



QUARTERLY STATEMENT

**AS OF SEPTEMBER 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, County and Zip Code)	
Main Administrative Office	7700 Forsyth Boulevard (Street and Number)		St. Louis, MO, US 63105 (City or Town, State, County 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, County and Zip Code)	
Primary Location of Books and Records	7700 Forsyth Boulevard (Street and Number)		St. Louis, MO, US 63105 (City or Town, State, County and Zip Code)		314-725-4477 (Area Code) (Telephone Number)	
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)			

OFFICERS

Name	Title	Name	Title
Steven Bradley Province	President and CEO	Holly Mayer	Treasurer and CFO
Joel Benjamin Samson	Secretary		
OTHER OFFICERS			
Tricia Lynn Dinkelman	Vice President of Tax	Dr. Bradley Lucas	Chief Medical Officer
Lori S Campbell #	Vice President Quality Improvement	Lori Jean Mulchak, 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

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

State of Florida _____ SS _____
County of Hillsborough _____

Steven Bradley Province
President and CEO

Holly Mayer
Treasurer and CEO

**Joel Benjamin Samsom
Secretary**

a. Is this an original filing? Yes No

b. If no:

1. State the amendment number

3. Data Field

Subscribed and sworn to before me this
day of November 2023





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.

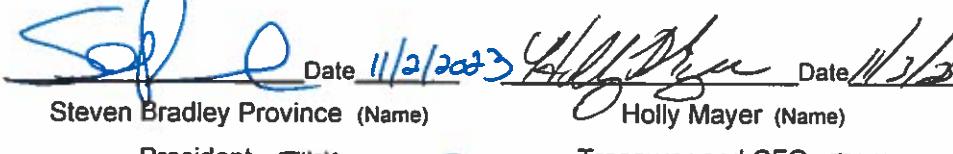
The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: _____. An original, notarized signature page is attached.
 Original filing. Amended filing.

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.


Steven Bradley Province (Name) Date 11/2/2023 Holly Mayer (Name) Date 11/1/23 Joel Benjamin Samson (Name) Date _____
President (Title)* Treasurer and CFO (Title)* Secretary (Title)*


Notary Public _____

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



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OF THE CONDITION AND AFFAIRS OF THE**

Buckeye Community Health Plan, Inc.

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Kevin Rhoades R. Ph. Pharm D	Vice President of Pharmacy	John Gottlieb Willy Scherler	Development & Contracting
			Chief Operation Officer

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State of Florida ss
County of Hillsborough

Steven Bradley Province
President and CEO

**Holly Mayer
Treasurer and CFO**

Joel Benjamin Samson
Secretary

a. Is this an original filing? Yes No

Subscribed and sworn to before me this
31 day of October 2023

b. If no:

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



Electronic Filing Authenticity Affidavit

Ohio Domestic Insurers Only

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

NAIC No. **11834**

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Date _____

Steven Bradley Province (Name)

President (Title)*

Notary Public

Date _____

Holly Mayer (Name)

Treasurer and CFO (Title)*



Date 10/31/23

Joel Benjamin Samson (Name)

Secretary (Title)*

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

Accredited by the National Association of Insurance Commissioners (NAIC)

INS7240 (04/2008)

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