



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

Buckeye Health Plan Community Solutions, Inc.

(Name)

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

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

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

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

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

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

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

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

(Street and Number or P.O. Box) **7700 Forest Heights Boulevard** (City or Town, State, Country and Zip Code)

Primary Location of Books and Records \_\_\_\_\_ 7735 Forsyth Boulevard \_\_\_\_\_  
(Street and Number)  
Saint Louis, MO, US 63105 \_\_\_\_\_, \_\_\_\_\_ 314-725-4477  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.centene.com

Statutory Statement Contact Shaun O'Rourke, 314-349-3805  
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(E-Mail Address) (Fax Number)

## OFFICERS

Name	Title	Name	Title
Steven Bradley Province	President and CEO	Joel Benjamin Samson #	Secretary
Jeffrey Alan Schwaneke	Treasurer	Tricia Lynn Dinkelman	Vice President of Tax

## OTHER OFFICERS

## **DIRECTORS OR TRUSTEES**

State of .....  
.....

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

Steven Bradley Province  
President and CEO

Joel Benjamin Samson  
Secretary

---

Jeffrey Alan Schwanke  
Treasurer

Subscribed and sworn to before me this  
day of .

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

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

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	7,029,965		7,029,965	409,855
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 755,491 , Schedule E-Part 1), cash equivalents (\$ ..... 2,369,112 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	3,124,603		3,124,603	6,349,427
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	10,154,568	0	10,154,568	6,759,282
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	29,238		29,238	2,944
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,326		2,326	25,554
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 (\$ ..... 644,778 ) and contracts subject to redetermination (\$ ..... ) .....	644,778		644,778	610,248
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	356,365		356,365	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	109,708		109,708	0
18.2 Net deferred tax asset.....	78,401		78,401	17,233
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 .....			0	1,000,000
24. Health care (\$ ..... 393,757 ) and other amounts receivable.....	663,632	269,875	393,757	209,940
25. Aggregate write-ins for other-than-invested assets .....	17,907	0	17,907	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	12,056,923	269,875	11,787,048	8,625,201
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	12,056,923	269,875	11,787,048	8,625,201
<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. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. State income tax receivable.....	17,907		17,907	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	17,907	0	17,907	0

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

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	4,155,379		4,155,379	2,057,511
2. Accrued medical incentive pool and bonus amounts	34,942		34,942	25,484
3. Unpaid claims adjustment expenses	40,000		40,000	32,000
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act			0	1,986,390
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	212		212	438
9. General expenses due or accrued	142,905		142,905	86,760
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	0		0	55,242
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	1,673,141		1,673,141	219,803
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	556,143
23. Aggregate write-ins for other liabilities (including \$ ..... current)	0	0	0	108,222
24. Total liabilities (Lines 1 to 23)	6,046,579	0	6,046,579	5,127,993
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	372,378
26. Common capital stock	XXX	XXX	1	1
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	6,899,999	6,899,999
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(1,159,531)	(3,775,170)
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	5,740,469	3,497,208
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,787,048	8,625,201
<b>DETAILS OF WRITE-INS</b>				
2301. State Income Tax Payable			0	108,222
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	108,222
2501. 2020 Health Insurance Fee Estimate	XXX	XXX	0	372,378
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	372,378
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 Health Plan Community Solutions, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	26,881	21,593
2. Net premium income (including \$ 0 non-health premium income).....	XXX	25,027,295	18,436,873
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	25,027,295	18,436,873
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		17,913,262	13,035,094
10. Other professional services.....		366,614	566,126
11. Outside referrals.....			0
12. Emergency room and out-of-area.....		998,579	1,197,115
13. Prescription drugs.....		2,079,819	1,539,368
14. Aggregate write-ins for other hospital and medical.....	.0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		61,924	.29,428
16. Subtotal (Lines 9 to 15).....	.0	21,420,198	16,367,131
<b>Less:</b>			
17. Net reinsurance recoveries.....			0
18. Total hospital and medical (Lines 16 minus 17).....	.0	21,420,198	16,367,131
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 6,428 cost containment expenses.....		344,963	269,048
21. General administrative expenses.....		2,892,855	1,880,118
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(1,986,390)	537,261
23. Total underwriting deductions (Lines 18 through 22).....	.0	22,671,626	19,053,558
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	2,355,669	(616,685)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		52,872	161,464
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26).....	.0	52,872	161,464
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0 ) (amount charged off \$ 14,684 )].....		(14,684)	(12,583)
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	2,393,857	(467,804)
31. Federal and foreign income taxes incurred.....	XXX	171,088	17,399
32. Net income (loss) (Lines 30 minus 31).....	XXX	2,222,769	(485,203)
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX		0
0602.....	XXX		0
0603.....	XXX		0
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		0
0702.....	XXX		0
0703.....	XXX		0
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.....			0
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	0	0
2901.....			0
2902.....			0
2903.....			0
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 .....	3,497,208	3,014,510
34. Net income or (loss) from Line 32 .....	2,222,769	(485,203)
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	61,165	17,233
39. Change in nonadmitted assets .....	(40,673)	(49,332)
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	1,000,000
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....	0	0
46. Dividends to stockholders .....	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	2,243,261	482,698
49. Capital and surplus end of reporting year (Line 33 plus 48)	5,740,469	3,497,208
<b>DETAILS OF WRITE-INS</b>		
4701. ....	0	0
4702. ....	0	0
4703. ....	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

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

**CASH FLOW**

<b>Cash from Operations</b>		<b>1 Current Year</b>	<b>2 Prior Year</b>
1. Premiums collected net of reinsurance		23,029,377	17,871,398
2. Net investment income		30,843	161,282
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		23,060,220	18,032,680
5. Benefit and loss related payments		17,550,972	16,662,604
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions		1,773,656	1,729,895
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		336,041	(361,945)
10. Total (Lines 5 through 9)		19,660,669	18,030,554
11. Net cash from operations (Line 4 minus Line 10)		3,399,551	2,126
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:		410,000	0
12.1 Bonds		0	0
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		410,000	0
13. Cost of investments acquired (long-term only):		7,034,375	0
13.1 Bonds		0	0
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		7,034,375	0
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(6,624,375)	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):		0	0
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	3,000,000
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		0	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		0	3,000,000
<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)		(3,224,824)	3,002,126
19. Cash, cash equivalents and short-term investments:		6,349,427	3,347,301
19.1 Beginning of year		3,124,603	6,349,427
19.2 End of year (Line 18 plus Line 19.1)		0	0

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

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	25,027,295	0	0	0	0	0	25,027,295	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0									XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	25,027,295	0	0	0	0	0	25,027,295	0	0	0
8. Hospital/medical benefits	17,913,262						17,913,262			XXX
9. Other professional services	366,614						366,614			XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	998,579						998,579			XXX
12. Prescription drugs	2,079,819						2,079,819			XXX
13. Aggregate write-ins for other hospital and medical	0		0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	61,924						61,924			XXX
15. Subtotal (Lines 8 to 14)	21,420,198	0	0	0	0	0	21,420,198	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	21,420,198	0	0	0	0	0	21,420,198	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 6,428 cost containment expenses	344,963						344,963			
20. General administrative expenses	2,892,856						2,892,856			
21. Increase in reserves for accident and health contracts	(1,986,390)						(1,986,390)			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	22,671,627	0	0	0	0	0	22,671,627	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	2,355,668	0	0	0	0	0	2,355,668	0	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.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

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

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....	25,029,069		1,774	25,027,295
7. Title XIX - Medicaid.....				.0
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	25,029,069	0	1,774	25,027,295
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	25,029,069	0	1,774	25,027,295

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

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	19,484,896						19,484,896			
1.2 Reinsurance assumed	0						0			
1.3 Reinsurance ceded	0						0			
1.4 Net	19,484,896	0	0	0	0	0	19,484,896	0	0	0
2. Paid medical incentive pools and bonuses	52,466						52,466			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	4,155,379	0	0	0	0	0	4,155,379	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	4,155,379	0	0	0	0	0	4,155,379	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0						0			
4.2 Reinsurance assumed	0						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	34,942						34,942			
6. Net healthcare receivables (a)	224,490						224,490			
7. Amounts recoverable from reinsurers December 31, current year	0						0			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,057,511	0	0	0	0	0	2,057,511	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	2,057,511	0	0	0	0	0	2,057,511	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	25,484	0	0	0	0	0	25,484	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	21,358,274	0	0	0	0	0	21,358,274	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	21,358,274	0	0	0	0	0	21,358,274	0	0	0
13. Incurred medical incentive pools and bonuses	61,924	0	0	0	0	0	61,924	0	0	0

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

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

## UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	1,159,122						1,159,122			
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	1,159,122	0	0	0	0	0	1,159,122	0	0	0
2. Incurred but Unreported:										
2.1. Direct .....	2,996,257						2,996,257			
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	2,996,257	0	0	0	0	0	2,996,257	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	4,155,379	0	0	0	0	0	4,155,379	0	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	4,155,379	0	0	0	0	0	4,155,379	0	0	0

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	.0
2. Medicare Supplement .....					0	.0
3. Dental Only .....					0	.0
4. Vision Only .....					0	.0
5. Federal Employees Health Benefits Plan .....					0	.0
6. Title XVIII - Medicare .....	2,080,673	17,843,365	27,291	4,128,088	2,107,964	2,057,511
7. Title XIX - Medicaid .....					0	.0
8. Other health .....					0	.0
9. Health subtotal (Lines 1 to 8) .....	2,080,673	17,843,365	27,291	4,128,088	2,107,964	2,057,511
10. Healthcare receivables (a) .....		663,632			0	.0
11. Other non-health .....					0	.0
12. Medical incentive pools and bonus amounts .....	12,994	39,472	10,943	23,999	23,937	25,484
13. Totals (Lines 9-10+11+12)	2,093,667	17,219,205	38,234	4,152,087	2,131,901	2,082,995

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

Pt 2C - Sn A - Paid Claims - Comp

**NONE**

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	0	0	0	0	0
2. 2016 .....	0	0	0	0	0
3. 2017 .....	XXX	0	0	0	0
4. 2018 .....	XXX	XXX	7,519	9,154	9,154
5. 2019 .....	XXX	XXX	XXX	14,806	16,899
6. 2020 .....	XXX	XXX	XXX	XXX	17,219

**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 .....	0	0	0	0	0
2. 2016 .....	0	0	0	0	0
3. 2017 .....	XXX	0	0	0	0
4. 2018 .....	XXX	XXX	9,676	9,185	9,154
5. 2019 .....	XXX	XXX	XXX	16,858	16,937
6. 2020 .....	XXX	XXX	XXX	XXX	21,371

**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 .....	0	0	0.0	0	0	0.0			0	0.0
2. 2017 .....	0	0	0.0	0	0	0.0			0	0.0
3. 2018 .....	9,223	9,154	.164	1.8	9,318	101.0			9,318	101.0
4. 2019 .....	18,437	16,899	269	1.6	17,168	93.1	.38	.4	17,210	93.3
5. 2020 .....	25,026	17,219	345	2.0	17,564	70.2	4,152	36	21,752	86.9

Pt 2C - Sn A - Paid Claims - XI

**NONE**

Pt 2C - Sn A - Paid Claims - OT

**NONE**

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	0	0	0	0	0
2. 2016.....	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0
4. 2018.....	XXX	XXX	7,519	9,154	9,154
5. 2019.....	XXX	XXX	XXX	14,806	16,899
6. 2020.....	XXX	XXX	XXX	XXX	17,219

**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 .....	0	0	0	0	0
2. 2016.....	0	0	0	0	0
3. 2017.....	XXX	0	0	0	0
4. 2018.....	XXX	XXX	9,676	9,185	9,154
5. 2019.....	XXX	XXX	XXX	16,858	16,937
6. 2020.....	XXX	XXX	XXX	XXX	21,371

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2017.....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2018.....	9,223	9,154	.164	1.8	9,318	.101.0	0	0	9,318	101.0
4. 2019.....	18,437	16,899	269	1.6	17,168	.93.1	38	4	17,210	93.3
5. 2020.....	25,026	17,219	345	2.0	17,564	.70.2	4,152	36	21,752	86.9

Pt 2C - Sn B - Incurred Claims - Comp

**NONE**

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Pt 2C - Sn B - Incurred Claims - XI

**NONE**

Pt 2C - Sn B - Incurred Claims - OT

**NONE**

Part 2C - Sn C - Claims Expense Ratio Co

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

**NONE**

Part 2C - Sn C - Claims Expense Ratio DO

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio XI

**NONE**

Part 2C - Sn C - Claims Expense Ratio OT

**NONE**

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

## UNDERWRITING AND INVESTMENT EXHIBIT

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

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

**NONE**

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

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building)			25,854		25,854
2. Salaries, wages and other benefits .....			457,457		457,457
3. Commissions (less \$ .....ceded plus \$ .....assumed)			769,750		769,750
4. Legal fees and expenses .....			5,527		5,527
5. Certifications and accreditation fees .....			291		291
6. Auditing, actuarial and other consulting services .....			147,298		147,298
7. Traveling expenses .....			1,860		1,860
8. Marketing and advertising .....			23,739		23,739
9. Postage, express and telephone .....			90,628		90,628
10. Printing and office supplies .....			282,721		282,721
11. Occupancy, depreciation and amortization .....			46,279		46,279
12. Equipment .....			1,469		1,469
13. Cost or depreciation of EDP equipment and software .....			40,103		40,103
14. Outsourced services including EDP, claims, and other services .....	6,428	338,535	562,908		907,871
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			2,449		2,449
17. Collection and bank service charges .....			18,633		18,633
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			2,972		2,972
22. Real estate taxes .....			1,490		1,490
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			19,963		19,963
23.2 State premium taxes .....			250		250
23.3 Regulatory authority licenses and fees .....			14,350		14,350
23.4 Payroll taxes .....			23,888		23,888
23.5 Other (excluding federal income and real estate taxes) .....			352,976		352,976
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	6,428	338,535	2,892,855	0	(a) 3,237,818
27. Less expenses unpaid December 31, current year .....		40,000	142,905		182,905
28. Add expenses unpaid December 31, prior year .....	0	32,000	86,760	0	118,760
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) .....	6,428	330,535	2,836,710	0	3,173,673
<b>DETAILS OF WRITE-INS</b>					
2501. ....					0
2502. ....					0
2503. ....					0
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 \$ 2,501,196 to affiliates and \$ ..... to non-affiliates.

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

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	6,163
1.1 Bonds exempt from U.S. tax .....	(a) .....	
1.2 Other bonds (unaffiliated) .....	(a) .....	4,046
1.3 Bonds of affiliates .....	(a) .....	
2.1 Preferred stocks (unaffiliated) .....	(b) .....	
2.11 Preferred stocks of affiliates .....	(b) .....	
2.2 Common stocks (unaffiliated) .....	(b) .....	
2.21 Common stocks of affiliates .....	(b) .....	
3. Mortgage loans .....	(c) .....	
4. Real estate .....	(d) .....	
5. Contract loans .....		
6. Cash, cash equivalents and short-term investments .....	(e) .....	42,663
7. Derivative instruments .....	(f) .....	
8. Other invested assets .....		
9. Aggregate write-ins for investment income .....		0
10. Total gross investment income .....	12,959	52,872
11. Investment expenses .....	(g) .....	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	
13. Interest expense .....	(h) .....	
14. Depreciation on real estate and other invested assets .....	(i) .....	0
15. Aggregate write-ins for deductions from investment income .....		0
16. Total deductions (Lines 11 through 15) .....		0
17. Net investment income (Line 10 minus Line 16) .....		52,872
<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 \$ ..... 582 accrual of discount less \$ ..... 4,847 amortization of premium and less \$ ..... 24,330 paid for accrued interest on purchases.		
(b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... 0 paid for accrued dividends on purchases.		
(c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.		
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.		
(e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.		
(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.		
(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.		
(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.		
(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.		

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....			.0		
1.1 Bonds exempt from U.S. tax .....			.0		
1.2 Other bonds (unaffiliated) .....			.0		
1.3 Bonds of affiliates .....	0	0	.0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	.0	0	0
2.11 Preferred stocks of affiliates .....	0	0	.0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	.0	0	0
2.21 Common stocks of affiliates .....	0	0	.0	0	0
3. Mortgage loans .....	0	0	.0	0	0
4. Real estate .....	0	0	.0	0	0
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....	0	0	.0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	.0	0	0
10. Total capital gains (losses) .....	0	0	.0	0	0
<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

**NONE**

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	269,875	229,202	(40,673)
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	269,875	229,202	(40,673)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	269,875	229,202	(40,673)
<b>DETAILS OF WRITE-INS</b>			
1101. ....	0	0	0
1102. ....	0	0	0
1103. ....	0	0	0
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. ....	0	0	0
2502. ....	0	0	0
2503. ....	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0

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

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
						Total Members at End of
1. Health Maintenance Organizations.....	1,923	2,202	2,274	2,269	2,253	26,881
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	1,923	2,202	2,274	2,269	2,253	26,881
<b>DETAILS OF WRITE-INS</b>						
0601. ....	0					
0602. ....	0					
0603. ....	0					
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

## 1. Summary of Significant Accounting Policies and Going Concern

### A. Accounting Practices

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

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

NET INCOME	SSAP #	F/S Page	F/S Line #	2020	2019
(1) Buckeye Health Plan Community Solutions state basis (Page 4, Line 32, Columns 2 & 3	XXX	XXX	XXX	\$ 2,222,769	\$ (485,203)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 2,222,769	\$ (485,203)
SURPLUS					
(5) Buckeye Health Plan Community Solutions state basis (Page 3, Line 33, Columns 3 & 4	XXX	XXX	XXX	\$ 5,740,469	\$ 3,497,208
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 5,740,469	\$ 3,497,208

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

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

### C. Accounting Policy

1. Cash, cash equivalents and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except "make whole" call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at the lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans.
6. The Company holds no loan-backed securities.
7. The Company has no investments in subsidiaries, controlled and affiliated entities.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of the reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has no premium deficiency reserve at December 31, 2020.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. There were no changes to the capitalization policy.

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

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

**2. Accounting Changes and Corrections of Errors**

None

**3. Business Combinations and Goodwill**

A. Statutory Purchase Method

None

B. Statutory Merger

None

C. Assumption Reinsurance

None

D. Impairment Loss

None

**4. Discontinued Operations**

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

None

B. Change in Plan of Sale of Discontinued Operations

None

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

None

D. Equity Interest Retained in the Discontinued Operation After Disposal

None

**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

1. None

2. None

3. None

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

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$2,336
2. 12 Months or Longer	\$0

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

1. Less than 12 Months	\$1,502,704
2. 12 Months or Longer	\$0

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

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

None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (admitted & Nonadmitted) Restricted from Current Year	Total Gross (admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	421,610	409,855	11,755	\$ -	\$ 421,610	3.6%	3.6%
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	\$ 421,610	\$ 409,855	\$ 11,755	\$ -	\$ 421,610	3.6%	3.6%

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

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

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories

None

3. Detail of Other Restricted Assets

None

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

None

**M. Working Capital Finance Investments**

None

**N. Offsetting and Netting of Assets and Liabilities**

None

**O. 5\*GI Securities**

None

**P. Short Sales**

None

**Q. Prepayment Penalty and Acceleration Fees**

None

**6. Joint Ventures, Partnerships and Limited Liability Companies**

None

**7. Investment Income**

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

B. The total amount excluded was \$0.

**8. Derivative Instruments**

A. Derivatives under SSAP No. 86-Derivatives

None

**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 taxassets	78,401	0	78,401	475,975	0	475,975	(397,574)	0	(397,574)	
(b)	Statutory valuation allowance adjustment	0	0	0	(458,652)	0	(458,652)	458,652	0	0	458,652
(c)	Adjusted gross deferred taxassets	78,401	0	78,401	17,322	0	17,322	61,079	0	0	61,079
(d)	Deferred taxassets nonadmitted	0	0	0	0	0	0	0	0	0	0
(e)	Net admitted deferred taxassets	78,401	0	78,401	17,322	0	17,322	61,079	0	0	61,079
(f)	Deferred taxliabilities	0	0	0	(89)	0	(89)	89	0	0	89
(g)	Net admitted deferred taxasset/(Net deferred taxliability)	78,401	0	78,401	17,233	0	17,233	61,168	0	0	61,168
(2) Admission calculation components:											
Admission calculation under ¶11.a.-¶11.c.											
(a)	FIT recoverable by loss carryback ¶11.a.]	78,401	0	78,401	17,235	0	17,235	61,166	0	0	61,166
(b)	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.]	0	0	0	0	0	0	0	0	0	0
	2. Surplus limitation ¶11.b.ii.]	XXX	XXX	849,310	XXX	XXX	0	XXX	XXX	0	849,310
(c)	DTL offset ¶11.c.]	0	0	0	87	0	87	(87)	0	0	(87)
(d)	Total admitted under ¶11.a.-11.c.]	78,401	0	78,401	17,322	0	17,322	61,079	0	0	61,079
(3) Information used in expected to be realized calculation ¶11.b.]											
2020 2019											
(a)	ExDTA ACL RBC or other ratio	444%			328%						
(b)	Adjusted capital and surplus	5,662,068			3,497,208						

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

		2020			2019			Change		
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	Adjusted gross DTAs - TPS Amount (Necessary for Centene Entities)	6,843	0	6,843	0	0	0	6,843	0	6,843
	Adjusted gross DTAs - Amount (Memo Entry)	78,401	0	78,401	17,322	0	17,322	61,079	0	61,079
(a)	Adjusted gross DTAs - Percentage	8.73%	0.00%	8.73%	0.00%	0.00%	0.00%	8.73%	0.00%	8.73%
	Net admitted DTAs - TPS Amount (Necessary for Centene Entities)	6,843	0	6,843	0	0	0	6,843	0	6,843
	Net admitted DTAs - Amount (Memo Entry)	78,401	0	78,401	17,322	0	17,322	61,079	0	61,079
(b)	Net admitted DTAs - Percentage	8.73%	0.00%	8.73%	0.00%	0.00%	0.00%	8.73%	0.00%	8.73%
(c)	Did the company avail itself of a tax planning strategy involving reinsurance? Yes _____ No <u>X</u> _____									

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	170,668	17,236
(b) Foreign taxes	0	0
(c) Subtotal	170,668	17,236
(d) Tax on capital gains/(losses)	0	0
(e) Utilization of capital loss carryforwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	412	162
(g) Federal and foreign income taxes incurred	<u>171,080</u>	<u>17,398</u>

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

		December 31,		Change
		2020	2019	
<b>(2) DTAs Resulting From Book/Tax Differences In</b>				
(a) Ordinary				
(1) Discounting of unpaid losses and LAE	13,473	6,758	6,715	
(2) Unearned premiums	9	18	(9)	
(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	8,245	3,925	4,320	
(9) Pension accruals	0	0	0	
(10) Nonadmitted assets	56,674	48,132	8,541	
(11) Net operating loss carryforward	0	0	0	
(12) Tax credit carryforward	0	0	0	
(13.1) Goodwill & Intangible Amortization	0	0	0	
(13.2) Premium deficiency reserve	0	417,142	(417,142)	
(13.3) Other (separately disclose items >5%)	0	0	0	
<b>(99) Gross ordinary DTAs</b>	<b>78,401</b>	<b>475,975</b>	<b>(397,575)</b>	
(b) Statutory valuation adjustment adjustment - ordinary	0	(458,652)	458,652	
(c) Nonadmitted ordinary DTAs (-)	0	0	0	
<b>(d) Admitted ordinary DTAs</b>	<b>78,401</b>	<b>17,322</b>	<b>61,078</b>	
(e) Capital				
(1) Investments	0	0	0	
(2) Net capital loss carryforward	0	0	0	
(3) Real estate	0	0	0	
(4) Other (separately disclose items >5%)	0	0	0	
(5) Unrealized capital losses	0	0	0	
<b>(99) Gross capital DTAs</b>	<b>0</b>	<b>0</b>	<b>0</b>	
(f) Statutory valuation adjustment adjustment - capital (-)	0	0	0	
(g) Nonadmitted capital DTAs (-)	0	0	0	
<b>(h) Admitted capital DTAs</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>(i) Admitted DTAs</b>	<b>78,401</b>	<b>17,322</b>	<b>61,078</b>	
<b>(3) DTLs Resulting From Book/Tax Differences In</b>				
(a) Ordinary				
(1) Investments	0	(89)	89	
(2) Fixed assets	0	0	0	
(3) Deferred and uncollected premiums	0	0	0	
(4) Policyholder reserves/salvage and subrogation	0	0	0	
(5) Other (separately disclose items >5%)	0	0	0	
<b>(99) Ordinary DTLs</b>	<b>0</b>	<b>(89)</b>	<b>89</b>	
(b) Capital				
(1) Investments	0	0	0	
(2) Real estate	0	0	0	
(3) Other (separately disclose items >5%)	0	0	0	
(4) Unrealized capital gains	0	0	0	
<b>(99) Capital DTLs</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>(c) DTLs</b>	<b>0</b>	<b>(89)</b>	<b>89</b>	
<b>(4) Net deferred tax assets/liabilities</b>	<b>78,401</b>	<b>17,233</b>	<b>61,167</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	78,401	475,975	(397,574)
Total deferred tax liabilities	0	(89)	89
Net deferred tax assets/liabilities	78,401	475,885	(397,484)
Statutory valuation allowance adjustment (*see explanation below)	0	(458,652)	458,652
Net deferred tax assets/liabilities after SVA	78,401	17,233	61,168
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	78,401	17,233	61,168

**\*Statutory valuation allowance**

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2020 and 2019 was \$0 and \$458,652, respectively. The net change in the total valuation allowance adjustments for the year ended December 31, 2020 was a decrease of \$458,652.

**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	2,393,855	502,710	21.00%	(467,804)	(98,239)	21.00%
Tax-Exempt Interest	(225)	(47)	0.00%	0	0	0.00%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	56	12	0.00%	0	0	0.00%
Health Insurer Fee	352,488	74,022	3.09%	0	0	0.00%
COLI Life Insurance	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	0	0	0.00%	19	4	0.00%
Statutory Valuation Allowance Adjustment	(2,184,059)	(458,652)	-19.16%	517,907	108,760	-23.25%
Deferred Taxes on Nonadmitted Assets	(40,673)	(8,541)	-0.36%	(49,332)	(10,360)	2.21%
Change in Enacted Tax Rates	0	0	0.00%	0	0	0.00%
<i>ETR Placeholder #1</i>			0.00%			
<i>ETR Placeholder #2</i>			0.00%			
<i>ETR Placeholder #3</i>			0.00%			
Other, Including Prior Year True-Up	412	0.02%		0	0.00%	
<b>Total</b>	<b>109,915</b>	<b>4.59%</b>		<b>166</b>	<b>-0.04%</b>	
 Federal Income Taxes Incurred [Expense/(Benefit)]	171,080	7.15%		17,399	-3.72%	
Tax on Capital Gains/(Losses)	0	0.00%		0	0.00%	
Change in Net Deferred Income Tax [Charge/(Benefit)]	(61,168)	-2.56%		(17,233)	3.68%	
<b>Total Statutory Income Taxes</b>	<b>109,912</b>	<b>4.59%</b>		<b>166</b>	<b>-0.04%</b>	

**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	17,237	0	17,237
2020	170,668	0	170,668
<b>Total</b>	<b>187,905</b>	<b>0</b>	<b>187,905</b>

Deposits admitted under IRC § 6603  
**None**

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

Absolute Total Care, Inc.	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
Buckeye Community Health Plan, Inc.	Heritage Health Systems, Inc.	WellCare Health Insurance Company of
Buckeye Health Plan Community Solutions, Inc.	Heritage Physicians Networks	WellCare Health Insurance Company of America
Calibrate Acquisition Co.	HHS Texas Management, Inc.	WellCare Health Insurance Company of Kentucky
California Health and Wellness Plan	Home State Health Plan, Inc.	WellCare Health Insurance Company of Nevada
Care 1st Health Plan Arizona, Inc.	HomeScripts.com, LLC	WellCare Health Insurance of Arizona, Inc.
Care1st Health Plan Administrative Services	IHG Holdings, Inc.	WellCare Health Insurance of Connecticut
Carolina Complete Health Holding Company Partnership	IlliniCare Health Plan, Inc.	WellCare Health Insurance of New York, Inc.
Carolina Complete Health, Inc.	Integrated Mental Health Services, 501(A)	WellCare Health Insurance of North Carolina
CBHSP Arizona, Inc.	Integrated Pharmacy Systems, Inc.	WellCare Health Insurance of Tennessee
Celtic Group, Inc.	Interpreta Holdings, Inc.	WellCare Health Insurance of the Southwest
Celticare Health Plan of Massachusetts, Inc.	Interpreta, Inc.	WellCare Health Plans of Arizona, Inc.
Cenpatico of Arizona, Inc.	Iowa Total Care, Inc.	WellCare Health Plans of California, Inc.
Cenpatico of California, Inc.	Isla Holding Co., Inc.	WellCare Health Plans of Kentucky, Inc.
Centene Company of Texas, LP	Kentucky Spirit Health Plan, Inc.	WellCare Health Plans of Massachusetts, Inc.
Centene Corporation	LBB Industries, Inc.	WellCare Health Plans of Missouri, Inc.
Centene Escrow II Corporation	LiveHealthier, Inc.	WellCare Health Plans of New Jersey, Inc.
Centene Health Plan Holdings, Inc.	Louisiana Healthcare Connections, Inc.	WellCare Health Plans of Tennessee, Inc.
Centene Venture Company Alabama Health Plan, Inc.	LSM Holdco, Inc.	WellCare Health Plans of Vermont, Inc.
Centene Venture Company Florida	Magnolia Health Plan, Inc.	WellCare Health Plans of Wisconsin, Inc.
Centene Venture Company Illinois	Managed Health Network	WellCare National Health Insurance Company
Centene Venture Company Indiana, Inc.	Managed Health Services Illinois, Inc.	WellCare of Alabama, Inc.
Centene Venture Company Kansas	Managed Health Services Insurance Corporation	WellCare of Arkansas, Inc.
Centene Venture Company Michigan	Maryland Collaborative Care Transformation	WellCare of California, Inc.
Centene Venture Company Tennessee	Mauli Ola Health and Wellness, Inc.	WellCare of Connecticut, Inc.
Community Medical Holdings Corp.	Meridian Health Plan of Illinois, Inc.	WellCare of Florida, Inc.
Comprehensive Health Management, Inc.	Meridian Health Plan of Michigan, Inc.	WellCare of Georgia, Inc.
Comprehensive Reinsurance, Ltd.	MHM Maryland, Inc.	WellCare of Indiana, Inc.
Coordinated Care Corporation	MHM Ohio, Inc.	WellCare of Kansas, Inc.
Coordinated Care of Washington, Inc.	MHM Services, Inc.	WellCare of Maine, Inc.
Delaware First Health Plan, Inc.	MHN Global Services, Inc.	Wellcare of Michigan Holding Company
District Community Care, Inc.	MHN Government Services - Guam, Inc.	WellCare of Mississippi, Inc.
Envolve - New York, Inc.	MHN Government Services - International, Inc.	WellCare of Missouri Health Insurance Company
Envolve Benefit Options, Inc.	MHN Government Services - Puerto Rico, Inc.	WellCare of Nebraska, Inc.
Envolve Captive Insurance Company, Inc.	MHS Consulting International, Inc.	WellCare of New Hampshire, Inc.
Envolve Dental IPA of New York, Inc.	MHS Travel & Charter, Inc.	WellCare of New York, Inc.
Envolve Dental of Florida, Inc.	Michigan Complete Health, Inc.	WellCare of North Carolina, Inc.
Envolve Dental of Texas, Inc.	Missouri Care, Incorporated	WellCare of Ohio, Inc.
Envolve Dental, Inc.	National Pharmacy Services, Inc.	WellCare of Oklahoma, Inc.
Envolve Holdings, Inc.	Nebraska Total Care, Inc.	WellCare of Pennsylvania, Inc.
Envolve Optical, Inc.	New York Quality Healthcare Corporation	WellCare of South Carolina, Inc.
Envolve PeopleCare, Inc.	New York Rx, Inc.	WellCare of Texas, Inc.
Envolve Pharmacy Solutions, Inc.	Next Door Neighbors, Inc.	WellCare of Virginia
Envolve Total Vision, Inc.	NovaSys Health, Inc.	WellCare of Washington, Inc.
Envolve Vision Benefits, Inc.	Ohana Health Plan, Inc.	WellCare Pharmacy Benefits Management, Inc.
Envolve Vision IPA of New York, Inc.	Oklahoma Complete Health, Inc.	WellCare Prescription Insurance, Inc.
Envolve Vision of Florida, Inc.	One Care by Care1st Health Plan of Arizona	Wellington Merger Sub II, Inc.
Envolve Vision of Texas, Inc.	Patriots Holding Co.	Western Sky Community Care, Inc.
Envolve Vision, Inc.	Peach State Health Plan, Inc.	Windsor Health Group, Inc.
Envolve, Inc.	Pennsylvania Health & Wellness, Inc.	Windsor Management Services, Inc.
Exactus Pharmacy Solutions, Inc.	Pennsylvania Health Care Plan, Inc.	Worco Management Services, Inc.

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

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

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

## **H. Repatriation Transition Tax (RTT)**

Not applicable

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

Not applicable

### **(1). Gross AMT Credit Recognized as:**

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

### **(2). Beginning Balance of AMT Credit Carryforward**

(3). Amounts Recovered	\$	-
(4). Adjustments	\$	-
(5). Ending Balance of AMT Credit Carryforward	\$	-

### **(6). Reduction for Sequestration**

(7). Nonadmitted by Reporting Entity	\$	NONE
(8). Reporting Entity Ending Balance	\$	-

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

Not applicable

## **10. Information Concerning Parent, Subsidiaries and Affiliates**

A – E

During 2020 and 2019, Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the period ending December 31, 2020 and December 31, 2019 included \$2,503,133 and \$1,844,000, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$1,673,141) and (\$219,803), respectively, for management fees and expenses paid on behalf of the company.

Envolve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the period ending December 31, 2020 and December 31, 2019 included \$6,990 and \$5,610, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$1,170) and (\$496), 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 \$5,468,892 and \$4,166,736, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$48,148) and \$400,393, 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 \$116,261 and \$97,628, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$116,261) and (\$8,574), 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 \$193,282 and \$386,792, respectively, for such services. Amounts due (to) from at December 31, 2020 and December 31, 2019 included (\$193,282) and (\$34,188), respectively, for such services.

During 2020 and 2019, Centene Corporation contributed \$0 and \$1,000,000, respectively, to the surplus of the Company. Of the total surplus contributed \$0 and \$1,000,000 are recorded as a receivable at December 31, 2020 and 2019, respectively and included in due from affiliates.

F. Guarantees – None

G. Control Relationship

The Company is wholly owned by Centene Corporation.

H. Upstream Intermediate Entity – None

I. Investment in an SCA entity – None

J. Investments in impaired SCA entities – None

K. Investment in a Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company - None

M. All SCA Investments - None

N. Investments in Insurance SCAs - None

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

**11. Debt**

A. Capital Notes

None

B. FHLB (Federal Home Loan Bank) agreements

None

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

A. Defined Benefit Plans

None

B. Description of investment policies and strategies for retirement plans

None

C. Fair value of each class of plan assets

None

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

None

E. Defined Contribution Plans

None

F. Multiemployer Plans

None

G. Consolidated/Holding Company Plans

None

H. Post-Employment Benefits and Compensated Absences

None

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

None

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

A. The Company has 1,000, \$.001 par value shares authorized, issued and outstanding.

B. The Company has no preferred stock outstanding.

C. The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the Commissioner has received notice of the distribution and has not within the thirty day period disapproved the dividend or distribution. An extraordinary dividend or distribution is one in which the fair market value, together with that of any other dividends or distributions made within the preceding twelve months, exceeds the greater of ten percent of the Company's surplus as of the thirty-first day of December next preceding, or the Company's net income for the twelve month period ending the thirty-first day of December next preceding.

D. No dividends were paid during 2020 and 2019.

E. Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. The Company has no advances to surplus not repaid.

- H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.
- I. The Company reported a special surplus of \$0 at December 31, 2020. The Company reported a special surplus of \$372,378 at December 31, 2019.
- J. There are no unassigned funds (surplus) represented or reduced by cumulative gains and losses.
- K. The Company did not hold or issue any surplus debentures or similar obligations.
- L. There have been no quasi-reorganizations.
- M. The Company has not been involved in a quasi-reorganization in the last ten years.

#### **14. Liabilities, Contingencies, and Assessments**

- A. Contingent Commitments
  - None
- B. Assessments
  - None
- C. Gain Contingencies
  - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
  - None
- E. Joint and Several Liabilities
  - None
- F. All Other Contingencies

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

#### **15. Leases**

- None

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

- None

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

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

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

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

1. Revenue from the Company's Medicare contract for the year ended December 31, 2020 consisted of \$25,027,295 for medical, hospital related services, and administrative expenses.
2. As of December 31, 2020, the Company recorded no receivable greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000.
3. In connection with the Company's Medicare contract, the Company has no recorded allowances and reserves for adjustment of recorded revenues at December 31, 2020.
4. The Company has made no adjustments to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

None

## 20. Fair Value Measurements

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

Level inputs are as follows:

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

The following table summarizes fair value measurements by level at December 31, 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 and Short-Term Investments	\$ 3,124,603	\$ -	\$ -	\$ -	\$ 3,124,603
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates					
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common Stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates					
Total Common Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value/NAV	<u>\$ 3,124,603</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,124,603</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>

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 and Short-Term Investments	\$ 6,349,427	\$ -	\$ -	\$ -	\$ 6,349,427
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Hybrid Securities	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common Stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Common Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Credit contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity futures contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Commodity forward contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total assets at fair value/NAV</b>	<b>\$ 6,349,427</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,349,427</b>
<b>b. Liabilities at fair value</b>					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total liabilities at fair value</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

#### B. Assets Measured at Fair Value on a Nonrecurring Basis

None

#### C. Aggregate Fair Value for all Financial Instruments

The following table summarizes the aggregate fair value measurements by level at December 31, 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)
Bonds	\$ 7,045,907	\$ 7,029,965	\$ 421,852	\$ 6,624,056	\$ -	\$ -	\$ -
Cash and Cash Equivalents	\$ 3,124,603	\$ 3,124,603	\$ 3,124,603	\$ -	\$ -	\$ -	\$ -

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 411,217	\$ 409,855	\$ -	\$ 411,217	\$ -	\$ -	\$ -
Cash and Cash Equivalents	\$ 6,349,427	\$ 6,349,427	\$ 6,349,427	\$ -	\$ -	\$ -	\$ -

#### D. Unable to Estimate Fair Value

None

#### E. Assets Measured at Net Asset Value

None

### 21. Other Items

#### A. Unusual or Infrequent Items

None

#### B. Troubled Debt Restructuring: Debtors

None

#### C. Other Disclosures

None

#### D. Business Interruption Insurance Recoveries

None

E. State Transferable and Non-transferable Tax Credits

None

F. Subprime Mortgage Related Risk Exposure

None

G. Retained Assets

None

H. Insurance Linked Securities (ILS) Contracts

None

I. Life Insurance Policy

None

**22. Events Subsequent**

In connection with the preparation of the statutory financial statements, the Company evaluated subsequent events through February 28, 2021, which was the date the statutory financial statements were issued. Due to market volatility and economic measures taken to contain the virus there may be impact to our operations and financial position, however we are unable to estimate the ultimate impact of the COVID-19 pandemic, at this time.

Type I – Recognizable Subsequent Events

None

Type II – Non-recognizable Subsequent Events

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 \$352,488 and \$0 in 2020 and 2019, respectively.

	<u>Current Year</u>	<u>Prior Year</u>
	<u>Yes</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)?	\$ -	\$ 372,378
B. ACA fee assessment payable for the upcoming year	\$ 352,488	\$ -
C. ACA fee assessment paid	\$ -	\$ 19,568,016
D. Premium written subject to ACA 9010 assessment	\$ 5,740,469	
E. Total Adjusted Capital before surplus adjustment	\$ 5,740,469	
F. Total Adjusted Capital after surplus adjustment	\$ 1,666,224	
G. Authorized Control Level		
H. Would reporting the ACA assessment as of December 31, 2020 have triggered an RBC Action Level (YES/NO)?	No	

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. No
2. No

Section 2 - Ceded Reinsurance Report - Part A

1. No
2. No

Section 3 - Ceded Reinsurance Report - Part B

1. \$0
2. No

**B. Uncollectible Reinsurance**

None

**C. Commutation of Ceded Reinsurance**

None

**D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation**

None

**E. Reinsurance Credit**

None

**24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

- A. The Company participates in the Medicare Advantage program under a contract with Centers for Medicare and Medicaid Services which is subject to federal Medicare MLR regulations under Title 42 of the Code of Federal Regulations, Part 422.
- B. The Company records accrued retrospective premiums through written premium.
- C. The amount of net premiums written by the Company at December 31, 2020 which are subject to retrospective rating features was \$25.0 million, which represents 100% of the total net premiums written.
- D. Medical Loss Ratio Rebates Required pursuant to the Public Health Service Act

None

**E. Risk-Sharing Provisions of the ACA**

None

**25. Change in Incurred Claims and Claims Adjustment Expenses**

- A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2019 were \$2.11 million. As of December 31, 2020, \$2.13 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0.04 million as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicaid lines of insurance. Therefore, there has been \$0.06 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 were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

**26. Intercompany Pooling Arrangements**

None

**27. Structured Settlements**

None

**28. Health Care Receivables**

- A. At December 31, 2020, the Company had admitted pharmacy rebate receivables of \$393,757. 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	393,757	393,757	-	-	-
9/30/2020	372,485	335,928	-	93,282	-
6/30/2020	259,114	312,278	-	48,899	263,379
3/31/2020	232,884	275,269	-	8,257	267,012
12/31/2019	212,308	207,957	-	14,631	217,943
9/30/2019	209,771	215,593	-	30	205,005
6/30/2019	181,209	195,495	-	2,738	197,740
3/31/2019	161,800	177,810	-	145	181,873
12/31/2018	118,903	107,224	-	4,370	102,854
9/30/2018	97,929	91,979	662	1,037	90,280
6/30/2018	70,313	71,946	-	25,271	46,675
3/31/2018	65,578	55,609	-	15,787	39,822

## 29. Participating Policies

None

## 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$0
2. Date of the most recent evaluation of this liability 1/31/2021
3. Was anticipated investment income utilized in the calculation? Yes

## 31. Anticipated Salvage and Subrogation

None

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

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

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

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

1.3 State Regulating? Ohio.....

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

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

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

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019.....

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

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

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

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

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [  ] No [  ]

4.12 renewals? Yes [  ] No [  ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [  ] No [  ]

4.22 renewals? Yes [  ] No [  ]

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

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

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

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

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

6.2 If yes, give full information .....

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

7.2 If yes,

7.21 State the percentage of foreign control ..... 0.0 %

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

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

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

**GENERAL INTERROGATORIES**

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

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

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

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

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

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

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

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

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

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

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Michael Schooley (Employee), Centene Corporation, 8735 Henderson Road, 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 [ ] No [ X ]

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

12.12 Number of parcels involved.....0

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

12.2 If yes, provide explanation

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

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

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

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

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

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

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

## GENERAL INTERROGATORIES

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

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

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

### BOARD OF DIRECTORS

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

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

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

### FINANCIAL

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

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

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

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

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

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

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

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

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

### 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)  
N/A.....

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 [  ] 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	\$.....421,610
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

Yes [  ] No [  ]

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

Yes [  ] No [  ] N/A [  ]

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

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

Yes [  ] No [  ]

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

26.41 Special accounting provision of SSAP No. 108	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
26.42 Permitted accounting practice	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
26.43 Other accounting guidance	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]

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

Yes [  ] No [  ]

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

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

Yes [  ] No [  ]

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

\$.....

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

Yes [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian's Address
U.S. Bank.....	Philadelphia, PA.....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Buckeye Health Plan Community Solutions, 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 [  ]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A.....	U.S. Bank.....	12/02/2020.....	New account.....

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
Centene Treasury Department.....	.....
.....	.....
.....	.....

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

Yes [  ] No [  ]

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

Yes [  ] No [  ]

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

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

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

Yes [  ] No [  ]

29.2 If yes, complete the following schedule:

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

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

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

## 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.....	7,029,965	7,045,907	15,942
30.2 Preferred Stocks.....	0		0
30.3 Totals	7,029,965	7,045,907	15,942

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

Fair market values are obtained from a third party pricing source.....

Yes [ ] No [ X ]

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 [ ] 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:

Fair market values are obtained from a third party pricing source.....

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? \$ ..... 0

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

## GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$ ..... 0

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

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ ..... 0

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	\$ ..... 25,027,295	\$ ..... 18,436,873
2.2	Premium Denominator	\$ ..... 25,027,295	\$ ..... 18,436,873
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ ..... 4,190,321	\$ ..... 4,069,385
2.5	Reserve Denominator	\$ ..... 4,190,321	\$ ..... 4,069,385
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 1.000

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

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

5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical	\$ ..... 1,250,000
		5.32 Medical Only	\$ .....
		5.33 Medicare Supplement	\$ .....
		5.34 Dental and Vision	\$ .....
		5.35 Other Limited Benefit Plan	\$ .....
		5.36 Other	\$ .....

6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	
	The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with ParterRe.	

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	..... 39,097
	8.2 Number of providers at end of reporting year	..... 40,597
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	\$.....34,942
10.22 Amount actually paid for year bonuses	\$.....39,472
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

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

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

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

11.4 If yes, show the amount required.

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

11.6 If the amount is calculated, show the calculation

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

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

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

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

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

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

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

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

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

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

15.1 Direct Premium Written \$.....

15.2 Total Incurred Claims \$.....

15.3 Number of Covered Lives.....

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

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

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

## FIVE - YEAR HISTORICAL DATA

	1 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)	11,787,048	8,625,201	7,199,507	1,700,050	0
2. Total liabilities (Page 3, Line 24)	6,046,579	5,127,993	4,184,997	50	0
3. Statutory minimum capital and surplus requirement	1,700,000	2,128,630	1,700,000	1,700,000	0
4. Total capital and surplus (Page 3, Line 33)	5,740,469	3,497,208	3,014,510	1,700,000	0
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	25,027,295	18,436,873	9,222,510	0	0
6. Total medical and hospital expenses (Line 18)	21,420,198	16,367,131	9,675,758	0	0
7. Claims adjustment expenses (Line 20)	344,963	269,048	164,093	0	0
8. Total administrative expenses (Line 21)	2,892,855	1,880,118	1,006,790	0	0
9. Net underwriting gain (loss) (Line 24)	2,355,669	(616,685)	(3,073,260)	0	0
10. Net investment gain (loss) (Line 27)	52,872	161,464	48,853	0	0
11. Total other income (Lines 28 plus 29)	(14,684)	(12,583)	(5,317)	0	0
12. Net income or (loss) (Line 32)	2,222,769	(485,203)	(2,705,620)	0	0
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	3,399,551	2,126	856,740	50	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	5,740,469	3,497,208	3,014,510	1,700,000	0
15. Authorized control level risk-based capital	1,381,950	1,064,315	779,247	2,550	0
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	2,253	1,923	1,145	0	0
17. Total members months (Column 6, Line 7)	26,881	21,593	11,185	0	0
<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)	85.6	88.8	104.9	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	1.4	1.4	.1.7	0.0	0.0
22. Total underwriting deductions (Line 23)	90.6	103.3	133.3	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	9.4	(3.3)	(33.3)	0.0	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	2,131,901	1,666,259	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	2,082,995	2,156,714	0	0	0
<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)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

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

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	0
2. Alaska	AK	N						0	0
3. Arizona	AZ	N						0	0
4. Arkansas	AR	N						0	0
5. California	CA	N						0	0
6. Colorado	CO	N						0	0
7. Connecticut	CT	N						0	0
8. Delaware	DE	N						0	0
9. District of Columbia	DC	N						0	0
10. Florida	FL	N						0	0
11. Georgia	GA	N						0	0
12. Hawaii	HI	N						0	0
13. Idaho	ID	N						0	0
14. Illinois	IL	N						0	0
15. Indiana	IN	N						0	0
16. Iowa	IA	N						0	0
17. Kansas	KS	N						0	0
18. Kentucky	KY	N						0	0
19. Louisiana	LA	N						0	0
20. Maine	ME	N						0	0
21. Maryland	MD	N						0	0
22. Massachusetts	MA	N						0	0
23. Michigan	MI	N						0	0
24. Minnesota	MN	N						0	0
25. Mississippi	MS	N						0	0
26. Missouri	MO	N						0	0
27. Montana	MT	N						0	0
28. Nebraska	NE	N						0	0
29. Nevada	NV	N						0	0
30. New Hampshire	NH	N						0	0
31. New Jersey	NJ	N						0	0
32. New Mexico	NM	N						0	0
33. New York	NY	N						0	0
34. North Carolina	NC	N						0	0
35. North Dakota	ND	N						0	0
36. Ohio	OH	L	25,029,069					25,029,069	0
37. Oklahoma	OK	N						0	0
38. Oregon	OR	N						0	0
39. Pennsylvania	PA	N						0	0
40. Rhode Island	RI	N						0	0
41. South Carolina	SC	N						0	0
42. South Dakota	SD	N						0	0
43. Tennessee	TN	N						0	0
44. Texas	TX	N						0	0
45. Utah	UT	N						0	0
46. Vermont	VT	N						0	0
47. Virginia	VA	N						0	0
48. Washington	WA	N						0	0
49. West Virginia	WV	N						0	0
50. Wisconsin	WI	N						0	0
51. Wyoming	WY	N						0	0
52. American Samoa	AS	N						0	0
53. Guam	GU	N						0	0
54. Puerto Rico	PR	N						0	0
55. U.S. Virgin Islands	VI	N						0	0
56. Northern Mariana Islands	MP	N						0	0
57. Canada	CAN	N						0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	0	25,029,069	0	0	0	25,029,069	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)		XXX	0	25,029,069	0	0	0	25,029,069	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.

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER GROUP

## MEMBERS OF A HOLDING COMPANY

## PART 1 - ORGANIZATIONAL CHART

Centene Corporation															42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin															39-0993433	WI	71013
	Health Plan Real Estate Holding, Inc (17%)														46-2860967	MO	
Peach State Health Plan, Inc															20-3174593	GA	12315
	Health Plan Real Estate Holding, Inc (21%)														46-2860967	MO	
Iowa Total Care, Inc															46-4829006	IA	15713
Buckeye Community Health Plan, Inc															32-0045282	OH	11834
	Health Plan Real Estate Holding, Inc (18%)														46-2860967	MO	
Absolute Total Care, Inc															20-5693998	SC	12959
	Health Plan Real Estate Holding, Inc (1%)														46-2860967	MO	
Coordinated Care Corporation d/b/a Managed Health Services															39-1821211	IN	95831
	Health Plan Real Estate Holding, Inc (15%)														46-2860967	MO	
Healthy Washington Holdings, Inc															46-5523218	DE	
	Coordinated Care of Washington, Inc														46-2578279	WA	15352
Managed Health Services Insurance Corp															39-1678579	WI	96822
	Health Plan Real Estate Holding, Inc (2%)														46-2860967	MO	
Hallmark Life Insurance Co															86-0819817	AZ	60078
Superior HealthPlan, Inc															74-2770542	TX	95647
	Health Plan Real Estate Holding, Inc (21%)														46-2860967	MO	
Healthy Louisiana Holdings LLC															27-0916294	DE	
	Louisiana Healthcare Connections, Inc														27-1287287	LA	13970
Magnolia Health Plan Inc															20-8570212	MS	13923
Sunshine Health Holding LLC															26-0557093	FL	
	Sunshine State Health Plan, Inc														20-8937577	FL	13148
Kentucky Spirit Health Plan, Inc															45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)															45-5070230	MO	
	Home State Health Plan, Inc														45-2798041	MO	14218
	Health Plan Real Estate Holding, Inc (5%)														46-2860967	MO	
Sunflower State Health Plan, Inc															45-3276702	KS	14345
Granite State Health Plan, Inc															45-4792498	NH	14226
California Health and Wellness Plan															46-0907261	CA	
Michigan Complete Health, Inc.															30-0312489	MI	10769
Western Sky Community Care, Inc.															45-5583511	NM	16351
Tennessee Total Care, Inc.															26-1849394	TN	
SilverSummit Healthplan, Inc.															20-4761189	NV	16143
University Health Plans, Inc.															22-3292245	NJ	

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

	Agate Resources, Inc.														20-0483299	OR	
		Trillium Community Health Plan, Inc.													42-1694349	OR	12559
	Nebraska Total Care, Inc.														47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.														47-5340613	PA	16041
	Superior HealthPlan Community Solutions, Inc.														47-5664832	TX	15912
	Sunshine Health Community Solutions, Inc.														47-5667095	FL	15927
	Buckeye Health Plan Community Solutions, Inc.														47-5664342	OH	16112
	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	

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

		Cenpatico Behavioral Health of Arizona, LLC												20-1624120	AZ	
		Cenpatico of Arizona Inc.												80-0879942	AZ	
	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	
40.2	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	

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

		Centurion of Wyoming, LLC												84-3857653	WY	
		Centurion of Missouri, LLC												46-4102135	MO	
		Centurion of Michigan, LLC												46-1041008	MI	
		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	

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

	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	
	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	66141
		Health Net Life Reinsurance Company												98-0409907	CYM	
	Managed Health Network, LLC													95-4117722	DE	
		Managed Health Network												95-3817988	CA	
		MHN Services, LLC												95-4146179	CA	
	Health Net Federal Services, LLC													68-0214809	DE	
		MHN Government Services LLC												42-1680916	DE	
			Network Providers, LLC (10%)											88-0357895	DE	
			Network Providers, LLC (90%)											88-0357895	DE	
	Health Net Health Plan of Oregon, Inc.													93-1004034	OR	95800
	Health Net Community Solutions, Inc.													54-2174068	CA	
	Health Net of Arizona, Inc.													36-3097810	AZ	95206
	Health Net Pharmaceutical Services													68-0295375	CA	

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

		Health Net Community Solutions of Arizona, Inc.										81-1348826	AZ	15895
		Health Net Access, Inc.										46-2616037	AZ	
	MHS Consulting, International, Inc											20-8630006	DE	
		Centene International Ventures, LLC										83-1047281	DE	
		MHS European Holdings s.a.r.l.										27-2075447	LUX	
		PRIMEROSALUD, S.L.										Foreign	ESP	
			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 Gestion integral, S.L.							Foreign	ESP	
					Ribera Lab, S.L.U.							Foreign	ESP	
						Serendipity Asistencia Medica, S.L. (49%)						Foreign	ESP	
						Centro Inmunologocia 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	

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

					Discare CZ, a.s.									Foreign	SVK	
					Hospital Povisa, S.A. (93.29%)									Foreign	ESP	
					Ribera Salud Tecnologias S.L.U.									Foreign	ESP	
					Torrevieja Salud S.L.U.									Foreign	ESP	
					Torrevieja Salud UTE (35%)									Foreign	ESP	
					Blackcrow Asistencia Medica, S.L									Foreign	ESP	
					Godgrace Asistencia Medica, S.L.									Foreign	ESP	
					Growly Asistencia Sanitaria, S.L.									Foreign	ESP	
					UR Salud UTE (49%)									Foreign	ESP	
					Secure Capital Solutions 2000, S.L.U									Foreign	ESP	
					Hospital Polusa, S.A. (78.4%)									Foreign	ESP	
					Clinica Santo Domingo De Lugo, S.L.									Foreign	ESP	
					MH Services International Holdings (UK) Limited									Foreign	GBR	
					MH Services International (UK) Limited									Foreign	GBR	
					Operose Health Limited									Foreign	GBR	
					Operose Health (Group) Limited									Foreign	GBR	
					The Practice Properties Limited									Foreign	GBR	
					Operose Health (Group) UK Limited									Foreign	GBR	
					The Practice Surgeries Limited									Foreign	GBR	
					Phoenix Primary Care Limited									Foreign	GBR	
					Phoenix Primary (South) Limited									Foreign	GBR	
					Circle Health Holdings Limited (40%)									Foreign	GBR	
					Circle Health 1 Limited									Foreign	GBR	
					Circle Health 2 Limited									Foreign	GBR	
					Circle Holdings Limited									Foreign	JEY	
					Circle International PLC									Foreign	GBR	
					Circle Health Limited									Foreign	GBR	
					Nations Healthcare Limited									Foreign	GBR	
					Circle Nottingham Limited									Foreign	GBR	
					Circle Rehabilitation Services (90%)									Foreign	GBR	
					Circle Hospital (Bath) Limited									Foreign	GBR	
					Circle Hospital (Reading) Limited									Foreign	GBR	
					Circle Clinical Services Limited									Foreign	GBR	
					Circle Birmingham Limited									Foreign	GBR	
					Circle Harmony Health Limited (50%)									Foreign	CHN	
					Shanghai Circle Harmony Hospital Management									Foreign	CHN	
					Circle Health 3 Limited									Foreign	GBR	
					Circle Health 4 Limited									Foreign	GBR	
					GHG Healthcare Holdings Limited									Foreign	GBR	
					General Healthcare Group Limited									Foreign	GBR	

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

									General Healthcare Holdings 2 Limited	Foreign	GBR	
									General Healthcare Holdings 3 Limited	Foreign	GBR	
									North West Cancer Clinic Limited (90%)	Foreign	GBR	
									GHG (DB) Pension Trustees	Foreign	GBR	
									GHG Mount Alvernia Hospital Limited	Foreign	GBR	
									Generale de Sante International Limited	Foreign	GBR	
									BMI Southend Private Hospital Limited (50%)	Foreign	GBR	
									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	
									Centene Europe Finance Company Limited	Foreign	MLT	
	Centene Health Plan Holdings, Inc.									82-1172163	DE	
		Ambetter of North Carolina, Inc.								82-5032556	NC	16395
			Carolina Complete Health Holding Company Partnership (80%)							82-2699483	DE	
				Carolina Complete Health, Inc.						82-2699332	NC	16526
	New York Quality Healthcare Corporation									82-3380290	NY	
		Salus Administrative Services, Inc.								55-0878053	NY	
			Salus IPA, LLC							82-0802846	NY	
	Calibrate Acquisition Co									82-4670677	DE	
		Community Medical Holdings Corp								47-4179393	DE	
			Access Medical Acquisition, 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	

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

			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												82-4581788	DE	
		RxAdvance Corporation (38.31%)												DE	
	Centene Venture Company Michigan												83-2446307	MI	16613
	Next Door Neighbors, LLC (60%)												32-2434596	DE	
		Next Door Neighbors, Inc.											83-2381790	DE	
		Centene Venture Company 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

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

			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	
			WellCare Health Plans of Tennessee, Inc.							45-5154364	TN	16533
			Comprehensive Health Management, Inc.							59-3547616	FL	
			WellCare Health Insurance of New York, Inc							11-3197523	NY	10884
			Ohana Health Plan, Inc.							27-0386122	HI	
			WellCare of Indiana, Inc.							83-2840051	IN	
			America's 1st Choice California Holdings, LLC							45-3236788	FL	
			WellCare of California, Inc.							20-5327501	CA	
			Windsor Health Group, Inc.							62-1832645	TN	
			WellCare Health Insurance of Tennessee, Inc.							83-2276159	TN	16532
			WellCare of New Hampshire, Inc.							83-2914327	NH	16515
			WellCare Health Plans of Vermont, Inc.							83-2255514	VT	16514
			WellCare Health Insurance of Connecticut, Inc.							83-2126269	CT	16513
			WellCare of Washington, Inc.							83-2069308	WA	16571
			WellCare Health Plans of Kentucky, Inc.							47-0971481	KY	15510
			WellCare of Alabama, Inc.							82-1301128	AL	16239
			WellCare of Maine, Inc.							82-3114517	ME	16344
			Harmony Health Systems Inc.							22-3391045	NJ	
			Harmony Health Management, Inc.							36-4467676	NJ	
			Harmony Health Plan, Inc.							36-4050495	IL	11229
			Harmony Behavioral Health, Inc.							20-3320236	FL	
			Harmony Behavioral Health IPA, Inc.							20-3262322	NY	
			WellCare Health Insurance Company of Kentucky, Inc.							36-6069295	KY	64467
			WellCare Health Insurance of Arizona, Inc.							86-0269558	AZ	83445
			WellCare Health Insurance of North Carolina, Inc.							83-3493160	NC	16548
			WellCare Health Insurance Company of Louisiana, Inc.							83-3333918	LA	
			WellCare of Missouri Health Insurance Company, Inc.							83-3525830	MO	16512
			WellCare Health Plans of Wisconsin, Inc.							83-3351254	WI	16569
			Care 1st Health Plan of Arizona, Inc.							57-1165217	AZ	
			Care1st Health Plan Administrative Services, Inc.							46-2680154	AZ	
			One Care by Care1st Health Plans of Arizona, Inc.							06-1742685	AZ	
			WellCare Health Insurance Company of Washington, Inc.							83-3166908	WA	16570
			WellCare Health Insurance Company of Wisconsin, Inc.							83-3310218	WI	16568

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

			WellCare of Puerto Rico, Inc.									66-0888149	PR	
			WellCare of North Carolina, Inc.									82-5488080	NC	16547
			WellCare Health Plans of Arizona, Inc.									82-3169616	AZ	16253
			WellCare Health Insurance Company of America									82-4247084	AR	16343
			WellCare National Health Insurance Company									82-5127096	TX	16342
			WellCare Health Insurance Company of New Hampshire, Inc.									83-3091673	NH	16516
			Wellcare Health Insurance Company of New Jersey, Inc.									84-4709471	NJ	16789
			Meridian Management Company, LLC (a/k/a Meridian Administration Company, LLC)									26-4004494	MI	
				Meridian Nerwork Services, LLC									MI	
			MeridianRx, LLC									27-1339224	MI	
				MeridianRx IPA, LLC										
				MeridianRx of Indiana, LLC								83-3612209	MI	
			WellCare of Michigan Holding Company									26-4004578	MI	
				Meridian Health Plan of Michigan, Inc.								38-3253977	MI	52563
				Meridian Health Plan of Illinois, Inc.								20-3209671	IL	13189
			Universal American Corp.									27-4683816	DE	
				Universal American Holdings, LLC								45-1352914	DE	
				Universal American Financial Services, Inc.								95-3800329	DE	
					Premier Marketing Group, LLC							58-2633295	DE	
					Penn Marketing America, LLC							95-3623226	DE	
					Worlco Management Services, Inc.							23-1913528	NY	
					UAM Agent Services Corp.							42-0989096	IA	
					APS Parent,Inc.							45-4644722	DE	
					American Progressive Life and Health Insurance Company of New York							13-1851754	NY	80624
					Quincy Coverage Corporation							13-3491681	NY	
					Heritage Health Systems, Inc.							62-1517194	TX	
					SelectCare of Texas, Inc.							62-1819658	TX	10096
					Heritage Health Systems of Texas, Inc.							76-0459857	TX	
						Golden Triangle Physician Alliance						62-1694548	TX	
						Heritage Physician Networks						76-0560730	TX	
						SelectCare Health Plans, Inc.						74-3141949	TX	10768
						HHS Texas Management, LP (99.1%)						76-0500963	TX	
						HHS Texas Management, Inc.						76-0500964	TX	
							HHS Texas Management, LP. (0.9%)					76-0500963	TX	
							Collaborative Health Systems, LLC					90-0779287	NY	
							Accountable Care Coalition of Georgia , LLC (51%)					45-5481108	GA	
							Accountable Care Coalition of Chesapeake, LLC (51%)					81-2588974	MD	
							Accountable Care Coalition of Mississippi, LLC (51%)					46-2881180	MS	
							Accountable Care Coalition of North Texas, LLC (51%)					45-4552802	TX	
							Accountable Care Coalition of Northeast Georgia, LlcC(51%)					47-3894436	GA	
							Accountable Care Coalition of Northwest Florida, LLC (51%)					46-4106526	FL	

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

				Accountable Care Coalition of Southeast Physician Partners, LLC				47-3913308	SC	
				Accountable Care Coalition of Southeast Texas, Inc.				47-3842552	TX	
				Accountable Care Coalition of Southeast Wisconsin, LLC (51)				45-4113610	WI	
				Accountable Care Coalition of Texas, Inc.				45-2742298	TX	
				AWC of Syracuse, Inc.				47-2346408	NY	
				Chrysalis Medical Services, LLC (51%)				30-0803845	NJ	
				Collaborative Health Systems of Maryland, LLC (50%)				81-3365375	MD	
				Collaborative Health Systems of Virginia, LLC				81-3306594	VA	
				Accountable Care Coalition of Maryland, LLC (51%)				45-4119736	MD	
				Accountable Care Coalition of Maryland Primary Care, LLC (51%)				45-5449147	MD	
				Essential Care Partners, LLC (51%)				45-4561546	TX	
				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 Elite Providers VI, LLC				85-0907849	DE	
				Accountable Care Coalition of Quality 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	

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

		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	
		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	
		Pahtherx 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	