



# QUARTERLY STATEMENT

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

## Buckeye Community Health Plan, Inc.

NAIC Group Code	1295 (Current Period)	1295 (Prior Period)	NAIC Company Code	11834	Employer's ID Number		32-0045282
Organized under the Laws of			Ohio	State of Domicile or Port of Entry			Ohio
Country of Domicile				United States			
Licensed as business type:		Life, Accident & Health [ ]	Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]			
		Dental Service Corporation [ ]	Vision Service Corporation [ ]	Health Maintenance Organization [ X ]			
		Other [ ]		Is HMO Federally Qualified? Yes [ ] No [ X ]			
Incorporated/Organized		10/29/2003	Commenced Business		01/01/2004		
Statutory Home Office		4349 Easton Way, Suite 200 (Street and Number)			Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)		
Main Administrative Office		7700 Forsyth Boulevard (Street and Number)			St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)	314-725-4477 (Area Code) (Telephone Number)	
Mail Address		7700 Forsyth Boulevard (Street and Number or P.O. Box)			St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)	314-725-4477 (Area Code) (Telephone Number)	
Primary Location of Books and Records		7700 Forsyth Boulevard (Street and Number)			St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)	314-725-4477 (Area Code) (Telephone Number)	
Internet Web Site Address		www.bchpohio.com					
Statutory Statement Contact		Bryan Tafel (Name)	813-206-2725 (Area Code) (Telephone Number) (Extension)				
		bryan.tafel@centene.com (E-Mail Address)	813-675-2899 (FAX Number)				

## OFFICERS

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

## OTHER OFFICERS

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

## DIRECTORS OR TRUSTEES

Angela Cornelius Dawson	Jimmy Vance Stewart	Edward Thomas Arcy, D.O.	Elizabeth Anne Kelly
Julie DiRossi-King	Joshua J Joseph, M.D.	Gregory K Lam, M.D.	Steven Bradley Province
Joel Benjamin Samson, #			

State of .....

ss

County of .....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Bradley Province President and CEO	Holly Mayer Treasurer and CFO	Joel Benjamin Samson Secretary
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a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this  
day of ,

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

**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 .....	639,891,275		639,891,275	645,236,152
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	11,554,402		11,554,402	11,291,741
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 (\$ ..... 94,661,348 ), cash equivalents (\$ ..... 150,301,001 ) and short-term investments (\$ ..... 9,390,437 ) .....	254,352,786		254,352,786	157,237,325
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	8,020,731		8,020,731	8,230,207
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) .....	913,819,194	0	913,819,194	821,995,425
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	6,980,366		6,980,366	6,815,288
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	150,181,281		150,181,281	270,698,823
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... 70,397,129 ) and contracts subject to redetermination (\$ ..... ) .....	70,397,129		70,397,129	43,993,058
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 .....	24,325,334		24,325,334	20,192,688
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	10,744,534	207,995	10,536,539	6,245,162
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	3,620,425	64,470	3,555,955	15,065,676
24. Health care (\$ ..... 24,333,000 ) and other amounts receivable .....	50,443,276	25,360,275	25,083,001	18,757,440
25. Aggregate write-ins for other-than-invested assets .....	840,933	840,933	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,231,352,472	26,473,673	1,204,878,799	1,203,763,560
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	1,231,352,472	26,473,673	1,204,878,799	1,203,763,560
<b>DETAILS OF WRITE-INS</b>				
1101. .....			0	0
1102. .....			0	0
1103. .....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepays .....	840,933	840,933	0	0
2502. .....			0	0
2503. .....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	840,933	840,933	0	0

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

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,847,849 reinsurance ceded)	432,766,291		432,766,291	403,801,685
2. Accrued medical incentive pool and bonus amounts	43,935,107		43,935,107	43,261,326
3. Unpaid claims adjustment expenses	4,336,791		4,336,791	4,157,452
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	143,154,165		143,154,165	105,861,449
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	5,870,519		5,870,519	7,265,920
9. General expenses due or accrued	57,038,883		57,038,883	62,053,703
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	6,427,622		6,427,622	17,435,165
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	608,253		608,253	526,852
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	26,713,563		26,713,563	4,684,081
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	7,730,846		7,730,846	8,999,305
23. Aggregate write-ins for other liabilities (including \$ current)	10,196,502	0	10,196,502	7,888,663
24. Total liabilities (Lines 1 to 23)	738,778,542	0	738,778,542	665,935,601
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	129,150,000	129,150,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	335,950,257	407,677,959
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ )	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$ )	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	466,100,257	537,827,959
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,204,878,799	1,203,763,560
<b>DETAILS OF WRITE-INS</b>				
2301. Hospital Assessment Payable	6,069,730		6,069,730	4,767,072
2302. State income tax payable	3,536,843		3,536,843	3,092,820
2303. Unclaimed property	589,929		589,929	28,771
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	10,196,502	0	10,196,502	7,888,663
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX.....	4,304,096	4,858,312	6,414,165
2. Net premium income (including \$.....non-health premium income)	XXX.....	2,733,131,325	2,694,101,975	3,561,733,780
3. Change in unearned premium reserves and reserve for rate credits	XXX.....		0	0
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.....	2,733,131,325	2,694,101,975	3,561,733,780
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		1,942,715,625	1,840,480,538	2,469,317,239
10. Other professional services.....		181,983,971	163,106,532	216,584,082
11. Outside referrals.....			0	0
12. Emergency room and out-of-area.....		132,822,486	124,788,814	171,628,439
13. Prescription drugs.....		93,165,849	80,661,948	112,090,063
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		20,546,591	16,541,929	20,659,925
16. Subtotal (Lines 9 to 15).....	0	2,371,234,522	2,225,579,761	2,990,279,748
<b>Less:</b>				
17. Net reinsurance recoveries.....		14,716,444	9,665,294	12,612,312
18. Total hospital and medical (Lines 16 minus 17).....	0	2,356,518,078	2,215,914,467	2,977,667,436
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$.....1,548,582 cost containment expenses.....		25,809,695	24,520,305	32,779,728
21. General administrative expenses.....		287,833,335	304,188,743	417,968,097
22. Increase in reserves for life and accident and health contracts (including \$.....increase in reserves for life only).....		9,123,587	1,629,481	6,316,450
23. Total underwriting deductions (Lines 18 through 22).....	0	2,679,284,695	2,546,252,996	3,434,731,711
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	53,846,630	147,848,979	127,002,069
25. Net investment income earned.....		28,671,756	31,733,950	40,811,863
26. Net realized capital gains (losses) less capital gains tax of \$.....(21,540).....		(81,030)	(240,456)	(259,278)
27. Net investment gains (losses) (Lines 25 plus 26).....	0	28,590,726	31,493,494	40,552,585
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....777,139 )].....		(777,139)	(452,296)	(715,675)
29. Aggregate write-ins for other income or expenses.....	0	3,192,604	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.....	84,852,821	178,890,177	166,838,979
31. Federal and foreign income taxes incurred.....	XXX.....	19,387,970	40,097,595	36,789,807
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	65,464,851	138,792,582	130,049,172
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX.....		0	0
0602. ....	XXX.....		0	0
0603. ....	XXX.....		0	0
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.....		0	0
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. ....			0	0
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. Fines and penalties.....		3,192,604	0	0
2902. ....			0	0
2903. ....			0	0
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	3,192,604	0	0

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

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year	537,827,959	518,255,311	518,255,311
34. Net income or (loss) from Line 32	65,464,851	138,792,582	130,049,172
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 \$	16,030	322,965	936,264
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	4,312,675	320,492	(1,129,019)
39. Change in nonadmitted assets	(11,828,193)	11,056,543	14,367,393
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	(130,000,000)	(125,000,000)	(125,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(71,727,702)	26,105,881	19,572,648
49. Capital and surplus end of reporting period (Line 33 plus 48)	466,100,257	544,361,192	537,827,959
<b>DETAILS OF WRITE-INS</b>			
4701.		0	0
4702.		0	0
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

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

**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	2,854,099,924	2,659,303,457	3,479,319,691
2. Net investment income	28,617,199	30,796,013	39,393,235
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	2,882,717,123	2,690,099,470	3,518,712,926
5. Benefit and loss related payments	2,345,394,737	2,186,352,757	2,939,151,374
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	321,464,151	329,057,774	441,647,576
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	30,373,973	29,895,806	33,907,522
10. Total (Lines 5 through 9)	2,697,232,861	2,545,306,337	3,414,706,472
11. Net cash from operations (Line 4 minus Line 10)	185,484,262	144,793,133	104,006,454
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	67,076,468	82,246,581	97,925,191
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	39,789	1,799,820
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	533	533
12.7 Miscellaneous proceeds	0	6,338,366	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	67,076,468	88,625,269	99,725,544
13. Cost of investments acquired (long-term only):			
13.1 Bonds	61,657,846	215,659,485	235,271,684
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	1,031	295,591	295,591
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	61,658,877	215,955,076	235,567,275
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)	5,417,591	(127,329,807)	(135,841,731)
<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
16.5 Dividends to stockholders	130,000,000	125,000,000	125,000,000
16.6 Other cash provided (applied)	36,213,608	(54,731,522)	(94,721,273)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(93,786,392)	(179,731,522)	(219,721,273)
<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)	97,115,461	(162,268,196)	(251,556,550)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	157,237,325	408,793,875	408,793,875
19.2 End of period (Line 18 plus Line 19.1)	254,352,786	246,525,679	157,237,325

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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	510,925	93,287	0	0	0	0	0	22,217	395,421	0	0	0	0	0
2. First Quarter .....	488,939	89,920	0	0	0	0	0	21,803	377,216	0	0	0	0	0
3. Second Quarter .....	468,671	88,280	0	0	0	0	0	22,039	358,352	0	0	0	0	0
4. Third Quarter .....	459,656	88,880	0	0	0	0	0	22,404	348,372	0	0	0	0	0
5. Current Year .....	0													
6. Current Year Member Months	4,304,096	806,753						198,273	3,299,070					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	1,455,160	209,964						35,578	1,209,618					
8. Non-Physician .....	5,199,405	309,032						10,065	4,880,308					
9. Total .....	6,654,565	518,996	0	0	0	0	0	45,643	6,089,926	0	0	0	0	0
10. Hospital Patient Days Incurred	1,238,820	27,916						89,526	1,121,378					
11. Number of Inpatient Admissions	75,054	4,667						10,712	59,675					
12. Health Premiums Written (a).....	2,744,337,303	502,540,893						346,843,289	1,894,953,121					
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	2,744,337,303	502,540,893						346,843,289	1,894,953,121					
16. Property/Casualty Premiums Earned .....	0													
17. Amount Paid for Provision of Health Care Services .....	2,326,879,691	322,656,543						284,970,417	1,719,252,731					
18. Amount Incurred for Provision of Health Care Services .....	2,371,234,522	325,034,036						280,917,804	1,765,282,682					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 346,843,289

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	.0	0	.0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	71,998,997	7,280,035	1,430,055	2,121,744	29,135,222	111,966,053
0499999 Subtotals	71,998,997	7,280,035	1,430,055	2,121,744	29,135,222	111,966,053
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	324,648,087
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	436,614,140
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	43,935,107

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

## 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	6
	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 .....	69,653,755	272,211,342	11,863,077	62,189,361	81,516,832	71,753,603
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Vision only .....					0	0
5. Dental only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	43,578,682	251,728,763	4,117,468	49,238,091	47,696,150	57,077,177
8. Title XIX - Medicaid .....	227,077,400	1,492,376,640	19,824,567	285,533,727	246,901,967	274,970,905
9. Credit A&H .....					0	0
10. Disability income .....					0	0
11. Long-term care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	340,309,837	2,016,316,745	35,805,112	396,961,179	376,114,949	403,801,685
14. Health care receivables (a) .....		49,619,703			0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	13,489,401	6,383,411	18,381,952	25,553,155	31,871,353	43,261,326
17. Totals (Lines 13-14+15+16)	353,799,238	1,973,080,453	54,187,064	422,514,334	407,986,302	447,063,011

(a) Excludes \$ 823,573 loans or advances to providers not yet expensed.

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

**NOTES TO FINANCIAL STATEMENT**

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

**A. Accounting Practices**

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

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition, results of operations, and cash flow of an insurance company for determining its solvency under Ohio insurance law. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

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

	<b>SSAP #</b>	<b>F/S Page</b>	<b>F/S Line #</b>	<b>2024</b>	<b>2023</b>
<b>NET INCOME</b>					
1 Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	\$ 65,464,851	\$ 130,049,172
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	\$ 65,464,851	\$ 130,049,172
<b>SURPLUS</b>					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	\$ 466,100,257	\$ 537,827,959
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	\$ 466,100,257	\$ 537,827,959

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

1. Prepayment assumptions for loan-backed securities were obtained from Reuters.

2. The Company has no other-than-temporary impairment (“OTTI”) to recognize.

3. The Company has not recognized OTTI based on cash flow analysis.

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

4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1.Less than 12 Months	\$	4,374
2.12 Months or Longer	\$	1,983,431

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

1.Less than 12 Months	\$	2,927,510
2.12 Months or Longer	\$	27,896,179

5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of OTTI related to these securities.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cash flow is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flow. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cash flow is not probable, the securities are considered other-than-temporarily impaired to the extent amortized cost is greater than the present value of future cash flow.

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the period September 30, 2024.

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

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

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

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

**NOTES TO FINANCIAL STATEMENT**

**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.

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:

<b>Level input</b>	<b>Input definition</b>
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

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

**NOTES TO FINANCIAL STATEMENT**

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 September 30, 2024, for assets and liabilities measured at fair value.

Description of each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	Total
<b>a. Assets at fair value</b>					
Cash, cash equivalents and short-term investments					
	\$ 244,962,349	\$ —	\$ —	\$ —	\$ 244,962,349
Bonds	\$ —	\$ 7,720,274	\$ —	\$ —	\$ 7,720,274
Total Bonds	\$ —	\$ 7,720,274	\$ —	\$ —	\$ 7,720,274
Common stock					
Parent, subsidiaries and affiliates	\$ —	\$ 11,554,402	\$ —	\$ —	\$ 11,554,402
Total Common stock	\$ —	\$ 11,554,402	\$ —	\$ —	\$ 11,554,402
Derivatives assets					
Total Derivatives assets	\$ —	\$ —	\$ —	\$ —	\$ —
Separate account assets					
Total assets at fair value	\$ 244,962,349	\$ 19,274,676	\$ —	\$ —	\$ 264,237,025
<b>b. Liabilities at fair value</b>					
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 September 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	\$ 244,962,349	\$ 244,962,349	\$ 244,962,349	\$ —	\$ —	\$ —	\$ —
Short-term investments	\$ 9,390,437	\$ 9,390,437	\$ —	\$ 9,390,437	\$ —	\$ —	\$ —
Bonds	\$ 638,437,067	\$ 639,891,275	\$ 12,814,188	\$ 625,622,879	\$ —	\$ —	\$ —
Total Investments	\$ 892,789,853	\$ 894,244,061	\$ 257,776,537	\$ 635,013,316	\$ —	\$ —	\$ —

D. Unable to Estimate Fair Value - None

E. Assets Measured at Net Asset Value - None

**21. Other Items**

A. Extraordinary Items - No significant change.

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.

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

**NOTES TO FINANCIAL STATEMENT**

**22. Events Subsequent**

There were no events occurring subsequent to September 30, 2024, requiring disclosure. Subsequent events have been considered through November 13, 2024, for the Statutory statement issued on November 13, 2024.

**23. Reinsurance**

No significant change.

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

A. B. - No significant change.

C. The amount of net premiums written by the Company at September 30, 2024, that are subject to retrospective rating features was \$2,733,131,325 or 100% of the total net premiums written.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
<b>Prior Reporting Year</b>					
(1) Medical loss ratio rebates incurred	\$ —	\$ —	\$ —	\$ —	\$ —
(2) Medical loss ratio rebates paid	—	—	—	—	—
(3) Medical loss ratio rebates unpaid	—	—	—	—	—
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$ —
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ —
<b>Current Reporting Year-to-Date</b>					
(7) Medical loss ratio rebates incurred	\$ 28,154,767	\$ —	\$ —	\$ —	\$ 28,154,767
(8) Medical loss ratio rebates paid	473,140	—	—	—	\$ 473,140
(9) Medical loss ratio rebates unpaid	27,681,627	—	—	—	\$ 27,681,627
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 27,681,627

**E. Risk-Sharing Provisions of the ACA**

1) Did the reporting entity write accident and health insurance premium that is subject to the ACA risk-sharing provisions (YES/NO)?

YES

2) Impact of Risk-Sharing Provisions of the ACA on admitted assets, liabilities, and revenue for the Current Year

**a) Permanent ACA Risk Adjustment Program**

Assets			
1. Premium adjustments receivable due to ACA Risk Adjustment		\$	24,083
Liabilities			
2. Risk adjustment user fees payable for ACA Risk Adjustment		\$	167,617
3. Premium adjustments payable due to ACA Risk Adjustment		\$	1,242
Operations (Revenue & Expense)			
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment		\$	(93,270,502)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$	169,914

**b) Transitional ACA Reinsurance Program**

Assets			
1. Amounts recoverable for claims paid due to ACA Reinsurance		\$	—
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		\$	—
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$	—
Liabilities			
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums		\$	—
5. Ceded reinsurance premiums payable due to ACA Reinsurance		\$	—
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$	—
Operations (Revenue & Expense)			
7. Ceded reinsurance premiums due to ACA Reinsurance		\$	—
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$	—
9. ACA Reinsurance contributions - not reported as ceded premium		\$	—

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

**NOTES TO FINANCIAL STATEMENT**

**c) Temporary ACA Risk Corridors Program**

Assets

1. Accrued retrospective premium due to ACA Risk Corridors	\$	—
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	—
3. Effect of ACA Risk Corridors on net premium income	\$	—
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	—

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any non-admission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program										
1) Premium adjustments receivable	\$	—	\$	—	\$	—	\$	—	\$	—
2) Premium adjustments (payable)	—	(3,855,432)	—	37,501,249	—	(41,356,681)	—	56,498,954	—	15,142,273
3) Subtotal ACA Permanent Risk Adjustment Program	\$	—	\$ (3,855,432)	\$ 37,501,249	\$ —	\$ (41,356,681)	\$ —	\$ 56,498,954	—	\$ 15,142,273
b) Transitional ACA Reinsurance Program										
1) Amounts recoverable for claims paid	\$	—	\$	—	\$	—	\$	—	\$	—
2) Amounts recoverable for claims unpaid (contra liability)	—	—	—	—	—	—	—	—	—	—
3) Amounts receivable relating to uninsured plans	—	—	—	—	—	—	—	—	—	—
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	—	—	—	—	—	—	—	—	—	—
5) Ceded reinsurance premiums payable	—	—	—	—	—	—	—	—	—	—
6) Liability for amounts held under uninsured plans	—	—	—	—	—	—	—	—	—	—
7) Subtotal ACA Transitional Reinsurance Program	\$	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
c) Temporary ACA Risk Corridors Program										
1) Accrued retrospective premium	\$	—	\$	—	\$	—	\$	—	\$	—
2) Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—	—
3) Subtotal ACA Risk Corridors Program	\$	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
d. Total for ACA Risk Sharing Provisions	\$	—	\$ (3,855,432)	\$ 37,501,249	\$ —	\$ (41,356,681)	\$ —	\$ 56,498,954	—	\$ 15,142,273

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program										
a. 2014										
1 Accrued retrospective premium	\$	—	\$	—	\$	—	\$	—	\$	—
2 Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—	—
b. 2015										
1 Accrued retrospective premium	—	—	—	—	—	—	—	—	—	—
2 Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—	—
c. 2016										
1 Accrued retrospective premium	—	—	—	—	—	—	—	—	—	—
2 Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	—	—
d. Total for Risk Corridors	\$	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

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

**NOTES TO FINANCIAL STATEMENT**

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

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

**25. Change in Incurred Claims Expenses**

A. Reserves for unpaid claims as of December 31, 2023 were \$447,063,011. As of September 30, 2024, \$353,799,238 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$54,187,064 as a result of re-estimation of unpaid claims. Therefore, there has been \$39,076,709 favorable prior-year development since December 31, 2023. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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 September 30, 2024

1. Liability carried for premium deficiency reserves -	\$	15,440,037
2. Date of most recent evaluation of this liability -		October 31, 2024
3. Was anticipated investment income utilized in the calculation?		No

**31. Anticipated Salvage and Subrogation**

No significant change.

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

**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 [X]

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 [X]

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 [X] 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 [X]

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 [X] 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 [X]

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 Name of Entity	2 NAIC Company Code	3 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 [X] 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). .... 05/24/2024

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 [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]

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 [X]

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 [X]

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 [X]

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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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 [X]

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 [X]

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 [X] No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

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

**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 [X] No [ ]

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 .....	\$ ..... 11,291,741	\$ ..... 11,554,402
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) .....	\$ ..... 11,291,741	\$ ..... 11,554,402
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
Northern Trust .....	50 S LaSalle Street, Chicago, IL 60603 .....
US Bank Trust .....	555 S. W. OAK STREET, PORTLAND, OR 97204 .....
Wells Fargo Advisors .....	One Metropolitan Square, 211 North Broadway, Suite 2080, St Louis, MO 63102 .....

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
Allspring Global Investments .....	U .....
BYW Investment Advisors, Inc .....	U .....
Brown Brothers Harriman .....	U .....

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 [X] No [ ]

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 [X] No [ ]

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
104973 .....	Allspring Global Investments .....	549300B3H21002L85190 .....	SEC .....	
168297 .....	BYW Investment Advisors, Inc .....	2549001S2A2A9D406F78 .....	SEC .....	
282732 .....	Brown Brothers Harriman .....	5493006KMX1FTPYPW14 .....	FINRA .....	

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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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]

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

**GENERAL INTERROGATORIES**

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]

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.....	86.6 %
1.2 A&H cost containment percent.....	0.1 %
1.3 A&H expense percent excluding cost containment expenses.....	11.4 %

2.1 Do you act as a custodian for health savings accounts?..... Yes  No

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

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

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

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

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

**NONE**

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

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 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 502,540,893	346,843,289	1,894,953,121					2,744,337,303	
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..502,540,893	346,843,289	1,894,953,121	0	0	0	0	2,744,337,303	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX..							0	
61. Total (Direct Business)		XXX	502,540,893	346,843,289	1,894,953,121	0	0	0	2,744,337,303	0
<b>DETAILS OF WRITE-INS</b>										
58001 .....		XXX..								
58002 .....		XXX..								
58003 .....		XXX..								
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX..0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) .....		XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts

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

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

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

<b>Centene Corporation</b>										<b>42-1406317</b>	<b>DE</b>	
	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	WA	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

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

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

	Granite State Health Plan, Inc									45-4792498	NH	14226
	California Health and Wellness Plan									46-0907261	CA	
	Western Sky Community Care, Inc.									45-5583511	NM	16351
	Tennessee Total Care, Inc.									26-1849394	TN	
	SilverSummit Healthplan, Inc.									20-4761189	NV	16143
	University Health Plans, Inc.									22-3292245	NJ	
	Agate Resources, Inc.									20-0483299	OR	
	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Sunshine Health Community Solutions, Inc.									47-5667095	VA	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
		Arkansas Total Care, Inc.								82-2649097	AR	16256
	Bridgeway Health Solutions, LLC									20-4980875	DE	
		Bridgeway Health Solutions of Arizona Inc.								20-4980818	AZ	16310
	Celtic Group, Inc									36-2979209	DE	
		Celtic Insurance Company								06-0641618	IL	80799
		Ambetter of Magnolia Inc								35-2525384	MS	15762
		Ambetter of Peach State Inc.								36-4802632	GA	15729
		Ambetter Health of Louisiana, Inc								92-3523808	LA	17514
		Novasys Health, Inc								27-2221367	DE	
	Centene Management Company LLC									39-1864073	WI	
		Illinois Health Practice Alliance, LLC (50%)								82-2761995	DE	
	Lifeshare Management Group, LLC									46-2798132	NH	
	Envolve Holdings, LLC									22-3889471	DE	

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

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

		Cenpatico Behavioral Health, LLC							68-0461584	CA	
		Envolve, Inc.							37-1788565	DE	
		Envolve Benefits Options, Inc.							61-1846191	DE	
			Envolve Vision Benefits, Inc.						20-4730341	DE	
				Envolve Vision of Texas, Inc.					75-2592153	TX	95302
				Envolve Vision, Inc					20-4773088	DE	
				Envolve Vision of Florida, Inc					65-0094759	FL	
				Envolve Total Vision, Inc.					20-4861241	DE	
			Envolve Dental, Inc.						46-2783884	DE	
				Envolve Dental of Florida, Inc.					81-2969330	FL	
				Envolve Dental of Texas, Inc.					81-2796896	TX	16106
		Centene Pharmacy Services, Inc.							77-0578529	DE	
			MeridianRx, LLC						27-1339224	MI	
		Specialty Therapeutic Care Holdings, LLC							27-3617766	DE	
			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	

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

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

	Health Net, LLC									47-5208076	DE	
		Health Net of California, Inc.								95-4402957	CA	
			Health Net Life Insurance Company							73-0654885	CA	66141
			Health Net Life Reinsurance Company							98-0409907	CJ	
			MEB Ventures II, LLC							83-1570018	DE	
				BLR Properties, LLC (80%)						83-1576137	DE	
		Managed Health Network, LLC								95-4117722	DE	
			Managed Health Network							95-3817988	CA	
			MHN Services, LLC							95-4146179	CA	
		Health Net Federal Services, LLC								68-0214809	DE	
			MHN Government Services LLC							42-1680916	DE	
				Network Providers, LLC (10%)						88-0357895	DE	
				Network Providers, LLC (90%)						88-0357895	DE	
		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	

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

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

			Access Medical Group of Miami, LLC						45-3191719	FL	
			Access Medical Group of Hialeah, LLC						45-3192283	FL	
			Access Medical Group of Westchester, LLC						45-3199819	FL	
			Access Medical Group of Opa-Locka, LLC						45-3505196	FL	
			Access Medical Group of Perrine, LLC						45-3192955	FL	
			Access Medical Group of Florida City, LLC						45-3192366	FL	
			Access Medical Group of Tampa, LLC						82-1737078	FL	
			Access Medical Group of Tampa II, LLC						82-1750978	FL	
			Access Medical Group of Tampa III, LLC						82-1773315	FL	
			Access Medical Group of Lakeland, LLC						84-2750188	FL	
			Access Medical Group of Pembroke Pines, LLC						88-2251274	FL	
			Access Medical Group of Margate, LLC						88-2263310	FL	
			Access Medical Group of Riverview, LLC						88-2284518	FL	
			Access Medical Group of Kendall, LLC						92-0235557	FL	
			Access Medical Group of Lauderdale Lakes, LLC						92-0261029	FL	
			Interpreta Holdings, Inc. (80.1%)						82-4883921	DE	
			Interpreta, Inc.						46-5517858	DE	
			Next Door Neighbors, LLC						32-2434596	DE	
			Next Door Neighbors, Inc.						83-2381790	DE	
			Centene Venture Company Alabama Health Plan, Inc.						84-3707689	AL	16771
			Centene Venture Company Illinois						83-2425735	IL	16505
			Centene Venture Company Kansas						83-2409040	KS	16528
			Centene Venture Company Florida						83-2434596	FL	16499
			Centene Venture Company Indiana, Inc.						84-3679376	IN	16773
			Centene Venture Company Tennessee						84-3724374	TN	16770
			Centene Venture Insurance Company Texas						86-1543217	TX	16990
			Centene Venture Company Michigan						83-2446307	MI	16613

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

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

	Comprehensive Health Management, LLC								59-3547616	FL	
	WellCare Health Plans, Inc.								83-4405939	DE	
		WCG Health Management, Inc.							04-3669698	DE	
			The WellCare Management Group, Inc.						14-1647239	NY	
				WellCare of Mississippi, Inc.					81-5442932	MS	16329
				WellCare of Virginia, Inc.					82-0664467	VA	16763
				WellCare of Oklahoma, Inc.					81-3299281	OK	16117
				WellCare Health Insurance Company of Nevada, Inc.					84-3731013	NV	
				WellCare Health Insurance of the Southwest, Inc.					84-3739752	AZ	16692
				WellCare of Georgia, Inc.					20-2103320	GA	10760
				WellCare of Texas, Inc.					20-8058761	TX	12964
				WellCare of South Carolina, Inc.					32-0062883	SC	11775
				WellCare Health Plans of New Jersey, Inc.					20-8017319	NJ	13020
				WellCare of Pennsylvania, Inc.					81-1631920	PA	
				WellCare Health Plans of Massachusetts, Inc					84-3547689	MA	16970
				WellCare Health Insurance Company of Oklahoma, Inc.					84-4449030	OK	16752
				WellCare Health Plans of Missouri, Inc.					84-3907795	MO	16753
				WellCare Prescription Insurance, Inc.					20-2383134	AZ	10155
				WellCare Health Insurance of Hawaii, Inc.					84-4664883	HI	17002
				WellCare Health Plans of Rhode Island, Inc.					84-4627844	RI	16766
				WellCare of Illinois, Inc.					84-4649985	IL	16765
				Rhythm Health Tennessee, Inc.					45-5154364	TN	16533
				WellCare Health Insurance of New York, Inc					11-3197523	NY	10884
				Ohana Health Plan, Inc.					27-0386122	HI	
				WellCare of Indiana, Inc.					83-2840051	IN	
				America's 1st Choice California Holdings, LLC					45-3236788	FL	
				WellCare of California, Inc.					20-5327501	CA	

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

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

				WellCare Health Insurance of Tennessee, Inc.					83-2276159	TN	16532
				WellCare of New Hampshire, Inc.					83-2914327	NH	16515
				WellCare Health Plans of Vermont, Inc.					83-2255514	VT	16514
				WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
				WellCare of Washington, Inc.					83-2069308	WA	16571
				WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
				WellCare of Alabama, Inc.					82-1301128	AL	16239
				WellCare of Maine, Inc.					82-3114517	ME	16344
				Harmony Health Systems Inc.					22-3391045	NJ	
				Harmony Health Plan, Inc.					36-4050495	IL	11229
				WellCare Health Insurance Company of Kentucky, Inc.					36-6069295	KY	64467
				WellCare Health Insurance of Arizona, Inc.					86-0269558	AZ	83445
				WellCare Health Insurance of North Carolina, Inc.					83-3493160	NC	16548
				WellCare Health Insurance Company of Louisiana, Inc.					83-3333918	LA	16788
				WellCare of Missouri Health Insurance Company, Inc.					83-3525830	MO	16512
				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	WA	16570
				WellCare of North Carolina, Inc.					82-5488080	NC	16547
				WellCare Health Insurance Company of America					82-4247084	AR	16343
				WellCare National Health Insurance Company					82-5127096	TX	16342
				WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
				WellCare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
				WellCare of Michigan Holding Company					26-4004578	MI	
				Meridian Health Plan of Michigan, Inc.					38-3253977	MI	52563
				Meridian Health Plan of Illinois, Inc.					20-3209671	IL	13189

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

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

				Sunshine State Health Plan, Inc (50%)						20-8937577	FL	13148
				Universal American Corp.						27-4683816	DE	
				Universal American Holdings, LLC						45-1352914	DE	
					American Progressive Life and Health Insurance Company of New York					13-1851754	NY	80624
					Heritage Health Systems, Inc.					62-1517194	TX	
					SelectCare of Texas, Inc.					62-1819658	TX	10096
					Heritage Health Systems of Texas, Inc.					76-0459857	TX	
						Golden Triangle Physician Alliance				62-1694548	TX	
					Heritage Physician Networks					76-0560730	TX	
	QCA Healthplan, Inc.									71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company									71-0386640	AR	70998
	District Community Care Inc.									84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC									86-2318658	OK	
	Oklahoma Complete Health Inc.									81-3121527	OK	16904
	RI Health & Wellness, Inc.									86-2694770	RI	
	Delaware First Health, Inc.									88-3410060	DE	
	Delaware First Health Complete, Inc.									88-4145615	DE	
	Magellan Health, Inc									58-1076937	DE	
	Magellan Pharmacy Services, Inc.									47-5588795	DE	
		Magellan Behavioral Health of New Jersey, LLC								52-2310906	NJ	12632
		Magellan Health Services of California, Inc. - Employer Services								95-2868243	CA	
	Magellan Healthcare, Inc.									52-2135463	DE	
		Human Affairs International of California								93-0999350	CA	
		Magellan Complete Care of Louisiana, Inc.								46-4188169	LA	15550
		Magellan Behavioral Health of Florida, Inc.								20-1919978	FL	
		Magellan Health Services of Arizona, Inc.								20-1728452	AZ	
		Magellan Health Services of New Mexico, Inc.								85-0420095	NM	

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

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

			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	

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

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

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

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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.....	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.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	26-1849394.....				Tennessee Total Care, Inc.....	TN.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	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.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	15902.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16112.....	47-5664342.....				Buckeye Health Plan Community Solutions, Inc.....	OH.....	IA.....	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.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4980875.....				Bridgeway Health Solutions, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	80799.....	06-0641618.....				Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	0.....

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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.....

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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.....				Presonyx, 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.....

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
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.....

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**SCHEDULE Y**  
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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.....

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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.....	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.....	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.....	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.....	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.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16765.....	84-4649985.....				WellCare of Illinois, Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16533.....	45-5154364.....				Rhythm Health Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	27-0386122.....				Ohana Health Plan, Inc.....	HI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	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.....	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.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	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.....	Corporation.....	NO.....	0.....

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

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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.....	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.....	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.....	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.....	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.....	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.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2680154.....				Care 1st Health Plan Administrative Services, Inc.....	AZ.....	NIA.....	Arizona, Inc.....	Ownership.....	100.0.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16547.....	82-5488080.....				WellCare of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16342.....	82-5127096.....				WellCare National Health Insurance Company.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	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.....	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.....	Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	26-4004578.....				WellCare of Michigan Holding Company.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	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.....	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.....	Corporation.....	NO.....	0.....

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1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	13148.....	20-8937577.....				Sunshine State Health Plan, Inc.	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	27-4683816.....				Universal American Corp.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	45-1352914.....				Universal American Holdings, LLC.....	DE.....	NIA.....	Universal American Corp.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	80624.....	13-1851754.....				American Progressive Life and Health Insurance Company of New York.....	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.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	10096.....	62-1819658.....				SelectCare of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	76-0459857.....				Heritage Health Systems of Texas, Inc.....	TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	76-1694548.....				Golden Triangle Physician Alliance.....	TX.....	NIA.....	Heritage Health Systems of Texas, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	76-0560730.....				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.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	70998.....	71-0386640.....				Qualchoice Life and Health Insurance Company.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16814.....	84-4119570.....				District Community Care Inc.....	DC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	86-2318658.....				Oklahoma Complete Health Holding Company, LLC.....	OK.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16904.....	81-3121527.....				Oklahoma Complete Health Inc.....	OK.....	IA.....	Oklahoma Complete Health Holding Company, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	86-2694770.....				RI Health & Wellness, Inc.....	RI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	88-3410060.....				Delaware First Health, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	88-4145615.....				Delaware First Health Complete, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	58-1076937.....				Magellan Health, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	47-5588795.....				Magellan Pharmacy Services, Inc.....	DE.....	NIA.....	Magellan Health, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	12632.....	52-2310906.....				Magellan Behavioral Health of New Jersey, LLC.....	NJ.....	IA.....	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	95-2868243.....				Magellan Health Services of California, Inc. - Employer Services.....	CA.....	NIA.....	Magellan Pharmacy Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	52-2135463.....				Magellan Healthcare, Inc.....	DE.....	NIA.....	Magellan Health, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	93-0999350.....				Human Affairs International of California.....	CA.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....

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

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

Asterisk	Explanation
*	Indicates a required field.

## 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.....
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.	.....N/A.....

**Explanation:**

**Bar Code:**



**OVERFLOW PAGE FOR WRITE-INS**

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

**SCHEDULE A – VERIFICATION**

Real Estate

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other-than-temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	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

**NONE**

**SCHEDULE B – VERIFICATION**

Mortgage Loans

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase/(decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	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	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

**NONE**

**SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	8,230,207	8,992,909
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	1,033	295,591
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase/(decrease).....	(210,509)	741,527
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	1,799,820
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	8,020,731	8,230,207
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	8,020,731	8,230,207

**SCHEDULE D – VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	656,527,893	519,226,062
2. Cost of bonds and stocks acquired.....	61,657,846	235,271,684
3. Accrual of discount.....	955,042	1,078,999
4. Unrealized valuation increase/(decrease).....	549,500	790,740
5. Total gain (loss) on disposals.....	(102,570)	(328,733)
6. Deduct consideration for bonds and stocks disposed of.....	67,076,468	97,925,191
7. Deduct amortization of premium.....	1,065,565	1,585,669
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	651,445,677	656,527,893
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	651,445,677	656,527,893

**STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, 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).....	530,396,162	21,075,802	77,161,102	73,509	521,408,475	530,396,162	474,384,372	510,243,377
2. NAIC 2 (a).....	168,783,564		3,793,253	573,575	166,407,713	168,783,564	165,563,886	172,044,084
3. NAIC 3 (a).....	6,063,328		1,104,700	(591,766)	6,061,589	6,063,328	4,366,862	6,443,632
4. NAIC 4 (a).....	4,076,000			495,430	4,078,600	4,076,000	4,571,430	3,690,000
5. NAIC 5 (a).....	377,488			17,675	275,225	377,488	395,163	300,475
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	709,696,541	21,075,802	82,059,055	568,424	698,231,602	709,696,541	649,281,712	692,721,568
<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	709,696,541	21,075,802	82,059,055	568,424	698,231,602	709,696,541	649,281,712	692,721,568

(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 \$ ..... 9,390,437 ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999 Totals	9,390,437	XXX	9,276,343		

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	25,268,334	22,602,668
2. Cost of short-term investments acquired .....	55,756,185	104,712,334
3. Accrual of discount .....	865,918	1,286,777
4. Unrealized valuation increase/(decrease).....		0
5. Total gain (loss) on disposals .....		533
6. Deduct consideration received on disposals .....	72,500,000	103,321,341
7. Deduct amortization of premium.....		12,636
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).....	9,390,437	25,268,334
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	9,390,437	25,268,334

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**

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

**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.....	78,096,192	148,963,452
2. Cost of cash equivalents acquired .....	2,047,407,711	2,588,888,903
3. Accrual of discount .....	804,084	902,313
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	1,976,006,986	2,660,658,476
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) .....	150,301,001	78,096,192
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	150,301,001	78,096,192

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**

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

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds - U.S. Governments</b>									
.91282C-EV-9.....	UNITED STATES TREASURY.....		.08/22/2024.....	Not Provided.....	XXX.....	1,613,553	.1,650,000	.7,723	1.A.....
.91282C-HQ-7.....	UNITED STATES TREASURY.....		.07/10/2024.....	Not Provided.....	XXX.....	2,385,906	2,400,000	44,060	1.A.....
0109999999 - Bonds - U.S. Governments						3,999,459	4,050,000	51,784	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>									
.915260-CN-1.....	UNIVERSITY WIS HOSPS & CLINICS AUTH REV.....		.07/03/2024.....	BARCLAYS CAPITAL INC.....	XXX.....	7,800,000	7,800,000	.1,236	.1.D.FE.....
0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						7,800,000	7,800,000	1,236	XXX
2509999997 - Bonds - Subtotals - Bonds - Part 3						11,799,459	11,850,000	53,020	XXX
2509999999 - Bonds - Subtotals - Bonds						11,799,459	11,850,000	53,020	XXX
6009999999 Totals						11,799,459	XXX	53,020	XXX

E04

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

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 For- eign Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol	
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - U.S. States, Territories and Possessions</b>																					
93974E-M6-0	WASHINGTON ST	08/01/2024	Maturity @ 100.00	XXX	700,000	700,000	697,354	698,401		.1,599		.1,599			700,000			0	.34,222	.08/01/2024	.1.B FE
0509999999	Bonds - U.S. States, Territories and Possessions				700,000	700,000	697,354	698,401	0	.1,599	0	.1,599	0	700,000	0	0	0	34,222	XXX	XXX	
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>																					
235219-KH-4	DALLAS TEX	07/29/2024	Call @ 100.00	XXX	1,800,000	1,800,000	2,149,542	1,805,534		-(5,534)		-(5,534)		1,800,000			0	.85,999	.02/15/2025	.1.E FE	
659155-LU-7	NORTH EAST INDPFT SCH DIST TEX	08/01/2024	Call @ 100.00	XXX	700,000	700,000	700,693	700,091		-(91)		-(91)		700,000			0	.15,400	.08/01/2049	.1.A FE	
666053-GG-8	OREGON SCH BRDS ASSN	06/30/2024	Paydown	XXX						0		0						.1,765	.06/30/2028	.1.C FE	
0709999999	Bonds - U.S. Political Subdivisions of States, Territories and Possessions				2,500,000	2,500,000	2,850,235	2,505,625	0	(5,625)	0	(5,625)	0	2,500,000	0	0	0	103,163	XXX	XXX	
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
107431-JB-5	BREVARD CNTY FLA SCH BRD CTRS PARTN	07/01/2024	Maturity @ 100.00	XXX	300,000	300,000	351,282	300,000		.0		.0		300,000			0	.15,000	.07/01/2024	.Z	
13017H-AN-6	CALIFORNIA EARTHQUAKE AUTH REV	07/01/2024	Maturity @ 100.00	XXX	2,000,000	2,000,000	2,000,000	2,000,000		.0		.0		2,000,000			0	.109,860	.07/01/2024	.1.G	
30382E-IH-0	FAIRFAX CNTY VA ECONOMIC DEV AUTH REV	09/01/2024	Call @ 100.00	XXX	150,000	150,000	150,000	150,000		.0		.0		150,000			0	.5,550	.09/01/2025	.1.G FE	
3132D0-CS-3	FH SD2781 - RMBS	09/01/2024	Paydown	XXX	20,079	20,079	20,487	20,460		(381)		(381)		20,079			0	.711	.04/01/2053	.1.A	
3132D0-HB-5	FH SD2926 - RMBS	09/01/2024	Paydown	XXX	8,413	8,413	8,389	8,389		.24		.24		8,413			0	.285	.05/01/2053	.1.A	
3132D0-M9-4	FH SD3084 - RMBS	09/01/2024	Paydown	XXX	119,556	119,556	122,302	122,200		(2,644)		(2,644)		119,556			0	.4,597	.06/01/2053	.1.A	
3132D0-NY-8	FH SD3107 - RMBS	09/01/2024	Paydown	XXX	31,161	31,161	29,048	29,077		2,084		2,084		31,161			0	.828	.03/01/2053	.1.A	
3133KQ-2U-9	FH RA8887 - RMBS	09/01/2024	Paydown	XXX	126,501	126,501	130,513	130,224		(3,723)		(3,723)		126,501			0	.5,149	.04/01/2053	.1.A	
3133KR-E9-1	FH RA9160 - RMBS	09/01/2024	Paydown	XXX	101,240	101,240	102,600	102,534		(1,294)		(1,294)		101,240			0	.3,707	.06/01/2053	.1.A	
3138W9-J5-0	FN AS0283 - RMBS	09/01/2024	Paydown	XXX	52,636	52,636	52,472	52,526		.110		.110		52,636			0	.718	.08/01/2028	.1.A	
3138W9-RN-2	FN AS0492 - RMBS	09/01/2024	Paydown	XXX	22,410	22,410	22,259	22,326		.84		.84		22,410			0	.371	.09/01/2028	.1.A	
3138X6-M2-8	FN AU6676 - RMBS	09/01/2024	Paydown	XXX	26,346	26,346	26,169	26,248		.98		.98		26,346			0	.439	.09/01/2028	.1.A	
3138XD-SE-1	FN AV2316 - RMBS	09/01/2024	Paydown	XXX	8,381	8,381	8,306	8,341		.39		.39		8,381			0	.140	.12/01/2028	.1.A	
3140JU-JC-8	FN BN3858 - RMBS	09/01/2024	Paydown	XXX	1,283	1,283	1,336	1,329		(.46)		(.46)		1,283			0	.39	.12/01/2047	.1.A	
31400N-TJ-1	FN CB3252 - RMBS	09/01/2024	Paydown	XXX	16,841	16,841	15,507	15,579		.1,262		.1,262		16,841			0	.420	.04/01/2052	.1.A	
3140QP-PQ-4	FN CB4030 - RMBS	09/01/2024	Paydown	XXX	45,121	45,121	43,549	43,647		.1,474		.1,474		45,121			0	.1,396	.06/01/2052	.1.A	
31400Q-D3-6	FN CB4621 - RMBS	09/01/2024	Paydown	XXX	31,210	31,210	31,128	31,126		.85		.85		31,210			0	.1,002	.09/01/2052	.1.A	
314000-GD-1	FN CB4695 - RMBS	09/01/2024	Paydown	XXX	71,375	71,375	73,238	73,041		(1,666)		(1,666)		71,375			0	.2,756	.09/01/2052	.1.A	
3140QH-SK-0	FN CB5921 - RMBS	09/01/2024	Paydown	XXX	109,925	109,925	112,776	112,601		(2,676)		(2,676)		109,925			0	.4,994	.03/01/2053	.1.A	
3140XH-2U-0	FN FS2586 - RMBS	09/01/2024	Paydown	XXX	80,620	80,620	81,174	81,110		(491)		(491)		80,620			0	.2,341	.08/01/2052	.1.A	
3140XH-4E-4	FN FS2620 - RMBS	09/01/2024	Paydown	XXX	39,112	39,112	38,458	38,500		.612		.612		39,112			0	.1,203	.08/01/2052	.1.A	
3140XJ-AR-4	FN FS2715 - RMBS	09/01/2024	Paydown	XXX	33,264	33,264	31,252	31,286		.1,978		.1,978		33,264			0	.774	.04/01/2052	.1.A	
3140XJ-C6-8	FN FS2792 - RMBS	09/01/2024	Paydown	XXX	37,916	37,916	38,657	38,575		(659)		(659)		37,916			0	.1,272	.09/01/2052	.1.A	
3140XK-F5-4	FN FS3787 - RMBS	09/01/2024	Paydown	XXX	48,197	48,197	48,543	48,531		(334)		(334)		48,197			0	.1,795	.02/01/2053	.1.A	
3140XX-YD-6	FN FS4307 - RMBS	09/01/2024	Paydown	XXX	109,798	109,798	109,077	109,088		.710		.710		109,798			0	.3,811	.03/01/2053	.1.A	
31418A-BC-8	FN MA1542 - RMBS	09/01/2024	Paydown	XXX	17,523	17,523	17,424	17,468		.55		.55		17,523			0	.235	.08/01/2028	.1.A	
34074M-TL-5	FLORIDA HSC FIN CORP REV	07/01/2024	Call @ 100.00	XXX	50,000	50,000	55,224	52,810		(296)		(296)		52,514			(2,514)	.2,000	.07/01/2050	.1.A FE	
45505T-PP-0	AUTH SINGLE F	07/01/2024	Call @ 100.00	XXX	.45,000	.45,000	.48,353	.47,353		(184)		(184)		.47,169			(2,169)	.1,575	.01/01/2049	.1.A FE	
462467-YJ-4	IOWA FINANCE AUTHORITY	07/01/2024	Call @ 100.00	XXX	.55,000	.55,000	.60,684	.58,214		(305)		(305)		.57,908			(2,908)	.1,925	.01/01/2049	.1.A FE	
57563R-NL-9	MASEDU 11J J724 MASSACHUSETTS	07/01/2024	Maturity @ 100.00	XXX	1,000,000	1,000,000	1,114,300	1,010,110		(10,110)		(10,110)		1,000,000			0	.50,000	.07/01/2024	.1.A FE	
576004-HG-3	(COMMONWEALTH OF MICHIGAN FIN AUTH REV	07/15/2024	Paydown	XXX	395,126	395,126	389,650	390,328		.4,798		.4,798		395,126			0	.16,240	.07/15/2031	.1.B FE	
59447F-F5-5	OKLAHOMA CITY UTAH HOSPH REV	07/23/2024	Call @ 100.00	XXX	1,000,000	1,000,000	1,047,550	1,011,096		(11,096)		(11,096)		1,000,000			0	.53,055	.07/01/2029	.1.D FE	
626853-CG-8	MURRAY CITY UTAH HOSPH REV	06/26/2024	Call @ 100.00	XXX	.25,000	.25,000	.26,841	.25,971		(101)		(101)		.25,870			(870)	.0	.5,562	.05/15/2037	.1.B FE
647201-FY-3	NEW MEXICO MTG FIN AUTH	07/01/2024	Call @ 100.00	XXX	.25,000	.25,000	.26,841	.25,971		(101)		(101)		.25,870			(870)	.0	.1,008	.01/01/2050	.1.A FE
658207-KX-																					

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

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 For- eign Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol		
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.									
880461-G9-3, DEVELOPMENT AGENCY, TEXAS ST DEPT HSG & CMNTY	07/01/2024., Call @ 100.00.....		XXX.	25,000	25,000	27,145	26,493		(85)			(85)		26,407		(1,407)	(1,407)	878	01/01/2050	1.B FE		
882750-PK-2, AFFAIRS RESIDE.....	09/01/2024., Call @ 100.00.....		XXX.	20,000	20,000	22,026	21,062		(124)			(124)		20,938		(938)	(938)	958	01/01/2049	1.B FE		
915260-CN-1, UNIVERSITY WIS HOSPS & CLINICS AUTH REV,	07/25/2024., Various.....		XXX.	2,900,000	2,900,000	2,900,000	2,900,000					0		2,900,000		0	0	512	04/01/2048	1.D FE		
92812U-Q8-4, VIRGINIA HOUSING DEVELOPMENT AUTHORITY	09/03/2024., Call @ 100.00.....		XXX.	.6,191	.6,191	.6,191	.6,191					0		.6,191		0	0	105	12/25/2049	1.A FE		
0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions				10,385,223	10,385,223	10,630,149	7,529,026		0	(22,894)		0	(22,894)		0	10,406,132	0	(20,909)	(20,909)	339,304	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
001098-AA-3, AFN 2019-1 A1 - CMBS.....	09/20/2024., Paydown.....		XXX.	.10,971	.10,971	.10,971	.10,971		.0			.0		.10,971			0	.268	.05/20/2049	1.A FE		
025816-CG-2, AMERICAN EXPRESS CO.....	07/01/2024., Call @ 100.00.....		XXX.	2,000,000	2,000,000	2,014,500	2,001,580		(1,580)			(1,580)		2,000,000			0	.45,972	.07/30/2024	1.F FE		
09628J-AL-5, BLUEJ 2015-3 A1R - CDO.....	D 07/22/2024., Paydown.....		XXX.	.52,217	.52,217	.52,217	.52,217					0		.52,217			0	.2,648	.04/21/2031	1.A FE		
110122-CM-8, BRISTOL-MYERS SQUIBB CO.....	07/26/2024., Maturity @ 100.00.....		XXX.	1,055,000	1,055,000	1,050,907	1,054,531		.469			.469		1,055,000			0	.30,595	.07/26/2024	1.F FE		
12434L-AA-2, BXMT 2020-FL2 A - CMBS.....	09/17/2024., Paydown.....		XXX.	.30,262	.30,262	.30,262	.30,262					0		.30,262			0	.1,307	.02/18/2038	1.A FE		
12510H-AV-2, CAUTO 242 A1 - ABS.....	09/15/2024., Paydown.....		XXX.	.15,800	.15,800	.15,341	.15,341		.459			.459		.15,800			0	.114	.05/15/2054	1.A FE		
12511J-AB-1, CCG 221 A2 - ABS.....	09/14/2024., Paydown.....		XXX.	.84,463	.84,463	.84,463	.84,463		.1			.1		.84,463			0	.2,196	.07/16/2029	1.A FE		
126650-CF-5, CVS HEALTH CORP.....	08/12/2024., Maturity @ 100.00.....		XXX.	.500,000	.500,000	.492,375	.499,075					925		.500,000			0	.16,875	.08/12/2024	2.B FE		
165183-DE-1, CFI I 241 A1 - ABS.....	09/15/2024., Paydown.....		XXX.	.114,424	.114,424	.114,424	.114,424					0		.114,424			0	.2,116	.05/15/2036	1.A FE		
19736W-AG-5, CECLO 30 A2 - CDO.....	C 08/14/2024., Paydown.....		XXX.	.650,000	.650,000	.650,000	.650,000					0		.650,000			0	.38,921	.01/20/2034	1.D FE		
22535B-AA-1, CAALT 214 A - ABS.....	09/15/2024., Paydown.....		XXX.	.197,450	.197,450	.197,422	.197,431		.19			.19		.197,450			0	.1,657	.10/15/2030	1.A FE		
23306G-AA-5, DBGS 2018-B10 A - CMBS.....	08/15/2024., Paydown.....		XXX.	.442,512	.442,512	.441,959	.442,452		.60			.60		.442,512			0	.19,280	.05/15/2035	1.A FE		
233851-BJ-2, NORTH AMERICA LLC.....	08/01/2024., Maturity @ 100.00.....		XXX.	.1,505,000	.1,505,000	.1,614,248	.1,524,973					(19,973)		.1,505,000			0	.48,913	.08/01/2024	1.F FE		
26208L-AD-0, HONK 191 A2 - ABS.....	07/20/2024., Paydown.....		XXX.	.2,500	.2,500	.2,655	.2,604					(104)		.2,500			0	.87	.04/20/2049	2.C FE		
26243E-AA-9, DRSFL 53 A - CDO.....	C 07/15/2024., Paydown.....		XXX.	.8,861	.8,861	.8,840	.8,856		.5			.5		.8,861			0	.452	.01/15/2031	1.A FE		
26252N-AN-9, DRSFL 72 A2 - CDO.....	C 08/15/2024., Paydown.....		XXX.	.16,164	.16,164	.16,164	.16,164					0		.16,164			0	.822	.05/15/2032	1.A FE		
26252N-AN-9, DRSFL 72 A2 - CDO.....	C 09/26/2024., Paydown.....		XXX.	1,088,836	1,088,836	1,088,836	1,088,836					0		1,088,836			0	.63,550	.05/15/2032	Z		
28628C-AA-4, ELFJ 22A A - ABS.....	09/25/2024., Paydown.....		XXX.	.28,050	.28,050	.28,049	.28,050		.0			.0		.28,050			0	.850	.08/26/2047	1.A FE		
29374L-AB-6, EFF 233 A2 - ABS.....	09/20/2024., Paydown.....		XXX.	.115,756	.115,756	.115,754	.115,754		.2			.2		.115,756			0	.5,107	.03/20/2030	1.A FE		
36143L-2C-8, GA GLOBAL FUNDING TRUST.....	09/13/2024., Maturity @ 100.00.....		XXX.	.825,000	.825,000	.823,177	.824,572					.428		.825,000			0	.6,600	.09/13/2024	1.G FE		
373334-KK-6, GEORGIA POWER CO.....	09/15/2024., Maturity @ 100.00.....		XXX.	1,500,000	1,500,000	1,481,250	1,497,213					.2,787		1,500,000			0	.33,000	.09/15/2024	1.F FE		
47760Q-AB-9, JIMMY 2017-1 211 - ABS.....	07/30/2024., Paydown.....		XXX.	.2,500	.2,500	.2,663	.2,597					(.97)		.2,500			0	.91	.07/30/2047	2.B FE		
55817A-AS-3, MDPK XXXII BR - CDO.....	C 08/09/2024., Paydown.....		XXX.	.950,000	.950,000	.945,630	.947,026					.2,974		.950,000			0	.53,821	.01/22/2031	1.C FE		
581557-BS-3, MCKESSON CORP.....	09/16/2024., Maturity @ 100.00.....		XXX.	1,145,000	1,145,000	1,142,710	1,143,344					.533		1,143,877			0	.1,123	.05,289	.02/15/2026	2.A FE	
606822-CQ-5, GROUP INC.....	C 09/12/2024., Call @ 100.00.....		XXX.	1,000,000	1,000,000	1,000,000	1,000,000					0		1,000,000			0	.50,630	.09/12/2025	1.G FE		
619460-AB-7, MSA 2022-1 B - ABS.....	09/20/2024., Paydown.....		XXX.	.13,068	.13,068	.12,577	.12,694					.374		.13,068			0	.273	.01/20/2053	1.G FE		
61947D-AA-7, MSA I 2021-1 A - ABS.....	09/20/2024., Paydown.....		XXX.	.19,847	.19,847	.19,587	.19,616					.231		.19,847			0	.200	.12/20/2046	1.D FE		
62890Q-AA-1, NMEF 23A A2 - ABS.....	09/15/2024., Paydown.....		XXX.	.90,166	.90,166	.90,166	.90,166					0		.90,166			0	.3,961	.06/17/2030	1.A FE		
62920K-AB-8, NMEF 2022-A2 - ABS.....	09/15/2024., Paydown.....		XXX.	.93,761	.93,761	.93,753	.93,761					.1		.93,761			0	.1,606	.10/16/2028	1.A FE		
62960N-AA-5, NXTC 2020-1 A - CDO.....	09/05/2024., Paydown.....		XXX.	1,039,520	1,039,520	1,039,520	1,039,520					0		1,039,520			0	.63,514	.01/21/2031	1.A FE		
63172D-AA-9, CFOZ 2019 A - CDO.....	08/15/2024., Paydown.....		XXX.	.20,289	.20,289	.20,289	.20,289					0		.20,289			0	.606	.08/31/2034	1.F FE		
63940Q-AC-7, NAVSL 18B A2B - ABS.....	09/16/2024., Paydown.....		XXX.	.25,218	.25,218	.25,218	.25,218					0		.25,218			0	.1,059	.12/15/2059	1.A FE		
65252X-AA-3, NWSL 2019-1 A - ABS.....	09/25/2024., Paydown.....		XXX.	.14,311	.14,311	.14,311	.14,311					0		.14,311			0	.701	.12/27/2044	1.E FE		
674599-CW-3, OCCIDENTAL PETROLEUM CORP.....	08/15/2024., Maturity @ 100.00.....		XXX.	.945,000	.945,000	.884,331	.929,408		4,661			10,932		.945,000			0	.27,405	.08/15/2024	3.A FE		
68377G-AA-4, OPTN 2021-B A - ABS.....	09/08/2024., Paydown.....		XXX.	.163,117	.163,117	.163,101	.163,113					.5		.163,117			0	.1,596	.05/08/2031	1.D FE		
746245-AA-7, PUREN 211 A1 - ABS.....	09/20/2024., Paydown.....		XXX.	.33,176	.33,176	.33,176	.33,176					0		.33,176			0	.904	.12/22/2036	1.G FE		
780153-BT-8, LTD.....	09/27/2024., Call @ 106.72.....		XXX.	.165,422	.165,422	.155,000	.159,979					(278)		(								

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

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
2509999997 - Bonds - Subtotals - Bonds - Part 4						33,144,990	33,134,568	33,787,646	29,997,242	4,661	(32,592)	0	(27,931)	0	33,159,055	0	(14,065)	(14,065)	1,190,179	XXX	XXX
2509999999 - Bonds - Subtotals - Bonds						33,144,990	33,134,568	33,787,646	29,997,242	4,661	(32,592)	0	(27,931)	0	33,159,055	0	(14,065)	(14,065)	1,190,179	XXX	XXX
6009999999 Totals						33,144,990	XXX	33,787,646	29,997,242	4,661	(32,592)	0	(27,931)	0	33,159,055	0	(14,065)	(14,065)	1,190,179	XXX	XXX

E05.2

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 SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
BMO Harris Bank.....Chicago, IL.....		5.300	1,620		123,163	123,661	124,122	XXX
Regions Bank.....Clayton, MO.....		4.800	22,928		1,214,784	1,220,072	51,231,921	XXX
CIBC.....Chicago, IL.....		4.900	125,868		6,417,898	6,417,745	41,456,918	XXX
FICA.....New York, NY.....		4.810	5,289		414,120	415,917	417,620	XXX
Wells Fargo.....San Francisco, CA.....		5.300	186,526	0	0	0	0	XXX
MUFG Bank, LTD.....New York, NY.....		5.290	18,686	48,400	1,418,421	1,424,791	1,430,767	XXX
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX			14,088	14,088		XXX
0199999 Total Open Depositories	XXX	XXX	360,917	48,400	9,602,474	9,616,274	94,661,348	XXX
0399999 Total Cash on Deposit	XXX	XXX	360,917	48,400	9,602,474	9,616,274	94,661,348	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	360,917	48,400	9,602,474	9,616,274	94,661,348	XXX

## STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Buckeye Community Health Plan, Inc.

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

1 CUSIP		2 Description		3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>Sweep Accounts</b>										
...XXX	BANK SWEEP				.09/30/2024			1,753,228		.406
8109999999 - Sweep Accounts								1,753,228	0	406
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>										
665279-87-3	NORTHERN INST:TREAS PRM				.09/30/2024	.4,790	XXX	1,566,800	.161,347	
857492-86-2	SS INST INV:TRS+ MM PRM				.09/25/2024	.4,950	XXX	51,000,000	.71,328	
8209999999 - Exempt Money Market Mutual Funds - as Identified by SVO								52,566,800	232,675	0
<b>All Other Money Market Mutual Funds</b>										
31846V-33-6	FIRST AMER:GVT OBLG X				.09/27/2024	.4,810	XXX	963,264	.56,844	
857492-70-6	SS INST INV:US GV MM PRM				.09/27/2024	.4,950	XXX	40,000,000	.21,648	
949921-12-6	ALLSPRING:GOVT MM SEL				.09/20/2024	.4,880	XXX	55,017,709	.258,482	
8309999999 - All Other Money Market Mutual Funds								95,980,973	336,974	0
8609999999 Total Cash Equivalents								150,301,001	569,649	406