

Office of Risk Assessment
50 W. Town St., 3rd Fl.
Suite 300
Columbus, OH 43215
(614) 644-2658
Fax (614) 644-3256
www.ohioinsurance.gov

Ohio Department of Insurance

Ted Strickland – Governor
Mary Jo Hudson – Director



Electronic Filing Authenticity Affidavit

Ohio Domestic Insurers Only

Company Name: **Buckeye Community Health Plan, Inc.**

NAIC No. **11834**

We, the undersigned executive officers of **Buckeye Community Health Plan, Inc.** (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other HMO

Applicable documents:

The documents referred to in the *General Instructions to the NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail." Date of filing with the NAIC: _____. An original jurat page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: _____. An original, notarized signature page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*." Date of filing with the NAIC: _____. List of supplemental documents included in this Affidavit: _____. All original notarized signature pages are attached, as applicable.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15. Date of filing with the NAIC: _____.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1. Date of filing with the NAIC: _____.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "June, PDF Filing," which includes "the Audited Financial Statements" due June 1. Date of filing with the NAIC: _____.
 Original filing. Amended filing.

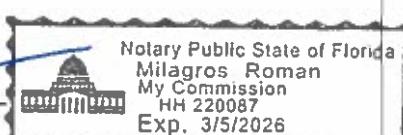
Signature Date 8/2/23 Steven Bradley Province (Name)

President (Title)*

Notary Public

Signature Date 8/2/23 Holly Mayer (Name)

Treasurer and CFO (Title)*



Signature Date _____ Joel Benjamin Samson (Name)

Secretary (Title)*

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

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Date _____

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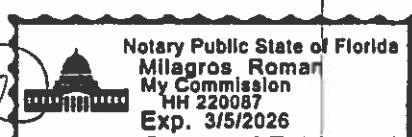
Date _____

Steven Bradley Province (Name)
President (Title)*

Holly Mayer (Name)
Treasurer and CFO (Title)*

Joel Benjamin Samson (Name)
Secretary (Title)*

Notary Public



*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



QUARTERLY STATEMENT

AS OF JUNE 30, 2023
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 checked="" 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.bchpohio.com			
Statutory Statement Contact	Michael Wasik (Name) michael.wasik@centlene.com (E-Mail Address)		314-725-4477 (Area Code) (Telephone Number) (Extension) 813-675-2899 (FAX Number)			

OFFICERS

Name	Title	Name	Title
Steven Bradley Province	President and CEO	Holly Mayer	Treasurer and CFO
Joel Benjamin Samson	Secretary		
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
Kevin Rhoades R. Ph. Pharm D	Vice President of Pharmacy	John Gottlieb Willy Scherler	Chief Operation Officer

OTHER OFFICERS

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.
Charles Modlin, M.D.	Shawn A Ryan, M.D.	Sharon Schweikart	Steven Bradley Province

DIRECTORS OR TRUSTEES

State of <u>Florida</u>	ss
County of <u>Hillsborough</u>	

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

Holly Mayer KK
Treasurer and CFO

Joel Benjamin Samson
Secretary

a. Is this an original filing? Yes No

b. If no:

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





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AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Community Health Plan, Inc.

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Country of Domicile			United States				
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []				
	Dental Service Corporation []	Vision Service Corporation []	Health Maintenance Organization [X]				
	Other []		Is HMO Federally Qualified? Yes [] No [X]				
Incorporated/Organized	10/29/2003	Commenced Business	01/01/2004				
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Internet Web Site Address	www.bchpohio.com						
Statutory Statement Contact	Michael Wasik (Name)	314-725-4477 (Area Code) (Telephone Number) (Extension)					
	michael.wasik@centene.com (E-Mail Address)	813-675-2899 (FAX Number)					

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			Chief Operation Officer

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Steven Bradley Province
President and CEO

Holly Mayer
Treasurer and CEO

Joel Benjamin Samson
Secretary

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Subscribed and sworn to before me this
day of July 2003

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

