



QUARTERLY STATEMENT

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

Buckeye Health Plan Community Solutions, Inc.

NAIC Group Code	01295 (Current Period)	01295 (Prior Period)	NAIC Company Code	16112	Employer's ID Number	47-5664342
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ] Dental Service Corporation [ ] Other [ ]		Property/Casualty [ ] Vision Service Corporation [ ]		Hospital, Medical & Dental Service or Indemnity [ ] Health Maintenance Organization [ X ] Is HMO Federally Qualified? Yes [ ] No [ X ]	
Incorporated/Organized	11/04/2015		Commenced Business		01/01/2018	
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)			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.centene.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
Joel Benjamin Samson	Secretary	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Megan Rebecca Flaskamper	Tricia Lynn Dinkelman	Steven Bradley Province	
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State of Florida  
County of Hillsborough ss

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 regulatory in lieu of or in addition to the enclosed statement.

<u>Steven Bradley Province</u> President and CEO	<u>Holly Mayer</u> Treasurer	<u>Joel Benjamin Samson</u> Secretary
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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 \_\_\_\_\_

Subscribed and sworn to before me this 4th day of November 2023

Milagros Roman





Electronic Filing Authenticity Affidavit

Ohio Domestic Insurers Only

Company Name: Buckeye Health Plan Community Solutions, Inc.

NAIC No. 16112

We, the undersigned executive officers of Buckeye Health Plan Community Solutions, 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: \_\_\_\_\_.

☐ 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.

Safe Date 11/2/2023 Holly Mayer Date 11/3/23 \_\_\_\_\_ Date \_\_\_\_\_  
Steven Bradley Holly Mayer (Name) Joel Benjamin Samson (Name)  
Province (Name) Treasurer and CFO (Title)\* Secretary (Title)\*

President (Title)\*

Notary Public

Milagros Roman



\*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 Health Plan Community Solutions, Inc.

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Name	Title	Name	Title
Steven Bradley Province	President and CEO	Holly Mayer	Treasurer
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County of Hillsborough ss

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Steven Bradley Province  
President and CEO

Holly Mayer  
Treasurer

Joel Benjamin Samson  
Secretary

Subscribed and sworn to before me this 3 day of October 2023

Milagros Roman



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




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Ohio Domestic Insurers Only

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☐ Original filing. ☐ Amended filing.

\_\_\_\_\_  
Date

Steven Bradley

Province (Name)

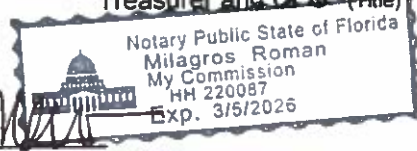
President (Title)\*

Notary Public

\_\_\_\_\_  
Date

Holly Mayer (Name)

Treasurer and CEO (Title)\*



Alb  
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)