



QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Community Health Plan, Inc.

| | | | | | | | | | | |
|---------------------------------------|---|--------------------------|--|------------------------------------|---|--|------|-------------------------------------|----|--------------------------|
| 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 | <input type="checkbox"/> | Property/Casualty | <input type="checkbox"/> | Hospital, Medical & Dental Service or Indemnity | | | <input type="checkbox"/> | | |
| | Dental Service Corporation | <input type="checkbox"/> | Vision Service Corporation | <input type="checkbox"/> | Health Maintenance Organization | | | <input checked="" type="checkbox"/> | | |
| | Other | <input type="checkbox"/> | | | Is HMO Federally Qualified? Yes | | | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Incorporated/Organized | 10/29/2003 | | Commenced Business | | 01/01/2004 | | | | | |
| Statutory Home Office | 4349 Easton Way, Suite 200 (Street and Number) | | Columbus, OH, US 43219 (City or Town, State, Country and Zip Code) | | | | | | | |
| Main Administrative Office | 7700 Forsyth Boulevard (Street and Number) | | St. 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) | | St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code) | | | | | | | |
| Primary Location of Books and Records | 7700 Forsyth Boulevard (Street and Number) | | St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code) | | | 314-725-4477 (Area Code) (Telephone Number) | | | | |
| Internet Web Site Address | www.bchphio.com | | | | | | | | | |
| Statutory Statement Contact | Michael Wasik (Name) | | 813-206-2725 (Area Code) (Telephone Number) (Extension) | | | | | | | |
| | michael.wasik@wellcare.com (E-Mail Address) | | 813-675-2899 (FAX Number) | | | | | | | |

OFFICERS

OFFICERS

| | | | |
|-------------------------|-------------------|---------------|-------------------|
| Name | Title | Name | Title |
| Steven Bradley Province | President and CEO | Holly Mayer # | Treasurer and CFO |
| Joel Benjamin Samson | Secretary | | |

OTHER OFFICERS

| OFFICER OFFICERS | | | |
|-----------------------|--|------------------------------|--|
| Tricia Lynn Dinkelman | Vice President of Tax | Dr. Bradley 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 |
| Eric Allan Poklar | Sr. VP, Government Relations & Marketing | Natalie A Lukaszewicz | Vice President Network Development & Contracting |
| Kyle Schetter | Vice President of Customer Service | Meera Patel-Zook | Vice President of Pharmacy |
| | | John Gottlieb Willy Scherler | Chief Operation Officer |

DIRECTORS OR TRUSTEES

| | | | |
|--------------------------|-------------------------|-----------------------|--------------------------|
| Megan Rebecca Flaskamper | 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. | Steven Bradley Province | | |

State of Florida
County of St. Petersburg

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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.

Sokio Holly
Steven Bradley Province Holly J. Mayer (Jul 21, 2022 12:22 EDT) Holly Maver

Joel B. Samson
Joel B. Samson (Jul 21, 2022 10:07 CDT)

Joel Benjamin Samson
Secretary

Subscribed and sworn to before me this
11 day of August 2022

Holly L. Mayer (Jul 21, 2022 12:22 FDT)

Holly Mayer
Treasurer and CFO

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