



QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Health Plan Community Solutions, Inc.

NAIC Group Code	01295 (Current Period)	01295 (Prior Period)	NAIC Company Code	16112	Employer's ID Number		47-5664342
Organized under the Laws of			Ohio	State of Domicile or Port of Entry			Ohio
Country of Domicile			United States				
Licensed as business type:		Life, Accident & Health []	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	11/04/2015	Commenced Business			01/01/2018		
Statutory Home Office	4349 Easton Way, Suite 120 (Street and Number)				Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)		
Main Administrative Office	7700 Forsyth Boulevard (Street and Number)	St. Louis, MO, US 63105			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			314-725-4477 (Area Code) (Telephone Number)		
Internet Web Site Address	www.centene.com						
Statutory Statement Contact	Michael Wasik (Name)	813-206-2725 (Area Code) (Telephone Number) (Extension)			813-675-2899 (FAX Number)		
	michael.wasik@centene.com (E-Mail Address)						

OFFICERS

Name	Title	Name	Title
Steven Bradley Province	President and CEO	Holly Mayer	Treasurer
Joel Benjamin Samson	Secretary	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

DIRECTORS OR TRUSTEES		
Megan Rebecca Flaskamper	Tricia Lynn Dinkelman	Steven Bradley Province

Florida
State of
Hillsborough ss
County of

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.

Signature *Holly Mayer* *Joel B. Samson*
 Steven Bradley Province Holly Mayer Joel Benjamin Samson
 President and CEO Treasurer Secretary

Subscribed and sworn to before me this
7 day of May 2024.

Signature

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 _____

