2796896	TX 16106
Envolve Dental IPA of New York, Inc.	83-1464482	NY
Envolve Pharmacy Solutions, Inc.	77-0578529	DE
LBB Industries, Inc	76-0511700	TX
RX Direct, Inc	75-2612875	TX
Envolve Pharmacy IPA, LLC	46-2307356	NY
Casenet LLC	90-0636938	DE
Casenet S.R.O.	Foreign	CZE
MHM Services, Inc.	82-5316510	DE
Centurion LLC	90-0766502	DE
Centurion of Arizona, LLC	81-4228054	AZ
Centurion of Vermont, LLC	47-1686283	VT
Centurion of Mississippi, LLC	47-2967381	MS
Centurion of Tennessee, LLC	30-0752651	TN
Centurion of Minnesota, LLC	46-2717814	MN
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM
Centurion of Florida, LLC	81-0687470	FL
Centurion of Maryland, LLC	81-4938030	MD
Centurion of 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
Centurion of Missouri, LLC	46-4102135	MO
Centurion of Michigan, LLC	46-1041008	MI

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

Centurion of Idaho, LLC	85-4020081	ID
Centurion of Indiana, LLC		IN
Centurion of Maine, LLC	85-4143511	ME
Centurion Health of Indiana, LLC	85-4243085	IN
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
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
A N J, LLC	20-0927034	TX
R&C Healthcare, LLC	33-1179031	TX

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

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
 Health Net, LLC	47-5208076	DE
Health Net of California, Inc.	95-4402957	CA
Health Net Life Insurance Company	73-0654885	CA
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
Network Providers, LLC (10%)	88-0357895	DE
Network Providers, LLC (90%)	88-0357895	DE
Health Net Health Plan of Oregon, Inc.	93-1004034	OR
Health Net Community Solutions, Inc.	54-2174068	CA
Health Net of Arizona, Inc.	36-3097810	AZ
Health Net Pharmaceutical Services	68-0295375	CA
Health Net Community Solutions of Arizona, Inc.	81-1348826	AZ
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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Community Health Plan, Inc.**

PRIMEROSALUD, S.L.		Foreign	ESP
Torrejon Salud, S.A. (89.47%)		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 Triunfo 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, S.L.U.		Foreign	ESP
B2B Gestión Integral, S.L.		Foreign	ESP
Ribera Lab, S.L.U.		Foreign	ESP
Serendipity Asistencia Médica, S.L. (49%)		Foreign	ESP
Centro Inmunología De La Comunidad Valenciana, S.L.		Foreign	ESP
Hospinet, S.L. (51%)		Foreign	ESP
Servicios De Mantenimiento Prevencor, S.L.U. (80%)		Foreign	ESP
Winning Security, S.L. (51%)		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%)		Foreign	SVK
DR Magnet		Foreign	SVK
Pro Magnet		Foreign	SVK
Medicina NZ		Foreign	SVK
MR Poprad		Foreign	SVK
CT Poprad		Foreign	SVK
MR Zilina		Foreign	SVK
Pro Magnet CZ		Foreign	SVK
OB Klinika, a.s. (10%)		Foreign	SVK
Progress Medical a.s.		Foreign	SVK
OB Klinika, a.s. (90%)		Foreign	SVK
OB Care, s.r.o		Foreign	SVK
Discare CZ, a.s.		Foreign	SVK
Hospital Povisa, S.A. (93.29%)		Foreign	ESP
Ribera Salud Tecnologías S.L.U.		Foreign	ESP
Torrevieja Salud S.L.U.		Foreign	ESP
Torrevieja Salud UTE (35%)		Foreign	ESP
Blackcrow Asistencia Médica, S.L		Foreign	ESP

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	BMI Imaging Clinic Limited (50%)	Foreign	GBR	
	Mount Alvernia PET CT Limited (73.5%)	Foreign	GBR	
	Meriden Hospital Advanced Imaging Centre Ltd. (50%)	Foreign	GBR	
	BMI Syon Clinic Limited (50%)	Foreign	GBR	
	GHG Intermediate Holdings Limited	Foreign	GBR	
	General Healthcare Holdings 4 Limited	Foreign	GBR	
	BMI Healthcare Limited	Foreign	GBR	
	3SH Limited (50%)	Foreign	GBR	
	BMI Hospital Decontamination Limited	Foreign	GBR	
	Three Shires Hospital LP (50%)	Foreign	GBR	
	The Pavilion Clinic Ltd (51%)	Foreign	GBR	
	GHG Leasing Limited	Foreign	GBR	
	South Cheshire SPV Limited	Foreign	GBR	
	Bishopswood SPV Limited	Foreign	GBR	
	Runnymede SPV Limited	Foreign	GBR	
		Foreign	MLT	
Centene Europe Finance Company Limited		82-1172163	DE	
Centene Health Plan Holdings, Inc.		82-5032556	NC	16395
Ambetter of North Carolina, Inc.		82-2699483	DE	
Carolina Complete Health Holding Company Partnership (80%)		82-2699332	NC	16526
Carolina Complete Health, Inc.		82-3380290	NY	
New York Quality Healthcare Corporation		55-0878053	NY	
Salus Administrative Services, Inc.		82-0802846	NY	
Salus IPA, LLC		82-4670677	DE	
Calibrate Acquisition Co	Community Medical Holdings Corp	47-4179393	DE	
	Access Medical Acquisition, LLC	46-3485489	DE	
	Access Medical Group of North Miami Beach, LLC	45-3191569	FL	
	Access Medical Group of Miami, LLC	45-3191719	FL	
	Access Medical Group of Hialeah, LLC	45-3192283	FL	
	Access Medical Group of Westchester, LLC	45-3199819	FL	
	Access Medical Group of Opa-Locka, LLC	45-3505196	FL	
	Access Medical Group of Perrine, LLC	45-3192955	FL	
	Access Medical Group of Florida City, LLC	45-3192366	FL	
	Access Medical Group of Tampa, LLC	82-1737078	FL	
	Access Medical Group of Tampa II, LLC	82-1750978	FL	
	Access Medical Group of Tampa III, LLC	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	RxAdvance Corporation (38.31%)	82-4581788	DE	
Centene Venture Company Michigan		83-2446307	MI	16613

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Next Door Neighbors, LLC (60%)		32-2434596	DE
Next Door Neighbors, Inc.		83-2381790	DE
Centene Venture Company Alabama Health Plan, Inc.		84-3707689	AL 16771
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 16773
Centene Venture Company Tennessee		84-3724374	TN 16770
HealthEC, LLC (12.82%)			DE
Arch Personalized Medicine Initiative, LLC (50%)		83-4144116	MO
Social Health Bridge, LLC		83-4205348	DE
Social Health Bridge Trust		84-6403386	DE
WellCare Health Plans, Inc.		83-4405939	DE
WCG Health Management, Inc.		04-3669698	DE
The WellCare Management Group, Inc.		14-1647239	NY
WellCare of New York, Inc.		14-1676443	NY 95534
WellCare of Connecticut, Inc.		06-1405640	CT 95310
WellCare of Mississippi, Inc.		81-5442932	MS 16329
WellCare of Virginia, Inc.		82-0664467	VA
WellCare of Oklahoma, Inc.		81-3299281	OK 16117
WellCare Health Insurance Company of Nevada, Inc.		84-3721013	NV
WellCare Health Insurance of Southwest, Inc.		84-3739752	AZ 16692
WellCare of Florida, Inc.		59-2583622	FL 95081
WellCare of Georgia, Inc.		20-2103320	GA 10760
WellCare of Kansas, Inc.		45-3617189	KS 14404
WellCare of Texas, Inc.		20-8058761	TX 16964
WellCare of Ohio, Inc.		20-3562146	OH 12749
WellCare of South Carolina, Inc.		32-0062883	SC 11775
WellCare Health Plans of New Jersey, Inc.		20-8017319	NJ 13020
WellCare of Pennsylvania, Inc.		81-1631920	PA
WellCare Health Plans of Massachusetts, Inc		84-3547689	MA
WellCare Health Insurance Company of Oklahoma, Inc.		84-4449030	OK 16752
WellCare Health Plans of Missouri, Inc.		84-3907795	MO 16753
WellCare Prescription Insurance, Inc.		20-2383134	AZ 10155
WellCare Health Insurance of Hawaii, Inc.		84-4664883	HI
WellCare Health Plans of Rhode Island, Inc.		84-4627844	RI
WellCare of Illinois, Inc.		84-4649985	IL
WellCare of Arkansas, Inc.		83-2797833	AR 16531
WellCare Pharmacy Benefits Management, Inc.		20-4869374	DE
Exactus Pharmacy Solutions, Inc.		20-8420512	DE
Comprehensive Reinsurance, Ltd.		98-0448921	CYM
WellCare Health Plans of California, Inc.		27-4293249	CA

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MeridianRx IPA, LLC	83-3612209	MI
MeridianRx of Indiana, LLC	26-4004578	MI
WellCare of Michigan Holding Company	38-3253977	MI 52563
Meridian Health Plan of Michigan, Inc.	20-3209671	IL 13189
Meridian Health Plan of Illinois, Inc.	27-4683816	DE
Universal American Corp.	45-1352914	DE
Universal American Holdings, LLC	95-3800329	DE
Universal American Financial Services, Inc.	58-2633295	DE
Premier Marketing Group, LLC	95-3623226	DE
Penn Marketing America, LLC	23-1913528	NY
Worlco Management Services, Inc.	42-0989096	IA
UAM Agent Services Corp.	45-4644722	DE
APS Parent, Inc.	13-1851754	NY 80624
American Progressive Life and Health Insurance Company of New York	13-3491681	NY
Quincy Coverage Corporation	62-1517194	TX
Heritage Health Systems, Inc.	62-1819658	TX 10096
SelectCare of Texas, Inc.	76-0459857	TX
Heritage Health Systems of Texas, Inc.	62-1694548	TX
Golden Triangle Physician Alliance	76-0560730	TX
Heritage Physician Networks	74-3141949	TX 10768
SelectCare Health Plans, Inc.	76-0500963	TX
HHS Texas Management, LP (99.1%)	76-0500964	TX
HHS Texas Management, Inc.	76-0500963	TX
HHS Texas Management, LP. (0.9%)	90-0779287	NY
Collaborative Health Systems, LLC	45-5481108	GA
Accountable Care Coalition of Georgia , LLC (51%)	81-2588974	MD
Accountable Care Coalition of Chesapeake, LLC (51%)	46-2881180	MS
Accountable Care Coalition of Mississippi, LLC (51%)	45-4552802	TX
Accountable Care Coalition of North Texas, LLC (51%)	47-3894436	GA
Accountable Care Coalition of Northeast Georgia, LLC(51%)	46-4106526	FL
Accountable Care Coalition of Northwest Florida, LLC (51%)	47-3913308	SC
Accountable Care Coalition of Southeast Physician Partners, LLC	47-3842552	TX
Accountable Care Coaliton of Southeast Texas, Inc.	45-4113610	WI
Accountable Care Colation of Southeast Wisconsin, LLC (51%)	45-2742298	TX
Accountable Care Coalition of Texas, Inc.	47-2346408	NJ
AWC of Syracuse, Inc.	30-0803845	MD
Chrysalis Medical Services, LLC (51%)	81-3365375	VA
Collaborative Health Systems of Maryland, LLC (50%)	45-4119736	MD
Collaborative Health Systems of Virginia, LLC	45-5449147	MD
Accountable Care Coalition of Maryland, LLC (51%)	45-4561546	TX
Accountable Care Coalition of Maryland Primary Care, LLC (51%)		
Essential Care Partners, LLC (51%)		

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Hudson Accountable Care, LLC (51%)	47-3923394	NY	
Maryland Collaborative Care, LLC (51%)	90-0855950	MD	
Mid-Atlantic Collaborative Care, LLC (51%)	81-2704355	MD	
Northern Maryland Collaborative Care, LLC (51%)	45-5626871	MD	
Accountable Care Coalition of Elite Providers VII, LLC	82-1246845	AZ	
Accountable Care Coalition of Community Health Centers, LLC (51%)	82-1681146	TX	
Accountable Care Coalition of Community Health Centers II, LLC	82-1669422	TX	
Accountable Care Coalition of Southeast Partners, LLC (51%)	82-1623920	GA	
Accountable Care Coalition of Elite Providers LLC	82-1558080	HI	
Accountable Care Coalition of Florida Partners, LLC	84-2217098	FL	
Maryland Collaborative Care Transformation Organization, Inc.	82-1280079	DE	
Accountable Care Coalition of New Jersey, Inc. (51%)	82-1263227	NJ	
Accountable Care Coalition of Quality Health, LLC	82-1604548	OR	
Accountable Care Coalition of Prime Health, LLC	82-1698885	OR	
Accountable Care Coalition of Northeast Partners, LLC	82-0727997	PA	
Accountable Care Coalition of Tennessee, LLC (51%)	82-1219279	TN	
Accountable Care Coalition Direct Contracting, LLC (51%)	84-2574901	FL	
Accountable Care Coalition of Elite Providers II, LLC	85-0822080	DE	
Accountable Care Coalition of Elite Providers, III, LLC	85-0829473	DE	
Accountable Care Coalition of Elite Providers IV, LLC	85-0847691	DE	
Accountable Care Coalition of Elite Providers V, LLC	85-0863292	DE	
Accountable Care Coalition of Eltite Providers VI, LLC	85-0907849	DE	
Accountable Care Coalition of Qualtiy Health II, LLC	85-0878405	DE	
Accountable Care Coalition of Quality Health III, LLC	85-0893657	DE	
Collaborative Health Systems IPA, LLC	85-1770215	FL	
QCA Healthplan, Inc.	71-0794605	AR	95448
Qualchoice Life and Health Insurance Company	71-0386640	AR	70998
HealthSmart Benefits Management, LLC	27-1300475	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	
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	16814
Centene Institute for Advanced Health Education, LLC	84-5160960	DE	
Centene Canada Corporation		CAN	
Centene Investments, LLC	85-3006977	DE	
Wellframe, Inc. (7.10%)		DE	

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Diameter Health, Inc. (16.65%)		DE
Prowl Holdings, LLC (96%)	85-3802075	DE
Panther Pass Co, LLC	83-3240368	PA
Panther Specialty Holding Co, LLC		PA
Pahterx Specialty, LLC	45-3620087	PA
Pantherx Access Services, LLC	37-1778465	PA
Babylon Holdings Limited (2.50%)		GBR
Hazel Health, Inc. (7.40%)		DE
Quartet Health, Inc. (9.50%)		DE
Rubicon MD (5.84%)		DE
Apixio, Inc.	80-0508223	DE