



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2023**  
 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 [ X ]			
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) (Extension)			
Internet Web Site Address	www.bchphio.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 Dinkelmann	Vice President of Tax	Dr. Bradley Lucas	Chief Medical Officer
Lori S Campbell #	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

**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

Florida  
 State of .....  
 Hillsborough County of ..... 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 regulators, lieu of or in addition to the enclosed statement.

*Steven Bradley Province* *Holly Mayer* *Joel B. Samson*  
 Steven Bradley Province Holly Mayer (Jan 29, 2024 15:52 EST) Joel B. Samson (Jan 25, 2024 11:26 CST)  
 President and CEO Treasurer and CFO Secretary

Subscribed and sworn to before me this  
 29 day of January 2024 ,

*Holly Mayer*

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



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	645,236,152		645,236,152	508,289,604
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....		11,291,741	11,291,741	10,936,458
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 \$ ..... 0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... 0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... 0 encumbrances) .....			0	0
5. Cash (\$ ..... 53,872,799 , Schedule E-Part 1), cash equivalents (\$ ..... 78,096,192 , Schedule E-Part 2) and short-term investments (\$ ..... 25,268,334 , Schedule DA).....		157,237,325	157,237,325	408,793,875
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	8,230,207	0	8,230,207	8,992,909
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) .....	821,995,425	0	821,995,425	937,012,846
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	6,815,288		6,815,288	4,889,989
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	270,698,823		270,698,823	110,606,380
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ ..... 43,993,058 ) and contracts subject to redetermination (\$ ..... ) .....	43,993,058		43,993,058	45,013,546
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	123
17. Amounts receivable relating to uninsured plans .....	20,192,688		20,192,688	26,684,552
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset.....	6,447,888	202,726	6,245,162	7,824,073
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 .....	15,065,676		15,065,676	1,973,436
24. Health care (\$ ..... 15,451,713 ) and other amounts receivable.....	31,928,229	13,170,789	18,757,440	17,192,850
25. Aggregate write-ins for other-than-invested assets .....	1,271,965	1,271,965	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,218,409,040	14,645,480	1,203,763,560	1,151,197,795
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	1,218,409,040	14,645,480	1,203,763,560	1,151,197,795
<b>DETAILS OF WRITE-INS</b>				
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.....	1,271,965	1,271,965	0	0
2502. ....			0	0
2503. ....			0	0
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) .....	1,271,965	1,271,965	0	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,488,400 reinsurance ceded)	403,801,685		403,801,685	370,926,537
2. Accrued medical incentive pool and bonus amounts	43,261,326		43,261,326	51,656,781
3. Unpaid claims adjustment expenses	4,157,452		4,157,452	4,004,579
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	105,861,449		105,861,449	22,794,420
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	7,265,920		7,265,920	7,513,636
9. General expenses due or accrued	62,053,703		62,053,703	65,266,996
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	17,435,165		17,435,165	14,621,802
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	526,852		526,852	371,973
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	4,684,081		4,684,081	65,192,258
16. Derivatives		0	0	0
17. Payable for securities			0	0
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	8,999,305		8,999,305	3,330,499
23. Aggregate write-ins for other liabilities (including \$ current)	7,888,663	0	7,888,663	27,263,003
24. Total liabilities (Lines 1 to 23)	665,935,601	0	665,935,601	632,942,484
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	407,677,959	388,105,311
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	537,827,959	518,255,311
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,203,763,560	1,151,197,795
<b>DETAILS OF WRITE-INS</b>				
2301. Hospital Assessment Payable	4,767,072		4,767,072	24,790,656
2302. State income tax payable	3,092,820		3,092,820	2,472,347
2303. Unclaimed property	28,771		28,771	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)	7,888,663	0	7,888,663	27,263,003
2501.	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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	6,414,165	6,529,132
2. Net premium income (including \$ 0 non-health premium income).....	XXX	3,561,733,780	4,318,019,321
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	3,561,733,780	4,318,019,321
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....		2,469,317,239	2,612,483,566
10. Other professional services.....		216,584,082	237,402,126
11. Outside referrals.....			0
12. Emergency room and out-of-area.....		171,628,439	182,007,556
13. Prescription drugs.....		112,090,063	568,260,288
14. Aggregate write-ins for other hospital and medical.....	.0	0	(324,241)
15. Incentive pool, withhold adjustments and bonus amounts.....		20,659,925	47,517,991
16. Subtotal (Lines 9 to 15).....	.0	2,990,279,748	3,647,347,286
<b>Less:</b>			
17. Net reinsurance recoveries.....		12,612,312	5,846,217
18. Total hospital and medical (Lines 16 minus 17).....	.0	2,977,667,436	3,641,501,069
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 1,966,784 cost containment expenses.....		32,779,728	28,080,131
21. General administrative expenses.....		417,968,097	478,383,231
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		6,316,450	(5,284,947)
23. Total underwriting deductions (Lines 18 through 22).....	.0	3,434,731,711	4,142,679,484
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	127,002,069	175,339,837
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		40,811,863	17,996,531
26. Net realized capital gains (losses) less capital gains tax of \$ (68,922).....		(259,278)	(172,661)
27. Net investment gains (losses) (Lines 25 plus 26).....	.0	40,552,585	17,823,870
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ 715,675 )].....		(715,675)	(1,172,594)
29. Aggregate write-ins for other income or expenses.....	.0	0	(3,266)
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	166,838,979	191,987,847
31. Federal and foreign income taxes incurred.....	XXX	36,789,807	39,185,160
32. Net income (loss) (Lines 30 minus 31).....	XXX	130,049,172	152,802,687
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX		0
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.....		0	(324,241)
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	0	(324,241)
2901. Fines and penalties.....			(3,266)
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	(3,266)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	518,255,311	383,934,721
34. Net income or (loss) from Line 32 .....	130,049,172	152,802,687
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	247,166	1,285,102
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38. Change in net deferred income tax .....	(1,129,019)	(2,845,329)
39. Change in nonadmitted assets .....	14,367,393	9,386,645
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	0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0
44.3 Transferred to surplus .....	0	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	0
46. Dividends to stockholders .....	(125,000,000)	(25,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	19,572,648	134,320,590
49. Capital and surplus end of reporting year (Line 33 plus 48)	537,827,959	518,255,311
<b>DETAILS OF WRITE-INS</b>		
4701. ....	0	0
4702. ....	0	0
4703. ....	0	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)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**CASH FLOW**

<b>Cash from Operations</b>		<b>1 Current Year</b>	<b>2 Prior Year</b>
1. Premiums collected net of reinsurance		3,479,319,691	4,289,310,833
2. Net investment income		39,393,235	18,530,049
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		3,518,712,926	4,307,840,882
5. Benefit and loss related payments		2,939,151,374	3,586,100,987
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		441,647,576	487,001,779
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		33,907,522	42,890,358
10. Total (Lines 5 through 9)		3,414,706,472	4,115,993,124
11. Net cash from operations (Line 4 minus Line 10)		104,006,454	191,847,758
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		.97,925,191	55,995,399
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		1,799,820	1,739,452
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		533	(1,077)
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		.99,725,544	57,733,774
13. Cost of investments acquired (long-term only):			
13.1 Bonds		.235,271,684	208,827,618
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		.295,591	910,397
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		.235,567,275	209,738,015
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)		(135,841,731)	(152,004,241)
<b>Cash from Financing and Miscellaneous Sources</b>			
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		.125,000,000	.25,000,000
16.6 Other cash provided (applied)		(94,721,273)	162,331,559
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(219,721,273)	137,331,559
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(251,556,550)	.177,175,076
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		408,793,875	231,618,799
19.2 End of year (Line 18 plus Line 19.1)		157,237,325	408,793,875

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual .....	529,783,174	0	123	529,783,051
2. Comprehensive (hospital and medical) group .....				0
3. Medicare Supplement .....				0
4. Vision only .....				0
5. Dental only .....				0
6. Federal Employees Health Benefits Plan .....				0
7. Title XVIII - Medicare .....	472,498,275	0	304,696	472,193,579
8. Title XIX – Medicaid .....	2,575,251,113	0	15,493,963	2,559,757,150
9. Credit A&H .....				0
10. Disability Income .....				0
11. Long-Term Care .....				0
12. Other health .....				0
13. Health subtotal (Lines 1 through 12) .....	3,577,532,562	0	15,798,782	3,561,733,780
14. Life .....				0
15. Property/casualty .....				0
16. Totals (Lines 13 to 15)	3,577,532,562	0	15,798,782	3,561,733,780

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	2,935,002,987	356,820,404						415,343,304	2,162,839,279					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	12,636,913								12,636,913					
1.4 Net	2,922,366,074	356,820,404	0	0	0	0	0	415,343,304	2,150,202,366	0	0	0	0	0
2. Paid medical incentive pools and bonuses	29,055,379	645,750						5,098,446	23,311,183					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	407,290,085	71,753,603	0	0	0	0	0	57,077,177	278,459,305	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	3,488,400	0	0	0	0	0	0	0	3,488,400	0	0	0	0	0
3.4 Net	403,801,685	71,753,603	0	0	0	0	0	57,077,177	274,970,905	0	0	0	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	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	43,261,328	380,424							4,635,328	38,245,576				
6. Net healthcare receivables (a)	(1,766,283)	4,688,352							10,822,268	(17,276,903)				
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	374,439,537	32,375,267	0	0	0	0	0	63,618,930	278,445,340	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	3,513,000	0	0	0	0	0	0	0	3,513,000	0	0	0	0	0
8.4 Net	370,926,537	32,375,267	0	0	0	0	0	63,618,930	274,932,340	0	0	0	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	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	51,656,783	212,496	0	0	0	0	0	0	8,884,105	42,560,182	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	2,969,619,818	391,510,388	0	0	0	0	0	397,979,283	2,180,130,147	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	12,612,313	0	0	0	0	0	0	0	12,612,313	0	0	0	0	0
12.4 Net	2,957,007,505	391,510,388	0	0	0	0	0	397,979,283	2,167,517,834	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	20,659,924	813,678	0	0	0	0	0	0	849,669	18,996,577	0	0	0	0

(a) Excludes \$ .....1,468,801 loans or advances to providers not yet expensed.

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital and Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10	11	12	13	14
		2 Total	3 Individual Group											
1. Reported in Process of Adjustment:														
1.1. Direct .....	97,815,255	27,090,670						11,902,081	58,822,504					
1.2. Reinsurance assumed .....	0													
1.3. Reinsurance ceded .....	0													
1.4. Net .....	97,815,255	27,090,670	0	0	0	0	0	11,902,081	58,822,504	0	0	0	0	0
2. Incurred but Unreported:														
2.1. Direct .....	309,474,830	44,662,933						45,175,096	219,636,801					
2.2. Reinsurance assumed .....	0													
2.3. Reinsurance ceded .....	3,488,400								3,488,400					
2.4. Net .....	305,986,430	44,662,933	0	0	0	0	0	45,175,096	216,148,401	0	0	0	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	0	0	0	0
4. TOTALS:														
4.1. Direct .....	407,290,085	71,753,603	0	0	0	0	0	57,077,177	278,459,305	0	0	0	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	3,488,400	0	0	0	0	0	0	0	3,488,400	0	0	0	0	0
4.4. Net .....	403,801,685	71,753,603	0	0	0	0	0	57,077,177	274,970,905	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**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) individual .....	27,977,882	335,709,343	3,693,950	68,059,653	31,671,832	32,375,268
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Vision Only .....					0	0
5. Dental Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	50,833,823	366,353,532	3,297,964	53,779,213	54,131,787	63,618,929
8. Title XIX - Medicaid .....	230,219,171	1,940,192,311	11,474,012	263,496,893	241,693,183	274,932,340
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-Term Care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	309,030,876	2,642,255,186	18,465,926	385,335,759	327,496,802	370,926,537
14. Healthcare receivables (a) .....		27,153,701			0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	14,533,247	14,522,133	9,831,757	33,429,569	24,365,004	51,656,781
17. Totals (Lines 13-14+15+16) .....	323,564,123	2,629,623,618	28,297,683	418,765,328	351,861,806	422,583,318

(a) Excludes \$ 1,468,801 loans or advances to providers not yet expensed.

**ANNUAL STATEMENT FOR THE YEAR 2023 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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	13,209	14,466	14,466	14,466	14,466
2. 2019.....	127,357	145,047	146,556	146,556	146,556
3. 2020.....	XXX.....	168,810	193,866	164,299	164,299
4. 2021.....	XXX.....	XXX.....	278,929	349,179	351,423
5. 2022.....	XXX.....	XXX.....	XXX.....	253,160	279,183
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	324,511

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	14,097	14,466	14,466	14,466	14,466
2. 2019.....	146,326	146,150	146,556	146,556	146,556
3. 2020.....	XXX.....	192,808	195,597	164,299	164,299
4. 2021.....	XXX.....	XXX.....	326,735	350,482	351,423
5. 2022.....	XXX.....	XXX.....	XXX.....	284,445	282,960
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	392,868

**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. 2019.....	193,831	146,556	2,637	1.8	149,193	77.0	.0	0	149,193	77.0
2. 2020.....	237,886	164,299	3,002	1.8	167,301	70.3	.0	0	167,301	70.3
3. 2021.....	331,219	351,423	1,907	0.5	353,331	106.7	.0	0	353,331	106.7
4. 2022.....	354,605	279,183	(548)	(0.2)	278,634	78.6	3,777	.62	282,474	79.7
5. 2023.....	529,783	324,511	4,002	1.2	328,513	62.0	68,357	560	397,430	75.0

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	27,184	28,435	28,435	28,435	28,435
2. 2019.....	238,305	270,878	270,278	270,278	270,278
3. 2020.....	XXX.....	264,067	306,526	305,779	305,779
4. 2021.....	XXX.....	XXX.....	303,163	340,450	243,141
5. 2022.....	XXX.....	XXX.....	XXX.....	363,232	515,067
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	355,093

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	28,131	28,435	28,435	28,435	28,435
2. 2019.....	274,797	271,286	270,278	270,278	270,278
3. 2020.....	XXX.....	314,420	308,103	305,779	305,779
4. 2021.....	XXX.....	XXX.....	346,949	340,727	243,141
5. 2022.....	XXX.....	XXX.....	XXX.....	435,459	519,765
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	412,108

**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. 2019.....	316,925	270,278	4,993	1.8	275,270	86.9	.0	0	275,270	.86.9
2. 2020.....	352,849	305,779	5,352	1.8	311,131	88.2	.0	0	311,131	.88.2
3. 2021.....	380,270	243,141	1,985	0.8	245,126	64.5	.0	0	245,126	.64.5
4. 2022.....	503,092	515,067	2,552	0.5	517,619	102.9	4,698	.57	522,374	103.8
5. 2023.....	472,498	355,093	4,329	1.2	359,422	76.1	57,015	514	416,951	88.2

**ANNUAL STATEMENT FOR THE YEAR 2023 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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	152,161	306,323	306,323	306,323	306,323
2. 2019.....	1,713,912	1,873,605	1,872,037	1,872,037	1,872,037
3. 2020.....	XXX.....	2,138,150	2,322,128	2,166,596	2,166,596
4. 2021.....	XXX.....	XXX.....	2,627,694	3,028,674	3,030,947
5. 2022.....	XXX.....	XXX.....	XXX.....	2,656,945	2,895,443
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	1,950,019

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	156,792	306,323	306,323	306,323	306,323
2. 2019.....	1,900,494	1,877,976	1,872,037	1,872,037	1,872,037
3. 2020.....	XXX.....	2,379,784	2,327,152	2,166,596	2,166,596
4. 2021.....	XXX.....	XXX.....	2,904,952	3,048,327	3,030,947
5. 2022.....	XXX.....	XXX.....	XXX.....	2,954,784	2,915,266
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	2,243,413

**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. 2019.....	2,230,408	1,872,037	30,381	1.6	1,902,418	85.3	.0	0	1,902,418	85.3
2. 2020.....	2,807,595	2,166,596	25,813	1.2	2,192,409	78.1	.0	0	2,192,409	78.1
3. 2021.....	3,297,145	3,030,947	12,229	0.4	3,043,177	92.3	.0	0	3,043,177	92.3
4. 2022.....	3,476,884	2,895,443	13,466	0.5	2,908,909	83.7	19,823	296	2,929,028	84.2
5. 2023.....	2,575,251	1,950,019	24,296	1.2	1,974,315	76.7	293,394	2,668	2,270,376	88.2

**ANNUAL STATEMENT FOR THE YEAR 2023 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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	192,553	349,225	349,225	349,225	349,225
2. 2019.....	2,079,574	2,289,530	2,288,871	2,288,871	2,288,871
3. 2020.....	XXX.....	2,571,026	2,822,521	2,636,675	2,636,675
4. 2021.....	XXX.....	XXX.....	3,209,786	3,718,303	3,625,512
5. 2022.....	XXX.....	XXX.....	XXX.....	3,273,338	3,689,693
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	2,629,624

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	199,019	349,225	349,225	349,225	349,225
2. 2019.....	2,321,617	2,295,412	2,288,871	2,288,871	2,288,871
3. 2020.....	XXX.....	2,887,011	2,830,852	2,636,675	2,636,675
4. 2021.....	XXX.....	XXX.....	3,578,636	3,739,536	3,625,512
5. 2022.....	XXX.....	XXX.....	XXX.....	3,674,688	3,717,991
6. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	3,048,389

**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 (Col. 3/2) Percent	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. 2019.....	2,741,164	2,288,871	38,010	1.7	2,326,881	.84.9	.0	.0	2,326,881	.84.9
2. 2020.....	3,398,330	2,636,675	34,166	1.3	2,670,841	.78.6	.0	.0	2,670,841	.78.6
3. 2021.....	4,008,634	3,625,512	16,121	0.4	3,641,633	.90.8	.0	.0	3,641,633	.90.8
4. 2022.....	4,334,581	3,689,693	15,469	0.4	3,705,162	.85.5	28,298	416	3,733,876	.86.1
5. 2023.....	3,577,533	2,629,624	32,627	1.2	2,662,250	.74.4	418,765	3,742	3,084,758	.86.2

Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

**NONE**

Part 2C - Sn C - Claims Expense Ratio DO

**NONE**

Part 2C - Sn C - Claims Expense Ratio VO

**NONE**

Part 2C - Sn C - Claims Expense Ratio FE

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
	1	Total	Individual	Group									
1. Unearned premium reserves .....		.0											
2. Additional policy reserves (a) .....		6,316,450							6,316,450				
3. Reserve for future contingent benefits .....		.0											
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....		99,544,999	3,855,431					41,999,089	53,690,479				
5. Aggregate write-ins for other policy reserves .....		.0	0	.0	0	0	0	.0	0	0	0	0	.0
6. Totals (gross) .....		105,861,449	3,855,431	.0	0	0	0	48,315,539	53,690,479	0	0	0	.0
7. Reinsurance ceded .....		.0											
8. Totals (Net) (Page 3, Line 4) .....		105,861,449	3,855,431	0	0	0	0	48,315,539	53,690,479	0	0	0	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	0	0	.0
12. Totals (gross) .....		.0	0	.0	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	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....		0	0	.0	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	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	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....		0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... 6,316,450 premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**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)			1,483,147		1,483,147
2. Salaries, wages and other benefits .....			80,033,968		80,033,968
3. Commissions (less \$ .....ceded plus \$ .....assumed)			25,049,089		25,049,089
4. Legal fees and expenses .....			536,507		536,507
5. Certifications and accreditation fees .....			73,348		73,348
6. Auditing, actuarial and other consulting services .....			41,306,292		41,306,292
7. Traveling expenses .....			910,222		910,222
8. Marketing and advertising .....			8,086,378		8,086,378
9. Postage, express and telephone .....			2,447,810		2,447,810
10. Printing and office supplies .....			3,282,378		3,282,378
11. Occupancy, depreciation and amortization .....			6,665,900		6,665,900
12. Equipment .....			212,344		212,344
13. Cost or depreciation of EDP equipment and software .....			8,088,739		8,088,739
14. Outsourced services including EDP, claims, and other services .....	1,966,784	30,812,944	24,309,065		57,088,793
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			231,023		231,023
17. Collection and bank service charges .....			831,940		831,940
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			356,610		356,610
22. Real estate taxes .....			200,956		200,956
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			7,429,180		7,429,180
23.2 State premium taxes .....			187,652,255		187,652,255
23.3 Regulatory authority licenses and fees .....			14,404,082		14,404,082
23.4 Payroll taxes .....			4,229,702		4,229,702
23.5 Other (excluding federal income and real estate taxes) .....			147,162		147,162
24. Investment expenses not included elsewhere .....			0	420,652	420,652
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	1,966,784	30,812,944	417,968,097	420,652	(a) 451,168,477
27. Less expenses unpaid December 31, current year .....		4,157,452	62,053,703		66,211,155
28. Add expenses unpaid December 31, prior year .....	0	4,004,579	65,266,996	0	69,271,575
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) .....	1,966,784	30,660,071	421,181,390	420,652	454,228,897
<b>DETAILS OF WRITE-INS</b>					
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 \$ 287,859,114 to affiliates and \$ 0 to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	107,758	152,896
1.1 Bonds exempt from U.S. tax .....	(a) .....	0	0
1.2 Other bonds (unaffiliated) .....	(a) .....	21,632,710	23,470,331
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) .....	(b) .....	0	0
2.21 Common stocks of affiliates .....	(c) .....	0	0
3. Mortgage loans .....	(d) .....	0	0
4. Real estate .....	(e) .....	17,621,267	17,577,788
5. Contract loans .....	(f) .....	31,500	31,500
6. Cash, cash equivalents and short-term investments .....	(g) .....	0	0
7. Derivative instruments .....	(h) .....	0	0
8. Other invested assets .....	(i) .....	0	0
9. Aggregate write-ins for investment income .....		39,393,235	41,232,515
10. Total gross investment income .....		0	0
11. Investment expenses .....	(g) .....	420,652	0
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	0	0
13. Interest expense .....	(h) .....	0	0
14. Depreciation on real estate and other invested assets .....	(i) .....	0	0
15. Aggregate write-ins for deductions from investment income .....		0	0
16. Total deductions (Lines 11 through 15) .....		420,652	0
17. Net investment income (Line 10 minus Line 16) .....		40,811,863	0
<b>DETAILS OF WRITE-INS</b>			
0901. .....			
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 \$ 1,078,999 accrual of discount less \$ 1,585,669 amortization of premium and less \$ 577,543 paid for accrued interest on purchases.  
 (b) Includes \$ accrual of discount less \$ 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 \$ paid for accrued interest on purchases.  
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.  
 (e) Includes \$ 2,189,090 accrual of discount less \$ 12,636 amortization of premium and less \$ 3,056 paid for accrued interest on purchases.  
 (f) Includes \$ accrual of discount less \$ amortization of premium.  
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.  
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....			0		
1.1 Bonds exempt from U.S. tax .....			0		
1.2 Other bonds (unaffiliated) .....	(328,733)		(328,733)	435,457	
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	355,284	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....			0		
6. Cash, cash equivalents and short-term investments .....	533		533	0	0
7. Derivative instruments .....			0		
8. Other invested assets .....	0	0	0	741,527	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	(328,200)	0	(328,200)	1,532,267	0
<b>DETAILS OF WRITE-INS</b>					
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 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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.....	202,726	0	(202,726)
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.....	13,170,789	28,771,749	15,600,960
25. Aggregate write-ins for other-than-invested assets .....	1,271,965	241,124	(1,030,841)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	14,645,480	29,012,873	14,367,393
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	14,645,480	29,012,873	14,367,393
<b>DETAILS OF WRITE-INS</b>			
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.....	1,271,965	241,124	(1,030,841)
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) .....	1,271,965	241,124	(1,030,841)

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**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.....	544,678	564,344	553,610	525,076	510,925	6,414,165
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	544,678	564,344	553,610	525,076	510,925	6,414,165
<b>DETAILS OF WRITE-INS</b>						
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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The financial statements of Buckeye Community Health Plan, Inc. (the “Company”), domiciled in the State of Ohio, are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition, results of operations, and cash flow 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.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	2023	2022
<b>NET INCOME</b>					
1 Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	\$ 130,049,172	\$ 152,802,687
State Prescribed Practices that are an increase/(decrease) from	—	—	—	—	—
2 NAIC SAP: None	—	—	—	—	—
State Permitted Practices that are an increase/(decrease) from	—	—	—	—	—
3 NAIC SAP: None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 130,049,172</u>	<u>\$ 152,802,687</u>
<b>SURPLUS</b>					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	\$ 537,827,959	\$ 518,255,311
State Prescribed Practices that are an increase/(decrease) from	—	—	—	—	—
6 NAIC SAP: None	—	—	—	—	—
State Permitted Practices that are an increase/(decrease) from	—	—	—	—	—
7 NAIC SAP: None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 537,827,959</u>	<u>\$ 518,255,311</u>

**B. Uses of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in accordance 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 revenues and expenses during the reporting period. The primary use of estimates are related to the Company’s reserve for claims unpaid. Actual results could differ significantly from those estimates.

**C. Accounting Policy**

1. Cash 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.
2. 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 lower of amortized cost or fair value.
3. Common stocks in affiliates are carried based on the underlying GAAP equity of the investee.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans on real estate.
6. The Company has loan-backed securities carried at amortized cost. Adjustments are applied prospectively.
8. The Company has minor ownership interests in joint ventures that do not exceed 10% of admitted assets. The Company carries these interests based on the underlying audited generally accepted accounting principles ("GAAP") equity of the investee.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve ("PDR") is required. The Company considers anticipated investment income when calculating its PDR. 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.
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. The Company did not modify its capitalization policy from the prior period.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

13. The Company estimates pharmaceutical rebate receivables by assuming the proportional relationship between rebates and premiums exists for periods when actual rebates have been received.

D. Management does not have any substantial doubt about the Company's ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors**

The Company had no changes in accounting principles or correction of errors.

**3. Business Combinations and Goodwill**

- A. The Company had no transactions that were accounted for as a statutory purchases.
- B. The Company had no statutory mergers.
- C. The Company had no goodwill resulting from an assumption reinsurance.
- D. The Company did not recognize any impairment losses.
- E. The Company did not have any subcomponents and calculation of adjusted surplus and total admitted goodwill.

**4. Discontinued Operations**

The Company did not have any discontinued operations.

**5. Investments**

- A. The Company had no mortgage loans, including mezzanine real estate loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. Loan-back securities
  - 1. Prepayment assumptions for loan-backed securities were obtained from Reuters.
  - 2. The Company did not have any other-than-temporary ("OTTI") to recognize.
  - 3. The Company did not have any OTTI to recognize based on cash flow analysis.
- 4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI 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	\$	254,038
2. 12 Months or Longer	\$	1,967,154

- b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	27,147,978
2. 12 Months or Longer	\$	33,169,790

- 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 OTTI and is recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cash flow is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flow. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cash flow 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 flow.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment.

- E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2023.
- F-I. The Company had no repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.
- J. The Company did not engage in any retail land sale operations.
- K. The Company did not engage in any low income housing tax credits.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

**L. Restricted Assets**

**1. Restricted Assets (Including Pledged):**

The information on the Company's investment in restricted assets at December 31, was as follows:

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted)	Total Gross (Admitted & Nonadmitted)	Increase/ Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted)	Admitted Restricted to Total Admitted Assets (b)
	Restricted from Current Year	Restricted from Prior Year	(1 minus 2)	Restricted	(1 minus 4)	(a)	
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	400,600	403,020	(2,420)	—	400,600	% —	% —
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—
l. Pledged as collateral to FHLB	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
o. Total restricted assets	\$ 400,600	\$ 403,020	\$ (2,420)	\$ —	\$ 400,600	% —	% —

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

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

2. The Company did not have any assets pledged as collateral, or captured in other categories.

3. The Company did not have any other restricted assets.

4. The Company did not have any collateral received and reflected as assets.

M. The Company did not have any working capital financed investments.

N. The Company had no asset and liabilities which are offset and reported net in accordance with a valid right to offset.

O. The Company did not have any 5\*GI securities.

P. The Company had no short sales.

Q. The Company had no prepayment penalty and acceleration fees.

R. The Company had no reporting entity's share of cash pool.

**6. Joint Ventures, Partnerships and Limited Liability Companies ("LLC's")**

A. The Company did not have any investments in any joint ventures, partnerships or LLC's that exceed 10% of the admitted assets of the insurer.

B. The Company did not recognize any impairment write down for its investment in joint ventures, partnerships and LLC's during the statement periods.

**7. Investment Income**

A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.

B. The Company did not have any nonadmitted accrued interest income during the statement periods.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

Interest Income Due and Accrued	Amount
1. Gross	\$ 6,815,287
2. Nonadmitted	—
3. Admitted	<u><u>\$ 6,815,287</u></u>

D. The Company did not have any aggregate deferred interest during the statement periods.  
E. The Company did not have any paid-in-kind interest included in current principal balance.

**8. Derivative Instruments**

The Company did not have any derivative instruments.

**9. Income Taxes**

**A. Components of Deferred Tax Assets ("DTAs") and Deferred Tax Liabilities ("DTLs"):**

The components of the net DTAs/DTLs at December 31, are as follows:

(1)	2023			2022			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTAs	\$ 6,601,091	\$ 299,392	\$ 6,900,483	\$ 8,130,574	\$ 151,187	\$ 8,281,761	\$ (1,529,483)	\$ 148,205	\$ (1,381,278)
(b) Statutory Valuation Allowance ("SVA") Adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted Gross DTAs	6,601,091	299,392	6,900,483	8,130,574	151,187	8,281,761	(1,529,483)	148,205	(1,381,278)
(d) DTAs Nonadmitted	—	202,726	202,726	—	—	—	—	202,726	202,726
(e) Subtotal Net Admitted DTAs	6,601,091	96,666	6,697,757	8,130,574	151,187	8,281,761	(1,529,483)	(54,521)	(1,584,004)
(f) DTLs	355,929	96,666	452,595	294,908	162,779	457,687	61,021	(66,113)	(5,092)
(g) Net Admitted DTAs/(DTLs)	<u><u>\$ 6,245,162</u></u>	<u><u>\$ —</u></u>	<u><u>\$ 6,245,162</u></u>	<u><u>\$ 7,835,666</u></u>	<u><u>\$ (11,592)</u></u>	<u><u>\$ 7,824,074</u></u>	<u><u>\$ (1,590,504)</u></u>	<u><u>\$ 11,592</u></u>	<u><u>\$ (1,578,912)</u></u>

(2)

Admission Calculation Components SSAP No. 101:

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 6,601,089	\$ —	\$ 6,601,089	\$ 8,130,574	\$ 150,501	\$ 8,281,075	\$ (1,529,485)	\$ (150,501)	\$ (1,679,986)
(b) Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation	—	—	—	—	—	—	—	—	—
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	—	—	—	—	—	—	—	—	—
2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	79,737,419	XXX	XXX	76,564,686	XXX	XXX	3,172,733
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	2	96,666	96,668	1	686	687	1	95,980	95,981
(d) DTAs Admitted as the result of application of SSAP No. 101	<u><u>\$ 6,601,091</u></u>	<u><u>\$ 96,666</u></u>	<u><u>\$ 6,697,757</u></u>	<u><u>\$ 8,130,575</u></u>	<u><u>\$ 151,187</u></u>	<u><u>\$ 8,281,762</u></u>	<u><u>\$ (1,529,484)</u></u>	<u><u>\$ (54,521)</u></u>	<u><u>\$ (1,584,005)</u></u>

Information used in expected to be realized calculation.

(3)	2023	2022
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	>300%	396.5 %
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 531,582,797	\$ 510,431,238

(4)	2023		2022		Change	
Impact of Tax-Planning Strategies	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a) Adjusted Gross DTAs - Amount	\$ 6,601,091	\$ 299,392	\$ 8,130,574	\$ 151,187	\$ (1,529,483)	\$ 148,205
Adjusted Gross DTAs - Percentage	1.4 %	— %	0.9 %	1.8 %	0.5 %	(1.8)%
(b) Net Admitted DTAs - Amount	\$ 6,601,091	\$ 96,666	\$ 8,130,574	\$ 151,187	\$ (1,529,483)	\$ (54,521)
Net Admitted DTAs - Percentage	1.5 %	— %	0.9 %	1.8 %	0.6 %	(1.8)%
(c) Does the Company's tax-planning strategies include the use of reinsurance?					Yes _____	No <u>X</u> _____

B. There are no temporary differences for which DTLs have not been established.

C. Current income taxes incurred consist of the following major components at December 31:

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

	(1) Current Income Tax	<b>2023</b>	<b>2022</b>	<b>Change</b>
(a) Federal		\$ 36,358,361	\$ 39,408,645	\$ (3,050,284)
(b) Foreign		—	—	—
(c) Subtotal		\$ 36,358,361	\$ 39,408,645	\$ (3,050,284)
(d) Federal income tax on net capital gains		(68,922)	(45,898)	(23,024)
(e) Utilization of capital loss carry-forwards		—	—	—
(f) Other		431,446	(223,485)	654,931
(g) Federal and foreign income taxes incurred		<u>\$ 36,720,885</u>	<u>\$ 39,139,262</u>	<u>\$ (2,418,377)</u>

The tax effects of temporary differences that give rise to significant portions of the DTAs/DTLs are as follows:

	(2) DTAs Resulting From	<b>2023</b>	<b>2022</b>	<b>Change</b>
(a) Ordinary				
Discounting of unpaid losses and LAE		\$ 1,354,352	\$ 1,180,172	\$ 174,180
Unearned premiums		305,169	315,573	(10,404)
Policyholder reserves		—	—	—
Investments		—	—	—
Deferred acquisition costs		—	—	—
Policyholder dividends accrued		—	—	—
Fixed assets		—	—	—
Accrued Expenses		582,136	542,126	40,010
Pension accruals		—	—	—
Nonadmitted assets		3,032,979	6,092,703	(3,059,724)
Net operating loss carryforward		—	—	—
Tax credit carryforward		—	—	—
Goodwill and intangible amortization		—	—	—
Premium deficiency reserve		1,326,455	—	1,326,455
Other		—	—	—
Gross Ordinary DTAs		\$ 6,601,091	\$ 8,130,574	\$ (1,529,483)
(b) SVA adjustment - Ordinary		—	—	—
(c) Nonadmitted ordinary DTAs (-)		—	—	—
(d) Admitted ordinary DTAs		\$ 6,601,091	\$ 8,130,574	\$ (1,529,483)
(e) Capital				
Investments		299,392	686	\$ 298,706
Net capital loss carryforward		—	—	—
Real estate		—	—	—
Unrealized capital losses		—	150,501	(150,501)
Other		—	—	—
Gross Capital DTAs		\$ 299,392	\$ 151,187	\$ 148,205
(f) SVA adjustment - Capital (-)		—	—	—
(g) Nonadmitted Capital DTAs (-)		202,726	—	202,726
(h) Admitted Capital DTAs		\$ 96,666	\$ 151,187	\$ (54,521)
(i) Total Admitted DTAs		\$ 6,697,757	\$ 8,281,761	\$ (1,584,004)

DTLs resulting from book/tax differences in:

	(3) DTLs Resulting From	<b>2023</b>	<b>2022</b>	<b>Change</b>
(a) Ordinary				
Investments		\$ 297,308	\$ 206,979	\$ 90,329
Fixed assets		—	—	—
Deferred and uncollected premiums		—	—	—
Policyholder reserves/salvage and subrogation		58,619	87,929	(29,310)
Other		2	—	2
Ordinary DTLs		\$ 355,929	\$ 294,908	\$ 61,021
(b) Capital				
Investments		—	162,779	(162,779)
Real estate		—	—	—
Unrealized capital gains		96,666	—	96,666
Other		—	—	—
Capital DTLs		\$ 96,666	\$ 162,779	\$ (66,113)
(c) Total DTLs		\$ 452,595	\$ 457,687	\$ (5,092)

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

Net DTAs/(DTLs)	\$ 6,245,162	\$ 7,824,074	\$ (1,578,912)
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**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:

	<b>2023</b>
Tax-Exempt Interest	\$ 35,021,712
Dividends Received Deduction	(481,703)
ETR Placeholder	120,426
Statutory Valuation Allowance Adjustment	4,062
Change in Enacted Tax Rates	3,059,725
Other, Including Prior Year True-Up	125,682
Total Statutory Income Taxes	<u>\$ 37,849,904</u>

	<b>2023</b>
Federal Income Taxes Incurred [Expense/(Benefit)]	\$ 36,789,807
Tax on Capital Gains/(Losses)	(68,922)
Change in Net Deferred Income Tax [Charge/(Benefit)]	1,129,019
Total Statutory Income Taxes	<u>\$ 37,849,904</u>

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

1. At December 31, 2023, the Company has no federal operating loss carryforwards.
2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

<b>Year</b>	<b>Ordinary</b>	<b>Capital</b>	<b>Total</b>
2021	N/A	\$ 321,183	\$ 321,183
2022	\$ 39,352,145	\$ 316,367	\$ 39,668,512
2023	\$ 36,289,439	—	\$ 36,289,439

3. There were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

**F. Consolidated Federal Income Tax Return**

1. The Company's federal income tax return is consolidated with Centene Corporation ("Centene") and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.
2. 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.

G. The Company had no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.

H. The Company had no repatriation transition tax.

I. The Company did not have any alternative minimum tax credit.

J. The Inflation Reduction Act was enacted on August 16, 2022, and includes a new corporate alternative minimum tax (CAMT). The Company has determined that they are subject to the CAMT; however they do not pay any CAMT pursuant to the tax sharing agreement.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

**A. and B. Relationship/Transactions and Amounts**

The Company has a management services agreement with Centene Management Company, LLC ("CMC"). CMC assumes responsibility for program planning and development, management information systems, financial systems and services, facilities arrangement, claims administration, provider and enrollee services and records, case management, care coordination, utilization and peer review, and quality assurance/quality improvement. Effective January 1, 2023, the agreement with CMC was amended and the Company paid CMC for its actual costs incurred. In 2022, the Company paid CMC a fee based on a percentage of its monthly revenue for which CMC provides the services necessary to manage the business operations of the Company and assumes responsibility for all associated costs. In addition, under the agreement, the Company also pays other direct costs associated with the business not covered by the management services agreement.

Amounts due to or from CMC are normally settled within 30 days. Any receivable due from CMC over 90 days old is nonadmitted in accordance with statutory accounting principles.

The Company's transactions, amounts due to and admitted amounts due from related parties in exchange for services provided for the years ended December 31, 2023 and 2022 are as follows:

Affiliate	Expense	Expense	Amount due (to) from	Amount due (to) from	Services Provided
	2023	2022	2023	2022	
CMC	\$ 287,859,114	\$324,702,910	\$ 5,355,759	\$ (82,731)	General management services
Envolve Dental, Inc.	48,567,962	50,748,776	2,328,415	1,268,803	Managed dental (1)
Centene Pharmacy Services, Inc.	15,866,003	304,477,876	7,381,502	686,633	Pharmacy benefits management
Envolve Vision, Inc.	8,551,918	8,111,498	(624,568)	—	Managed vision (1)
National Imaging Association, Inc.	158,781	3,629,207	—	(331,667)	General management services
Bankers Reserve Life Insurance Company of Wisconsin, Inc.	(3,186,346)	(10,664,036)	(526,852)	(371,973)	Reinsurance (2)
Envolve PeopleCare, Inc.	—	334,370	—	—	Nurse-line triage and life and health management
Buckeye Health Plan Comm Solutions, Inc.	—	—	(4,684,081)	(64,777,860)	Affiliated claims (3)

(1) Amounts due to affiliates reflected in unpaid claims.

(2) Amounts due to affiliate is reflected in reinsurance payable.

(3) At December 31, 2023 and 2022, the Company reported a payable balance of \$5,950,420 and \$64,777,860, respectively, due to affiliate Buckeye Health Plan Community Solutions, Inc. (BHPSC) due to amounts paid through bank accounts belonging to BHPSC for claims related to Buckeye Community Health Plan, Inc. (BCHP or the Company) Medicare members as a result of a configuration error effective January 1, 2022. In Q3 2023, the bulk of this balance was settled between the two affiliated entities and ongoing claims paid from the BHPSC bank account for BCHP expenses are settled quarterly. All expenses are appropriately recorded on each entity's statement of revenues and expenses and these balances represent only cash to be settled. The balances described above are included in the above table for 2023 and 2022 in the Buckeye Health Plan Comm Solutions, Inc. row.

As of January 1, 2023, the Company switched pharmacy benefit managers ("PBM") from Centene Pharmacy Services, Inc. to an external PBM.

C. The Company did not have any transactions with related parties who are not reported on Schedule Y.

D. At December 31, 2023 and 2022, the Company reported a balance of \$15,065,676 and \$1,973,436, receivable from parent, subsidiaries and affiliates and a \$4,684,081 and \$65,192,258, payable to parent, subsidiaries and affiliates, respectively.

E. Management/Cost Sharing Agreements - See Note 10 A., B., and C. above.

F. The Company did not have any guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

G. All outstanding shares of the Company are owned by the Parent Company, Centene.

H. - L. The Company had no controlled entities, investments in SCA/foreign subsidiaries or noninsurance holding companies.

M. The Company made a \$6,000,000 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 \$2,900,000, resulting in a 21% ownership stake. HPREHI is wholly owned by affiliates of Centene, 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* ("SCA"), and at December 31, 2023 and December 31, 2022, the reported value is \$11,291,741 and \$10,936,458, respectively. The December 31, 2022 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, 2022 at \$128,664 per share. No resubmission of the filing was required.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

**1. Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)**

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities	XXX	\$ —	\$ —	\$ —
b. SSAP No. 97 8b(ii) Entities	XXX	—	—	—
c. SSAP No. 97 8b(iii) Entities				
Health Plan Real Estate Holdings, Inc.	21%	11,291,741	11,291,741	—
Total SSAP No. 97 8b(iii) Entities	XXX	11,291,741	11,291,741	—
d. SSAP No. 97 8b(vi) Entities	XXX	—	—	—
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)		11,291,741	11,291,741	—
f. Aggregate Total (a+e)		\$ 11,291,741	\$ 11,291,741	\$ —

**2. NAIC Filing Response Information**

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	XXX	XXX	\$ —	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities	XXX	XXX	—	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Health Plan Real Estate Holdings, Inc.	Sub-2	7/20/2023	11,291,741	Y	N	I
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	11,291,741	XXX	XXX	XXX
d. SSAP No. 97 8b(vi) Entities	XXX	XXX	—	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	11,291,741	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 11,291,741	XXX	XXX	XXX

\* S-1-Sub-1, S-2-Sub-s or RDF - Resubmission of Disallowed Filing

\*\* I- Immaterial or M - Material

N. The Company did not have any investment in insurance SCA.

O. The Company did not have any SCA or SSAP No. 48 Entity Loss Tracking.

**11. Debt**

The Company did not have any debt or Federal Home Loan Bank agreements.

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

The Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefits plan.

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- A. The Company has 10,000 shares authorized, 100 shares issued, 100 shares outstanding at \$10,000 par value.
- B. The Company has no preferred stock outstanding.
- C. Dividend Restrictions - Under the laws of the State of Ohio, all dividends and other distributions to shareholders must be reported to the Ohio Department. If surplus is determined by the Department not to be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the Department shall have the authority to limit the amount of the dividends or distributions. No dividend or other distribution may be declared or paid at any time when the surplus of the insurer is less than the surplus required by law, or when the payment of a dividend or other distribution would reduce its surplus to less than such amount.
- D. Dividends - In 2023 and 2022, the Company paid a cash dividend of \$125,000,000 and \$25,000,000, respectively, to the Parent Company, Centene.
- E. Within the limitation of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The Company did not have any advances to surplus not repaid.
- H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.
- I. The Company had no changes in balances of any special surplus funds.
- J. The Company has \$2,829,106 of cumulative unrealized gains and (losses).

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

- K. The Company did not have any surplus notes.
- L. The Company was not involved in a quasi-reorganization.
- M. The Company has not been involved in a quasi-reorganization in the last 10 years.

**14. Liabilities, Contingencies and Assessments**

- A. The Company has outstanding commitments of approximately \$35,002 and \$330,593, December 31, 2023 and 2022, respectively, for additional investments in joint ventures and limited partnerships.
- B. There were no assessments that could have a material financial effect.
- C. There were no gain contingencies.
- D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.
- E. There were no joint and several liabilities.
- 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 no assets it considers impaired.

**15. Leases**

The Company did not have any noncancelable operating leases.

**16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

The Company did not have any off-balance sheet risk and concentration of credit risk for financial instruments.

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

**A. Transfers of Receivables Reported as Sales**

The Company did not have any transfer of receivables reported as sales.

**B. Transfer and Servicing of Financial Assets**

The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.

**C. Wash Sales**

The Company had no wash sales transaction with an NAIC designation 3 or below or unrated securities.

**18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

A. - B. The Company did not have any Administrative Services Only Plans or Administrative Services Contract Plans.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

1. Revenue from the Company's Medicare contract for the years ending December 31, 2023 and 2022, consisted of \$472,498,275 and \$503,440,826, respectively.
2. At December 31, 2023 and 2022, the Company has recorded receivables of \$20,192,688 and \$26,684,552, respectively, from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.
3. There were no recorded allowances or reserves for adjustment of recorded revenues.
4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

The Company did not have any direct premiums written or reduced by managing general agents or third party administrators.

**20. Fair Value Measurements**

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition.

1. The following table summarizes fair value measurements by level at December 31, 2023, for assets and liabilities measured at fair value:

Description of 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 and short-term investments	\$ 131,968,991	\$ —	\$ —	\$ —	\$ 131,968,991
Bonds		\$ 9,142,026			\$ 9,142,026
Total Bonds	\$ —	\$ 9,142,026	\$ —	\$ —	\$ 9,142,026
Common stock					
Parent, subsidiaries and affiliates		\$ 11,291,741			\$ 11,291,741
Total Common stock	\$ —	\$ 11,291,741	\$ —	\$ —	\$ 11,291,741

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

Derivatives assets	—	—	—	—	—	—
Total Derivatives assets	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
Separate account assets	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
Total assets at fair value	<u>\$131,968,991</u>	<u>\$ 20,433,767</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 152,402,758</u>
b. Liabilities at fair value	—	—	—	—	—	—
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

**B. Assets Measured on a Fair Value on a Nonrecurring Basis:**

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

**C. Aggregate Fair Value for all Financial Instruments**

The following table summarizes fair value measurements by level at December 31, 2023, for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 131,968,991	\$ 131,968,991	\$ 131,968,991	\$ —	\$ —	\$ —	\$ —
Short-term investments	25,268,334	25,268,334	—	25,268,334	—	—	—
Bonds	633,281,391	645,236,152	7,460,445	625,820,946	—	—	—
Total Investments	<u>\$ 790,518,716</u>	<u>\$ 802,473,477</u>	<u>\$ 139,429,436</u>	<u>\$ 651,089,280</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

D. & E. The Company did not have any investments where it was not practicable to estimate fair value nor measuring using the NAV practical value.

**21. Other Items**

- A. The Company did not have any unusual or infrequent items.
- B. The Company did not have any troubled debt restructuring.
- C. Other Disclosures and Unusual Items -  
None.
- D. There were no business interruption insurance recoveries.
- E. There were no state transferable and non-transferable tax credits.
- F. There were no subprime mortgage related risk exposure.
- G. There were no retained assets.
- H. There were no insurance-linked securities contracts.
- I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

**22. Events Subsequent**

There were no events occurring subsequent to December 31, 2023, requiring disclosure. Subsequent events have been considered through February 28, 2024, for the Statutory statement issued on February 28, 2024.

**23. Reinsurance**

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

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 an representative, officer, trustee, or director of the Company? Yes ( ) No ( X ) If yes, give full details.
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) that 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 ) If yes, give full details.

**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 credit? Yes ( ) No ( X ) If yes, give full details.
  - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.
  - b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0
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 that, 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 ) If yes, give full details.

**Section 3 - Ceded Reinsurance Report - Part B**

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of 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 agreement 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 ) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments?

B. The Company did not have any uncollectible reinsurance.  
C. The Company did not commute any ceded reinsurance.  
D. The Company did not have any certified reinsurer's rating downgraded or status subject to revocation.  
E. The Company did not have any deposit accounting reinsurance contracts subject to A-791.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by their contract with CMS. The Company also estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the ACA Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR Rebate program.  
B. The Company records accrued retrospective premium as an adjustment to earned premiums.  
C. The amount of net premiums written by the Company at December 31, 2023, that are subject to retrospective rating features was \$3,561,733,780, or 100%, of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.  
D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.  
E. The Company did not write any accident and health insurance premiums subject to Administrative Care Act risk-sharing provision.  
E. Risk Sharing Provisions of the ACA

1) Did the reporting entity write accident and health insurance premium that is subject to the ACA risk-sharing provisions (YES/NO)?  
YES  
2) Impact of Risk Sharing Provisions of the ACA 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 \$ 24,083

**Liabilities**

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 197,270

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

3. Premium adjustments payable due to ACA Risk Adjustment	\$ 3,855,432
<b>Operations (Revenue &amp; Expense)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$ (19,386,592)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 198,782

**b) Transitional ACA Reinsurance Program**

<b>Assets</b>			
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	\$	—	
<b>Liabilities</b>			
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	\$	—	
<b>Operations (Revenue &amp; Expense)</b>			
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**

<b>Assets</b>									
1. Accrued retrospective premium due to ACA Risk Corridors	\$	—							
<b>Liabilities</b>									
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	—							
<b>Operations (Revenue &amp; Expense)</b>									
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		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program										
1) Premium adjustments receivable	\$ 8,869,145	\$ —	\$ 32,083,950	\$ —	\$ (23,214,800)	\$ —	\$ 23,242,024	\$ —	\$ 27,219	\$ —
2) Premium adjustments (payable)	—	—	—	—	—	—	—	—	—	—
3) Subtotal ACA Permanent Risk Adjustment Program	\$ 8,869,145	\$ —	\$ 32,083,950	\$ —	\$ (23,214,800)	\$ —	\$ 23,242,024	\$ —	\$ 27,219	\$ —
b) Transitional ACA Reinsurance Program										
1) Amounts recoverable for claims paid	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2) Amounts recoverable for claims unpaid (contra liability)	—	—	—	—	—	—	—	—	—	—
3) Amounts receivable relating to uninsured plans	—	—	—	—	—	—	—	—	—	—
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 plans	—	—	—	—	—	—	—	—	—	—
7) Subtotal ACA Transitional Reinsurance Program	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
c) Temporary ACA Risk Corridors Program										
1) Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2) Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—	—
3) Subtotal ACA Risk Corridors Program	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
d. Total for ACA Risk Sharing Provisions	\$ 8,869,145	\$ —	\$ 32,083,950	\$ —	\$ (23,214,800)	\$ —	\$ 23,242,024	\$ —	\$ 27,219	\$ —

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

**4) Rollforward of Risk Corridors Asset and Liability Balances by Program Benefit Year:**

				Differences		Adjustments		Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col. 1-3+7)
1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program									
a. 2014									
1 Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2 Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—
b. 2015									
1 Accrued retrospective premium	—	—	—	—	—	—	—	—	—
2 Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—
c. 2016									
1 Accrued retrospective premium	—	—	—	—	—	—	—	—	—
2 Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—
d. Total for Risk Corridors	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

**5) ACA Risk Corridors Receivable as of Reporting Date:**

	1	2	3	4	5	6
ACA Risk Corridor Receivable	Estimated Amount to be filed/final amount filed with CMS	Nonaccrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
2014 Benefit Year	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2015 Benefit Year	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2016 Benefit Year	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

**25. Change in Incurred Claims and Claim Adjustment Expenses**

A. Reserves for unpaid claims as of December 31, 2022 were \$422,583,318. As of December 31, 2023, \$323,564,123 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$28,297,683 as a result of re-estimation of unpaid claims. Therefore, there has been \$70,721,512 favorable prior-year development since December 31, 2022. The increase or 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. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

**26. Intercompany Pooling Arrangements**

The Company did not have any intercompany pooling arrangements.

**27. Structured Settlements**

The Company did not have any structured settlements.

**28. Health Care Receivables**

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2023, were \$19,691,479, of which \$4,239,766 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

Quarter Ending	Estimated Rebates	Rebates Invoiced	Collected Within		
			90 days of Invoicing	91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
12/31/2023	\$ 21,725,042	\$ 21,507,361	\$ 7,156,024	\$ —	\$ —
9/30/2023	21,015,607.00	21,040,165	19,938,424	\$ —	\$ —
6/30/2023	20,950,673.00	21,126,644	19,715,933	\$ —	\$ —
3/31/2023	19,332,479.00	19,683,586	18,313,800	217,526	228,062
12/31/2022	17,192,846.00	17,299,296	5,302,763	10,965,969	1,257,888

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

9/30/2022	17,358,829	17,567,352	5,125,605	11,071,944	1,230,204
6/30/2022	16,721,522	16,741,187	4,958,897	13,881,897	(2,104,003)
3/31/2022	14,724,877	15,080,807	4,434,934	9,962,903	860,160
12/31/2021	13,191,879	14,539,192	4,234,613	8,982,384	847,956
9/30/2021	10,997,879	13,574,254	3,868,370	8,721,203	779,985
6/30/2021	9,346,213	12,020,920	3,579,556	7,891,646	748,376
3/31/2021	9,164,286	12,232,789	4,086,700	7,016,011	15,087

The Company did not have any risk sharing receivables billed, received and accrued for three years.

**29. Participating Policies**

The Company had no participating policies.

**30. Premium Deficiency Reserves**

The following table summarizes the Company's premium deficiency reserves at December 31, 2023:

1. Liability carried for premium deficiency reserves -	\$ 6,316,450
2. Date of most recent evaluation of this liability -	January 31, 2024
3. Was anticipated investment income utilized in the calculation?	No

**31. Anticipated Salvage and Subrogation**

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$5,153,000.

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## 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 [  ] 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 [  ] No [  ] N/A [  ]

1.3 State Regulating? Ohio..... Yes [  ] No [  ]

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [  ] No [  ]  
0001071739.....

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.

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 [  ]  
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. ..... 12/31/2022

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). ..... 04/30/2019

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 [  ]  
Yes [  ] No [  ] N/A [  ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] No [  ] N/A [  ]

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 [  ]  
4.12 renewals? Yes [  ] No [  ]

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 [  ]  
4.22 renewals? Yes [  ] No [  ]  
Yes [  ] No [  ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [  ] No [  ]  
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 [  ]  
6.2 If yes, give full information ..... Yes [  ] No [  ]  
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [  ] No [  ]  
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
.....	.....
.....	.....
.....	.....
.....	.....

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 [  ]  
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 [  ]  
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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 depository institution holding company? Yes [  ] No [  ]  
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 [  ] 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 [  ]  
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 [  ]

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**  
**GENERAL INTERROGATORIES**  
**PART 1 - COMMON INTERROGATORIES**

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?  
 Mojisola Escho, 7700 Forsyth Blvd, St. Louis, MO 63105.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ X ] No [ ]  
 Health Plan Real Estate Holding, Inc.....  
 12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved ..... 3  
 12.13 Total book/adjusted carrying value \$ ..... 11,291,741

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 [ X ] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 On May 10, 2023 and December 8, 2023 the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct which is applicable to the Company.....

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).

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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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: \$ ..... 0

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)
.....	.....

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

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 [  ] No [  ]

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. \$.....

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

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 [  ]

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

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 [  ]

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 [  ] 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	\$..... 400,600
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 [  ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [  ] No [  ] N/A [  ]  
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 [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
27.42 Permitted accounting practice	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
27.43 Other accounting guidance	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]

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 [  ]

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 [  ] 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
Northern Trust.....	333 South Wabash, 42nd Floor, Chicago, IL 60604.....
US Bank Trust.....	555 S. W. OAK STREET, PORTLAND, OR 97204.....
Wells Fargo Advisors.....	One Metropolitan Square, 211 North Broadway, Suite 2080, St Louis, MO 63102.....

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 [  ]

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

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

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
Allspring Global Investments.....	U
BW Investment Advisors, Inc.....	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 [  ] 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 [  ] 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.....	Allspring Global Investments.....	549300B3H21002L85190.....	SEC.....	
168297.....	BW Investment Advisors, Inc.....	2549001S2A2A9D406F78.....	SEC.....	
104487.....	Brown Brothers Harriman.....	5493006KMX1VFTPYPW14.....	FINRA.....	

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 [  ]

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
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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.....	692,721,568	680,766,807
31.2 Preferred Stocks.....	0	0
31.3 Totals.....	692,721,568	680,766,807
		(11,954,761)

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

The Company’s pricing vendor is Refinitiv Evaluated Pricing Service, provided through Clearwater. Where Refinitiv is not available, we revert to ICE Data Pricing & Reference Data, 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 [  ] 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 [  ] 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 [  ] 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 [  ]

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 [  ]

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.

Yes [  ] No [  ]

# ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

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 FEs to Schedule BA non-registered private funds that complied with the above criteria?

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:

- The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- 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.
- 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.
- 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 [  ] No [  ] NA [  ]

Yes [  ] No [  ]

38.1 Does the reporting entity directly hold cryptocurrencies?

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

Yes [  ] No [  ]

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes [  ] No [  ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly

Yes [  ] No [  ]

39.22 Immediately converted to U.S. dollars

Yes [  ] No [  ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

### OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....15,000

40.2 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
OHIO CHAMBER OF COMMERCE.....	\$.....15,000

41.1 Amount of payments for legal expenses, if any? \$ .....201,576

41.2 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
WILLIAMS & CONNOLLY, LLP.....	\$.....73,792
HUSCH BLACKWELL LLP .....	\$.....70,467

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....0

42.2 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 Current Year	2 Prior Year
2.1	Premium Numerator	\$ ..... 3,561,733,780	\$ ..... 4,318,019,321
2.2	Premium Denominator	\$ ..... 3,561,733,780	\$ ..... 4,318,019,321
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ ..... 552,924,460	\$ ..... 445,377,738
2.5	Reserve Denominator	\$ ..... 552,924,460	\$ ..... 445,377,738
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	\$ .....
	5.32	Medical Only	\$ ..... 4,600,000
	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:		
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	..... 64,814
	8.2	Number of providers at end of reporting year	..... 71,956
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 [  ] No [  ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....43,261,326
10.22 Amount actually paid for year bonuses	\$.....29,055,380
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
11.13 An Individual Practice Association (IPA), or,	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
11.14 A Mixed Model (combination of above) ?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation

Ohio Statute: 1751.28

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.....	
COSHOCOTON.....	
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:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

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 .....

*Ordinary Life Insurance Includes	
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 [ ]

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**FIVE - YEAR HISTORICAL DATA**

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	1,203,763,560	1,151,197,795	1,003,567,519	783,941,657	645,334,097
2. Total liabilities (Page 3, Line 24)	665,935,601	632,942,484	619,632,798	434,449,805	305,984,848
3. Statutory minimum capital and surplus requirement	1,700,000	2,500,000	1,700,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	537,827,959	518,255,311	383,934,721	349,491,852	339,349,249
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	3,561,733,780	4,318,019,321	4,009,677,537	3,386,710,972	2,731,958,968
6. Total medical and hospital expenses (Line 18)	2,977,667,436	3,641,501,069	3,515,935,606	2,853,671,574	2,300,916,031
7. Claims adjustment expenses (Line 20)	32,779,728	28,080,131	30,434,332	33,483,707	33,640,241
8. Total administrative expenses (Line 21)	417,968,097	478,383,231	420,577,335	436,310,450	323,202,401
9. Net underwriting gain (loss) (Line 24)	127,002,069	175,339,837	37,445,317	63,245,241	75,610,467
10. Net investment gain (loss) (Line 27)	40,552,585	17,823,870	11,804,193	12,703,021	12,705,170
11. Total other income (Lines 28 plus 29)	(715,675)	(1,175,860)	(660,402)	(956,953)	(517,838)
12. Net income or (loss) (Line 32)	130,049,172	152,802,687	37,260,982	49,643,344	71,696,262
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	104,006,454	191,847,758	57,440,705	122,584,731	20,497,409
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	537,827,959	518,255,311	383,934,721	349,491,852	339,349,249
15. Authorized control level risk-based capital	104,410,634	128,750,067	96,000,503	103,611,902	85,477,722
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	510,925	544,678	547,402	474,847	380,279
17. Total members months (Column 6, Line 7)	6,414,165	6,529,132	6,297,644	5,291,415	4,388,722
<b>Operating Percentage (Page 4)</b>					
(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)	83.6	84.3	87.7	84.3	84.2
20. Cost containment expenses	0.1	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.9	0.6	0.7	1.0	1.2
22. Total underwriting deductions (Line 23)	96.4	95.9	99.1	98.1	97.2
23. Total underwriting gain (loss) (Line 24)	3.6	4.1	0.9	1.9	2.8
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	351,861,806	343,903,660	259,166,696	215,168,815	198,530,265
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	422,583,318	377,181,586	321,867,192	248,508,565	218,467,667
<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)	11,291,741	10,936,458	10,591,502	10,287,774	7,015,077
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	11,291,741	10,936,458	10,591,502	10,287,774	7,015,077
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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
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	529,783,174	472,498,275	2,575,251,113				3,577,532,562	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	
59. Subtotal		XXX	529,783,174	472,498,275	2,575,251,113	0	0	0	3,577,532,562	0	
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	0	
61. Total (Direct Business)		XXX	529,783,174	472,498,275	2,575,251,113	0	0	0	3,577,532,562	0	
<b>DETAILS OF WRITE-INS</b>											
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	
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 1 4. Q – Qualified – Qualified or accredited reinsurer ..... 0  
 2. R – Registered – Non-domiciled RRGs ..... 0 5. N – None of the above – Not allowed to write business in the state ..... 56  
 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0

(b) Explanation of basis of allocation by states, premiums by states, etc.

No allocation

## ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Buckeye Community Health Plan, Inc.

## 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	W A	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
	Healthy Missouri Holding, Inc								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

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	California Health and Wellness Plan								46-0907261	CA	
	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
	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
	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
		Ambetter Health of Louisiana, Inc							92-3523808	LA	17514
		Novasys Health, Inc							27-2221367	DE	
	Centene Management Company LLC								39-1864073	WI	
		Illinois Health Practice Alliance, LLC (50%)							82-2761995	DE	
	Lifeshare Management Group, LLC								46-2798132	NH	
	Envolve Holdings, LLC								22-3889471	DE	
		Cenpatico Behavioral Health, LLC							68-0461584	CA	
		Envolve, Inc.							37-1788565	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 of Florida, Inc					65-0094759	FL	

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				Envolve Total Vision, Inc.						20-4861241	DE	
				Envolve Dental, Inc.						46-2783884	DE	
				Envolve Dental of Florida, Inc.						81-2969330	FL	
				Envolve Dental of Texas, Inc.						81-2796896	TX	16106
			Centene Pharmacy Services, Inc.							77-0578529	DE	
			MeridianRx, LLC							27-1339224	MI	
		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	
		Presonyx, Inc.								80-0856383	DE	
		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	
	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	
			MEB Ventures II, LLC							83-1570018	DE	
				BLR Properties, LLC (80%)						83-1576137	DE	
		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	

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		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	
	Centene Health Plan Holdings, Inc.								82-1172163	DE	
		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
		WellCare of Connecticut, Inc.							06-1405640	CT	95310
	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	
			Access Medical Group of Pembroke Pines, LLC						88-2251274	FL	
			Access Medical Group of Margate, LLC						88-2263310	FL	
			Access Medical Group of Riverview, LLC						88-2284518	FL	
			Access Medical Group of Kendall, LLC						92-0235557	FL	
			Access Medical Group of Lauderdale Lakes, LLC						92-0261029	FL	
	Interpreta Holdings, Inc. (80.1%)								82-4883921	DE	
		Interpreta, Inc.							46-5517858	DE	
	Next Door Neighbors, LLC								32-2434596	DE	
		Next Door Neighbors, Inc.							83-2381790	DE	

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			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
		Comprehensive Health Management, LLC						59-3547616	FL	
		WellCare Health Plans, Inc.						83-4405939	DE	
		WCG Health Management, Inc.						04-3669698	DE	
			The WellCare Management Group, Inc.					14-1647239	NY	
			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.					84-3731013	NV	
			WellCare Health Insurance of the Southwest, Inc.					84-3739752	AZ	16692
			WellCare of Georgia, Inc.					20-2103320	GA	10760
			WellCare of Texas, Inc.					20-8058761	TX	12964
			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
			Rhythm Health Tennessee, Inc.					45-5154364	TN	16533
			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	

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				America's 1st Choice California Holdings, LLC				45-3236788	FL	
				WellCare of California, Inc.				20-5327501	CA	
				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	W A	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 Plan, Inc.				36-4050495	IL	11229
				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	W A	16570
				WellCare of North Carolina, Inc.				82-5488080	NC	16547
				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
				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	

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						American Progressive Life and Health Insurance Company of New York	13-1851754	NY	80624
						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	
	QCA Healthplan, Inc.						71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company						71-0386640	AR	70998
	District Community Care Inc.						84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC						86-2318658	OK	
	Oklahoma Complete Health Inc.						81-3121527	OK	16904
	RI Health & Wellness, Inc.						86-2694770	RI	
	Delaware First Health, Inc.						88-3410060	DE	
	Delaware First Health Complete, Inc.						88-4145615	DE	
	Magellan Health, Inc						58-1076937	DE	
	Magellan Pharmacy Services, Inc.						47-5588795	DE	
		Magellan Behavioral Health of New Jersey, LLC					52-2310906	NJ	12632
		Magellan Health Services of California, Inc. - Employer Services					95-2868243	CA	
	Magellan Healthcare, Inc.						52-2135463	DE	
		Human Affairs International of California					93-0999350	CA	
		Magellan Complete Care of Louisiana, Inc.					46-4188169	LA	15550
		Magellan Behavioral Health of Florida, Inc.					20-1919978	FL	
		Magellan Health Services of Arizona, Inc.					20-1728452	AZ	
		Magellan Health Services of New Mexico, Inc.					85-0420095	NM	
		Magellan of Idaho, LLC					85-4065417	ID	
		Magellan Complete Care of Pennsylvania, Inc.					46-4457706	PA	15924
		Magellan Life Insurance Company					57-0724249	DE	97292
		Merit Behavioral Care Corporation					22-3236927	DE	
		Magellan Behavioral Care of Iowa, Inc.					22-3341850	IA	
		Magellan Providers of Texas, Inc.					76-0513383	TX	
		Magellan Behavioral Health of Pennsylvania, Inc.					23-2759528	PA	47019
		Magellan Behavioral of Michigan, Inc.					52-1946167	MI	

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			Magellan of Maryland, LLC						92-0642038	MD	
	Magnolia Joint Venture Holding Company, Inc.								92-0679069	DE	