



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Community Health Plan, Inc.

(Name)

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

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

Country of Domicile United States

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

Incorporated/Organized 10/29/2002 Commenced Business 01/01/2004

Statutory Home Office 4349 Easton Way, Suite 120 (Street and Number) , Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)

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

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

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

Internet Web Site Address www.bchphohio.com

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

OFFICERS

Name	Title	Name	Title
Steven Bradley Province	President and CEO	Joel Benjamin Samson	Secretary
Christian Edward Miller	Treasurer and CFO		

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

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

State of Missouri

ss

County of St. Charles

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

Steven Bradley Province  
President and CEO

Joel Benjamin Samson  
Secretary

Christian Edward Miller  
Treasurer and CFO

Subscribed and sworn to before me this  
day of ,

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

b. If no:

1. State the amendment number  
2. Date filed  
3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	357,290,224		357,290,224	309,122,877
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	10,591,502		10,591,502	10,287,774
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 (\$ .....16,081,547 , Schedule E-Part 1), cash equivalents (\$ .....210,467,298 , Schedule E-Part 2) and short-term investments (\$ .....5,069,954 , Schedule DA).....	231,618,799		231,618,799	232,669,014
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	11,240,154		11,240,154	4,550,057
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) .....	610,740,679	0	610,740,679	556,629,722
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	2,906,539		2,906,539	2,549,190
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	205,609,846		205,609,846	130,409,492
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....	0		0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....	31,844,422		31,844,422	19,602,794
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	508,509		508,509	2,584,068
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 .....	39,890,414		39,890,414	22,112,015
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0		0	0
18.2 Net deferred tax asset.....	10,560,921		10,560,921	8,074,470
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 .....	84,418,352	0	84,418,352	30,129,191
24. Health care (\$ .....17,087,837 ) and other amounts receivable.....	55,454,439	38,366,601	17,087,838	11,396,396
25. Aggregate write-ins for other-than-invested assets .....	32,917	32,917	0	454,320
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,041,967,037	38,399,518	1,003,567,519	783,941,657
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	1,041,967,037	38,399,518	1,003,567,519	783,941,657
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepays.....	32,917	32,917	0	0
2502. State Income Tax Recoverable.....	0		0	415,098
2503. Admitted Aggregate Write-Ins.....			0	39,222
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) .....	32,917	32,917	0	454,320

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....3,188,732 reinsurance ceded)	364,645,453		364,645,453	313,746,446
2. Accrued medical incentive pool and bonus amounts .....	12,536,133		12,536,133	8,120,744
3. Unpaid claims adjustment expenses .....	3,989,318		3,989,318	3,963,986
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	136,059,003		136,059,003	29,416,664
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 .....	9,201,691		9,201,691	9,327,820
9. General expenses due or accrued .....	60,870,510		60,870,510	54,625,025
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....	18,372,898		18,372,898	1,345,507
10.2 Net deferred tax liability .....	0		0	0
11. Ceded reinsurance premiums payable .....	1,246,987		1,246,987	4,111,791
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 .....	1,195,910		1,195,910	0
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	900,000
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 .....	1,483,259		1,483,259	937,600
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	10,031,636	0	10,031,636	7,954,223
24. Total liabilities (Lines 1 to 23).....	619,632,798	0	619,632,798	434,449,805
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	129,150,000	129,150,000
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	253,784,721	219,341,852
32. Less treasury stock, at cost: 32.1 .....shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 .....shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	383,934,721	349,491,852
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,003,567,519	783,941,657
DETAILS OF WRITE-INS				
2301. Hospital Assessment Payable.....	9,155,446		9,155,446	7,954,222
2302. APTC.....	0		0	1
2303. SIT Payable.....	876,190		876,190	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	10,031,636	0	10,031,636	7,954,223
2501. Health Insurer Fee Estimate.....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	6,297,644	5,291,415
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	4,009,677,537	3,386,710,972
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	4,009,677,537	3,386,710,972
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		2,470,913,279	2,013,668,810
10. Other professional services .....		252,908,333	205,619,550
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		180,924,668	153,070,761
13. Prescription drugs .....		604,627,725	479,437,284
14. Aggregate write-ins for other hospital and medical.....0		156,706	886,426
15. Incentive pool, withhold adjustments and bonus amounts.....		12,479,408	4,725,891
16. Subtotal (Lines 9 to 15) .....	0	3,522,010,118	2,857,408,721
<b>Less:</b>			
17. Net reinsurance recoveries .....		6,074,512	3,737,147
18. Total hospital and medical (Lines 16 minus 17) .....	0	3,515,935,606	2,853,671,574
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....1,826,060 cost containment expenses.....		30,434,332	33,483,707
21. General administrative expenses.....		420,577,335	436,310,450
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		5,284,947	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	3,972,232,220	3,323,465,731
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	37,445,317	63,245,241
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		11,855,755	10,620,466
26. Net realized capital gains (losses) less capital gains tax of \$ .....(13,706) .....		(51,562)	2,082,555
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	11,804,193	12,703,021
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....660,402 )].....		(660,402)	(956,953)
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	48,589,108	74,991,309
31. Federal and foreign income taxes incurred .....	XXX	11,328,126	25,347,965
32. Net income (loss) (Lines 30 minus 31) .....	XXX	37,260,982	49,643,344
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. Unpaid reinsurance recoveries.....		156,706	886,426
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	156,706	886,426
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year .....	349,491,852	339,349,249
34. Net income or (loss) from Line 32 .....	37,260,982	49,643,344
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 30,520 .....	229,363	(2,720,042)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	2,477,242	(311,512)
39. Change in nonadmitted assets .....	(5,372,749)	(111,417)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		(40,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	(151,969)	3,642,230
48. Net change in capital and surplus (Lines 34 to 47) .....	34,442,869	10,142,603
49. Capital and surplus end of reporting year (Line 33 plus 48)	383,934,721	349,491,852
DETAILS OF WRITE-INS		
4701. 2019 & Prior HLM Investment Distribution Income.....		3,642,230
4702. 5/3 Five Rivers DTA Change.....	(151,969)	0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(151,969)	3,642,230

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance .....		4,031,171,909	3,388,240,292
2. Net investment income .....		14,125,754	11,710,356
3. Miscellaneous income .....		0	0
4. Total (Lines 1 through 3) .....		4,045,297,663	3,399,950,648
5. Benefit and loss related payments .....		3,487,835,906	2,784,940,991
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
7. Commissions, expenses paid and aggregate write-ins for deductions .....		505,694,294	467,833,660
8. Dividends paid to policyholders .....			0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....		(5,673,242)	24,591,266
10. Total (Lines 5 through 9) .....		3,987,856,958	3,277,365,917
11. Net cash from operations (Line 4 minus Line 10) .....		57,440,705	122,584,731
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		62,006,737	75,549,262
12.2 Stocks .....		0	0
12.3 Mortgage loans .....		0	0
12.4 Real estate .....		0	0
12.5 Other invested assets .....		1,009,620	12,526,455
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		1,640	681
12.7 Miscellaneous proceeds .....		0	900,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....		63,017,997	88,976,399
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....		111,028,599	32,333,609
13.2 Stocks .....		0	2,922,949
13.3 Mortgage loans .....		0	0
13.4 Real estate .....		0	0
13.5 Other invested assets .....		9,735,272	(1,066,756)
13.6 Miscellaneous applications .....		900,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		121,663,871	34,189,801
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) .....		(58,645,874)	54,786,597
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....		0	0
16.2 Capital and paid in surplus, less treasury stock .....		0	0
16.3 Borrowed funds .....		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			0
16.5 Dividends to stockholders .....		0	40,000,000
16.6 Other cash provided (applied) .....		154,955	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		154,955	(40,000,000)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....		(1,050,214)	137,371,329
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....		232,669,014	95,297,685
19.2 End of year (Line 18 plus Line 19.1) .....		231,618,799	232,669,014

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	4,009,677,537	332,262,211	0	0	0	0	380,270,354	3,297,144,972	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	4,009,677,537	332,262,211	0	0	0	0	380,270,354	3,297,144,972	0	0
8. Hospital/medical benefits .....	2,470,913,279	236,633,748					295,210,730	1,939,068,801		XXX
9. Other professional services .....	252,908,333	4,124,752					5,357,328	243,426,253		XXX
10. Outside referrals .....	0									XXX
11. Emergency room and out-of-area .....	180,924,668	21,451,937					13,424,552	146,048,179		XXX
12. Prescription drugs .....	604,627,724	67,701,118					25,161,354	511,765,252		XXX
13. Aggregate write-ins for other hospital and medical.....	156,706	0	0	0	0	0	0	156,706	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	12,479,408	21,544					469,615	11,988,249		XXX
15. Subtotal (Lines 8 to 14) .....	3,522,010,118	329,933,099	0	0	0	0	339,623,579	2,852,453,440	0	XXX
16. Net reinsurance recoveries .....	6,074,512	2,681						6,071,831		XXX
17. Total hospital and medical (Lines 15 minus 16) .....	3,515,935,606	329,930,418	0	0	0	0	339,623,579	2,846,381,609	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ ..... cost containment expenses.....	30,434,332	3,579,332					3,614,000	23,241,000		
20. General administrative expenses .....	420,577,335	55,143,035					16,460,636	348,973,664		
21. Increase in reserves for accident and health contracts .....	5,284,947	5,284,947								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) .....	3,972,232,220	393,937,732	0	0	0	0	359,698,215	3,218,596,273	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	37,445,317	(61,675,521)	0	0	0	0	20,572,139	78,548,699	0	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Unpaid Reinsurance Recoveries.....	156,706							156,706		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) .....	156,706	0	0	0	0	0	0	156,706	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....	332,343,600		81,389	332,262,211
2. Medicare Supplement .....				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan .....				0
6. Title XVIII - Medicare .....	380,583,763		313,409	380,270,354
7. Title XIX - Medicaid.....	3,311,270,551		14,125,579	3,297,144,972
8. Other health.....				0
9. Health subtotal (Lines 1 through 8) .....	4,024,197,914	0	14,520,377	4,009,677,537
10. Life .....				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	4,024,197,914	0	14,520,377	4,009,677,537



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	3,464,566,841	306,521,082					348,795,075	2,809,250,684		
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	6,966,656	2,681						6,963,975		
1.4 Net .....	3,457,600,185	306,518,401	0	0	0	0	348,795,075	2,802,286,709	0	0
2. Paid medical incentive pools and bonuses .....	8,064,017	389,021					621,832	7,053,164		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	367,834,183	49,493,354	0	0	0	0	45,240,337	273,100,492	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	3,188,732	0	0	0	0	0	0	3,188,732	0	0
3.4 Net .....	364,645,451	49,493,354	0	0	0	0	45,240,337	269,911,760	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	12,536,134	44,065					122,101	12,369,968		
6. Net healthcare receivables (a).....	5,935,136	1,412,884					4,395,177	127,075		
7. Amounts recoverable from reinsurers December 31, current year .....	1,691,924							1,691,924		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	317,091,886	24,689,998	0	0	0	0	50,486,272	241,915,616	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	3,345,439	0	0	0	0	0	0	3,345,439	0	0
8.4 Net .....	313,746,447	24,689,998	0	0	0	0	50,486,272	238,570,177	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 .....	8,120,742	411,542	0	0	0	0	274,317	7,434,883	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	2,584,068	0	0	0	0	0	0	2,584,068	0	0
12. Incurred benefits:										
12.1 Direct .....	3,509,374,002	329,911,554	0	0	0	0	339,153,963	2,840,308,485	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	5,917,805	2,681	0	0	0	0	0	5,915,124	0	0
12.4 Net .....	3,503,456,197	329,908,873	0	0	0	0	339,153,963	2,834,393,361	0	0
13. Incurred medical incentive pools and bonuses .....	12,479,409	21,544	0	0	0	0	469,616	11,988,249	0	0

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	88,992,689	12,022,883					10,847,224	66,122,582		
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	88,992,689	12,022,883	0	0	0	0	10,847,224	66,122,582	0	0
2. Incurred but Unreported:										
2.1. Direct .....	278,841,494	37,470,471					34,393,113	206,977,910		
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	3,188,732							3,188,732		
2.4. Net .....	275,652,762	37,470,471	0	0	0	0	34,393,113	203,789,178	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 .....	367,834,183	49,493,354	0	0	0	0	45,240,337	273,100,492	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	3,188,732	0	0	0	0	0	0	3,188,732	0	0
4.4. Net .....	364,645,451	49,493,354	0	0	0	0	45,240,337	269,911,760	0	0

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid December 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	26,422,168	293,585,725	1,815,673	47,677,682	28,237,841	24,689,998
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 .....	41,702,514	319,238,205	1,576,631	43,663,706	43,279,145	50,486,272
7. Title XIX - Medicaid.....	181,119,298	2,639,573,243	3,389,863	266,521,898	184,509,161	238,570,178
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	249,243,980	3,252,397,173	6,782,167	357,863,286	256,026,147	313,746,448
10. Healthcare receivables (a).....		49,083,959			.0	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....	1,591,295	6,472,722	1,549,254	10,986,880	3,140,549	8,120,744
13. Totals (Lines 9-10+11+12)	250,835,275	3,209,785,936	8,331,421	368,850,166	259,166,696	321,867,192

(a) Excludes \$ .....6,370,480 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

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

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	3,751	3,956	3,956	3,956	3,956
2. 2017 .....	34,307	39,061	40,188	40,188	40,188
3. 2018 .....	XXX	76,336	88,981	90,802	90,802
4. 2019 .....	XXX	XXX	127,409	145,047	146,556
5. 2020 .....	XXX	XXX	XXX	168,810	193,866
6. 2021 .....	XXX	XXX	XXX	XXX	278,929

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	3,777	3,956	3,956	3,956	3,956
2. 2017 .....	39,570	39,560	40,188	40,188	40,188
3. 2018 .....	XXX	86,344	89,869	90,802	90,802
4. 2019 .....	XXX	XXX	146,378	146,150	146,556
5. 2020 .....	XXX	XXX	XXX	192,808	195,597
6. 2021 .....	XXX	XXX	XXX	XXX	326,735

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

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2017.....	46,860	40,188	909	2.3	41,097	87.7			41,097	87.7
2. 2018.....	120,939	90,802	1,990	2.2	92,792	76.7			92,792	76.7
3. 2019.....	193,831	146,556	2,637	1.8	149,193	77.0			149,193	77.0
4. 2020.....	237,886	193,866	3,002	1.5	196,868	82.8	1,731	55	198,654	83.5
5. 2021 .....	331,219	278,929	1,907	0.7	280,836	84.8	47,806	493	329,135	99.4

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

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

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	16,490	16,878	16,878	16,878	16,878
2. 2017 .....	205,263	227,025	226,471	226,471	226,471
3. 2018 .....	XXX	207,064	235,323	235,499	235,499
4. 2019 .....	XXX	XXX	238,165	270,878	270,278
5. 2020 .....	XXX	XXX	XXX	264,067	306,526
6. 2021 .....	XXX	XXX	XXX	XXX	303,163

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	16,523	16,878	16,878	16,878	16,878
2. 2017 .....	232,374	227,082	226,471	226,471	226,471
3. 2018 .....	XXX	237,719	236,269	235,499	235,499
4. 2019 .....	XXX	XXX	274,657	271,286	270,278
5. 2020 .....	XXX	XXX	XXX	314,420	308,103
6. 2021 .....	XXX	XXX	XXX	XXX	346,949

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. 2017.....	247,728	226,471	3,144	1.4	229,615	92.7			229,615	92.7
2. 2018.....	249,807	235,499	3,782	1.6	239,281	95.8			239,281	95.8
3. 2019.....	316,925	270,278	4,993	1.8	275,271	86.9			275,271	86.9
4. 2020.....	352,849	306,526	5,352	1.7	311,878	88.4	1,577	48	313,503	88.8
5. 2021 .....	380,270	303,163	1,985	0.7	305,148	80.2	43,786	435	349,369	91.9

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

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

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	100,652	99,571	99,571	99,571	99,571
2. 2017.....	1,459,265	1,566,976	1,407,717	1,407,717	1,407,717
3. 2018.....	XXX	1,611,603	1,920,592	1,917,926	1,917,926
4. 2019.....	XXX	XXX	1,714,000	1,873,605	1,872,037
5. 2020.....	XXX	XXX	XXX	2,138,150	2,322,128
6. 2021.....	XXX	XXX	XXX	XXX	2,627,694

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	100,987	99,571	99,571	99,571	99,571
2. 2017.....	1,586,856	1,568,056	1,407,717	1,407,717	1,407,717
3. 2018.....	XXX	1,787,771	1,925,224	1,917,926	1,917,926
4. 2019.....	XXX	XXX	1,900,581	1,877,976	1,872,037
5. 2020.....	XXX	XXX	XXX	2,379,784	2,327,152
6. 2021.....	XXX	XXX	XXX	XXX	2,904,952

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

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2017.....	1,934,712	1,407,717	23,011	1.6	1,430,728	74.0			1,430,728	74.0
2. 2018.....	2,193,125	1,917,926	23,360	1.2	1,941,286	88.5			1,941,286	88.5
3. 2019.....	2,230,408	1,872,037	30,381	1.6	1,902,418	85.3			1,902,418	85.3
4. 2020.....	2,807,595	2,322,128	25,813	1.1	2,347,941	83.6	5,024	296	2,353,261	83.8
5. 2021.....	3,297,145	2,627,694	12,229	0.5	2,639,923	80.1	277,258	2,662	2,919,843	88.6

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	120,893	120,405	120,405	120,405	120,405
2. 2017.....	1,698,835	1,833,062	1,674,376	1,674,376	1,674,376
3. 2018.....	XXX	1,895,003	2,244,896	2,244,227	2,244,227
4. 2019.....	XXX	XXX	2,079,574	2,289,530	2,288,871
5. 2020.....	XXX	XXX	XXX	2,571,027	2,822,520
6. 2021.....	XXX	XXX	XXX	XXX	3,209,786

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	121,287	120,405	120,405	120,405	120,405
2. 2017.....	1,858,800	1,834,698	1,674,376	1,674,376	1,674,376
3. 2018.....	XXX	2,111,834	2,251,362	2,244,227	2,244,227
4. 2019.....	XXX	XXX	2,321,616	2,295,412	2,288,871
5. 2020.....	XXX	XXX	XXX	2,887,012	2,830,852
6. 2021.....	XXX	XXX	XXX	XXX	3,578,636

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. 2017.....	2,229,300	1,674,376	27,065	1.6	1,701,441	76.3	.0	.0	1,701,441	76.3
2. 2018.....	2,563,871	2,244,227	29,131	1.3	2,273,358	88.7	.0	.0	2,273,358	88.7
3. 2019.....	2,741,164	2,288,871	38,010	1.7	2,326,881	84.9	.0	.0	2,326,881	84.9
4. 2020.....	3,398,330	2,822,520	34,166	1.2	2,856,686	84.1	8,332	399	2,865,417	84.3
5. 2021.....	4,008,634	3,209,786	16,121	0.5	3,225,907	80.5	368,850	3,590	3,598,347	89.8

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	5,284,947	5,284,947							
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	130,774,057	32,249,189					8,576,641	89,948,227	
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	136,059,004	37,534,136	.0	.0	.0	.0	8,576,641	89,948,227	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	136,059,004	37,534,136	0	0	0	0	8,576,641	89,948,227	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....5,284,947 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) .....			(1,346,527)		(1,346,527)
2. Salaries, wages and other benefits .....			(33,008,255)		(33,008,255)
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			10,571,044		10,571,044
4. Legal fees and expenses .....			1,036,335		1,036,335
5. Certifications and accreditation fees .....			(28,076)		(28,076)
6. Auditing, actuarial and other consulting services .....			(7,677,927)		(7,677,927)
7. Traveling expenses .....			(96,852)		(96,852)
8. Marketing and advertising .....			2,021,461		2,021,461
9. Postage, express and telephone .....			885,827		885,827
10. Printing and office supplies .....			2,381,107		2,381,107
11. Occupancy, depreciation and amortization .....			(3,859,094)		(3,859,094)
12. Equipment .....			(89,350)		(89,350)
13. Cost or depreciation of EDP equipment and software .....			(3,311,622)		(3,311,622)
14. Outsourced services including EDP, claims, and other services .....	1,826,060	28,608,272	29,200,720		59,635,052
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			(183,324)		(183,324)
17. Collection and bank service charges .....			(87,021)		(87,021)
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			(227,827)		(227,827)
22. Real estate taxes .....			(121,077)		(121,077)
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			1,171,489		1,171,489
23.2 State premium taxes .....			190,671,690		190,671,690
23.3 Regulatory authority licenses and fees .....			234,371,572		234,371,572
23.4 Payroll taxes .....			(1,704,748)		(1,704,748)
23.5 Other (excluding federal income and real estate taxes) .....			7,790		7,790
24. Investment expenses not included elsewhere .....				285,168	285,168
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	1,826,060	28,608,272	420,577,335	285,168	(a) .....451,296,835
27. Less expenses unpaid December 31, current year .....		3,989,318	60,870,510		64,859,828
28. Add expenses unpaid December 31, prior year .....	0	3,963,986	54,625,025	0	58,589,011
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)	1,826,060	28,582,940	414,331,850	285,168	445,026,017
DETAILS OF WRITE-INS					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ .....to affiliates and \$ .....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....6,456	.....6,456
1.1	Bonds exempt from U.S. tax .....	(a).....0	.....0
1.2	Other bonds (unaffiliated) .....	(a).....9,858,988	.....10,196,655
1.3	Bonds of affiliates .....	(a).....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b).....0	.....0
2.11	Preferred stocks of affiliates .....	(b).....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c).....0	.....0
4.	Real estate .....	(d).....0	.....0
5.	Contract loans .....	.....0	.....0
6.	Cash, cash equivalents and short-term investments .....	(e).....163,281	.....182,718
7.	Derivative instruments .....	(f).....0	.....0
8.	Other invested assets .....	.....1,755,094	.....1,755,094
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	11,783,818	12,140,923
11.	Investment expenses .....		(g).....285,168
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....0
13.	Interest expense .....		(h).....0
14.	Depreciation on real estate and other invested assets .....		(i).....0
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....285,168
17.	Net investment income (Line 10 minus Line 16) .....		11,855,755
DETAILS OF WRITE-INS			
0901.	.....	.....0	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		0

(a) Includes \$ .....392,592 accrual of discount less \$ .....1,328,386 amortization of premium and less \$ .....334,184 paid for accrued interest on purchases.  
(b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.  
(e) Includes \$ .....1,003 accrual of discount less \$ .....58,867 amortization of premium and less \$ .....18,114 paid for accrued interest on purchases.  
(f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.  
(g) Includes \$ .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.  
(i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....0	.....0	.....0	.....0	.....0
1.1	Bonds exempt from U.S. tax .....	.....0	.....0	.....0	.....0	.....0
1.2	Other bonds (unaffiliated) .....	.....(88,738)	.....0	.....(88,738)	.....170,018	.....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	.....303,727	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....0	.....0
5.	Contract loans .....	.....0	.....0	.....0	.....0	.....0
6.	Cash, cash equivalents and short-term investments .....	.....1,640	.....0	.....1,640	.....0	.....0
7.	Derivative instruments .....	.....0	.....0	.....0	.....0	.....0
8.	Other invested assets .....	.....21,831	.....0	.....21,831	.....(213,862)	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	.....(65,268)	0	.....(65,268)	259,883	0
DETAILS OF WRITE-INS						
0901.	.....			.....0		
0902.	.....			.....0		
0903.	.....			.....0		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets .....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	38,366,601	32,398,144	(5,968,457)
25. Aggregate write-ins for other-than-invested assets .....	32,917	628,625	595,708
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	38,399,518	33,026,769	(5,372,749)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	38,399,518	33,026,769	(5,372,749)
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	32,917	628,625	595,708
2502. ....		0	0
2503. ....		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	32,917	628,625	595,708

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	474,847	505,736	523,608	540,380	547,402	6,297,644
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	474,847	505,736	523,608	540,380	547,402	6,297,644
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO THE FINANCIAL STATEMENTS

(1) Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

NET INCOME	SSAP #	F/S Page	F/S Line #	State of Domicile	2021	2020
(1) Buckeye Community Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	Ohio	\$ 37,260,982	\$ 49,643,344
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets				Ohio	-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Depreciation of fixed assets, home office property				Ohio	-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	Ohio	\$ 37,260,982	\$ 49,643,344
SURPLUS						
(5) Buckeye Community Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	Ohio	\$ 383,934,721	\$ 349,491,852
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net				Ohio	-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: e.g., Home Office Property				Ohio	-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	Ohio	\$ 383,934,721	\$ 349,491,852

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

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

C. Accounting Policy

- 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.
- 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.
- Common stocks in affiliates are carried based on the underlying GAAP equity of the investee.
- The Company holds no preferred stocks.
- The Company holds no mortgage loans.
- Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.
- The Company has investments in subsidiaries, controlled and affiliated companies reported on an equity basis in the amount of \$10.6 million in common stock.
- The Company has minor interests in joint ventures that do not exceed 10% of admitted assets. The Company carries these interests based on the underlying audited GAAP equity of the investee.
- The Company holds no derivatives.
- The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has a premium deficiency reserve in the amount of \$5,284,947 at December 31, 2021.

NOTES TO THE FINANCIAL STATEMENTS

- 11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- 12. There were no changes to the capitalization policy.
- 13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

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

(2) Accounting Changes and Corrections of Errors

During 2021, the Company made a non-material change in estimate related to its calculation of the medical loss ratio (MLR) per the Public Health Service Act. This change, a result of a review of MLR calculations and related rebates, resulted in a \$3.3 million increase to the MLR liability (Liabilities Page, Line 4) and corresponding decrease to net premium income (Statement of Revenue and Expenses, Line 2) as of December 31, 2021.

(3) Business Combinations and Goodwill

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

(4) Discontinued Operations

None

(5) Investments

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

	Amortized Cost	Market Value
Bonds	\$361,959,742	\$372,219,970

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities
  - 1. Prepayment assumptions were obtained from Moody’s.
  - 2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
  - 3. There are no securities with a recognized other-than-temporary impairment.
  - 4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
    - a. The aggregate amount of unrealized losses:
      - 1. Less than 12 Months \$100,134.92
      - 2. 12 Months or Longer \$179,829.48
    - b. The aggregate related fair value of securities with unrealized losses:
      - 1. Less than 12 Months \$16,350,816.47
      - 2. 12 Months or Longer \$2,378,166.90

NOTES TO THE FINANCIAL STATEMENTS

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

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

For dollar repurchase agreements, Company policies require a minimum of 100% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2021.

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

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

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

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

J. Real Estate- None

K. Low-Income Housing Tax Credit- None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB Capital Stock							
j. On deposit with states	\$ 400,436	\$ 403,980	\$ (3,544)		\$ 400,436	0.0%	0.0%
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	\$ 400,436	\$ 403,980	\$ (3,544)		\$ 400,436	0.0%	0.0%

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

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

3. Detail of Other Restricted Assets- None

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

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. 5GI Securities – None

P. Short Sales – None

NOTES TO THE FINANCIAL STATEMENTS

Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	6
(2) Aggregate Amount of Investment Income	144,117

R. Share of Cash Pool – None

(6) Joint Ventures, Partnerships and Limited Liability Companies

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

(7) Investment Income

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

(8) Derivative Instruments

The Company had no derivative instruments during the statement periods.

(9) Income Taxes

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

(1) DTA/DTL Components	Description	Ordinary	2021 Capital	Total	Ordinary	2020 Capital	Total	Ordinary	Change Capital	Total
(a)	Gross deferred tax assets	10,884,152	42,706	10,926,858	8,620,851	277,631	8,898,482	2,263,301	(234,925)	2,028,376
(b)	Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
(c)	Adjusted gross deferred tax assets	10,884,152	42,706	10,926,858	8,620,851	277,631	8,898,482	2,263,301	(234,925)	2,028,376
(d)	Deferred tax assets nonadmitted	0	0	0	0	0	0	0	0	0
(e)	Net admitted deferred tax assets	10,884,152	42,706	10,926,858	8,620,851	277,631	8,898,482	2,263,301	(234,925)	2,028,376
(f)	Deferred tax liabilities	299,863	66,075	365,938	296,713	527,299	824,012	3,150	(461,224)	(458,074)
(g)	Net admitted deferred tax asset/(Net deferred tax liability)	10,584,289	(23,369)	10,560,920	8,324,138	(249,668)	8,074,470	2,260,151	226,299	2,486,450

(2) Admission calculation components:

Description	Ordinary	2021 Capital	Total	Ordinary	2020 Capital	Total	Ordinary	Change Capital	Total
Admission calculation under ¶11.a.-¶11.c.									
(a) FIT recoverable by loss carryback [¶11.a.]	10,884,152	42,020	10,926,172	8,620,851	32,813	8,653,664	2,263,301	9,207	2,272,508
(b) Expected to be realized [¶11.b.] (lesser of 1. or 2.)	0	0	0	0	0	0	0	0	0
1. Expected to be realized [¶11.b.i.]	0	0	0	0	0	0	0	0	0
2. Surplus limitation [¶11.b.ii.]	XXX	XXX	56,006,070	XXX	XXX	51,212,607	XXX	XXX	4,793,463
(c) DTL offset [¶11.c.]	0	686	686	0	244,819	244,819	0	(244,133)	(244,133)
(d) Total admitted under ¶¶11.a.-11.c.	10,884,152	42,706	10,926,858	8,620,851	277,632	8,898,483	2,263,301	(234,926)	2,028,375

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

	2021	2020
(a) ExDTA ACL RBC or other ratio	400%	334%
(b) Adjusted capital and surplus	383,934,721	341,417,382

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

Description	Ordinary	2021 Capital	Total	Ordinary	2020 Capital	Total	Ordinary	Change Capital	Total
Adjusted gross DTAs - TPS Amount	40,057	42,020	82,077	48,730	32,813	81,543	(8,673)	9,207	534
Adjusted gross DTAs - Amount (Memo Entry)	10,884,152	42,706	10,926,858	8,620,851	277,631	8,898,482	2,263,301	(234,925)	2,028,376
(a) Adjusted gross DTAs - Percentage	0%	0%	1%	1%	0%	1%	0%	0%	0%
Net admitted DTAs - TPS Amount	40,057	42,020	82,077	48,730	32,813	81,543	(8,673)	9,207	534
Net admitted DTAs - Amount (Memo Entry)	10,884,152	42,706	10,926,858	8,620,851	277,631	8,898,482	2,263,301	(234,925)	2,028,376
(b) Net admitted DTAs - Percentage	0%	0%	1%	1%	0%	1%	0%	0%	0%
(c) Did the company avail itself of a tax planning strategy involving	Yes _____	No __X__							

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	2021	2020
(a)	Current federal income tax expense	11,335,653	25,248,007
(b)	Foreign taxes	0	0
(c)	Subtotal	11,335,653	25,248,007
(d)	Tax on capital gains/(losses)	(13,706)	553,591
(e)	Utilization of capital loss carryforwards	0	0
(f)	Other, including prior year underaccrual (overaccrual)	(7,527)	99,958
(g)	Federal and foreign income taxes incurred	11,314,420	25,901,556

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



## NOTES TO THE FINANCIAL STATEMENTS

(2)	DTAs Resulting From Book/Tax Differences In	December 31, 2021	December 31, 2020	Change
(a)	<b>Ordinary</b>			
(1)	Discounting of unpaid losses and LAE	1,120,722	1,037,727	82,995
(2)	Unearned premiums	386,471	391,768	(5,297)
(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	203,221	255,734	(52,513)
(9)	Pension accruals	0	0	0
(10)	Nonadmitted assets	8,063,899	6,935,622	1,128,277
(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	1,109,839	0	1,109,839
(13.3)	Other (separately disclose items >5%)	0	0	0
(99)	Gross ordinary DTAs	10,884,152	8,620,851	2,263,301
(b)	Statutory valuation adjustment adjustment - ordinary	0	0	0
(c)	Nonadmitted ordinary DTAs	0	0	0
(d)	Admitted ordinary DTAs	10,884,152	8,620,851	2,263,301
(e)	<b>Capital</b>			
(1)	Investments	0	244,819	(244,819)
(2)	Net capital loss carryforward	0	0	0
(3)	Real estate	0	0	0
(4)	Other (separately disclose items >5%)	686	0	686
(5)	Unrealized capital losses	42,020	32,812	9,208
(99)	Gross capital DTAs	42,706	277,631	(234,925)
(f)	Statutory valuation adjustment adjustment - capital	0	0	0
(g)	Nonadmitted capital DTAs	0	0	0
(h)	Admitted capital DTAs	42,706	277,631	(234,925)
(i)	<b>Admitted DTAs</b>	<b>10,926,858</b>	<b>8,898,482</b>	<b>2,028,376</b>
(3)	<b>DTLs Resulting From Book/Tax Differences In</b>	<b>December 31, 2021</b>	<b>December 31, 2020</b>	<b>Change</b>
(a)	<b>Ordinary</b>			
(1)	Investments	182,624	150,164	32,460
(2)	Fixed assets	0	0	0
(3)	Deferred and uncollected premiums	0	0	0
(4)	Policyholder reserves/salvage and subrogation	117,239	146,549	(29,310)
(5)	Other (separately disclose items >5%)	0	0	0
(99)	Ordinary DTLs	299,863	296,713	3,150
(b)	<b>Capital</b>			
(1)	Investments	66,075	527,299	(461,224)
(2)	Real estate	0	0	0
(3)	Other (separately disclose items >5%)	0	0	0
(4)	Unrealized capital gains	0	0	0
(99)	Capital DTLs	66,075	527,299	(461,224)
(c)	<b>DTLs</b>	<b>365,938</b>	<b>824,012</b>	<b>(458,074)</b>
(4)	<b>Net deferred tax assets/liabilities</b>	<b>10,560,920</b>	<b>8,074,470</b>	<b>2,486,450</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, 2021	December 31, 2020	Change
Total deferred tax assets	10,926,858	8,898,482	2,028,376
Total deferred tax liabilities	(365,938)	(824,012)	458,074
Net deferred tax assets/liabilities	10,560,920	8,074,470	2,486,450
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	10,560,920	8,074,470	2,486,450
Tax effect of unrealized gains/(losses)	(42,020)	(32,812)	(9,208)
Change in net deferred income tax [(charge)/benefit]	10,518,900	8,041,658	2,477,242

NOTES TO THE FINANCIAL STATEMENTS

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

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

Description	2021			2020		
	Amount	Tax Effect	Effective Tax Rate	Amount	Tax Effect	Effective Tax Rate
Income Before Taxes	48,575,402	10,200,834	21.00%	75,544,900	15,864,429	21.00%
Tax-Exempt Interest	(1,609,455)	(337,986)	-0.70%	(1,844,920)	(387,433)	-0.51%
Dividends Received Deduction	0	0	0.00%	0	0	0.00%
Proration	402,364	84,496	0.17%	461,230	96,858	0.13%
Health Insurer Fee	0	0	0.00%	47,029,176	9,876,127	13.07%
COLI Life Insurance	0	0	0.00%	0	0	0.00%
Meals & Entertainment, Nondeductible Expenses, Etc.	28,634	6,013	0.01%	51,555	10,827	0.01%
Statutory Valuation Allowance Adjustment	0	0	0.00%	0	0	0.00%
Deferred Taxes on Nonadmitted Assets	(5,372,750)	(1,128,278)	-2.32%	(111,416)	(23,397)	-0.03%
Change in Enacted Tax Rates		0	0.00%	0	0	0.00%
Partnership Unrealized Reclass			0.00%	0	764,868	1.01%
ETR Placeholder #2			0.00%	0	0	0.00%
ETR Placeholder #3			0.00%	0	0	0.00%
Other, Including Prior Year True-Up		12,097	0.02%	0	10,789	0.01%
Total		8,837,176	18.19%		26,213,068	34.70%
Federal Income Taxes Incurred [Expense/(Benefit)]		11,328,126	23.32%		25,347,965	33.55%
Tax on Capital Gains/(Losses)		(13,706)	-0.03%		553,591	0.73%
Change in Net Deferred Income Tax [Charge/(Benefit)]		(2,477,242)	-5.10%		311,512	0.41%
Total Statutory Income Taxes		8,837,177	18.19%		26,213,068	34.70%

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

At December 31, 2021, the Company had net operating loss carryforwards expiring beginning with the year 20 XX of: \$0

At December 31, 2021, the Company had capital loss carryforwards expiring beginning with the year 20 XX of: \$0

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

Year	Ordinary	Capital	Total
2019	N/A	31,433	31,433
2020	25,510,880	168,321	25,679,201
2021	11,335,653	0	11,335,653
Total	36,846,533	199,754	37,046,287

Deposits admitted under IRC § 6603  
None

F. The Company's federal income tax return is consolidated with Centene and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.

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

NOTES TO THE FINANCIAL STATEMENTS

G. Federal or Foreign Income Tax Loss Contingencies

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

H. Repatriation Transition Tax (RTT)

Not applicable

I. Alternative Minimum Tax (AMT) Credit

Not applicable

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

J. Global Intangible Low-Taxed Income (GILTI)

Not applicable

(10) Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, D, F

Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses for the years ending December 31, 2021 and December 31, 2020 included \$280,609,264 and \$280,718,212, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$63,183,031 and \$17,000,593, respectively, for true-up of management fees and expenses paid on behalf of the company.

Involve PeopleCare, Inc. provided triage services and chronic pulmonary disease management services to the Company. Medical expenses for the years ending December 31, 2021 and December 31, 2020 included \$629,495 and \$2,608,676, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$431,013 and \$394,831, respectively, for such services.

Involve Pharmacy Solutions, Inc. provided pharmacy benefit management services to the Company. Medical expenses for the period ending December 31, 2021 and December 31, 2020 included \$735,686,895 and \$591,233,842, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$16,472,322 and \$10,395,967, respectively, for such services.

Cenpatico Behavioral Health, LLC provided mental health services to the Company. Medical expenses for the period ending December 31, 2021 and December 31, 2020 included \$0 for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$2,517,360 and (\$4,959,833), respectively, for such services.

Involve Vision, Inc. provided vision management services to the Company. Medical expenses for the period ending December 31, 2021 and December 31, 2020 included \$10,659,320 and \$8,821,626, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included (\$923,253) and (\$1,522,868), respectively, for such services.

Involve Dental, Inc. provided dental management services to the Company. Medical expenses for the period ending December 31, 2021 and December 31, 2020 included \$48,732,934 and \$39,089,572, respectively, for such services. Amounts due (to) from at December 31, 2021 and December 31, 2020 included \$18,441,895 and \$12,733,758, respectively, for such services.

During 2021 and 2020, Centene Corporation contributed \$0 to the surplus of the Company. There were no contributions receivables recorded at December 31, 2021 and December 31, 2020.

E. Guarantees – None

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

H. Upstream Intermediate Entity – None

NOTES TO THE FINANCIAL STATEMENTS

I. Investment in SCA Entity

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

J. Investment in Impaired SCA Entity – None

K. Investment in Foreign Insurance Subsidiary – None

L. Investment in Downstream Noninsurance Holding Company – None

M. All SCA Investments

The Company made a \$6.0 million investment in Health Plan Real Estate Holding, Inc. (HPREHI) on December 4, 2013 by purchasing 60 shares of HPREHI’s common stock for cash. The Company purchased an additional 25 shares of HPREHI’s common stock on January 16, 2020 for \$2.9 million. HPREHI is wholly owned by subsidiaries of Centene Corporation, the Company’s parent company. The Company’s common stock investment in HPREHI is measured and reported in the Company’s statutory financial statements using the equity method in accordance with SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and at December 31, 2021 and December 31, 2020 the reported value is \$10.6 million and \$10.3 million, respectively. The December 31, 2020 audited GAAP financial statements of HPREHI were filed with the NAIC SVO under Part 5 Section 2ciB3 of the NAIC valuation procedures. The NAIC affirmed the Company’s valuation of HPREHI as of December 31, 2020 at \$121,032 per share. No resubmission of the filing was required.

SCA Entity	Percentage of SCA		Gross Amount	Admitted Amount	Nonadmitted Amount
	Ownership				
a. SSAP No. 97 8a Entities					
Total SSAP No. 97 8a Entities	XXX	\$	-	\$	-
b. SSAP No. 97 8b(ii) Entities					
Total SSAP No. 97 8b(ii) Entities	XXX	\$	-	\$	-
c. SSAP No. 97 8b(iii) Entities					
Health Plan Real Estate Holding, Inc.	18%	\$	10,591,501	\$	10,591,501
Total SSAP No. 97 8b(iii) Entities	XXX	\$	10,591,501	\$	10,591,501
d. SSAP No. 97 8b(iv) Entities					
Total SSAP No. 97 8b(iv) Entities	XXX				
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$	10,591,501	\$	10,591,501
f. Aggregate Total (a+e)	XXX	\$	10,591,501	\$	10,591,501

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code**
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Health Plan Real Estate Holding, Inc.	Sub-2	6/21/2021	\$ 10,591,501	Y	N	I
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$ 10,591,501	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)						
	XXX	XXX	\$ 10,591,501	XXX	XXX	XXX
f. Aggregate Total (a+e)						
	XXX	XXX	\$ 10,591,501	XXX	XXX	XXX

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

N. Investment in an Insurance SCA – None

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

(11) Debt

A. Capital Notes – None

B. Federal Home Loan Bank Agreements – None

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

A. Defined Benefit Plans – None

B. Description of investment policies and strategies – Not applicable

## NOTES TO THE FINANCIAL STATEMENTS

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

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

- 1) The Company has 10,000 shares authorized, 100 shares issued, 100 shares outstanding at \$10,000 par value.
- 2) The Company had no preferred stock outstanding.
- 3) The Company is restricted from paying any extraordinary dividend or distribution to its shareholders until thirty days after the superintendent has received notice of the distribution and has not within the thirty-day period disapproved the dividend or distribution. An extraordinary dividend or distribution is one in which the fair market value, together with that of any other dividends or distributions made within the preceding twelve months, exceeds the greater of ten percent of the Company's surplus as of the thirty-first day of December next preceding, or the Company's net income for the twelve-month period ending the thirty-first day of December next preceding. In addition, any dividend or distribution paid from other than earned surplus shall be considered extraordinary.
- 4) The Company paid \$0 and \$40,000,000 dividends for the years ended December 31, 2021 and 2020.
- 5) The Company is able to pay ordinary dividends to stockholders provided that the dividend or distribution of cash or other property, whose fair market value, together with that of other dividends or distributions made within the preceding twelve months, does not exceed the greater of ten percent of the Company's surplus or net income of the Company's twelve-month period ending the thirty-first day of December next preceding.
- 6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- 7) The Company has no advances to surplus not repaid.
- 8) The Company held no stock for special purposes such as conversion of preferred stock, employee stock options, or stock purchase warrants.
- 9) The Company had no change in the special surplus fund from prior year.
- 10) The impact to unassigned funds (surplus) by cumulative unrealized losses was \$6,176,834.
- 11) The Company did not issue any surplus debentures or similar obligations.
- 12) There have been no quasi-reorganizations.
- 13) The Company has not been involved in a quasi-reorganization in the last 10 years.

### (14) Liabilities, Contingencies and Assessments

- A. Contingent Commitments – The Company has outstanding commitments of approximately \$12,022 for additional investments in joint ventures and limited partnerships.
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims related to extra contractual obligation and bad faith losses stemming from lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

The Company has recognized an impairment charge of \$660,402 related to the member premium receivable outstanding as of December 31, 2021. The \$294,073 member receivable recognized as of December 31, 2021 has a reasonable possibility that it will be uncollectible.

NOTES TO THE FINANCIAL STATEMENTS

- (15)

Leases

None
- (16)

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

None
- (17)

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

A.

Transfers of Receivables reported as Sales – None

B.

Transfers and Servicing of Financial Assets – None

C.

Wash Sales – None
- (18)

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

A.

ASO Plans – None

B.

ASC Plans – None

C.

Medicare or Similarly Structured Cost Based Reimbursement Contract

As of December 31, 2021, the Company recorded a net receivable from CMS that is greater than 10% of the Company’s amounts receivable from uninsured accident and health plans or \$10,000. The total balance for Medicare Part D low-income subsidy and reinsurance subsidy is \$38,407,156.
- (19)

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

None
- (20)

Fair Value Measurements

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

The following table summarizes fair value measurements by level at December 31, 2021 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash, Cash Equivalents & Short Term Investments	\$ 231,618,799	\$ -	\$ -	\$ -	\$ 231,618,799
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	7,068,193	-	-	7,068,193
Hybrid Securities	-	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Bonds	\$ -	\$ 7,068,193	\$ -	\$ -	\$ 7,068,193
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	\$ 231,618,799	\$ 7,068,193	\$ -	\$ -	\$ 238,686,993
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES TO THE FINANCIAL STATEMENTS

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
a. Assets at fair value					
Cash, Cash Equivalents & Short Term Investments	\$ 232,669,013	\$ -	\$ -	\$ -	\$ 232,669,013
Perpetual Preferred stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Bonds					
U.S. Governments	\$ -	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	3,750,436	-	-	3,750,436
Hybrid Securities	-	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Bonds	\$ -	\$ 3,750,436	\$ -	\$ -	\$ 3,750,436
Common Stock					
Industrial and Misc	\$ -	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -	\$ -
Derivative assets					
Interest rate contracts	\$ -	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-	-
Credit contracts	-	-	-	-	-
Commodity futures contracts	-	-	-	-	-
Commodity forward contracts	-	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 232,669,013	\$ 3,750,436	\$ -	\$ -	\$ 236,419,449
b. Liabilities at fair value					
Derivative liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

B. None

C. The following table summarizes the aggregate fair value measurements by level at December 31, 2021 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and Cash Equivalents	\$ 226,550,473	\$ 226,550,473	\$ 226,550,473	\$ -	\$ -	\$ -	\$ -
Short Term Investments	5,068,327	5,069,954	-	5,068,327	-	-	-
Bonds	367,552,705	357,290,224	401,063	367,151,643	-	-	-
Total	\$ 599,171,505	\$ 588,910,651	\$ 226,951,535	\$ 372,219,970	\$ -	\$ -	\$ -

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

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

D. Unable to Estimate Fair Value – None

E. Investments Measured Using the NAV Practical Expedient – None

(21) Other Items

A. Unusual or Infrequent Items – None

B. Troubled Debt Restructuring: Debtors – None

C. Other Disclosures - Assets on Deposit with Government Authorities or Trustees

Assets in the amount of \$400,436 and \$403,980 at December 31, 2021 and December 31, 2020, respectively, were on deposit with government authorities or trustees as required by law.

D. Business Interruption Insurance Recoveries – None

E. State Transferable Tax Credits and Non-transferable Tax Credits – None

F. Subprime Mortgage Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-linked securities – None

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

## NOTES TO THE FINANCIAL STATEMENTS

### (22) Events Subsequent

#### Type I - Recognizable Subsequent Events

Subsequent events have been considered through 3/1/2022 for the statutory statement issued on 3/1/2022.

None

#### Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through 3/1/2022 for the statutory statement issued on 3/1/2022.

None

### (23) Reinsurance

#### A. Ceded Reinsurance Report

##### Section 1 – General Interrogatories

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

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

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

##### Section 3 – Ceded reinsurance Report Part B

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

B. Uncollectible Reinsurance – None

C. Commutation of Reinsurance Reflected in Income and Expenses – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

E. Reinsurance Credit – Not applicable

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

A., B., C.

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

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

The amount of net premiums written by the Company at December 31, 2021 which are subject to retrospective rating features was \$4,009,677,537 which represents 100% of the total net premiums written.

D. Medical Loss Ratio Rebates Required per Public Health Service Act – None



NOTES TO THE FINANCIAL STATEMENTS

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?	Yes
2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a) Permanent ACA Risk Adjustment Program	
Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment	2,136,833
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	188,046
3) Premium adjustments payable due to ACA Risk Adjustment	28,971,675
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	(29,269,876)
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	189,265
b) Transitional ACA Reinsurance Program	
Assets	
1) Amounts recoverable for claims paid due to ACA Reinsurance	-
2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
Liabilities	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	-
5) Ceded reinsurance premiums payable due to ACA Reinsurance	-
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
Operations (Revenue & Expense)	
7) Ceded reinsurance premiums due to ACA Reinsurance	-
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
9) ACA Reinsurance contributions - not reported as ceded premium	-
c) Temporary ACA Risk Corridors Program	
Assets	
1) Accrued retrospective premium due to ACA Risk Corridors	-
Liabilities	
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
Operations (Revenue & Expense)	
3) Effect of ACA Risk Corridors on net premium income	-
4) Effect of ACA Risk Corridors on change in reserves for rate credits	-

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance											
Accrued During the Prior Year on Business Written Before December 31 of the Prior Year				Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year				Differences			
								Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances
								\$	\$	\$	\$
								Receivable	(Payable)	Receivable	(Payable)
										Ref	
											Cumulative Balance from Prior Years (Col 1-3+7)
											Cumulative Balance from Prior Years (Col 2-4+8)
a) Permanent ACA Risk Adjustment Program											(b)
1) Premium adjustments receivable	\$	-	\$	-	\$	-	\$	-	\$	-	\$
2) Premium adjustments (payable)	\$	-	\$	(28,971,675)	\$	-	\$	6,684,547	\$	-	\$
3) Subtotal ACA Permanent Risk Adjust	\$	-	\$	(28,971,675)	\$	-	\$	(35,656,222)	\$	-	\$
b) Transitional ACA Reinsurance Program											
1) Amounts recoverable for claims paid	\$	-	\$	-	\$	-	\$	-	\$	-	\$
2) Amounts recoverable for claims unpaid	\$	-	\$	-	\$	-	\$	-	\$	-	\$
3) Amounts receivable relating to uninsured	\$	-	\$	-	\$	-	\$	-	\$	-	\$
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$	-	\$	-	\$	-	\$	-	\$	-	\$
5) Ceded reinsurance premiums payable	\$	-	\$	-	\$	-	\$	-	\$	-	\$
6) Liability for amounts held under uninsured	\$	-	\$	-	\$	-	\$	-	\$	-	\$
7) Subtotal ACA Transitional Reinsurance	\$	-	\$	-	\$	-	\$	-	\$	-	\$
c) Temporary ACA Risk Corridors Program											
1) Accrued retrospective premium	\$	-	\$	-	\$	-	\$	-	\$	-	\$
2) Reserve for rate credits or policy experience rating	\$	-	\$	-	\$	-	\$	-	\$	-	\$
3) Subtotal ACA Risk Corridors Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$
d. Total for ACA Risk Sharing Provisions	\$	-	\$	(28,971,675)	\$	-	\$	6,684,547	\$	-	\$

(25) Change in Incurred Claims and Claims Adjustment Expenses

- A. Reserves for incurred claims and claim adjustment expenses as of December 31, 2020 were \$313.7 million and \$4.0 million. As of December 31, 2021, \$249.2 million and \$3.9 million have been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$6.8 million as a result of the reestimation of unpaid claims and claim adjustment expenses. Therefore, there has been (\$57.7) million in unfavorable prior-year development. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
- B. There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense.

(26) Intercompany Pooling Arrangements

None

(27) Structured Settlements

None

(28) Health Care Receivables

1. At December 31, 2021, the Company had admitted pharmacy rebate receivables of \$17,087,837. 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
12/31/2021	\$ 17,087,837	\$ 14,636,796	\$ -	\$ -	\$ -
9/30/2021	\$ 11,130,023	\$ 13,407,043	\$ 2,175,601	\$ -	\$ 1,692,769
6/30/2021	\$ 9,346,209	\$ 12,549,646	\$ -	\$ 4,065,051	\$ 7,406,151
3/31/2021	\$ 9,151,300	\$ 12,329,268	\$ -	\$ -	\$ 11,102,710
12/31/2020	\$ 11,368,832	\$ 9,816,011	\$ -	\$ -	\$ 9,732,103
9/30/2020	\$ 7,832,915	\$ 9,503,096	\$ -	\$ -	\$ 9,530,447
6/30/2020	\$ 6,331,006	\$ 8,751,129	\$ -	\$ -	\$ 8,746,599
3/31/2020	\$ 5,864,472	\$ 7,562,901	\$ -	\$ -	\$ 7,498,783
12/31/2019	\$ 8,005,867	\$ 10,068,893	\$ -	\$ -	\$ 10,019,985
9/30/2019	\$ 9,190,111	\$ 9,881,424	\$ -	\$ -	\$ 9,990,360
6/30/2019	\$ 9,749,780	\$ 8,394,093	\$ -	\$ -	\$ 8,736,979
3/31/2019	\$ 9,207,000	\$ 9,388,515	\$ -	\$ -	\$ 9,573,124

NOTES TO THE FINANCIAL STATEMENTS

2. Risk Sharing Receivables – None

(29) Participating Policies

None

(30) Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$5,284,947
2. Date of the most recent evaluation of this liability

1/21/2022
3. Was anticipated investment income utilized in the calculation?

Yes☒

No☐

(31) Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes [ X ] No [ ]
- If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ] No [ ] N/A [ ]
- 1.3

State Regulating? Ohio.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ X ] No [ ]
- 1.5

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

0007071739.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
- 3.1

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

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

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

.....12/31/2017
- 3.3

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

.....04/30/2020
- 3.4

By what department or departments? Ohio Department of Insurance.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]
- 3.6

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

Yes [ ] No [ ] N/A [ X ]
- 4.1

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

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

4.12 renewals? Yes [ ] No [ X ]
- 4.2

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

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

4.22 renewals? Yes [ ] No [ X ]
- 5.1

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

Yes [ ] No [ X ]

If yes, complete and file the merger history data file with the NAIC.
- 5.2

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

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

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ ] No [ X ]
- 7.2

If yes,
- 7.21

State the percentage of foreign control .....

0.0 %

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

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

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

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

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

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [ ] No [ X ] N/A [ ]

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

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

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

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

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

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

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

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

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

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

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

.....3

\$ .....10,591,501

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

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

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

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

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
In October 2021, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct. The revised Business Ethics and Code of Conduct was approved by the Company's Board at the meeting held on 12/15/2021.....

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

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

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....63,183,031
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?
- Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 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 25.03)
- Yes [ X ] No [ ]

GENERAL INTERROGATORIES

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

25.03 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

25.06 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 ]

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

25.08 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 ]

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

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.093 Total payable for securities lending reported on the liability page \$.....0

26.1 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 24.1 and 25.03). Yes [ X ] No [ ]

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

26.21 Subject to repurchase agreements \$.....

26.22 Subject to reverse repurchase agreements \$.....

26.23 Subject to dollar repurchase agreements \$.....

26.24 Subject to reverse dollar repurchase agreements \$.....

26.25 Placed under option agreements \$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....

26.27 FHLB Capital Stock \$.....

26.28 On deposit with states \$.....400,436

26.29 On deposit with other regulatory bodies \$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....

26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

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

27.4 If the response to 27.3 is YES, does the reporting entity utilize:  
27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]  
27.42 Permitted accounting practice Yes [ ] No [ ]  
27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 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.

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
Wells Fargo Advisors.....	211 North Broadway, Suite 2080, St. Louis, MO 63102
US Bank Trust.....	555 SW Oak St. Portland, OR 97204.....
Brown Brothers Harriman.....	140 Broadway, 7th Floor, New York, NY 10005.....
.....	.....

GENERAL INTERROGATORIES

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]

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

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

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

1 Name of Firm or Individual	2 Affiliation
Wells Fargo Advisors.....	U.....
US Bank Trust.....	U.....
Brown Brothers Harriman.....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes [ X ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes [ X ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973.....	US Bank Trust.....	549300B3H21002L85190.....	SEC.....	NO.....
168297.....	Wells Fargo Advisors.....	2549001S2AZA9D406F78.....	SEC.....	NO.....
104487.....	Brown Brothers Harriman.....		F INRA.....	NO.....

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

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 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

31. 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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	362,360,178	365,248,161	2,887,983
31.2 Preferred Stocks.....	0	0	0
31.3 Totals	362,360,178	365,248,161	2,887,983

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

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

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

33.2 If no, list exceptions:

34. 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 ]

35. 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 ]

36. 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 ]

37. 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 37.a -37.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 [ ]



GENERAL INTERROGATORIES

OTHER

- 38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....
- 38.2 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
.....	\$.....
.....	\$.....
.....	\$.....

- 39.1 Amount of payments for legal expenses, if any? \$ .....1,637,455
- 39.2 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
Skadden, Arps, Slate, Meagher & Flom LLP.....	\$.....886,966

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

1 Name	2 Amount Paid
.....	.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U.S. business only.

\$ .....0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ .....

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$ .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ .....0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ .....0

1.62 Total incurred claims

\$ .....0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$ .....0

1.65 Total incurred claims

\$ .....0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$ .....0

1.72 Total incurred claims

\$ .....0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$ .....0

1.75 Total incurred claims

\$ .....0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....4,009,677,537	\$	.....3,386,710,972
2.2	Premium Denominator	\$ .....4,009,677,537	\$	.....3,386,710,972
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....513,240,589	\$	.....351,283,854
2.5	Reserve Denominator	\$ .....513,240,589	\$	.....351,283,854
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [ X ] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$ .....3,000,000

5.32 Medical Only

\$ .....

5.33 Medicare Supplement

\$ .....

5.34 Dental and Vision

\$ .....

5.35 Other Limited Benefit Plan

\$ .....

5.36 Other

\$ .....

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

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....56,104

8.2 Number of providers at end of reporting year

.....61,499

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ X ] No [ ]
10.2 If yes:
10.21 Maximum amount payable bonuses \$.....12,536,134
10.22 Amount actually paid for year bonuses \$.....8,064,017
10.23 Maximum amount payable withholds \$.....
10.24 Amount actually paid for year withholds \$.....
11.1 Is the reporting entity organized as:
11.12 A Medical Group/Staff Model, Yes [ ] No [ X ]
11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ X ]
11.14 A Mixed Model (combination of above) ? Yes [ ] No [ X ]
11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio.....
11.4 If yes, show the amount required. \$.....1,700,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ X ]
11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

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

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

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

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

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

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

Table with 1 column: \*Ordinary Life Insurance Includes. Rows: Term (whether full underwriting, limited underwriting, jet issue, "short form app"), Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app"), Variable Life (with or without secondary guarantee), Universal Life (with or without secondary guarantee), Variable Universal Life (with or without secondary guarantee).

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

FIVE - YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	1,003,567,519	783,941,657	645,334,097	624,352,755	473,326,860
2. Total liabilities (Page 3, Line 24) .....	619,632,798	434,449,805	305,984,848	289,391,501	219,872,074
3. Statutory minimum capital and surplus requirement .....	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33) .....	383,934,721	349,491,852	339,349,249	334,961,254	253,454,786
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	4,009,677,537	3,386,710,972	2,731,958,968	2,555,188,731	2,207,260,879
6. Total medical and hospital expenses (Line 18) .....	3,515,935,606	2,853,671,574	2,300,916,031	2,086,482,619	1,822,111,581
7. Claims adjustment expenses (Line 20) .....	30,434,332	33,483,707	33,640,241	30,758,088	24,773,083
8. Total administrative expenses (Line 21) .....	420,577,335	436,310,450	323,202,401	323,332,141	293,739,296
9. Net underwriting gain (loss) (Line 24) .....	37,445,317	63,245,241	75,610,467	115,213,516	64,629,114
10. Net investment gain (loss) (Line 27) .....	11,804,193	12,703,021	12,705,170	9,950,412	5,645,158
11. Total other income (Lines 28 plus 29) .....	(660,402)	(956,953)	(517,838)	(471,776)	(383,838)
12. Net income or (loss) (Line 32) .....	37,260,982	49,643,344	71,696,262	90,889,242	44,224,409
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	57,440,705	122,584,731	20,497,409	141,777,479	17,154,294
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	383,934,721	349,491,852	339,349,249	334,961,254	253,454,786
15. Authorized control level risk-based capital .....	96,000,503	103,611,902	85,477,722	78,538,157	66,402,171
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	547,402	474,847	380,279	352,183	345,629
17. Total members months (Column 6, Line 7) .....	6,297,644	5,291,415	4,388,722	4,337,848	4,128,954
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	87.7	84.3	84.2	81.7	82.6
20. Cost containment expenses .....	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	0.7	1.0	1.2	1.2	1.1
22. Total underwriting deductions (Line 23) .....	99.1	98.1	97.2	95.5	97.1
23. Total underwriting gain (loss) (Line 24) .....	0.9	1.9	2.8	4.5	2.9
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	259,166,696	215,168,815	198,530,265	135,006,836	119,268,117
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	321,867,192	248,508,565	218,467,667	160,357,677	155,956,113
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	10,591,502	10,287,774	7,015,077	6,775,417	6,570,797
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	0	0	0	0	0
32. Total of above Lines 26 to 31.....	10,591,502	10,287,774	7,015,077	6,775,417	6,570,797
33. Total investment in parent included in Lines 26 to 31 above					

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

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	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	332,343,600	380,583,763	3,311,270,551					4,024,197,914	0
37.	Oklahoma	OK	N								0	0
38.	Oregon	OR	N								0	0
39.	Pennsylvania	PA	N								0	0
40.	Rhode Island	RI	N								0	0
41.	South Carolina	SC	N								0	0
42.	South Dakota	SD	N								0	0
43.	Tennessee	TN	N								0	0
44.	Texas	TX	N								0	0
45.	Utah	UT	N								0	0
46.	Vermont	VT	N								0	0
47.	Virginia	VA	N								0	0
48.	Washington	WA	N								0	0
49.	West Virginia	WV	N								0	0
50.	Wisconsin	WI	N								0	0
51.	Wyoming	WY	N								0	0
52.	American Samoa	AS	N								0	0
53.	Guam	GU	N								0	0
54.	Puerto Rico	PR	N								0	0
55.	U.S. Virgin Islands	VI	N								0	0
56.	Northern Mariana Islands	MP	N								0	0
57.	Canada	CAN	N								0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	332,343,600	380,583,763	3,311,270,551	0	0	0	0	4,024,197,914	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX								0	
61.	Total (Direct Business)		XXX	332,343,600	380,583,763	3,311,270,551	0	0	0	0	4,024,197,914	0
DETAILS OF WRITE-INS												
58001.			XXX									
58002.			XXX									
58003.			XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

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

(b) Explanation of basis of allocation of premiums by states, etc.  
The company only has business in the State of Ohio.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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 (50%)	20-8937577	FL	13148
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc (95%)	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc (5%)	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
California Health and Wellness Plan	46-0907261	CA	
Michigan Complete Health, Inc.	30-0312489	MI	10769
Western Sky Community Care, Inc.	45-5583511	NM	16351
Tennessee Total Care, Inc.	26-1849394	TN	
SilverSummit Healthplan, Inc.	20-4761189	NV	16143
University Health Plans, Inc.	22-3292245	NJ	
Agate Resources, Inc.	20-0483299	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	16041
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912

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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	
TRMEB, LLC		MO	
Illinois Health Practice Alliance, LLC (50%)	82-2761995	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
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	
Superior Health Management Advisors, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Envolve Holdings, LLC	22-3889471	DE	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Envolve, Inc.	37-1788565	DE	
Envolve PeopleCare, Inc.	06-1476380	DE	
Envolve Benefits Options, Inc.	61-1846191	DE	
Envolve Vision Benefits, Inc.	20-4730341	DE	
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	



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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	
Envolve Pharmacy IPA, LLC	46-2307356	NY	
MeridianRx, LLC	27-1339224	MI	
MeridianRx IPA, LLC		MI	
MeridianRx of Indiana, LLC	83-3612209	MI	
MHM Services, Inc.	82-5316510	DE	
Centurion LLC	90-0766502	DE	
Centurion of Arizona, LLC	81-4228054	AZ	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM	
Centurion of Florida, LLC	81-0687470	FL	
Centurion of Maryland, LLC	81-4938030	MD	
Centurion of Georgia, LLC	82-3128848	GA	
Centurion Detention Health Services, LLC	82-4735175	DE	
Centurion of New Hampshire, LLC	82-4823469	DE	
Centurion of Pennsylvania, LLC	82-4823469	PA	
Centurion of West Virginia, LLC	46-4839132	WV	
Centurion of Kansas, LLC	84-3436283	KS	
Centurion of Delaware, LLC	84-3767794	DE	
Centurion of Wyoming, LLC	84-3857653	WY	
Centurion of Missouri, LLC	46-4102134	MO	
Centurion of Michigan, LLC	46-1041008	MI	
Centurion of Idaho, LLC	85-4020081	ID	58860
Centurion of Indiana, LLC		IN	
Centurion of Maine, LLC	85-4143511	ME	
Centurion Health of Indiana, LLC	85-4243085	IN	
Centurion Health of Kentucky, LLC	86-3331688	KY	
Centurion of Alabama, LLC	82-2268901	AL	
MHM Correctional Services, LLC (formerly a corporation)	54-1856340	DE	
MHM Services of California, LLC (formerly a corporation)	51-0620904	CA	
MHM Solutions, LLC (formerly a corporation)	60-0002002	DE	
Forensic Health Services, LLC. (formerly a corporation)	26-1877007	DE	
MHM Health Professionals, LLC (formerly a corporation)	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	

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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	
Foundation Care, LLC (80%)	20-0873587	MO	
AcariaHealth Pharmacy #26, Inc.	20-8420512	DE	
U.S. Medical Management Holdings, Inc	27-0275614	DE	
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	CJ	
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 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	
PRIMEROSALUD, S.L.U.	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, S.A.	Foreign	ESP	
Villa Maria del Triuinfo Salud S.A. C. (5%)	Foreign	PER	
Callao Salud S.A.C. (5%)	Foreign	PER	
Infraestructuras y Servicios de Alzira S.L. (50%)	Foreign	ESP	
Elche-Crevillente Salud (100%)	Foreign	ESP	
B2B Salud, S.L.U.	Foreign	ESP	
B2B Gestion integral, S.L.	Foreign	ESP	
Ribera Lab, S.L.U.	Foreign	ESP	
Torrevieja Diagnóstics, S.L.U.	Foreign	ESP	
Centro Inmunológico 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	

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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	CZE
Progress Medical a.s.	Foreign	CZE
OB Klinika, a.s.	Foreign	CZE
OB Care, s.r.o	Foreign	CZE
Discare CZ, a.s. (50%)	Foreign	CZE
CT Presov s.r.o	Foreign	SVK
MR Centrum Melnik, s.r.o	Foreign	CZE
Hospital Povisa, S.A. (93.36%)	Foreign	ESP
Ribera Salud Tecnologias S.L.U.	Foreign	ESP
Torre vieja Salud S.L.U.	Foreign	ESP
Torre vieja Salud UTE (35%)	Foreign	ESP
Ribera Management, S.L.U.	Foreign	ESP
Ribera Healthcare,S.L.U.	Foreign	ESP
Ribera Diagnóstics, S.L.U.	Foreign	ESP
UR Salud UTE (49%)	Foreign	ESP
Secure Capital Solutions 2000, S.L.U	Foreign	ESP
Hospital Polusa, S.A. (87.63%)	Foreign	ESP
Clinica Santo Domingo De Lugo, S.L.	Foreign	ESP
Terapias Medicas Domiciliaris, S.L.	Foreign	ESP
Centene Technology Europe, S.L.U	Foreign	ESP
Centene Technology UK Ltd	Foreign	GBR
MH Services International Holdings (UK) Limited	Foreign	GBR
MH Services International (UK) Limited	Foreign	GBR
AT Medics Holdings LLP (1%)	Foreign	GBR
Operose Health Limited	Foreign	GBR
AT Medics Holdings LLP (99%)	Foreign	GBR
AT Technology (Private) Limited (80%)	Foreign	PAK
At Medics Limited	Foreign	GBR
Primary Care Partners Limited	Foreign	GBR
AT Learning Limited	Foreign	GBR
AT Technology Services Limited	Foreign	GBR
AT Technology (Private) Limited (20%)	Foreign	PAK
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

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Circle Health Holdings Limited	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 (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
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
TKH Holding Ltd.	Foreign	GBR
BMI Healthcare Limited	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
Bishopswood SPV Limited	Foreign	GBR
Runnymede SPV Limited	Foreign	GBR
CEF Holding Company Limited	Foreign	MLT
Centene Europe Finance Company Limited	Foreign	MLT
Centene International Financing Company Limited	Foreign	MLT
Centene Health Plan Holdings, Inc.	82-1172163	DE

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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	16352
Salus Administrative Services, Inc.	55-0878053	NY	
Salus IPA, LLC	82-0802846	NY	
Community Medical Holdings Corp	47-4179393	DE	
Access Medical Acquisition, LLC	46-3485489	DE	
Access Medical Group of North Miami Beach, LLC	45-3191569	FL	
Access Medical Group of Miami, LLC	45-3191719	FL	
Access Medical Group of Hialeah, LLC	45-3192283	FL	
Access Medical Group of Westchester, LLC	45-3199819	FL	
Access Medical Group of Opa-Locka, LLC	45-3505196	FL	
Access Medical Group of Perrine, LLC	45-3192955	FL	
Access Medical Group of Florida City, LLC	45-3192366	FL	
Access Medical Group of Tampa, LLC	82-1737078	FL	
Access Medical Group of Tampa II, LLC	82-1750978	FL	
Access Medical Group of Tampa III, LLC	82-1773315	FL	
Access Medical Group of Lakeland, LLC	84-2750188	FL	
Interpreta Holdings, Inc. (80.1%)	82-4883921	DE	
Interpreta, Inc.	46-5517858	DE	
Patriots Holding Co	82-4581788	DE	
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
Centene Venture Insurance Company Texas	86-1543217	TX	16990
Centene Venture Company Michigan	83-2446307	MI	16613
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	16763
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 Georgia, Inc.	20-2103320	GA	10760

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WellCare of Texas, Inc.	20-8058761	TX	12964
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	16970
WellCare Health Insurance Company of Oklahoma, Inc.	84-4449030	OK	16752
WellCare Health Plans of Missouri, Inc.	84-3907795	MO	16753
WellCare Prescription Insurance, Inc.	20-2383134	AZ	10155
WellCare Health Insurance of Hawaii, Inc.	84-4664883	HI	17002
WellCare Health Plans of Rhode Island, Inc.	84-4627844	RI	16766
WellCare of Illinois, Inc.	84-4649985	IL	16765
WellCare of Arkansas, Inc.	83-2797833	AR	16531
Rhythm Health 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
Transplant Health Solutions 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	16788
WellCare of Missouri Health Insurance Company, Inc.	83-3525830	MO	16512
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 of North Carolina, Inc.	82-5488080	NC	16547

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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 Network Services, LLC		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
Sunshine State Health Plan, Inc (50%)	20-8937577	FL	13148
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	
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 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	
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	

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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	
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 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	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	
DELMARVA Collaborative Care, 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	
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	
Prowl Holdings, LLC (96.1562%)	85-3802075	DE	
Panther Pass Co, LLC	83-3240368	PA	



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Buckeye Community Health Plan, Inc.

Panther Specialty Holding Co, LLC		PA
Pantherx Specialty, LLC	45-3620087	PA
Pantherx Access Services, LLC	37-1778465	PA
Quartet Health, Inc. (11.20%)		De
Apixio, Inc.	80-0508223	DE
HughesLeahyKarlovic, LLC (20%)	43-1106904	MO
Oklahoma Complete Health Holding Company, LLC	86-2318658	OK
RI Health & Wellness, Inc.	86-2694770	RI
HLM Strategic Investment Fund, L.P.		DE