



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2024
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 120 (Street and Number) , Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard (Street and Number)
St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code) 314-725-4477 (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard (Street and Number or P.O. Box) , St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard (Street and Number)
St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code) 314-725-4477 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.bchphio.com

Statutory Statement Contact Michael Wasik (Name) , 813-206-2725 (Area Code) (Telephone Number) (Extension)
michael.wasik@centene.com (E-Mail Address) 813-675-2899 (Fax Number)

OFFICERS

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

OTHER OFFICERS

Tricia Lynn Dinkelman	Vice President of Tax	Dr. Bradley Lucas	Chief Medical Officer
Lori S Campbell	Vice President Quality Improvement	Lori Jean Mulichak, RN	Sr. Vice President, PHCO
Daisy R Sinha	Vice President of Operations	Andrew Joseph Reitz	Vice President of Compliance
	Sr. VP, Government Relations & Marketing	Natalie A Lukaszewicz	Vice President Network Development & Contracting
Eric Allan Poklar	Vice President of Pharmacy	John Gottlieb Willy Scherler	Chief Operating Officer
Kevin Rhoades R. Ph. Pharm D			

DIRECTORS OR TRUSTEES

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.	Steven Bradley Province
Joel Benjamin Samson, #			

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

Steven Bradley Province President and CEO Holly Mayer Treasurer and CFO Joel Benjamin Samson Secretary

Subscribed and sworn to before me this day of ,

- 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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	624,208,807		624,208,807	645,236,152
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	11,725,659		11,725,659	11,291,741
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 (\$165,122,822 , Schedule E-Part 1), cash equivalents (\$109,126,197 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	274,249,019		274,249,019	157,237,325
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	5,798,759	0	5,798,759	8,230,207
9. Receivables for securities	360,000		360,000	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)	916,342,244	0	916,342,244	821,995,425
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	6,367,158		6,367,158	6,815,288
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	126,263,780	0	126,263,780	270,698,823
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 (\$130,704,171) and contracts subject to redetermination (\$)	130,704,171		130,704,171	43,993,058
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,376,331		2,376,331	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	19,512,396		19,512,396	20,192,688
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	12,027,124		12,027,124	6,245,162
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	272,790		272,790	15,065,676
24. Health care (\$29,591,784) and other amounts receivable.....	50,706,156	21,114,372	29,591,784	18,757,440
25. Aggregate write-ins for other-than-invested assets	9,886,219	479,360	9,406,858	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	1,274,458,369	21,593,732	1,252,864,637	1,203,763,560
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	1,274,458,369	21,593,732	1,252,864,637	1,203,763,560
DETAILS OF WRITE-INS				
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. Cost sharing reduction receivable.....	9,406,858		9,406,858	0
2502. Prepays.....	479,360	479,360	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)	9,886,219	479,360	9,406,858	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$3,336,395 reinsurance ceded)	415,714,835		415,714,835	403,801,685
2. Accrued medical incentive pool and bonus amounts	46,935,753		46,935,753	43,261,326
3. Unpaid claims adjustment expenses	3,788,878		3,788,878	4,157,452
4. Aggregate health policy reserves, including the liability of \$51,712,727 for medical loss ratio rebate per the Public Health Service Act.....	175,083,403		175,083,403	105,861,449
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	9,704,939		9,704,939	7,265,920
9. General expenses due or accrued	71,160,677		71,160,677	62,053,703
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....	7,798,516		7,798,516	17,435,165
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	526,852
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	42,510,100		42,510,100	4,684,081
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	8,456,039		8,456,039	8,999,305
23. Aggregate write-ins for other liabilities (including \$ current)	7,370,762	0	7,370,762	7,888,663
24. Total liabilities (Lines 1 to 23).....	788,523,902	0	788,523,902	665,935,601
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	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	334,190,735	407,677,959
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	464,340,735	537,827,959
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,252,864,637	1,203,763,560
DETAILS OF WRITE-INS				
2301. Hospital Assessment Payable.....	6,054,337		6,054,337	4,767,072
2302. State income tax payable.....	1,267,891		1,267,891	3,092,820
2303. Unclaimed property.....	48,534		48,534	28,771
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)	7,370,762	0	7,370,762	7,888,663
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

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	5,673,670	6,414,165
2. Net premium income (including \$0 non-health premium income).....	XXX	3,631,470,741	3,561,733,780
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	3,631,470,741	3,561,733,780
Hospital and Medical:			
9. Hospital/medical benefits		2,595,332,334	2,469,317,239
10. Other professional services		246,704,913	216,584,082
11. Outside referrals			0
12. Emergency room and out-of-area		173,585,082	171,628,439
13. Prescription drugs		130,848,875	112,090,063
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		28,376,717	20,659,925
16. Subtotal (Lines 9 to 15)	0	3,174,847,921	2,990,279,748
Less:			
17. Net reinsurance recoveries		23,696,645	12,612,312
18. Total hospital and medical (Lines 16 minus 17)	0	3,151,151,276	2,977,667,436
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$1,874,911 cost containment expenses.....		31,248,523	32,779,728
21. General administrative expenses.....		390,886,307	417,968,097
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		21,660,379	6,316,450
23. Total underwriting deductions (Lines 18 through 22)	0	3,594,946,485	3,434,731,711
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	36,524,256	127,002,069
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		37,466,881	40,811,863
26. Net realized capital gains (losses) less capital gains tax of \$(36,074)		(135,709)	(259,278)
27. Net investment gains (losses) (Lines 25 plus 26)	0	37,331,172	40,552,585
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$1,002,569)]		(1,002,569)	(715,675)
29. Aggregate write-ins for other income or expenses	0	5,149,045	0
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	78,001,904	166,838,979
31. Federal and foreign income taxes incurred	XXX	20,206,446	36,789,807
32. Net income (loss) (Lines 30 minus 31)	XXX	57,795,458	130,049,172
DETAILS OF WRITE-INS			
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.			0
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	0
2901. Fines and penalties.....		4,607,370	0
2902. Miscellaneous income - litigation settlement.....		541,675	
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	5,149,045	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	537,827,959	518,255,311
34. Net income or (loss) from Line 32	57,795,458	130,049,172
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$(72,992)	159,326	1,285,102
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	5,506,243	(1,129,019)
39. Change in nonadmitted assets	(6,948,251)	14,367,393
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
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		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
46. Dividends to stockholders	(130,000,000)	(125,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(73,487,224)	19,572,648
49. Capital and surplus end of reporting year (Line 33 plus 48)	464,340,735	537,827,959
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		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

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		3,738,668,415	3,479,319,691
2. Net investment income		38,030,903	39,393,235
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		3,776,699,318	3,518,712,926
5. Benefit and loss related payments		3,166,874,816	2,939,151,374
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		409,112,927	441,647,576
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		29,807,020	33,907,522
10. Total (Lines 5 through 9)		3,605,794,763	3,414,706,472
11. Net cash from operations (Line 4 minus Line 10)		170,904,555	104,006,454
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		84,398,063	97,925,191
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	1,799,820
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	533
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		86,197,883	99,725,544
13. Cost of investments acquired (long-term only):			
13.1 Bonds		63,373,324	235,271,684
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		1,031	295,591
13.6 Miscellaneous applications		360,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		63,734,355	235,567,275
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)		22,463,528	(135,841,731)
Cash from Financing and Miscellaneous Sources			
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		130,000,000	125,000,000
16.6 Other cash provided (applied)		53,643,611	(94,721,273)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(76,356,389)	(219,721,273)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		117,011,694	(251,556,550)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		157,237,325	408,793,875
19.2 End of year (Line 18 plus Line 19.1)		274,249,019	157,237,325

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	3,631,470,741	696,804,514	0	0	0	0	0	442,288,280	2,492,377,947	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	3,631,470,741	696,804,514	0	0	0	0	0	442,288,280	2,492,377,947	0	0	0	0	0
8. Hospital/medical benefits	2,595,332,334	326,557,274						320,529,505	1,948,245,555					XXX
9. Other professional services	246,704,913	2,589,154						7,201,939	236,913,820					XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	173,585,082	22,438,883						15,441,092	135,705,107					XXX
12. Prescription drugs	130,848,875	97,038,225						33,794,849	15,801					XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	28,376,717	1,018,774						7,896,152	19,461,791					XXX
15. Subtotal (Lines 8 to 14)	3,174,847,921	449,642,310	0	0	0	0	0	384,863,537	2,340,342,074	0	0	0	0	XXX
16. Net reinsurance recoveries	23,696,645								23,696,645					XXX
17. Total hospital and medical (Lines 15 minus 16)	3,151,151,276	449,642,310	0	0	0	0	0	384,863,537	2,316,645,429	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$1,874,911 cost containment expenses.....	31,248,523	4,121,066						3,610,966	23,516,491					
20. General administrative expenses	390,886,307	85,470,971						38,886,185	266,529,151					
21. Increase in reserves for accident and health contracts	21,660,379							16,499,391	5,160,988					XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	3,594,946,485	539,234,347	0	0	0	0	0	443,860,079	2,611,852,059	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	36,524,256	157,570,167	0	0	0	0	0	(1,571,799)	(119,474,112)	0	0	0	0	0
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

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 .....	.696,804,514			.696,804,514
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			.0
7. Title XVIII - Medicare .....	.443,492,606		1,204,326	.442,288,280
8. Title XIX – Medicaid	2,505,901,657		13,523,710	2,492,377,947
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)	3,646,198,777	.0	14,728,036	3,631,470,741
14. Life .....	.0			.0
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	3,646,198,777	0	14,728,036	3,631,470,741

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	3,157,496,255	446,406,852						385,801,174	2,325,288,229					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	21,472,319			0					21,472,319					
1.4 Net	3,136,023,936	446,406,852	0	0	0	0	0	385,801,174	2,303,815,910	0	0	0	0	0
2. Paid medical incentive pools and bonuses	24,702,290	985,069						7,570,738	16,146,483					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	419,051,230	81,588,360	0	0	0	0	0	52,256,405	285,206,465	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	3,336,395	0	0	0	0	0	0	0	3,336,395	0	0	0	0	0
3.4 Net	415,714,835	81,588,360	0	0	0	0	0	52,256,405	281,870,070	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	46,935,755	414,129						4,960,742	41,560,884					
6. Net healthcare receivables (a).....	22,786,196	7,618,072						4,013,017	11,155,107					
7. Amounts recoverable from reinsurers December 31, current year	2,376,331								2,376,331					
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	407,290,085	71,753,603	0	0	0	0	0	57,077,177	278,459,305	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	3,488,400	0	0	0	0	0	0	0	3,488,400	0	0	0	0	0
8.4 Net	403,801,685	71,753,603	0	0	0	0	0	57,077,177	274,970,905	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.....	43,261,328	380,424	0	0	0	0	0	4,635,328	38,245,576	0	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	3,146,471,204	448,623,537	0	0	0	0	0	376,967,385	2,320,880,282	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	23,696,645	0	0	0	0	0	0	0	23,696,645	0	0	0	0	0
12.4 Net	3,122,774,559	448,623,537	0	0	0	0	0	376,967,385	2,297,183,637	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	28,376,717	1,018,774	0	0	0	0	0	7,896,152	19,461,791	0	0	0	0	0

(a) Excludes \$766,931 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1. Direct	102,505,086	33,233,560						9,254,745	60,016,781					
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net	102,505,086	33,233,560	.0	.0	.0	.0	.0	9,254,745	60,016,781	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct	316,546,144	48,354,800						43,001,660	225,189,684					
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded	3,336,395								3,336,395					
2.4. Net	313,209,749	48,354,800	.0	.0	.0	.0	.0	43,001,660	221,853,289	.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	419,051,230	81,588,360	.0	.0	.0	.0	.0	52,256,405	285,206,465	.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	3,336,395	.0	.0	.0	.0	.0	.0	.0	3,336,395	.0	.0	.0	.0	.0
4.4. Net	415,714,835	81,588,360	0	0	0	0	0	52,256,405	281,870,070	0	0	0	0	0

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	70,131,789	387,830,235	16,973,467	64,614,893	87,105,256	71,753,603
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	47,377,849	351,088,973	1,651,905	50,604,500	49,029,754	57,077,177
8. Title XIX - Medicaid	228,245,075	2,076,126,714	13,157,891	268,712,179	241,402,966	274,970,905
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)	345,754,713	2,815,045,922	31,783,263	383,931,572	377,537,976	403,801,685
14. Healthcare receivables (a)		49,939,226			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts	13,509,158	11,193,132	18,455,542	28,480,211	31,964,700	43,261,326
17. Totals (Lines 13-14+15+16)	359,263,871	2,776,299,828	50,238,805	412,411,783	409,502,676	447,063,011

(a) Excludes \$ 766,931 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	18,947	20,456	20,456	20,456	19,199
2. 2020	168,810	193,866	164,299	164,299	164,299
3. 2021	XXX	278,929	349,179	351,423	351,423
4. 2022	XXX	XXX	253,160	279,183	280,840
5. 2023	XXX	XXX	XXX	324,511	393,342
6. 2024	XXX	XXX	XXX	XXX	369,285

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	20,050	20,456	20,456	20,456	19,199
2. 2020	192,808	195,597	164,299	164,299	164,299
3. 2021	XXX	326,735	350,482	351,423	351,423
4. 2022	XXX	XXX	284,445	282,960	280,840
5. 2023	XXX	XXX	XXX	392,868	410,395
6. 2024	XXX	XXX	XXX	XXX	434,235

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. 2020.....	237,886	164,299	3,002	1.8	167,301	70.3	.0	.0	167,301	70.3
2. 2021.....	331,219	351,423	1,907	0.5	353,331	106.7	.0	.0	353,331	106.7
3. 2022.....	354,605	280,840	(548)	(0.2)	280,292	79.0	.0	.0	280,292	79.0
4. 2023.....	529,783	393,342	2,119	0.5	395,462	74.6	17,053	.60	412,574	77.9
5. 2024	696,805	369,285	4,143	1.1	373,428	53.6	64,950	541	438,918	63.0

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 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.33,825	.33,224	.33,224	.33,224	.31,793
2. 2020	264,067	306,526	305,779	305,779	305,779
3. 2021	XXX	303,163	340,450	243,141	243,141
4. 2022	XXX	XXX	363,232	515,067	425,092
5. 2023	XXX	XXX	XXX	355,093	496,656
6. 2024	XXX	XXX	XXX	XXX	337,772

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior .....	.34,233	.33,224	.33,224	.33,224	.31,973
2. 2020	314,420	308,103	305,779	305,779	305,779
3. 2021	XXX	346,949	340,727	243,141	243,141
4. 2022	XXX	XXX	435,459	519,765	425,092
5. 2023	XXX	XXX	XXX	412,108	499,492
6. 2024	XXX	XXX	XXX	XXX	392,153

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. 2020.....	352,849	305,779	5,352	1.8	311,131	88.2	.0	.0	311,131	88.2
2. 2021.....	380,270	243,141	1,985	.8	245,126	64.5	.0	.0	245,126	64.5
3. 2022.....	503,092	425,092	2,552	.6	427,644	85.0	.0	.0	427,644	85.0
4. 2023.....	472,498	496,656	.932	.2	497,588	105.3	2,836	.49	500,473	105.9
5. 2024	442,288	337,772	3,968	1.2	341,740	77.3	54,381	437	396,558	89.7

ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	313,855	312,287	312,287	312,287	158,125
2. 2020	2,138,150	2,322,128	2,166,596	2,166,596	2,166,596
3. 2021	XXX	2,627,694	3,028,674	3,030,947	3,030,947
4. 2022	XXX	XXX	2,656,945	2,895,443	2,895,125
5. 2023	XXX	XXX	XXX	1,950,019	2,187,525
6. 2024	XXX	XXX	XXX	XXX	2,069,243

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	318,226	312,287	312,287	312,287	158,125
2. 2020	2,379,784	2,327,152	2,166,596	2,166,596	2,166,596
3. 2021	XXX	2,904,952	3,048,327	3,030,947	3,030,947
4. 2022	XXX	XXX	2,954,784	2,915,266	2,895,125
5. 2023	XXX	XXX	XXX	2,243,413	2,217,875
6. 2024	XXX	XXX	XXX	XXX	2,362,324

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. 2020.....	2,807,595	2,166,596	25,813	1.2	2,192,409	78.1	.0	.0	2,192,409	78.1
2. 2021.....	3,297,145	3,030,947	12,229	.4	3,043,177	92.3	.0	.0	3,043,177	92.3
3. 2022.....	3,476,884	2,895,125	13,466	.5	2,908,591	83.7	.0	.0	2,908,591	83.7
4. 2023.....	2,575,251	2,187,525	14,860	.7	2,202,385	85.5	30,350	270	2,233,005	86.7
5. 2024	2,492,378	2,069,243	23,506	1.1	2,092,750	84.0	293,081	2,432	2,388,263	95.8

ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	366,627	365,968	365,968	365,968	209,117
2. 2020.....	2,571,026	2,822,521	2,636,675	2,636,675	2,636,675
3. 2021.....	XXX	3,209,786	3,718,303	3,625,512	3,625,512
4. 2022.....	XXX	XXX	3,273,338	3,689,693	3,601,057
5. 2023.....	XXX	XXX	XXX	2,629,624	3,077,523
6. 2024.....	XXX	XXX	XXX	XXX	2,776,300

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	372,509	365,968	365,968	365,968	209,297
2. 2020.....	2,887,011	2,830,852	2,636,675	2,636,675	2,636,675
3. 2021.....	XXX	3,578,636	3,739,536	3,625,512	3,625,512
4. 2022.....	XXX	XXX	3,674,688	3,717,991	3,601,057
5. 2023.....	XXX	XXX	XXX	3,048,389	3,127,762
6. 2024.....	XXX	XXX	XXX	XXX	3,188,712

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	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. 2020.....	3,398,330	2,636,675	34,166	1.3	2,670,841	78.6	0	0	2,670,841	78.6
2. 2021.....	4,008,634	3,625,512	16,121	0.4	3,641,633	90.8	0	0	3,641,633	90.8
3. 2022.....	4,334,581	3,601,057	15,469	0.4	3,616,527	83.4	0	0	3,616,527	83.4
4. 2023.....	3,577,533	3,077,523	17,912	0.6	3,095,435	86.5	50,239	379	3,146,053	87.9
5. 2024.....	3,631,471	2,776,300	31,617	1.1	2,807,917	77.3	412,412	3,410	3,223,739	88.8

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 2024 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	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a)	27,976,829							22,815,841	5,160,988				
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	147,106,574	55,618,477						65,862,319	25,625,778				
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	175,083,403	55,618,477	.0	.0	.0	.0	.0	88,678,160	30,786,766	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	175,083,403	55,618,477	0	0	0	0	0	88,678,160	30,786,766	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	.0
12. Totals (gross) .....	.0	.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	0
DETAILS OF WRITE-INS													
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	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	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	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$27,976,829 premium deficiency reserve.

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)	17,993	281,892	1,643,048		1,942,933
2. Salaries, wages and other benefits	1,035,601	16,224,420	99,032,926		116,292,947
3. Commissions (less \$ceded plus \$assumed)	0	0	28,663,886		28,663,886
4. Legal fees and expenses	3,336	52,267	1,502,053		1,557,656
5. Certifications and accreditation fees	1,151	18,037	105,130		124,318
6. Auditing, actuarial and other consulting services	131,084	2,053,643	15,219,156		17,403,883
7. Traveling expenses	9,816	153,786	896,367		1,059,969
8. Marketing and advertising	40,155	629,100	6,406,919		7,076,174
9. Postage, express and telephone	25,565	400,520	2,880,960		3,307,045
10. Printing and office supplies	28,071	439,758	3,956,208		4,424,037
11. Occupancy, depreciation and amortization	94,778	1,484,857	8,654,947		10,234,582
12. Equipment	2,433	38,113	222,150		262,696
13. Cost or depreciation of EDP equipment and software	129,944	2,035,793	12,640,832		14,806,569
14. Outsourced services including EDP, claims, and other services	271,893	4,259,658	27,170,507		31,702,058
15. Boards, bureaus and association fees	0	0	0		0
16. Insurance, except on real estate	3,617	56,667	336,445		396,729
17. Collection and bank service charges	8,619	135,033	1,004,177		1,147,829
18. Group service and administration fees	0	0	0		0
19. Reimbursements by uninsured plans	0	0	0		0
20. Reimbursements from fiscal intermediaries	0	0	0		0
21. Real estate expenses	4,088	64,045	375,508		443,641
22. Real estate taxes	2,422	37,946	221,175		261,543
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	2,907,971		2,907,971
23.2 State premium taxes	0	0	157,745,443		157,745,443
23.3 Regulatory authority licenses and fees	2,158	33,814	13,621,844		13,657,816
23.4 Payroll taxes	60,945	954,798	5,565,199		6,580,942
23.5 Other (excluding federal income and real estate taxes)	1,242	19,465	113,456		134,163
24. Investment expenses not included elsewhere	0	0	0	458,204	458,204
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	1,874,911	29,373,612	390,886,307	458,204	(a) .....422,593,034
27. Less expenses unpaid December 31, current year		3,788,878	71,160,677		74,949,555
28. Add expenses unpaid December 31, prior year	0	4,157,452	62,053,703	0	66,211,155
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)	1,874,911	29,742,186	381,779,333	458,204	413,854,634
DETAILS OF WRITE-INS					
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 \$301,910,849 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....355,965	.....417,470
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....27,859,934	.....27,489,401
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....0
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....9,815,304	.....10,018,214
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	38,031,202	37,925,085
11.	Investment expenses		(g).....458,204
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....458,204
17.	Net investment income (Line 10 minus Line 16)		37,466,881
DETAILS OF WRITE-INS			
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 \$1,275,108 accrual of discount less \$1,391,003 amortization of premium and less \$154,713 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 \$1,679,565 accrual of discount less \$0 amortization of premium and less \$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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	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) .....	.....(171,783)		.....(171,783)	.....285,073	
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	.....433,917	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....	.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....(632,659)	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	.....(171,783)	0	.....(171,783)	86,331	0
DETAILS OF WRITE-INS						
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	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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.....	0	202,726	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.....	21,114,372	13,170,789	(7,943,583)
25. Aggregate write-ins for other-than-invested assets	479,359	1,271,965	792,606
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	21,593,731	14,645,480	(6,948,251)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	21,593,731	14,645,480	(6,948,251)
DETAILS OF WRITE-INS			
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.....	479,359	1,271,965	792,606
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)	479,359	1,271,965	792,606

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.....	510,925	488,939	468,671	459,656	453,668	5,673,670
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	510,925	488,939	468,671	459,656	453,668	5,673,670
DETAILS OF WRITE-INS						
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 2024 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 #	2024	2023
NET INCOME					
1 Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	4	32	\$ 57,795,458	\$ 130,049,172
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 57,795,458</u>	<u>\$ 130,049,172</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	3	33	\$ 464,340,735	\$ 537,827,959
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
7 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	xxx	xxx	xxx	-	-
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 464,340,735</u>	<u>\$ 537,827,959</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

The Company uses the following accounting policies:

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.
7. The Company has investments in subsidiaries, controlled or affiliated companies ("SCA") reported on an equity basis in the amount of \$11,725,659 in common stock.
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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

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 does not consider 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 ("LAE") 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.
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	\$	486,704
2.12 Months or Longer	\$	2,182,755

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

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

1.Less than 12 Months	\$	34,128,116
2.12 Months or Longer	\$	24,579,606

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 OTTI related to 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.

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, 2024.

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.

L. Restricted Assets

1. Restricted Assets (Including Pledged):

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

	(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) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
Restricted Asset Category	Restricted from Current Year	Restricted from Prior Year					
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
b. Collateral held under security lending agreements	-	-	-	-	-	0.0%	0.0%
c. Subject to repurchase agreements	-	-	-	-	-	0.0%	0.0%
d. Subject to reverse repurchase agreements	-	-	-	-	-	0.0%	0.0%
e. Subject to dollar repurchase agreements	-	-	-	-	-	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0.0%	0.0%
g. Placed under option contracts	-	-	-	-	-	0.0%	0.0%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0.0%	0.0%
i. FHLB capital stock	-	-	-	-	-	0.0%	0.0%
j. On deposit with states	396,792	400,600	(3,808)	-	396,792	0.0%	0.0%
k. On deposit with other regulatory bodies	-	-	-	-	-	0.0%	0.0%
l. Pledged as collateral to FHLB	-	-	-	-	-	0.0%	0.0%
m. Pledged as collateral not captured in other categories	-	-	-	-	-	0.0%	0.0%
n. Other restricted assets	-	-	-	-	-	0.0%	0.0%
o. Total restricted assets	\$ 396,792	\$ 400,600	\$ (3,808)	\$ -	\$ 396,792	0.0%	0.0%

(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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

NOTES TO FINANCIAL STATEMENT

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.
- S. The Company did not have any aggregate collateral loans by qualifying investment collateral.

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:

		Amount
(1)	Gross	\$ 6,367,158
(2)	Nonadmitted	\$ -
(3)	Admitted	\$ 6,367,158

- 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)	2024			2023			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTAs	\$ 12,590,623	\$ 686	\$ 12,591,309	\$ 6,601,091	\$ 299,392	\$ 6,900,483	\$ 5,989,532	\$ (298,706)	\$ 5,690,826
(b) Statutory Valuation Allowance ("SVA")									
Adjustments	-	-	-	-	-	-	\$ -	\$ -	\$ -
(c) Adjusted Gross DTAs	\$ 12,590,623	\$ 686	\$ 12,591,309	\$ 6,601,091	\$ 299,392	\$ 6,900,483	\$ 5,989,532	\$ (298,706)	\$ 5,690,826
(d) DTAs Nonadmitted	-	-	-	-	202,726	202,726	\$ -	\$ (202,726)	\$ (202,726)
(e) Subtotal Net Admitted DTAs	\$ 12,590,623	\$ 686	\$ 12,591,309	\$ 6,601,091	\$ 96,666	\$ 6,697,757	\$ 5,989,532	\$ (95,980)	\$ 5,893,552
(f) (DTLs)	493,171	71,014	564,185	355,929	96,666	452,595	\$ 137,242	\$ (25,652)	\$ 111,590
(g) Net Admitted DTAs/(DTLs)	\$ 12,097,452	\$ (70,328)	\$ 12,027,124	\$ 6,245,162	\$ -	\$ 6,245,162	\$ 5,852,290	\$ (70,328)	\$ 5,781,962
(2)									
Admission Calculation Components SSAP No. 101:									
(a) Federal Income Taxes Paid in Prior Years	\$ 12,590,623	\$ -	\$ 12,590,623	\$ 6,601,089	\$ -	\$ 6,601,089	\$ 5,989,534	\$ -	\$ 5,989,534
(b) Recoverable Through Loss Carrybacks									
(b) Adjusted Gross DTAs Expected to be Realized	-	-	-	-	-	-	-	-	-
After Application of the Threshold Limitation									
1. Adjusted Gross DTAs Expected to be	-	-	- 0	-	-	-	-	-	-
Realized Following the Balance Sheet Date									
2. Adjusted Gross DTAs Allowed per									
Limitation Threshold	XXX	XXX	67,847,042	XXX	XXX	79,737,419	XXX	XXX	(11,890,377)
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	-	686	686	2	96,666	96,668	(2)	(95,980)	(95,982)
(d) DTAs Admitted as the result of application of									
SSAP No. 101	\$ 12,590,623	\$ 686	\$ 12,591,309	\$ 6,601,091	\$ 96,666	\$ 6,697,757	\$ 5,989,532	\$ (95,980)	\$ 5,893,552

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

Information used in expected to be realized calculation.

	(3)		2024		2023	
	Authorized control level risk-based capital ratio without net DTAs		>300%		>300%	
	Adjusted capital and surplus		\$	452,313,611	\$	531,582,797

	(4)		2024		2023		Change	
	Impact of Tax-Planning Strategies		Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a)	Adjusted Gross DTAs - Amount		\$	12,590,623	\$	686	\$	299,392
	Adjusted gross DTAs - Percentage			0.0%		0.0%		0.0%
(b)	Net Admitted DTAs - Amount		\$	12,590,623	\$	686	\$	96,666
	Adjusted gross DTAs - Percentage			0.0%		0.0%		0.0%
(c)	Does the Company's tax-planning strategies include the use of reinsurance?						Yes	No

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:

	(1) Current Income Tax	2024	2023	Change
(a)	Federal	\$ 20,251,352	\$ 36,358,361	\$ (16,107,009)
(b)	Foreign	-	-	-
(c)	Subtotal	\$ 20,251,352	\$ 36,358,361	\$ (16,107,009)
(d)	Federal income tax on capital (losses)	(36,074)	(68,922)	32,848
(e)	Utilization of capital loss carry-forwards	-	-	-
(f)	Other, including prior years underaccrual\overaccrual)	(44,906)	431,446	(476,352)
(g)	Federal and foreign income taxes incurred expense	\$ 20,170,372	\$ 36,720,885	\$ (16,550,513)

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

	(2) DTAs Resulting From:	2024	2023	Change
(a)	Ordinary			
	Discounting of unpaid losses and LAE	\$ 1,399,966	\$ 1,354,352	\$ 45,614
	Unearned premiums	407,608	305,169	102,439
	Policyholder reserves	-	-	-
	Investments	-	-	-
	Deferred acquisition costs	-	-	-
	Policyholder dividends accrued	-	-	-
	Fixed assets	-	-	-
	Accrued Expenses	373,231	582,136	(208,905)
	Pension accruals	-	-	-
	Nonadmitted assets	4,534,684	3,032,979	1,501,705
	Net operating loss carryforward	-	-	-
	Tax credit carryforward	-	-	-
	Goodwill and intangible amortization	-	-	-
	Premium deficiency reserve	5,875,134	1,326,455	4,548,679
	Other	-	-	-
	Gross Ordinary DTAs	\$ 12,590,623	\$ 6,601,091	\$ 5,989,532
(b)	SVA adjustments - Ordinary (-)	-	-	-
(c)	Nonadmitted Ordinary DTAs (-)	-	-	-
(d)	Admitted Ordinary DTAs	\$ 12,590,623	\$ 6,601,091	\$ 5,989,532
(e)	Capital			
	Investments	\$ 686	\$ 299,392	\$ (298,706)
	Net capital loss carryforward	-	-	-
	Real estate	-	-	-
	Unrealized capital losses	-	-	-
	Other	-	-	-
	Gross Capital DTAs	\$ 686	\$ 299,392	\$ (298,706)
(f)	SVA adjustments - Capital (-)	-	-	-
(g)	Nonadmitted Capital DTAs (-)	-	202,726	(202,726)
(h)	Admitted Capital DTAs	\$ 686	\$ 96,666	\$ (95,980)
(i)	Admitted DTAs	\$ 12,591,309	\$ 6,697,757	\$ 5,893,552

DTLs resulting from book/tax differences in:

	(3) (DTLs) Resulting From:	2024	2023	Change
(a)	Ordinary			
	Investments	\$ 463,862	\$ 297,308	166,554
	Fixed assets	-	-	-
	Deferred and uncollected premiums	-	-	-
	Policyholder reserves/salvage and subrogation	29,309	58,619	(29,310)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

Other	-	2	(2)
Ordinary (DTLs)	\$ 493,171	\$ 355,929	\$ 137,242
(b) Capital			
Investments	47,341	-	47,341
Real estate	-	-	-
Unrealized capital gains	23,673	96,666	(72,993)
Other	-	-	-
Capital (DTLs)	\$ 71,014	\$ 96,666	\$ (25,652)
(c) (DTLs)	\$ 564,185	\$ 452,595	\$ 111,590
(4) Net DTAs	\$ 12,027,124	\$ 6,245,162	\$ 5,781,962

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:

	2024
Income Before Taxes	\$ 16,372,824
Tax-Exempt Interest	(500,813)
Proration	125,203
Meals & Entertainment, Nondeductible Expenses, Etc.	337
Deferred Taxes on Nonadmitted Assets	(1,501,705)
Other, Including Prior Year True-Up	168,283
Total Statutory Income Taxes	\$ 14,664,129

	2024
Federal Income Taxes Incurred Expense/(Benefit)	\$ 20,206,446
Tax on Capital Gains/(Losses)	(36,074)
Change in Net Deferred Income Tax Charge/(Benefit)	(5,506,243)
Total Statutory Income Taxes	\$ 14,664,129

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

- 1. At December 31, 2024, 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:

Year:	Ordinary	Capital	Total
2022	N/A	\$316,367	\$316,367
2023	36,076,2490	-	36,076,249
2024	20,215,2780	-	20,215,278

- 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 Centene or receive from Centene 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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

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.

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") whereby the Company paid CMC for its actual costs incurred. 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. In addition, under the agreement, the Company also pays other direct costs associated with the business not covered by the management services agreement.

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, 2024 and 2023 are as follows:

Affiliate	Expense 2024	Expense 2023	Amount due from (to) 2024	Amount due from (to) 2023	Services Provided
CMC	301,910,849	287,859,114	(12,651,567)	5,355,759	General management services
Envolve Dental, Inc.	85,301,513	48,567,962	(1,632,346)	2,328,415	Managed dental services (1)
Envolve Vision, Inc.	8,145,227	8,551,918	(528,299)	(624,568)	Managed vision services (1)
Centene Pharmacy Services, Inc.	4,966,407	15,866,003	299,177	7,381,502	Pharmacy support services (3)
Buckeye Health Plan Community Solutions, Inc.	-	-	(29,858,533)	(4,684,081)	Affiliated claims (4)
National Imaging Association, Inc.	-	158,781	-	-	Radiology services
AcariaHealth Pharmacy, Inc.	5,788	-	-	-	Home infusion services
Bankers Reserve Life Insurance Company of Wisconsin	(8,968,609)	(3,186,346)	2,376,331	(526,852)	Reinsurance (2)

- (1) Amounts due to affiliates reflected in unpaid claims.
- (2) Amounts due from affiliates is reflected in amounts recoverable from reinsurers. Amounts due to affiliates is reflected in reinsurance payable.
- (3) A portion of amounts due from affiliates is reflected in healthcare receivables.
- (4) At December 31, 2024 and 2023, the Company reported a payable balance of \$29,858,533 and \$5,950,420, respectively, due to affiliate Buckeye Health Plan Community Solutions, Inc. ("BHPCS") due to amounts paid through bank accounts belonging to BHPCS 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 BHPCS 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 2024 and 2023 in the Buckeye Health Plan Community Solutions, Inc. row.
- C. The Company did not have any transactions with related parties who are not reported on Schedule Y.
- D. At December 31, 2024 and 2023, the Company reported a balance of \$272,790 and \$15,065,676, receivable from parent, subsidiaries and affiliates and a \$42,510,100 and \$4,684,081, 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. The Company did not have any amounts deducted from the value of an upstream intermediate entities or parent, either directly or indirectly, via a downstream SCA.
- I. The Company did not have any investments in an SCA entities that exceeds 10% of admitted assets.
- J. The Company did not have any investments in impaired SCA entities.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

K. The Company did not have any investments in foreign insurance subsidiaries.

L. The Company did not hold any investments in a downstream noninsurance holding company.

M. The Company made a \$6,000,000 investment in Health Plan Real Estate Holding, In. ("HPREHI") on December 04, 2013, by purchasing 60 shares of HPREHI’s common stock cash. The Company purchased an additional 25 share of HPREHI's common stock on January 16, 2020 for \$2,900,000 resulting in 21% ownership stock. 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 SCA entities, and at December 31, 2024 and 2023, the reported value is \$11,725,659 and \$11,291,741, respectively. The December 31, 2023 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, 2024 at \$128,644 per share. No resubmission of the filing was required.

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%	11,725,659	11,725,659	-
Total SSAP No. 97 8b (iii) Entities	XXX	11,725,659	11,725,659	-
d. SSAP No. 97 8b(vi) Entities	XXX	-	-	-
e. Total SSAP No. 97 8 b Entities (except 8bi entities) (b+c+d)		11,725,659	11,725,659	-
F. Aggregate Total (a+e)		\$ 11,725,659	\$ 11,725,659	\$ -

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 Yes/No	NAIC Disallowed Entities Valuation Method, Resubmission Required Yes/No	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	11,725,659	Yes	No	I- Immaterial
Total SSAP No. 97 8b (iii) Entities	XXX	XXX	11,725,659	XXX	XXX	XXX
d. SSAP No. 97 8b(vi) Entities	XXX	XXX	-	XXX	XXX	XXX
e. Total SSAP No. 97 8 b Entities (except 8bi entities) (b+c+d)			11,725,659			
F. Aggregate Total (a+e)			\$ 11,725,659			

* 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 investments in insurance SCA entities.

O. The Company did not have any investments in SCA entities or joint ventures, partnerships or LLC’s in which the Company’s share is losses that exceed the investment.

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 of \$10,000 par value common stock authorized of which 100 shares are issued and outstanding.

B. The Company has no preferred stock outstanding.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

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 2024 and 2023, the Company paid a cash dividend of \$130,000,000 and \$125,000,000, respectively to the Parent Company, Centene Corporation.

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 did not have any special surplus funds.

J. The Company has \$2,915,437 of cumulative unrealized gains and (losses).

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 \$33,971 and \$35,002, December 31, 2024 and 2023, 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. The Company did not have any transfer of receivables reported as sales.

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

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, 2024 and 2023, consisted of \$442,288,280 and \$472,498,275, respectively.
2. At December 31, 2024 and 2023, the Company has recorded receivables of \$19,512,396 and \$20,192,688, respectively, from Centers for Medicare and Medicaid Services (“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, 2024, for assets and liabilities measured at fair value:

Description of each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	Total
a. Assets at fair value					
Cash, cash equivalents and short-term investments	\$ 274,249,019	\$ -	\$ -	\$ -	\$ 274,249,019
Bonds	-	7,859,498	-	-	7,859,498
Total Bonds	\$ -	\$ 7,859,498	\$ -	\$ -	\$ 7,859,498
Common stock					
Parent, subsidiaries and affiliates	-	11,725,659	-	-	11,725,659
Total Common stock	\$ -	\$ 11,725,659	\$ -	\$ -	\$ 11,725,659
Derivatives assets	-	-	-	-	-
Total Derivatives assets	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 274,249,019	\$ 19,585,157	\$ -	\$ -	\$ 293,834,176
b. Liabilities at fair value					
Separate account assets					
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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

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, 2024, 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	\$ 274,249,019	\$ 274,249,019	\$ 274,249,019	\$ -	\$ -	\$ -	\$ -
Bonds	611,898,491	624,208,807	14,201,664	597,696,827	-	-	-
Total Investments	\$ 886,147,510	\$ 898,457,826	\$ 288,450,683	\$ 597,696,827	\$ -	\$ -	\$ -

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. There were no other disclosures and unusual items.
- 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, 2024, requiring disclosure. Subsequent events have been considered through February 26, 2025, for the Statutory statement issued on February 26, 2025.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

- (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 Centers for Medicare and Medicaid Services (“CMS”). The Company 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 Administrative Care Act ("ACA") Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA Medical Loss Ratio ("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, 2024, that are subject to retrospective rating features was \$3,631,470,741 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio (“MLR”) rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	-
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss ratio rebates unpaid	-	-	-	-	-
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	<u>\$ -</u>

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

NOTES TO FINANCIAL STATEMENT

Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 52,185,867	\$ -	\$ -	\$ -	\$ 52,185,867
(8) Medical loss ratio rebates paid	473,140	-	-	-	473,140
(9) Medical loss ratio rebates unpaid	51,712,727	-	-	-	51,712,727
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	<u>51,712,727</u>

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	\$	-	
Liabilities			
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	221,978	
3. Premium adjustments payable due to ACA Risk Adjustment	\$	-	
Operations (Revenue & Expense)			
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$	(145,781,095)	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	224,275	

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	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	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2) Premium adjustments (payable)	—	(3,828,213)	—	54,434,253	—	(58,262,467)	—	56,476,186	A —
3) Subtotal ACA Permanent Risk Adjustment Program	\$ —	\$ (3,828,213)	\$ —	\$ 54,434,253	\$ —	\$ (58,262,467)	\$ —	\$ 56,476,186	\$ (1,786,281)

A- No incremental disclosure required related to Marketplace operations for 2024

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves for unpaid claims as of December 31, 2023 were \$447,063,011. As of December 31, 2024, \$359,263,871 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$50,238,805 as a result of re-estimation of unpaid claims. Therefore, there has been \$37,560,335 favorable prior-year development since December 31, 2023. 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

A. 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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.
NOTES TO FINANCIAL STATEMENT

using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2024, were \$33,143,576, of which \$5,290,509 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	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
12/31/2024	\$ 24,105,328	\$ 12,159,233	\$ -	\$ -	\$ -
9/30/2024	23,758,374	25,504,202	10,625,676	11,265,556	-
6/30/2024	21,577,043	23,794,609	10,274,904	10,018,493	1,202,966
3/31/2024	19,211,224	20,830,892	6,326,278	2,348,598	1,427,022
12/31/2023	21,725,042	21,238,341	20,120,931	(227,253)	413,644
9/30/2023	21,015,607	21,369,106	19,938,424	416,673	432,602
6/30/2023	20,950,673	21,003,288	19,715,933	269,211	403,700
3/31/2023	19,332,479	19,227,682	18,313,800	217,526	321,109
12/31/2022	17,192,846	17,633,752	5,302,763	10,965,969	1,311,087
9/30/2022	17,358,829	17,485,795	5,125,605	11,071,944	1,252,831
6/30/2022	16,721,522	17,047,427	4,958,897	13,881,897	(1,793,603)
3/31/2022	14,724,877	15,474,611	4,434,934	9,962,903	1,082,830

B. 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, 2024:

1. Liability carried for premium deficiency reserves -	\$ 27,976,829
2. Date of most recent evaluation of this liability -	1/31/2025
3. Was anticipated investment income utilized in the calculation?	Yes

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 \$5,227,000.

ANNUAL STATEMENT FOR THE YEAR 2024 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?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [X] No []
- 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 [X] No [] N/A []
- 1.3

State Regulating? Ohio.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []
- 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 [X]
- 2.2

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.

.....12/31/2022
- 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).

.....05/24/2024
- 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 [X]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 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?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]
- 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?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]
- 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 [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,
7.21 State the percentage of foreign control0.0 %
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 [X]
- 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 [X]
- 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 [X]
- 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 theFederal Reserve Board's capital rule?

Yes [] No [X] 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 [X]
- 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 [X]

ANNUAL STATEMENT FOR THE YEAR 2024 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 ☒ 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 ☒ No ☐

Health Plan Real Estate Holding, Inc.....

12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value

3

\$11,725,659

12.2 If yes, provide explanation

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?

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.

Yes ☒ No ☐

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 ☒ No ☐

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
On December 6, 2024, the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Code of Conduct which is applicable to and adopted by the Company.....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ☐ No ☒

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 ☒

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 ☒ 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 ☒ 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 ☒ 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 ☒

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 ☒

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 ☒

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 ☒ 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 ☒

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 | 2 |
|---------------------|---|
| Name of Third-Party | Is the Third-Party Agent a Related Party (Yes/No) |
| | |
- 27.1

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2
Name of Third-Party	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 [X] 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 [X]

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

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 [X]

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 [X] 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 \$.....396,792

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	2	3
Nature of Restriction	Description	Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

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 [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

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:

• 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 [X]

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 [X] No []

29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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 [X]

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	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. This includes both primary and sub-advisors. 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	2
Name of Firm or Individual	Affiliation
Allspring Global Investments.....	U.....
BYW 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 [X] 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 [X]

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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
104973.....	Allspring Global Investments.....	549300B3H21002L85190.....	SEC.....	
168297.....	BYW Investment Advisors, Inc.....	2549001S2AZA9D406F78.....	SEC.....	
282732.....	Brown Brothers Harriman Investments, LLC.....	5493006KMX1VFTPYPW14.....	F INRA.....	

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 [X]

30.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	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.....	624,208,807	611,898,491	(12,310,316)
31.2 Preferred Stocks.....	0		0
31.3 Totals	624,208,807	611,898,491	(12,310,316)

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 [X] 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 [X] 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 [X] 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 [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons (“waived submission PLR securities”).
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

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.
 - 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 FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

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

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

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

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

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? \$0

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
.....	\$
.....	\$
.....	\$

41.1 Amount of payments for legal expenses, if any? \$1,210,991

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.....	\$822,362

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		2
		Current Year		Prior Year
2.1	Premium Numerator	\$3,631,470,741	\$	.....3,561,733,780
2.2	Premium Denominator	\$3,631,470,741	\$	.....3,561,733,780
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$637,733,993	\$	.....552,924,460
2.5	Reserve Denominator	\$637,733,993	\$	.....552,924,460
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:
The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with Bankers Reserve Life Insurance Company of Wisconsin.

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

.....71,956

8.2 Number of providers at end of reporting year

.....143,900

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 [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....39,673,343

10.22 Amount actually paid for year bonuses

\$.....11,193,132

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 [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]

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

Yes [X] No []

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

Ohio.....

11.4 If yes, show the amount required.

\$.....1,700,000

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

Yes [] No [X]

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
Medicare and Medicaid (All Counties).....
ADAMS.....
ALLEN.....
ASHLAND.....
ASHTABULA.....
ATHENS.....
AUGLAIZE.....
BELMONT.....
BROWN.....
BUTLER.....
CARROLL.....
CHAMPAIGN.....
CLARK.....
CLERMONT.....
CLINTON.....
COLUMBIANA.....
COSHOCTON.....
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.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1
Name of Service Area
MORGAN.....
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.....
Marketplace (70 Counties).....
ADAMS.....
ALLEN.....
ASHLAND.....
AUGLAIZE.....
BELMONT.....
BROWN.....
BUTLER.....
CARROLL.....
CHAMPAIGN.....
CLARK.....
CLERMONT.....
CLINTON.....
COLUMBIANA.....
CUYAHOGA.....
DARKE.....
DEFIANCE.....
DELAWARE.....
ERIE.....
FAIRFIELD.....
FAYETTE.....
FRANKLIN.....
FULTON.....
GEAUGA.....
GREENE.....
HAMILTON.....
HANCOCK.....
HARDIN.....
HARRISON.....
HENRY.....
HIGHLAND.....
HURON.....
JACKSON.....
JEFFERSON.....
LAKE.....
LOGAN.....
LORAIN.....
LUCAS.....
MADISON.....
MAHONING.....
MEDINA.....
MERCER.....
MIAMI.....
MONROE.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

Table with 1 column: Name of Service Area. Rows include MONTGOMERY, MORROW, NOBLE, OTTAWA, PAULDING, PERRY, PICKAWAY, PIKE, PORTAGE, PREBLE, PUTNAM, ROSS, SANDUSKY, SCIOTO, SENECA, SHELBY, STARK, SUMMIT, TRUMBULL, UNION, VAN WERT, VINTON, WARREN, 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:

Table with 7 columns: 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

Table with 1 column: *Ordinary Life Insurance Includes. Rows include Term, Whole Life, Variable Life, Universal Life, and Variable Universal Life, each with a sub-row for '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 []

FIVE - YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,252,864,637	1,203,763,560	1,151,197,795	1,003,567,519	783,941,657
2. Total liabilities (Page 3, Line 24)	788,523,902	665,935,601	632,942,484	619,632,798	434,449,805
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	2,500,000	1,700,000	1,700,000
4. Total capital and surplus (Page 3, Line 33)	464,340,735	537,827,959	518,255,311	383,934,721	349,491,852
Income Statement (Page 4)					
5. Total revenues (Line 8)	3,631,470,741	3,561,733,780	4,318,019,321	4,009,677,537	3,386,710,972
6. Total medical and hospital expenses (Line 18)	3,151,151,276	2,977,667,436	3,641,501,069	3,515,935,606	2,853,671,574
7. Claims adjustment expenses (Line 20)	31,248,523	32,779,728	28,080,131	30,434,332	33,483,707
8. Total administrative expenses (Line 21)	390,886,307	417,968,097	478,383,231	420,577,335	436,310,450
9. Net underwriting gain (loss) (Line 24)	36,524,256	127,002,069	175,339,837	37,445,317	63,245,241
10. Net investment gain (loss) (Line 27)	37,331,172	40,552,585	17,823,870	11,804,193	12,703,021
11. Total other income (Lines 28 plus 29)	4,146,476	(715,675)	(1,175,860)	(660,402)	(956,953)
12. Net income or (loss) (Line 32)	57,795,458	130,049,172	152,802,687	37,260,982	49,643,344
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	170,904,555	104,006,454	191,847,758	57,440,705	122,584,731
Risk-Based Capital Analysis					
14. Total adjusted capital.....	464,340,735	537,827,959	518,255,311	383,934,721	349,491,852
15. Authorized control level risk-based capital	96,991,221	104,410,634	128,750,067	96,000,503	103,611,902
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	453,668	510,925	544,678	547,402	474,847
17. Total members months (Column 6, Line 7)	5,673,670	6,414,165	6,529,132	6,297,644	5,291,415
Operating Percentage (Page 4)					
(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)	86.8	83.6	84.3	87.7	84.3
20. Cost containment expenses	0.1	0.1	0.0	0.0	0.0
21. Other claims adjustment expenses	0.8	0.9	0.6	0.7	1.0
22. Total underwriting deductions (Line 23)	99.0	96.4	95.9	99.1	98.1
23. Total underwriting gain (loss) (Line 24)	1.0	3.6	4.1	0.9	1.9
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	409,502,676	351,861,806	343,903,660	259,166,696	215,168,815
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	447,063,011	422,583,318	377,181,586	321,867,192	248,508,565
Investments in Parent, Subsidiaries and Affiliates					
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)	11,725,659	11,291,741	10,936,458	10,591,502	10,287,774
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
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31.....	11,725,659	11,291,741	10,936,458	10,591,502	10,287,774
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

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
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	696,804,514	443,492,606	2,505,901,657					3,646,198,777	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	0
59.	Subtotal		XXX	696,804,514	443,492,606	2,505,901,657	0	0	0	0	3,646,198,777	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX								0	
61.	Total (Direct Business)		XXX	696,804,514	443,492,606	2,505,901,657	0	0	0	0	3,646,198,777	0
DETAILS OF WRITE-INS												
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	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1

2. R – Registered – Non-domiciled RRGs0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0

4. Q – Qualified – Qualified or accredited reinsurer0

5. N – None of the above – Not allowed to write business in the state.....56

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

The company only has business in the state of Ohio.

40

40

40

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

			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
	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	VA	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	

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

		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	
				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	
		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	

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

			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	
			Network Providers, LLC							88-0357895	DE	
		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
	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	

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

			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	
			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

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

	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	
				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	
				America's 1st Choice California Holdings, LLC						45-3236788	FL	

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

				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	WA	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
				One Care by Care1st Health Plans of Arizona, Inc.					06-1742685	AZ	
				WellCare Health Insurance Company of Washington, Inc.					83-3166908	WA	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

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

				Sunshine State Health Plan, Inc (50%)						20-8937577	FL	13148
				Universal American Corp.						27-4683816	DE	
				Universal American Holdings, LLC						45-1352914	DE	
						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	
	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	

Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group-Part 1 Organizational Chart

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Buckeye Community Health Plan, Inc.

			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 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	
			Magellan of Maryland, LLC						92-0642038	MD	
	Magnolia Joint Venture Holding Company, Inc.								92-0679069	DE	
	Ambetter Health of Texas, Inc.								33-1995487	TX	
	Ambetter Health of Florida, Inc.								33-2010592	FL	