



QUARTERLY STATEMENT

AS OF JUNE 30, 2024  
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Health Plan Community Solutions, Inc.

NAIC Group Code	01295	01295	NAIC Company Code	16112	Employer's ID Number	47-5664342
	(Current Period)	(Prior Period)				
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 200			Columbus, OH, US 43219		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	7700 Forsyth Boulevard		St. Louis, MO, US 63105	314-725-4477		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	7700 Forsyth Boulevard		St. Louis, MO, US 63105			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7700 Forsyth Boulevard		St. Louis, MO, US 63105	314-725-4477		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	www.centene.com					
Statutory Statement Contact	Michael Wasik			813-206-2725		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	michael.wasik@centene.com			813-675-2899		
	(E-Mail Address)			(FAX Number)		

OFFICERS

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

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Tricia Lynn Dinkelman	Steven Bradley Province	Andrew Joseph Reitz #	Joel Benjamin Samson #
John Gottlieb Willy Scherler #			

State of .....

County of .....

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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	Joel Benjamin Samson Secretary
a. Is this an original filing? Yes [ X ] No [ ]		
b. If no:		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		
Subscribed and sworn to before me this		
day of ,		

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	408,663		408,663	406,675
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....5,216,794 ), cash equivalents (\$ .....15,198,255 ) and short-term investments (\$ .....0 ) .....	20,415,049		20,415,049	35,904,027
6. Contract loans (including \$ .....premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	20,823,712	0	20,823,712	36,310,702
13. Title plants less \$ .....charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	14,232		14,232	26,975
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	120,841		120,841	16,262
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 (\$ .....2,995,203 ) and contracts subject to redetermination ( \$ ..... ) .....	2,995,203		2,995,203	3,802,728
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	3,676,123		3,676,123	3,285,245
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	537,833
18.2 Net deferred tax asset .....			0	0
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 .....	22,553,207		22,553,207	4,852,377
24. Health care (\$ .....1,390,191 ) and other amounts receivable .....	2,140,154	749,342	1,390,812	2,761,866
25. Aggregate write-ins for other-than-invested assets .....	82,300	76,217	6,083	125,771
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	52,405,772	825,559	51,580,213	51,719,759
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	52,405,772	825,559	51,580,213	51,719,759
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. State income tax receivable .....	6,083		6,083	125,771
2502. Prepays .....	76,217	76,217	0	0
2503. ....				
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) .....	82,300	76,217	6,083	125,771

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	4,477,220		4,477,220	6,709,969
2. Accrued medical incentive pool and bonus amounts .....	942,721		942,721	1,521,894
3. Unpaid claims adjustment expenses .....	48,069		48,069	72,053
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	5,631,562		5,631,562	2,528,429
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	654		654	990
9. General expenses due or accrued .....	103,172		103,172	232,518
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	483,607		483,607	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
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 .....			0	0
16. Derivatives.....			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 .....	690,549		690,549	2,036,607
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	12,377,554	0	12,377,554	13,102,460
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1	0
27. Preferred capital stock .....	XXX	XXX		1
28. Gross paid in and contributed surplus .....	XXX	XXX	46,399,999	46,399,999
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	(7,197,341)	(7,782,701)
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	39,202,659	38,617,299
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	51,580,213	51,719,759
DETAILS OF WRITE-INS				
2301. ....			0	0
2302. ....				
2303. ....				
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)	0	0	0	0
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	12,276	25,318	49,398
2. Net premium income (including \$ ..... non-health premium income).....	XXX	19,604,116	29,356,649	58,828,663
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	336,896	0	(336,896)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	19,941,012	29,356,649	58,491,767
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		13,651,747	21,557,716	46,264,699
10. Other professional services .....		652,332	(829,505)	(332,900)
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		468,134	719,200	1,812,176
13. Prescription drugs .....		1,471,739	1,674,403	2,816,158
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		266,089	808,590	1,003,575
16. Subtotal (Lines 9 to 15) .....	0	16,510,041	23,930,404	51,563,708
<b>Less:</b>				
17. Net reinsurance recoveries .....			0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	16,510,041	23,930,404	51,563,708
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ ..... 7,766 cost containment expenses.....		129,436	262,285	563,748
21. General administrative expenses.....		2,117,521	4,250,871	7,689,429
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		1,200,809	(2,081,338)	(2,081,338)
23. Total underwriting deductions (Lines 18 through 22) .....	0	19,957,807	26,362,222	57,735,547
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(16,795)	2,994,427	756,220
25. Net investment income earned .....		720,898	149,663	520,760
26. Net realized capital gains (losses) less capital gains tax of \$.....			0	(840,088)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	720,898	149,663	(319,328)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... 8,565 )] .....		(8,565)	(18,643)	(31,685)
29. Aggregate write-ins for other income or expenses .....	0	0	0	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	695,538	3,125,447	405,207
31. Federal and foreign income taxes incurred .....	XXX	394,932	417,602	(163,806)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	300,606	2,707,845	569,013
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	38,617,299	37,926,234	37,926,234
34. Net income or (loss) from Line 32 .....	300,606	2,707,845	569,013
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(1)	71,194	(1)
39. Change in nonadmitted assets .....	284,755	481,442	122,053
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	585,360	3,260,481	691,065
49. Capital and surplus end of reporting period (Line 33 plus 48)	39,202,659	41,186,715	38,617,299
<b>DETAILS OF WRITE-INS</b>			
4701. ....		0	0
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	22,545,946	33,445,398	59,448,011
2. Net investment income .....	731,653	166,690	588,133
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	23,277,599	33,612,088	60,036,144
5. Benefit and loss related payments .....	17,709,132	24,577,404	53,224,206
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	4,145,787	4,238,763	10,060,785
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	(626,508)	(437,054)	(437,053)
10. Total (Lines 5 through 9) .....	21,228,411	28,379,113	62,847,938
11. Net cash from operations (Line 4 minus Line 10) .....	2,049,188	5,232,975	(2,811,794)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	398,958	7,514,676
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	398,958	7,514,677
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	0
14. Net increase/(decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	398,958	7,514,677
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(17,538,167)	(4,994,111)	30,150,521
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(17,538,167)	(4,994,111)	30,150,521
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(15,488,979)	637,822	34,853,404
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	35,904,028	1,050,624	1,050,624
19.2 End of period (Line 18 plus Line 19.1) .....	20,415,049	1,688,446	35,904,028

STATEMENT AS OF JUNE 30, 2024 OF THE Buckeye Health Plan Community Solutions, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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
Total Members at end of:														
1. Prior Year .....	3,981	.0	.0	.0	.0	.0	.0	3,981	.0	.0	.0	.0	.0	.0
2. First Quarter .....	2,058	.0	.0	.0	.0	.0	.0	2,058	.0	.0	.0	.0	.0	.0
3. Second Quarter .....	2,075	.0	.0	.0	.0	.0	.0	2,075	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0													
6. Current Year Member Months	12,276							12,276						
Total Member Ambulatory Encounters for Period:														
7. Physician .....	22,046							22,046						
8. Non-Physician .....	6,101							6,101						
9. Total	28,147	0	0	0	0	0	0	28,147	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,261							3,261						
11. Number of Inpatient Admissions	430							430						
12. Health Premiums Written (a).....	19,604,116							19,604,116						
13. Life Premiums Direct .....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned .....	19,941,012							19,941,012						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	19,321,964							19,321,964						
18. Amount Incurred for Provision of Health Care Services	16,510,041							16,510,041						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 19,604,116

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 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 Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
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 .....	6,739,904	13,876,330	647,271	3,829,949	7,387,175	6,709,969
8. Title XIX - Medicaid .....					.0	.0
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).....	6,739,904	13,876,330	647,271	3,829,949	7,387,175	6,709,969
14. Health care receivables (a) .....		2,139,533			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	806,156	39,107	644,752	297,969	1,450,908	1,521,895
17. Totals (Lines 13-14+15+16)	7,546,060	11,775,904	1,292,023	4,127,918	8,838,083	8,231,864

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

**STATEMENT AS OF JUNE 30, 2024 OF THE Buckeye Health Plan Community Solutions, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

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

**A. Accounting Practices**

The financial statements of Buckeye Health Plan Community Solutions, 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 (loss) 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	xxx	xxx	\$ 300,606	\$ 569,013
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 300,606</u>	<u>\$ 569,013</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	\$ 39,202,659	\$ 38,617,299
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
7 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 39,202,659</u>	<u>\$ 38,617,299</u>

B. Uses of Estimates in the Preparation of the Financial Statements - No significant change.

C. Accounting Policy - No significant change.

D. Going Concern - The Company’s management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

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

No significant change.

**3. Business Combinations and Goodwill**

No significant change.

**4. Discontinued Operations**

No significant change.

**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans - No significant change.

B. Debt Restructuring - No significant change.

C. Reverse Mortgages - No significant change.

D. Loan-Backed Securities - None

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 period June 30, 2024.

F. Repurchase Agreement Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

**STATEMENT AS OF JUNE 30, 2024 OF THE Buckeye Health Plan Community Solutions, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - No significant change.
- K. Low-Income Housing Tax Credits ("LIHTC") - No significant change.
- L. Restricted Assets (including Pledged) - No significant change.
- M. Working Capital Finance Investments - None.
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5\* GI Securities - No significant change.
- P. Short Sales - No significant change.
- Q. Prepayment Penalty and Acceleration Fees - No significant change.
- R. Reporting Entity's Share of Cash Pool by Asset Type - None

**6. Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

**7. Investment Income**

No significant change.

**8. Derivative Instruments**

None

**9. Income Taxes**

No significant change.

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

No significant change.

**11. Debt**

- A. Debt - No significant change.
- B. Federal Home Loan Bank Agreements - None

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

None

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

No significant change.

**14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments - No significant change.
- B. Assessments - No significant change.
- C. Gain Contingencies - No significant change.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits - No significant change.
- E. Joint and Several Liabilities - No significant change.
- F. All Other Contingencies -  
No significant change.

**15. Leases**

No significant change.

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

No significant change.

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

- A. Transfers of Receivables Reported as Sales - No significant change.

STATEMENT AS OF JUNE 30, 2024 OF THE Buckeye Health Plan Community Solutions, Inc.

NOTES TO FINANCIAL STATEMENT

- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

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

No significant change.

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

No significant change.

20. Fair Value Measurements

A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs. Level inputs are as follows:

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

1. The following table summarizes fair value measurements by level at June 30, 2024, for assets and liabilities measured at fair value.

Description of each class of asset or liability				Net Asset Value		
	Level 1	Level 2	Level 3	(NAV)	Total	
a. Assets at fair value						
Cash, cash equivalents and short-term investments	\$ 20,415,049	\$ —	\$ —	\$ —	\$ 20,415,049	
Bonds	\$ —	\$ —	\$ —	\$ —	\$ —	
Total Bonds	\$ —	\$ —	\$ —	\$ —	\$ —	
Common stock						
Parent, subsidiaries and affiliates	\$ —	\$ —	\$ —	\$ —	\$ —	
Total Common stock	\$ —	\$ —	\$ —	\$ —	\$ —	
Derivatives assets	\$ —	\$ —	\$ —	\$ —	\$ —	
Total Derivatives assets	\$ —	\$ —	\$ —	\$ —	\$ —	
Separate account assets	\$ —	\$ —	\$ —	\$ —	\$ —	
Total assets at fair value	\$ 20,415,049	\$ —	\$ —	\$ —	\$ 20,415,049	
b. Liabilities at fair value						
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —	

B. Fair Value Disclosures Under Other Pronouncements - None

C. Aggregate Fair Value for all Financial Instruments

The following table summarizes fair value measurements by level at June 30, 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	\$ 20,415,049	\$ 20,415,049	\$ 20,415,049	\$ —	\$ —	\$ —	\$ —
Bonds	405,772	408,663	405,772	—	—	—	—
Total Investments	\$ 20,820,821	\$ 20,873,712	\$ 20,820,821	\$ —	\$ —	\$ —	\$ —

D. Unable to Estimate Fair Value - None

E. Assets Measured at Net Asset Value - None

21. Other Items

A. Extraordinary Items - No significant change.

**STATEMENT AS OF JUNE 30, 2024 OF THE Buckeye Health Plan Community Solutions, Inc.**  
**NOTES TO FINANCIAL STATEMENT**

B. Troubled Debt Restructuring - No significant change.

C. Other Disclosures and Unusual Items -  
No significant change.

D. Business Interruption Insurance Recoveries - No significant change.

E. State Transferable and Non-Transferable Tax Credits - No significant change.

F. Subprime Mortgage Related Risk Exposure - No significant change.

G. Retained Assets - No significant change.

H. Insurance-Linked Securities (ILS) Contracts - No significant change.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - No significant change.

**22. Events Subsequent**

There were no events occurring subsequent to June 30, 2024, requiring disclosure. Subsequent events have been considered through August 2, 2024, for the Statutory statement issued on August 2, 2024.

**23. Reinsurance**

No significant change.

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

A. B. C. D. - No significant change.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - None

**25. Change in Incurred Claims Expenses**

A. Reserves for unpaid claims as of December 31, 2023 were \$8,231,864. As of June 30, 2024, \$7,546,060 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$1,292,022 as a result of re-estimation of unpaid claims. Therefore, there has been \$606,218 unfavorable 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.

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**

No significant change.

**27. Structured Settlements**

No significant change.

**28. Health Care Receivables**

No significant change.

**29. Participating Policies**

No significant change.

**30. Premium Deficiency Reserves**

The following table summarizes the Company's premium deficiency reserves as of June 30, 2024:

1. Liability carried for premium deficiency reserves -	\$	1,200,809
2. Date of most recent evaluation of this liability -		July 31, 2024
3. Was anticipated investment income utilized in the calculation?		No

**31. Anticipated Salvage and Subrogation**

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 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 ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

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

Yes ☒ No ☐
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group

0001071739
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2022
- 6.2

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
- 6.3

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).

05/30/2024
- 6.4

By what department or departments?

Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

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

Yes ☐ No ☐ NA ☒
- 7.1

Has this 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 ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes ☒ No ☐
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☒ No ☐
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto: .....  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....0

13. Amount of real estate and mortgages held in short-term investments: .....\$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....0
14.22 Preferred Stock .....	\$ .....0	\$ .....0
14.23 Common Stock .....	\$ .....0	\$ .....0
14.24 Short-Term Investments .....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....0
14.26 All Other .....	\$ .....0	\$ .....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....0	\$ .....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [X]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.3 Total payable for securities lending reported on the liability page .....\$ .....0

17. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian Address

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions: .....  
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... Yes [ ] No [X]

GENERAL INTERROGATORIES

21. 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]



GENERAL INTERROGATORIES  
PART 2 - HEALTH

1.	Operating Percentages:		
	1.1 A&H loss percent.....	88.9	%
	1.2 A&H cost containment percent .....	0.0	%
	1.3 A&H expense percent excluding cost containment expenses.....	11.2	%
2.1	Do you act as a custodian for health savings accounts?.....	Yes [ ]	No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$	
2.3	Do you act as an administrator for health savings accounts?.....	Yes [ ]	No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$	
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	Yes [ ]	No [X]
3.1	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 [X]



SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10
States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI					Deposit-Type Contracts
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	N								.0	
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	L		19,604,116						19,604,116	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal		.XXX	.0	19,604,116	.0	.0	.0	.0	.0	19,604,116	.0
60. Reporting entity contributions for Employee Benefit Plans		.XXX								.0	
61. Total (Direct Business)		XXX	0	19,604,116	0	0	0	0	0	19,604,116	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 RRG .....	1	4. Q – Qualified – Qualified or accredited reinsurer .....	0
2. R – Registered – Non-domiciled RRGs .....	0	5. N – None of the above – Not allowed to write business in the state .....	56
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....	0		

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

Centene Corporation											42-1406317	DE	
	Bankers Reserve Life Insurance Company of Wisconsin										39-0993433	WI	71013
		Health Plan Real Estate Holding, Inc (17%)									46-2860967	MO	
	Peach State Health Plan, Inc										20-3174593	GA	12315
		Health Plan Real Estate Holding, Inc (21%)									46-2860967	MO	
	Iowa Total Care, Inc										46-4829006	IA	15713
	Buckeye Community Health Plan, Inc										32-0045282	OH	11834
		Health Plan Real Estate Holding, Inc (18%)									46-2860967	MO	
	Absolute Total Care, Inc										20-5693998	SC	12959
		Health Plan Real Estate Holding, Inc (1%)									46-2860967	MO	
	Coordinated Care Corporation										39-1821211	IN	95831
		Health Plan Real Estate Holding, Inc (15%)									46-2860967	MO	
	Healthy Washington Holdings, Inc										46-5523218	DE	
		Coordinated Care of Washington, Inc									46-2578279	W A	15352
	Managed Health Services Insurance Corp										39-1678579	WI	96822
		Health Plan Real Estate Holding, Inc (2%)									46-2860967	MO	
	Hallmark Life Insurance Co										86-0819817	AZ	60078
	Superior HealthPlan, Inc										74-2770542	TX	95647
		Health Plan Real Estate Holding, Inc (21%)									46-2860967	MO	
	Healthy Louisiana Holdings LLC										27-0916294	DE	
		Louisiana Healthcare Connections, Inc									27-1287287	LA	13970
	Magnolia Health Plan Inc										20-8570212	MS	13923
	Sunshine Health Holding LLC										26-0557093	FL	
		Sunshine State Health Plan, Inc (50%)									20-8937577	FL	13148
	Healthy Missouri Holding, Inc										45-5070230	MO	
		Home State Health Plan, Inc									45-2798041	MO	14218
			Health Plan Real Estate Holding, Inc (5%)								46-2860967	MO	
	Sunflower State Health Plan, Inc										45-3276702	KS	14345
	Granite State Health Plan, Inc										45-4792498	NH	14226
	California Health and Wellness Plan										46-0907261	CA	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

	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	
	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	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

				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	
		Specialty Therapeutic Care, LP (99.99%)								73-1698808	TX	
		Specialty Therapeutic Care, GP, LLC								73-1698807	TX	
			Specialty Therapeutic Care, LP (0.01%)							73-1698808	TX	
		Presonyx, Inc.								80-0856383	DE	
		AcariaHealth, Inc.								45-2780334	DE	
			AcariaHealth Pharmacy #14, Inc							27-1599047	CA	
			AcariaHealth Pharmacy #11, Inc							20-8192615	TX	
			AcariaHealth Pharmacy #12, Inc							27-2765424	NY	
			AcariaHealth Pharmacy #13, Inc							26-0226900	CA	
			AcariaHealth Pharmacy, Inc							13-4262384	CA	
			HomeScripts.com, LLC							27-3707698	MI	
			Foundation Care LLC (80%)							20-0873587	MO	
			AcariaHealth Pharmacy #26, Inc.							20-8420512	DE	
	Health Net, LLC									47-5208076	DE	
		Health Net of California, Inc.								95-4402957	CA	
			Health Net Life Insurance Company							73-0654885	CA	66141
			Health Net Life Reinsurance Company							98-0409907	CJ	
			MEB Ventures II, LLC							83-1570018	DE	
			BLR Properties, LLC (80%)							83-1576137	DE	
		Managed Health Network, LLC								95-4117722	DE	
			Managed Health Network							95-3817988	CA	
			MHN Services, LLC							95-4146179	CA	
		Health Net Federal Services, LLC								68-0214809	DE	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

			MHN Government Services LLC							42-1680916	DE	
			Network Providers, LLC (10%)							88-0357895	DE	
			Network Providers, LLC (90%)							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
		Health Net Access, Inc.								46-2616037	AZ	
	Centene Health Plan Holdings, Inc.									82-1172163	DE	
		Ambetter of North Carolina, Inc.								82-5032556	NC	16395
		Carolina Complete Health Holding Company Partnership (80%)								82-2699483	DE	
		Carolina Complete Health, Inc.								82-2699332	NC	16526
	New York Quality Healthcare Corporation									82-3380290	NY	16352
		WellCare of Connecticut, Inc.								06-1405640	CT	95310
	Community Medical Holdings Corp									47-4179393	DE	
		Access Medical Acquisition, LLC								46-3485489	DE	
		Access Medical Group of North Miami Beach, LLC								45-3191569	FL	
		Access Medical Group of Miami, LLC								45-3191719	FL	
		Access Medical Group of Hialeah, LLC								45-3192283	FL	
		Access Medical Group of Westchester, LLC								45-3199819	FL	
		Access Medical Group of Opa-Locka, LLC								45-3505196	FL	
		Access Medical Group of Perrine, LLC								45-3192955	FL	
		Access Medical Group of Florida City, LLC								45-3192366	FL	
		Access Medical Group of Tampa, LLC								82-1737078	FL	
		Access Medical Group of Tampa II, LLC								82-1750978	FL	
		Access Medical Group of Tampa III, LLC								82-1773315	FL	
		Access Medical Group of Lakeland, LLC								84-2750188	FL	
		Access Medical Group of Pembroke Pines, LLC								88-2251274	FL	
		Access Medical Group of Margate, LLC								88-2263310	FL	
		Access Medical Group of Riverview, LLC								88-2284518	FL	
		Access Medical Group of Kendall, LLC								92-0235557	FL	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

			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
	Comprehensive Health Management, LLC									59-3547616	FL	
	WellCare Health Plans, Inc.									83-4405939	DE	
		WCG Health Management, Inc.								04-3669698	DE	
			The WellCare Management Group, Inc.							14-1647239	NY	
			WellCare of Mississippi, Inc.							81-5442932	MS	16329
			WellCare of Virginia, Inc.							82-0664467	VA	16763
			WellCare of Oklahoma, Inc.							81-3299281	OK	16117
			WellCare Health Insurance Company of Nevada, Inc.							84-3731013	NV	
			WellCare Health Insurance of the Southwest, Inc.							84-3739752	AZ	16692
			WellCare of Georgia, Inc.							20-2103320	GA	10760
			WellCare of Texas, Inc.							20-8058761	TX	12964
			WellCare of South Carolina, Inc.							32-0062883	SC	11775
			WellCare Health Plans of New Jersey, Inc.							20-8017319	NJ	13020
			WellCare of Pennsylvania, Inc.							81-1631920	PA	
			WellCare Health Plans of Massachusetts, Inc							84-3547689	MA	16970
			WellCare Health Insurance Company of Oklahoma, Inc.							84-4449030	OK	16752
			WellCare Health Plans of Missouri, Inc.							84-3907795	MO	16753
			WellCare Prescription Insurance, Inc.							20-2383134	AZ	10155



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

				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	
				WellCare of California, Inc.					20-5327501	CA	
				WellCare Health Insurance of Tennessee, Inc.					83-2276159	TN	16532
				WellCare of New Hampshire, Inc.					83-2914327	NH	16515
				WellCare Health Plans of Vermont, Inc.					83-2255514	VT	16514
				WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
				WellCare of Washington, Inc.					83-2069308	W A	16571
				WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
				WellCare of Alabama, Inc.					82-1301128	AL	16239
				WellCare of Maine, Inc.					82-3114517	ME	16344
				Harmony Health Systems Inc.					22-3391045	NJ	
				Harmony Health Plan, Inc.					36-4050495	IL	11229
				WellCare Health Insurance Company of Kentucky, Inc.					36-6069295	KY	64467
				WellCare Health Insurance of Arizona, Inc.					86-0269558	AZ	83445
				WellCare Health Insurance of North Carolina, Inc.					83-3493160	NC	16548
				WellCare Health Insurance Company of Louisiana, Inc.					83-3333918	LA	16788
				WellCare of Missouri Health Insurance Company, Inc.					83-3525830	MO	16512
				Care 1st Health Plan of Arizona, Inc.					57-1165217	AZ	
				Care1st Health Plan Administrative Services, Inc.					46-2680154	AZ	
				One Care by Care1st Health Plans of Arizona, Inc.					06-1742685	AZ	
				WellCare Health Insurance Company of Washington, Inc.					83-3166908	W A	16570
				WellCare of North Carolina, Inc.					82-5488080	NC	16547
				WellCare Health Insurance Company of America					82-4247084	AR	16343

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

				WellCare National Health Insurance Company						82-5127096	TX	16342
				WellCare Health Insurance Company of New Hampshire, Inc.						83-3091673	NH	16516
				Wellcare Health Insurance Company of New Jersey, Inc.						84-4709471	NJ	16789
				WellCare of Michigan Holding Company						26-4004578	MI	
				Meridian Health Plan of Michigan, Inc.						38-3253977	MI	52563
				Meridian Health Plan of Illinois, Inc.						20-3209671	IL	13189
				Sunshine State Health Plan, Inc (50%)						20-8937577	FL	13148
				Universal American Corp.						27-4683816	DE	
				Universal American Holdings, LLC						45-1352914	DE	
				American Progressive Life and Health Insurance Company of New York						13-1851754	NY	80624
				Heritage Health Systems, Inc.						62-1517194	TX	
				SelectCare of Texas, Inc.						62-1819658	TX	10096
				Heritage Health Systems of Texas, Inc.						76-0459857	TX	
				Golden Triangle Physician Alliance						62-1694548	TX	
				Heritage Physician Networks						76-0560730	TX	
	QCA Healthplan, Inc.									71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company									71-0386640	AR	70998
	District Community Care Inc.									84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC									86-2318658	OK	
	Oklahoma Complete Health Inc.									81-3121527	OK	16904
	RI Health & Wellness, Inc.									86-2694770	RI	
	Delaware First Health, Inc.									88-3410060	DE	
	Delaware First Health Complete, Inc.									88-4145615	DE	
	Magellan Health, Inc									58-1076937	DE	
	Magellan Pharmacy Services, Inc.									47-5588795	DE	
	Magellan Behavioral Health of New Jersey, LLC									52-2310906	NJ	12632
	Magellan Health Services of California, Inc. - Employer Services									95-2868243	CA	
	Magellan Healthcare, Inc.									52-2135463	DE	
	Human Affairs International of California									93-0999350	CA	
	Magellan Complete Care of Louisiana, Inc.									46-4188169	LA	15550
	Magellan Behavioral Health of Florida, Inc.									20-1919978	FL	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

			Magellan Health Services of Arizona, Inc.						20-1728452	AZ	
			Magellan Health Services of New Mexico, Inc.						85-0420095	NM	
			Magellan of Idaho, LLC						85-4065417	ID	
			Magellan Complete Care of Pennsylvania, Inc.						46-4457706	PA	15924
			Magellan Life Insurance Company						57-0724249	DE	97292
			Merit Behavioral Care Corporation						22-3236927	DE	
			Magellan 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	

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	00000.....	42-1406317.....		0001071739.....	New York Stock Exchange.....	Centene Corporation.....	DE.....	UDP.....	Shareholders/Board of Directors.....	Shareholders/Boa rd of Directors..	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	71013.....	39-0993433.....				Bankers Reserve Life Insurance Company of Wisconsin.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Health Plan Real Estate Holding, Inc.....	Ownership.....	17.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	12315.....	20-3174593.....				Peach State Health Plan, Inc.....	GA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Peach State Health Plan, Inc.....	Ownership.....	21.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	15713.....	46-4829006.....				Iowa Total Care, Inc.....	IA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	11834.....	32-0045282.....				Buckeye Community Health Plan, Inc.....	OH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Buckeye Community Health Plan, Inc.....	Ownership.....	18.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	12959.....	20-5693998.....				Absolute Total Care, Inc.....	SC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	1.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	95831.....	39-1821211.....				Coordinated Care Corporation.....	IN.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Coordinated Care Corporation d/b/a Managed Health Services.....	Ownership.....	15.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-5523218.....				Healthy Washington Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15352.....	46-2578279.....				Coordinated Care of Washington, Inc.....	WA.....	IA.....	Healthy Washington Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	96822.....	39-1678579.....				Managed Health Services Insurance Corp.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Managed Health Services Insurance Corp.....	Ownership.....	2.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	60078.....	86-0819817.....				Hallmark Life Insurance Co.....	AZ.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	95647.....	74-2770542.....				Superior HealthPlan, Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Superior HealthPlan, Inc.....	Ownership.....	21.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-0916294.....				Healthy Louisiana Holdings LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	13970.....	27-1287287.....				Louisiana Healthcare Connections, Inc.....	LA.....	IA.....	Healthy Louisiana Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	13923.....	20-8570212.....				Magnolia Health Plan Inc.....	MS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	26-0557093.....				Sunshine Health Holding LLC.....	FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	13148.....	20-8937577.....				Sunshine State Health Plan, Inc.....	FL.....	IA.....	Sunshine Health Holding LLC.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-5070230.....				Healthy Missouri Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	14218.....	45-2798041.....				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Home State Health Plan, Inc.....	Ownership.....	5.0.....	Centene Corporation.....	YES.....	.0.....
01295.....	Centene Corporation.....	14345.....	45-3276702.....				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	14226.....	45-4792498.....				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-0907261.....				California Health and Wellness Plan.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16351.....	45-5583511.....				Western Sky Community Care, Inc.....	NM.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	26-1849394.....				Tennessee Total Care, Inc.....	TN.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16143.....	20-4761189.....				SilverSummit Healthplan, Inc.....	NV.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	22-3292245.....				University Health Plans, Inc.....	NJ.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-0483299.....				Agate Resources, Inc.....	OR.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15902.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16041.....	47-5340613.....				Pennsylvania Health & Wellness, Inc.....	PA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15927.....	47-5667095.....				Sunshine Health Community Solutions, Inc.....	VA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16112.....	47-5664342.....				Buckeye Health Plan Community Solutions, Inc.....	OH.....	RE.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16130.....	81-1282251.....				Arkansas Health & Wellness Health Plan, Inc.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	38-4042368.....				Arkansas Total Care Holding Company, LLC.....	DE.....	NIA.....	Arkansas Health & Wellness Health Plan, Inc.....	Ownership.....	49.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16256.....	82-2649097.....				Arkansas Total Care, Inc.....	AR.....	IA.....	Arkansas Total Care Holding Company, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4980875.....				Bridgeway Health Solutions, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16310.....	20-4980818.....				Bridgeway Health Solutions of Arizona Inc.....	AZ.....	IA.....	Bridgeway Health Solutions, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	36-2979209.....				Celtic Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	80799.....	06-0641618.....				Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	15762.....	35-2525384.....	.....	.....	.....	Ambetter of Magnolia Inc.....	MS.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15729.....	36-4802632.....	.....	.....	.....	Ambetter of Peach State Inc.....	GA.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	17514.....	92-3523808.....	.....	.....	.....	Ambetter Health of Louisiana, Inc.....	LA.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-2221367.....	.....	.....	.....	Novasys Health, Inc.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	39-1864073.....	.....	.....	.....	Centene Management Company LLC.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	82-2761995.....	.....	.....	.....	Illinois Health Practice Alliance, LLC.....	DE.....	NIA.....	Centene Management Company LLC.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2798132.....	.....	.....	.....	Lifeshare Management Group, LLC.....	NH.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	22-3889471.....	.....	.....	.....	Envolve Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	68-0461584.....	.....	.....	.....	Cenpatico Behavioral Health, LLC.....	CA.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	37-1788565.....	.....	.....	.....	Envolve, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	61-1846191.....	.....	.....	.....	Envolve Benefits Options, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4730341.....	.....	.....	.....	Envolve Vision Benefits, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	95302.....	75-2592153.....	.....	.....	.....	Envolve Vision of Texas, Inc.....	TX.....	IA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4773088.....	.....	.....	.....	Envolve Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	65-0094759.....	.....	.....	.....	Envolve Vision of Florida, Inc.....	FL.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4861241.....	.....	.....	.....	Envolve Total Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2783884.....	.....	.....	.....	Envolve Dental, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	81-2969330.....	.....	.....	.....	Envolve Dental of Florida, Inc.....	FL.....	NIA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16106.....	81-2796896.....	.....	.....	.....	Envolve Dental of Texas, Inc.....	TX.....	IA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	77-0578529.....	.....	.....	.....	Centene Pharmacy Services, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-1339224.....	.....	.....	.....	MeridianRx, LLC.....	MI.....	NIA.....	Centene Pharmacy Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-3617766.....	.....	.....	.....	Specialty Therapeutic Care Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	73-1698808.....	.....	.....	.....	Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	73-1698807.....	.....	.....	.....	Specialty Therapeutic Care, GP, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	00000.....	73-1698808.....				Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care, GP, LLC.....	Ownership.....	.....0.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	80-0856383.....				Presonix, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	45-2780334.....				AcariaHealth, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	27-1599047.....				AcariaHealth Pharmacy #14, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	20-8192615.....				AcariaHealth Pharmacy #11, Inc.....	TX.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	27-2765424.....				AcariaHealth Pharmacy #12, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	26-0226900.....				AcariaHealth Pharmacy #13, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	13-4262384.....				AcariaHealth Pharmacy, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	27-3707698.....				HomeScripts.com, LLC.....	MI.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	20-0873587.....				Foundation Care LLC.....	MO.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....80.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	20-8420512.....				AcariaHealth Pharmacy #26, Inc.....	DE.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	47-5208076.....				Health Net, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	95-4402957.....				Health Net of California, Inc.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	66141.....	73-0654885.....				Health Net Life Insurance Company.....	CA.....	IA.....	Health Net of California, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	98-0409907.....				Health Net Life Reinsurance Company.....	CYM.....	NIA.....	Health Net of California, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	83-1570018.....				MEB Ventures II, LLC.....	DE.....	NIA.....	Health Net of California, Inc.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	83-1576137.....				BLR Properties, LLC.....	DE.....	NIA.....	MEB Ventures II, LLC.....	Ownership.....	.....80.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	95-4117722.....				Managed Health Network, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	95-3817988.....				Managed Health Network.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	95-4146179.....				MHN Services, LLC.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	68-0214809.....				Health Net Federal Services, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	42-1680916.....				MHN Government Services LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	.....100.0	Centene Corporation.....	.....NO.....	.....0
01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	.....10.0	Centene Corporation.....	.....NO.....	.....0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE	NIA	Health Net Federal Services, LLC.....	Ownership.....	90.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	95800.....	93-1004034.....				Health Net Health Plan of Oregon, Inc.....	OR	IA	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	54-2174068.....				Health Net Community Solutions, Inc.....	CA	NIA	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	95206.....	36-3097810.....				Health Net of Arizona, Inc.....	AZ	IA	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	15895.....	81-1348826.....				Health Net Community Solutions of Arizona, Inc.....	AZ	IA	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	46-2616037.....				Health Net Access, Inc.....	AZ	NIA	Health Net, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	82-1172163.....				Centene Health Plan Holdings, Inc.....	DE	NIA	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	16395.....	82-5032556.....				Ambetter of North Carolina, Inc.....	NC	IA	Centene Health Plan Holdings, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	82-2699483.....				Carolina Complete Health Holding Company Partnership.....	DE	NIA	Centene Health Plan Holdings, Inc.....	Ownership.....	80.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	16526.....	82-2699332.....				Carolina Complete Health, Inc.....	NC	IA	Carolina Complete Health Holding Company Partnership.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	16352.....	82-3380290.....				New York Quality Healthcare Corporation.....	NY	IA	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	95310.....	06-1405640.....				WellCare of Connecticut, Inc.....	CT	IA	New York Quality Healthcare Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	47-4179393.....				Community Medical Holdings Corp.....	DE	NIA	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	46-3485489.....				Access Medical Acquisition, LLC.....	DE	NIA	Community Medical Holdings Corp.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	45-3191569.....				Access Medical Group of North Miami Beach, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	45-3191719.....				Access Medical Group of Miami, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	45-3192283.....				Access Medical Group of Hialeah, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	45-3199819.....				Access Medical Group of Westchester, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	45-3505196.....				Access Medical Group of Opa-Locka, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	45-3192955.....				Access Medical Group of Perrine, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	45-3192366.....				Access Medical Group of Florida City, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	82-1737078.....				Access Medical Group of Tampa, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	82-1750978.....				Access Medical Group of Tampa II, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0
01295.....	Centene Corporation.....	00000.....	82-1773315.....				Access Medical Group of Tampa III, LLC.....	FL	NIA	Access Medical Acquisition, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO	.0



SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295	Centene Corporation	00000	84-2750188				Access Medical Group of Lakeland, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2251274				Access Medical Group of Pembroke Pines, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2263310				Access Medical Group of Margate, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	88-2284518				Access Medical Group of Riverview, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0235557				Access Medical Group of Kendall, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	92-0261029				Access Medical Group of Lauderdale Lakes, LLC	FL	NIA	Access Medical Acquisition, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	82-4883921				Interpreta Holdings, Inc	DE	NIA	Centene Corporation	Ownership	80.1	Centene Corporation	NO	.0
01295	Centene Corporation	00000	46-5517858				Interpreta, Inc	DE	NIA	Interpreta Holdings, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	32-2434596				Next Door Neighbors, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-2381790				Next Door Neighbors, Inc	DE	NIA	Next Door Neighbors, LLC	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16771	84-3707689				Centene Venture Company Alabama Health Plan, Inc	AL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16505	83-2425735				Centene Venture Company Illinois	IL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16528	83-2409040				Centene Venture Company Kansas	KS	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16499	83-2434596				Centene Venture Company Florida	FL	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16773	84-3679376				Centene Venture Company Indiana, Inc	IN	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16770	84-3724374				Centene Venture Company Tennessee	TN	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16990	86-1543217				Centene Venture Insurance Company Texas	TX	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16613	83-2446307				Centene Venture Company Michigan	MI	IA	Next Door Neighbors, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	59-3547616				Comprehensive Health Management, LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	83-4405939				WellCare Health Plans, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	04-3669698				WCG Health Management, Inc	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	00000	14-1647239				The WellCare Management Group, Inc	NY	NIA	WCG Health Management, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16329	81-5442932				WellCare of Mississippi, Inc	MS	IA	The WellCare Management Group, Inc	Ownership	100.0	Centene Corporation	NO	.0
01295	Centene Corporation	16763	82-0664467				WellCare of Virginia, Inc	VA	IA	The WellCare Management Group, Inc	Ownership	100.0	Centene Corporation	NO	.0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	16117.....	81-3299281.....				WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	84-3731013.....				WellCare Health Insurance Company of Nevada, Inc.....	NV.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16692.....	84-3739752.....				WellCare Health Insurance of the Southwest, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	10760.....	20-2103320.....				WellCare of Georgia, Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	12964.....	20-8058761.....				WellCare of Texas, Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	SC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	13020.....	20-8017319.....				WellCare Health Plans of New Jersey, Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	81-1631920.....				WellCare of Pennsylvania, Inc.....	PA.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16970.....	84-3547689.....				WellCare Health Plans of Massachusetts, Inc.....	MA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16752.....	84-4449030.....				WellCare Health Insurance Company of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16753.....	84-3907795.....				WellCare Health Plans of Missouri, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	10155.....	20-2383134.....				WellCare Prescription Insurance, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	17002.....	84-4664883.....				WellCare Health Insurance of Hawaii, Inc.....	HI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16766.....	84-4627844.....				WellCare Health Plans of Rhode Island, Inc.....	RI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16765.....	84-4649985.....				WellCare of Illinois, Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16533.....	45-5154364.....				Rhythm Health Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	10884.....	11-3197523.....				WellCare Health Insurance of New York, Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	27-0386122.....				Ohana Health Plan, Inc.....	HI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	45-3236788.....				America's 1st Choice California Holdings, LLC.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	00000.....	20-5327501.....				WellCare of California, Inc.....	CA.....	NIA.....	America's 1st Choice California Holdings, LLC.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16532.....	83-2276159.....				WellCare Health Insurance of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0
01295.....	Centene Corporation.....	16514.....	83-2255514.....				WellCare Health Plans of Vermont, Inc.....	VT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	.0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	16513.....	83-2126269.....				WellCare Health Insurance of Connecticut, Inc.....	CT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16571.....	83-2069308.....				WellCare of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	15510.....	47-0971481.....				WellCare Health Plans of Kentucky, Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16239.....	82-1301128.....				WellCare of Alabama, Inc.....	AL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16344.....	82-3114517.....				WellCare of Maine, Inc.....	ME.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	00000.....	22-3391045.....				Harmony Health Systems Inc.....	NJ.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	11229.....	36-4050495.....				Harmony Health Plan, Inc.....	IL.....	IA.....	Harmony Health Systems Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	64467.....	36-6069295.....				WellCare Health Insurance Company of Kentucky, Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	83445.....	86-0269558.....				WellCare Health Insurance of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16548.....	83-3493160.....				WellCare Health Insurance of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16788.....	83-3333918.....				WellCare Health Insurance Company of Louisiana, Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16512.....	83-3525830.....				WellCare of Missouri Health Insurance Company, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	00000.....	57-1165217.....				Care 1st Health Plan of Arizona, Inc.....	AZ.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	00000.....	46-2680154.....				Care1st Health Plan Administrative Services, Inc.....	AZ.....	NIA.....	Care 1st Health Plan of Arizona, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	00000.....	06-1742685.....				One Care by Care1st Health Plans of Arizona, Inc.....	AZ.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16570.....	83-3166908.....				WellCare Health Insurance Company of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16547.....	82-5488080.....				WellCare of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16343.....	82-4247084.....				WellCare Health Insurance Company of America.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16342.....	82-5127096.....				WellCare National Health Insurance Company.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16516.....	83-3091673.....				WellCare Health Insurance Company of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	16789.....	84-4709471.....				Wellcare Health Insurance Company of New Jersey, Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	00000.....	26-4004578.....				WellCare of Michigan Holding Company.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	52563.....	38-3253977.....				Meridian Health Plan of Michigan, Inc.....	MI.....	IA.....	WellCare of Michigan Holding Company.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0
01295.....	Centene Corporation.....	13189.....	20-3209671.....				Meridian Health Plan of Illinois, Inc.....	IL.....	IA.....	WellCare of Michigan Holding Company.....	Ownership.....	100.0	Centene Corporation.....	NO.....	0

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	13148.....	20-8937577.....	.....	.....	.....	Sunshine State Health Plan, Inc.....	FL.....	IA.....	The WellCare Management Group, Inc..... The WellCare Management Group, Inc.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-4683816.....	.....	.....	.....	Universal American Corp..... Universal American Holdings, LLC.....	DE.....	NIA.....	Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-1352914.....	.....	.....	.....	American Progressive Life and Health Insurance Company of New York.....	DE.....	NIA.....	Universal American Corp.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	80624.....	13-1851754.....	.....	.....	.....	Universal American Holdings, LLC..... Universal American Holdings, LLC.....	NY.....	IA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	62-1517194.....	.....	.....	.....	Heritage Health Systems, Inc.....	TX.....	NIA.....	LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	10096.....	62-1819658.....	.....	.....	.....	SelectCare of Texas, Inc..... Heritage Health Systems of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	76-0459857.....	.....	.....	.....	Golden Triangle Physician Alliance.....	TX.....	NIA.....	Heritage Health Systems, Inc..... Heritage Health Systems of Texas, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	62-1694548.....	.....	.....	.....	Heritage Physician Networks.....	TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	95448.....	71-0794605.....	.....	.....	.....	QCA Healthplan, Inc..... Qualchoice Life and Health Insurance Company.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	70998.....	71-0386640.....	.....	.....	.....	District Community Care Inc..... Oklahoma Complete Health Holding Company, LLC.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16814.....	84-4119570.....	.....	.....	.....	Oklahoma Complete Health Inc.....	DC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	86-2318658.....	.....	.....	.....	RI Health & Wellness, Inc.....	OK.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16904.....	81-3121527.....	.....	.....	.....	Delaware First Health, Inc..... Delaware First Health Complete, Inc.....	OK.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	86-2694770.....	.....	.....	.....	Magellan Health, Inc..... Magellan Pharmacy Services, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	88-3410060.....	.....	.....	.....	Magellan Behavioral Health of New Jersey, LLC..... Magellan Health Services of California, Inc. - Employer Services.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	88-4145615.....	.....	.....	.....	Magellan Health Services of California, Inc. - Employer Services.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	58-1076937.....	.....	.....	.....	Magellan Healthcare, Inc..... Human Affairs International of California.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	47-5588795.....	.....	.....	.....	Magellan Healthcare, Inc.....	NJ.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	12632.....	52-2310906.....	.....	.....	.....	Magellan Health Services of California, Inc. - Employer Services.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	95-2868243.....	.....	.....	.....	Magellan Health Services of California, Inc. - Employer Services.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	52-2135463.....	.....	.....	.....	Magellan Health Services of California, Inc. - Employer Services.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	93-0999350.....	.....	.....	.....	Magellan Health Services of California, Inc. - Employer Services.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

## 16.9

## 16.9

## 16.9

## 16.9

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
<b>AUGUST FILING</b>	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	.....YES.....

Explanation:

Bar Code:

1.



16112202436500002

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	406,675	9,030,318
2. Cost of bonds and stocks acquired .....		0
3. Accrual of discount .....	1,988	11,548
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals .....		(1,063,403)
6. Deduct consideration for bonds and stocks disposed of .....		7,514,676
7. Deduct amortization of premium .....		57,111
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	408,663	406,675
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	408,663	406,675



STATEMENT AS OF JUNE 30, 2024 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	407,667			996	407,667	408,663	.0	406,675
2. NAIC 2 (a).....	.0				.0	.0	.0	.0
3. NAIC 3 (a).....	.0				.0	.0	.0	.0
4. NAIC 4 (a).....	.0				.0	.0	.0	.0
5. NAIC 5 (a).....	.0				.0	.0	.0	.0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	407,667	0	0	996	407,667	408,663	0	406,675
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	.0				.0	.0	.0	.0
9. NAIC 2 .....	.0				.0	.0	.0	.0
10. NAIC 3 .....	.0				.0	.0	.0	.0
11. NAIC 4 .....	.0				.0	.0	.0	.0
12. NAIC 5 .....	.0				.0	.0	.0	.0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	407,667	0	0	996	407,667	408,663	0	406,675

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

Schedule DA - Part 1  
NONE

Schedule DA - Verification  
NONE

Schedule DB - Part A - Verification  
NONE

Schedule DB - Part B - Verification  
NONE

Schedule DB - Part C - Section 1  
NONE

Schedule DB - Part C - Section 2  
NONE

Schedule DB - Verification  
NONE

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	33,250,324	116,313
2. Cost of cash equivalents acquired .....	27,572,923	94,943,542
3. Accrual of discount .....		0
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	45,624,992	61,809,531
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	15,198,255	33,250,324
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	15,198,255	33,250,324

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE



**STATEMENT AS OF JUNE 30, 2024 OF THE Buckeye Health Plan Community Solutions, Inc.**

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

### Show Investments Owned End of Current Quarter

[illegible]