



QUARTERLY STATEMENT

AS OF MARCH 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

Buckeye Community Health Plan, Inc.

NAIC Group Code	1295	1295	NAIC Company Code	11834	Employer's ID Number	32-0045282
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]		
	Dental Service Corporation [ ]		Vision Service Corporation [ ]	Health Maintenance Organization [ X ]		
	Other [ ]			Is HMO Federally Qualified? Yes [ ] No [ X ]		
Incorporated/Organized	10/29/2003		Commenced Business	01/01/2004		
Statutory Home Office	4349 Easton Way, Suite 120			Columbus, OH, US 43219		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	7700 Forsyth Boulevard		St. Louis, MO, US 63105	314-725-4477		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	7700 Forsyth Boulevard		St. Louis, MO, US 63105			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7700 Forsyth Boulevard		St. Louis, MO, US 63105	314-725-4477		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	www.bchpohio.com					
Statutory Statement Contact	Bryan Tafel		813-206-2725			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	bryan.tafel@centene.com		813-675-2899			
	(E-Mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
Chris Edward Paterson #	Interim President and CEO	Holly Lynette Mayer	Treasurer and CFO
Kendra Louise Archer #	Secretary		

OTHER OFFICERS

Tricia Lynn Dinkelman	Vice President of Tax	Robert Bradley Lucas M.D.	Chief Medical Officer
Lori Skinner-Campbell	Vice President Quality and Process 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 John Rhoades Pharm. D	Vice President of Pharmacy	John Gottlieb Willy Scherler	Chief Operating Officer

DIRECTORS OR TRUSTEES

Angela Cornelius Dawson	Jimmy Vance Stewart	Edward Thomas Arcy M.D.	Elizabeth Anne Kelly
Julie DiRossi-King	Joshua J Joseph, M.D.	Gregory K Lam, M.D.	Chris Edward Paterson #
John Gottlieb Willy Scherler #			

State of .....

County of .....

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

Chris Edward Paterson Interim President and CEO	Holly Lynette Mayer Treasurer and CFO	Kendra Louise Archer 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 MARCH 31, 2025 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 .....	614,261,200		614,261,200	624,208,807
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	11,769,231		11,769,231	11,725,659
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 (\$ .....259,610,424 ), cash equivalents (\$ .....90,605,317 ) and short-term investments (\$ ..... 0 ) .....	350,215,741		350,215,741	274,249,019
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	5,367,419		5,367,419	5,798,759
9. Receivables for securities .....	15,000		15,000	360,000
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) .....	981,628,591	0	981,628,591	916,342,244
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	6,475,885		6,475,885	6,367,158
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	207,974,919		207,974,919	126,263,780
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 (\$ .....164,001,541 ) and contracts subject to redetermination (\$ ..... ) .....	164,001,541		164,001,541	130,704,171
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	104,823		104,823	2,376,331
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 .....	28,457,009		28,457,009	19,512,396
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	11,939,783		11,939,783	12,027,124
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 .....	457,825		457,825	272,790
24. Health care (\$ .....28,713,806 ) and other amounts receivable .....	50,557,891	21,844,085	28,713,806	29,591,784
25. Aggregate write-ins for other-than-invested assets .....	842,819	842,819	0	9,406,858
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,452,441,086	22,686,904	1,429,754,182	1,252,864,636
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	1,452,441,086	22,686,904	1,429,754,182	1,252,864,636
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaids .....	842,819	842,819	0	0
2502. Cost sharing reduction receivable .....			0	9,406,858
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) .....	842,819	842,819	0	9,406,858

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....3,164,580 reinsurance ceded).....	483,171,426		483,171,426	415,714,835
2. Accrued medical incentive pool and bonus amounts .....	65,248,967		65,248,967	46,935,753
3. Unpaid claims adjustment expenses .....	4,133,725		4,133,725	3,788,878
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	192,040,646		192,040,646	175,083,403
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 .....	7,830,793		7,830,793	9,704,939
9. General expenses due or accrued .....	90,813,312		90,813,312	71,160,677
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	11,743,460		11,743,460	7,798,516
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	38,485,424		38,485,424	42,510,100
16. Derivatives.....			0	0
17. Payable for securities .....	2,709,263		2,709,263	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 .....	6,886,885		6,886,885	8,456,039
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	11,993,419	0	11,993,419	7,370,762
24. Total liabilities (Lines 1 to 23).....	915,057,320	0	915,057,320	788,523,902
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	129,150,000	129,150,000
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	384,546,862	334,190,735
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	514,696,862	464,340,735
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,429,754,182	1,252,864,637
DETAILS OF WRITE-INS				
2301. Hospital Assessment Payable.....	8,852,616		8,852,616	6,054,337
2302. State income tax payable.....	3,092,668		3,092,668	1,267,891
2303. Unclaimed property.....	48,135		48,135	48,534
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)	11,993,419	0	11,993,419	7,370,762
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	1,426,858	1,492,846	5,673,670
2. Net premium income (including \$ ..... non-health premium income).....	XXX	957,681,265	919,082,804	3,631,470,741
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	957,681,265	919,082,804	3,631,470,741
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		633,344,245	674,592,455	2,595,332,334
10. Other professional services .....		61,456,653	61,137,233	246,704,913
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area .....		40,454,055	45,108,180	173,585,082
13. Prescription drugs .....		40,017,798	26,853,645	130,848,875
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		21,450,449	6,620,241	28,376,717
16. Subtotal (Lines 9 to 15) .....	.0	796,723,200	814,311,754	3,174,847,921
<b>Less:</b>				
17. Net reinsurance recoveries .....		3,854,450	2,948,027	23,696,645
18. Total hospital and medical (Lines 16 minus 17) .....	.0	792,868,750	811,363,727	3,151,151,276
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ ..... 478,539 cost containment expenses.....		7,975,646	9,129,314	31,248,523
21. General administrative expenses.....		104,904,932	95,485,226	390,886,307
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		(3,871,761)	10,364,827	21,660,379
23. Total underwriting deductions (Lines 18 through 22) .....	.0	901,877,567	926,343,094	3,594,946,485
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	55,803,698	(7,260,290)	36,524,256
25. Net investment income earned .....		9,163,961	9,457,221	37,466,881
26. Net realized capital gains (losses) less capital gains tax of \$ ..... (773) .....		(2,907)	(38,275)	(135,709)
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	9,161,054	9,418,946	37,331,172
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... 273,580 )] .....		(273,580)	(464,426)	(1,002,569)
29. Aggregate write-ins for other income or expenses .....	.0	22,326	6,030,626	5,149,045
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	64,713,498	7,724,856	78,001,904
31. Federal and foreign income taxes incurred .....	XXX	13,247,057	3,856,650	20,206,446
32. Net income (loss) (Lines 30 minus 31) .....	XXX	51,466,441	3,868,206	57,795,458
<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.....		22,326	6,030,626	4,607,370
2902. Miscellaneous income - litigation settlement.....			.0	541,675
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	22,326	6,030,626	5,149,045

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	464,340,735	537,827,959	537,827,959
34. Net income or (loss) from Line 32 .....	51,466,441	3,868,206	57,795,458
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 \$ .....5,592	64,607	(3,349)	159,326
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(81,749)	2,817,828	5,506,243
39. Change in nonadmitted assets .....	(1,093,172)	(2,365,913)	(6,948,251)
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	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	(130,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	50,356,127	4,316,772	(73,487,224)
49. Capital and surplus end of reporting period (Line 33 plus 48)	514,696,862	542,144,731	464,340,735
<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

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	861,627,615	896,564,195	3,738,668,415
2. Net investment income .....	9,047,639	9,490,775	38,030,903
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	870,675,254	906,054,970	3,776,699,318
5. Benefit and loss related payments .....	704,679,172	772,595,966	3,166,874,816
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	103,648,119	88,868,459	409,112,927
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	9,301,340	0	29,807,020
10. Total (Lines 5 through 9) .....	817,628,631	861,464,425	3,605,794,763
11. Net cash from operations (Line 4 minus Line 10) .....	53,046,623	44,590,545	170,904,555
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	23,336,546	19,467,215	84,398,063
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 .....	431,340	0	1,799,820
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	3,054,264	3,449,753	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	26,822,150	22,916,968	86,197,883
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	13,358,396	27,295,023	63,373,324
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	1,031
13.6 Miscellaneous applications .....	0	400,000	360,000
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	13,358,396	27,695,023	63,734,355
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) .....	13,463,753	(4,778,055)	22,463,528
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	130,000,000
16.6 Other cash provided (applied).....	9,456,346	1,261,593	53,643,611
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	9,456,346	1,261,593	(76,356,389)
<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) .....	75,966,722	41,074,083	117,011,694
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	274,249,019	157,237,325	157,237,325
19.2 End of period (Line 18 plus Line 19.1)	350,215,741	198,311,408	274,249,019

STATEMENT AS OF MARCH 31, 2025 OF THE Buckeye Community Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year .....	453,668	86,278	.0	.0	.0	.0	.0	22,199	345,191	.0	.0	.0	.0	.0
2. First Quarter .....	477,975	116,254	.0	.0	.0	.0	.0	22,062	339,659	.0	.0	.0	.0	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0													
6. Current Year Member Months	1,426,858	337,768						66,908	1,022,182					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	377,752	69,660						10,049	298,043					
8. Non-Physician .....	1,410,987	103,725						3,045	1,304,217					
9. Total	1,788,739	173,385	0	0	0	0	0	13,094	1,602,260	0	0	0	0	0
10. Hospital Patient Days Incurred	413,488	11,926						29,551	372,011					
11. Number of Inpatient Admissions	25,020	2,088						3,547	19,385					
12. Health Premiums Written (a).....	961,268,170	191,729,928						123,863,973	645,674,269					
13. Life Premiums Direct .....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned .....	961,268,170	191,729,928						123,863,973	645,674,269					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	707,098,946	121,436,041						99,435,664	486,227,241					
18. Amount Incurred for Provision of Health Care Services	796,723,200	126,775,223						104,595,883	565,352,094					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 123,863,973

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

[illegible]



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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	63,872,026	78,447,295	34,853,827	52,125,516	98,725,853	81,588,360
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 .....	32,826,854	81,191,116	11,853,564	43,761,452	44,680,418	52,256,405
8. Title XIX - Medicaid .....	141,183,670	356,209,928	85,877,932	254,699,135	227,061,602	281,870,070
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).....	237,882,550	515,848,339	132,585,323	350,586,103	370,467,873	415,714,835
14. Health care receivables (a) .....		49,769,179			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	2,278,271	858,965	53,624,352	11,624,614	55,902,623	46,935,753
17. Totals (Lines 13-14+15+16)	240,160,821	466,938,125	186,209,675	362,210,717	426,370,496	462,650,588

(a) Excludes \$ .....788,712 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
1 Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	4	32	\$ 51,466,441	\$ 57,795,458
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 51,466,441</u>	<u>\$ 57,795,458</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	3	33	\$ 514,696,862	\$ 464,340,735
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
7 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	-	-
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 514,696,862</u>	<u>\$ 464,340,735</u>

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

C. Accounting Policy - No significant change.

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

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

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

B. Debt Restructuring - No significant change.

C. Reverse Mortgages - No significant change.

D. Loan-Backed Securities

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

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

NOTES TO FINANCIAL STATEMENT

3. The Company has not recognized OTTI based on cash flow analysis.
4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):
- a. The aggregate amount of unrealized losses:

1.Less than 12 Months	\$	143,142
2.12 Months or Longer	\$	2,097,443

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

1.Less than 12 Months	\$	23,346,368
2.12 Months or Longer	\$	23,584,818

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 March 31, 2025.

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.

NOTES TO FINANCIAL STATEMENT

**7. Investment Income**

No significant change.

**8. Derivative Instruments**

None

**9. Income Taxes**

No significant change.

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

No significant change.

**11. Debt**

A. Debt - No significant change.

B. Federal Home Loan Bank Agreements - None

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

None

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

No significant change.

**14. Liabilities, Contingencies and Assessments**

A. Contingent Commitments - No significant change.

B. Assessments - No significant change.

C. Gain Contingencies - No significant change.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits - No significant change.

E. Joint and Several Liabilities - No significant change.

F. All Other Contingencies - No significant change.

**15. Leases**

No significant change.

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

No significant change.

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

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

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.

NOTES TO FINANCIAL STATEMENT

20. Fair Value Measurements

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

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

1. The following table summarizes fair value measurements by level at March 31, 2025, for assets and liabilities measured at fair value.

Description of each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	Total
a. Assets at fair value					
Cash, cash equivalents and short-term investments	\$ 350,215,741	\$ -	\$ -	\$ -	\$ 350,215,741
Bonds					
Issuer credit obligations	\$ -	\$ 7,303,169	\$ -	\$ -	\$ 7,303,169
Asset-backed securities	-	-	-	-	-
Total Bonds	\$ -	\$ 7,303,169	\$ -	\$ -	\$ 7,303,169
Common stock					
Parent, subsidiaries and affiliates	\$ -	\$ 11,769,231	\$ -	\$ -	\$ 11,769,231
Total Common stock	\$ -	\$ 11,769,231	\$ -	\$ -	\$ 11,769,231
Derivatives assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total Derivatives assets	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 350,215,741	\$ 19,072,400	\$ -	\$ -	\$ 369,288,141
b. Liabilities at fair value					
Separate account liabilities					
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 March 31, 2025, 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	\$ 350,215,741	\$ 350,215,741	\$ 350,215,741	\$ -	\$ -	\$ -	\$ -
Issuer credit obligations	510,624,596	515,675,046	16,958,883	493,665,713	-	-	-
Asset-backed securities	96,948,682	98,586,154	-	96,948,682	-	-	-
Total Investments	969,558,250	976,246,172	367,174,624	602,383,626	-	-	-

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.

NOTES TO FINANCIAL STATEMENT

- C. Other Disclosures and Unusual Items - No significant change.
- D. Business Interruption Insurance Recoveries - No significant change.
- E. State Transferable and Non-Transferable Tax Credits - No significant change.
- F. Subprime Mortgage Related Risk Exposure - No significant change.
- G. Retained Assets - No significant change.
- H. Insurance-Linked Securities (“ILS”) Contracts - No significant change.
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - No significant change.

22. Events Subsequent

In connection with the preparation of the statutory-basis financial statements, the Company evaluated subsequent events after the statutory-basis statements of admitted assets, liabilities, and capital and surplus date of March 31, 2025, through May 12, 2025, which was the date the statutory-basis financial statements were issued.

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 March 31, 2025, that are subject to retrospective rating features was \$957,681,265 or 100% of the total net premiums written.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 52,185,867	\$ -	\$ -	\$ -	\$ 52,185,867
(2) Medical loss ratio rebates paid	473,140	-	-	-	473,140
(3) Medical loss ratio rebates unpaid	51,712,727	-	-	-	51,712,727
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	<u>\$ 51,712,727</u>
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ 4,833,066	\$ -	\$ -	\$ -	\$ 4,833,066
(8) Medical loss ratio rebates paid	-	-	-	-	-
(9) Medical loss ratio rebates unpaid	56,545,793	-	-	-	56,545,793
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	<u>56,545,793</u>

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

STATEMENT AS OF MARCH 31, 2025 OF THE Buckeye Community Health Plan, Inc.

NOTES TO FINANCIAL STATEMENT

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

a) Permanent ACA Risk Adjustment Program

Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ -
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 279,414
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 2,658,033
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$ (37,513,409)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 59,623

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	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a) Permanent ACA Risk Adjustment Program									
1) Premium adjustments receivable								A	
2) Premium adjustments (payable)								B	
3) Subtotal ACA Permanent Risk Adjustment Program									

A- N/A  
B- No incremental disclosure required to Marketplace operations for 2025

25. Change in Incurred Claims Expenses

A. Reserves for unpaid claims as of December 31, 2024 were \$462,650,588. As of March 31, 2025, \$240,160,821 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$186,209,675 as a result of re-estimation of unpaid claims. Therefore, there has been \$36,280,092 favorable prior-year development since December 31, 2024. 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 March 31, 2025:

1. Liability carried for premium deficiency reserves	\$ 24,105,067
2. Date of most recent evaluation of this liability	April 30, 2025
3. Was anticipated investment income utilized in the calculation?	No

NOTES TO FINANCIAL STATEMENT

31. Anticipated Salvage and Subrogation

No significant change.



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes ☐ No ☒
- 1.2

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

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

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

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

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

Yes ☐ No ☒
- 3.3

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

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

Yes ☒ No ☐
- 3.5

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

0001071739
- 4.1

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

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

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

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

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

12/31/2022
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2022
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/24/2024
- 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 ☒
- 6.6

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

Yes ☐ No ☐ NA ☒
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

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

Yes ☐ No ☒
- 8.2

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

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

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 9.1

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

Yes ☒ No ☐
- (a)

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

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

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

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

Accountability for adherence to the code.
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 9.21

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

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

Yes ☐ No ☒
- 9.31

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

FINANCIAL

- 10.1

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

Yes ☒ No ☐
- 10.2

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

\$ 0

GENERAL INTERROGATORIES

INVESTMENT

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

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

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes ☒ No ☐

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	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....11,725,659	\$ .....11,769,231
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....11,725,659	\$ .....11,769,231
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes ☐ No ☐ NA ☒  
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 ☒ 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.....	333 South Wabash, 42nd Floor, Chicago, IL 60604.....
US Bank Trust.....	555 S. W. OAK STREET, PORTLAND, OR 97204.....
Wells Fargo Advisors.....	One Metropolitan Square, 211 North Broadway, Suite 2080, St Louis, MO 63102.....

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 ☒

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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 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 ☒ 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 ☐ 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..	549300B3H21002L85I90.....	SEC.....	
168297.....	BYW Investment Advisors, Inc..	2549001S2AZA9D406F78.....	SEC.....	
282732.....	Brown Brothers Harriman Investments, LLC.....	5493006KMX1VFTPYPW14.....	F INRA.....	

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

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

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

STATEMENT AS OF MARCH 31, 2025 OF THE Buckeye Community Health Plan, Inc.

GENERAL INTERROGATORIES

Has the reporting entity self-designated 5GI securities?..... Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
- a. The security was either:
    - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
    - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
  - b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
  - c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
  - d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

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

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

82.4 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

11.7 %

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 ☒

## 13

## Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories										
States, Etc.	1	Direct Business Only								
	Active Status (a)	2	3	4	5	6	7	8	9	10
		Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama .....	AL	N							.0	
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	.191,729,928	.123,863,973	.645,674,269	.0	.0	.0	.961,268,170	
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
59. Subtotal .....	XXX	.191,729,928	.123,863,973	.645,674,269	.0	.0	.0	.0	.961,268,170	.0
60. Reporting entity contributions for Employee Benefit Plans .....	XXX								.0	
61. Total (Direct Business) .....	XXX	.191,729,928	.123,863,973	.645,674,269	.0	.0	.0	.0	.961,268,170	.0
DETAILS OF WRITE-INS										
58001. ....	XXX									
58002. ....	XXX									
58003. ....	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Active Status Counts

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

2. R – Registered – Non-domiciled RRGs .....0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0

4. Q – Qualified – Qualified or accredited reinsurer .....0

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

The company only has business in Ohio.

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

Centene Corporation																					42-1406317	DE	
	Bankers Reserve Life Insurance Company of Wisconsin																				39-0993433	WI	71013
		Health Plan Real Estate Holding, Inc. (17%)																			46-2860967	MO	
	Peach State Health Plan, Inc.																				20-3174593	GA	12315
		Health Plan Real Estate Holding, Inc. (21%)																			46-2860967	MO	
	Iowa Total Care, Inc.																				46-4829006	IA	15713
	Buckeye Community Health Plan, Inc.																				32-0045282	OH	11834
		Health Plan Real Estate Holding, Inc. (18%)																			46-2860967	MO	
	Absolute Total Care, Inc.																				20-5693998	SC	12959
		Health Plan Real Estate Holding, Inc. (1%)																			46-2860967	MO	
	Coordinated Care Corporation																				39-1821211	IN	95831
		Health Plan Real Estate Holding, Inc. (15%)																			46-2860967	MO	
	Healthy Washington Holdings, Inc.																				46-5523218	DE	
		Coordinated Care of Washington, Inc.																			46-2578279	W A	15352
	Managed Health Services Insurance Corp.																				39-1678579	WI	96822
		Health Plan Real Estate Holding, Inc. (2%)																			46-2860967	MO	
	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 Holdings, Inc.																				45-5070230	MO	
		Home State Health Plan, Inc.																			45-2798041	MO	14218
			Health Plan Real Estate Holding, Inc. (5%)																		46-2860967	MO	
	Sunflower State Health Plan, Inc.																				45-3276702	KS	14345
	Granite State Health Plan, Inc.																				45-4792498	NH	14226
	California Health and Wellness Plan																				46-0907261	CA	
	Western Sky Community Care, Inc.																				45-5583511	NM	16351

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

	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
	Ambetter Health of Pennsylvania, Inc.									33-3859301	PA	
	Sunshine Health Community Solutions, Inc.									47-5667095	VA	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	Bridgeway Health Solutions, LLC									20-4980875	DE	
	Bridgeway Health Solutions of Arizona, Inc.									20-4980818	AZ	16310
	Celtic Group, Inc.									36-2979209	DE	
	Celtic Insurance Company									06-0641618	IL	80799
	Ambetter of Magnolia Inc.									35-2525384	MS	15762
	Ambetter of Peach State Inc.									36-4802632	GA	15729
	Ambetter Health of Louisiana, Inc.									92-3523808	LA	17514
	Novasys Health, Inc.									27-2221367	DE	
	Centene Management Company LLC									39-1864073	WI	
	Illinois Health Practice Alliance, LLC (50%)									82-2761995	DE	
	Lifeshare Management Group, LLC									46-2798132	NH	
	Envolve Holdings, LLC									22-3889471	DE	
	Cenpatico Behavioral Health, LLC									68-0461584	CA	
	Envolve, Inc.									37-1788565	DE	
	Envolve Benefit Options, Inc.									61-1846191	DE	
	Envolve Vision Benefits, Inc.									20-4730341	DE	
	Envolve Vision of Texas, Inc.									75-2592153	TX	95302
	Envolve Vision, Inc.									20-4773088	DE	



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

				Envolve Vision of Florida, Inc.						65-0094759	FL	
				Envolve Total Vision, Inc.						20-4861241	DE	
				Envolve Dental, Inc.						46-2783884	DE	
				Envolve Dental of Florida, Inc.						81-2969330	FL	
				Envolve Dental of Texas, Inc.						81-2796896	TX	16106
				Centene Pharmacy Services, Inc.						77-0578529	DE	
				MeridianRx, LLC						27-1339224	MI	
				Specialty Therapeutic Care Holdings, LLC						27-3617766	DE	
				Presonyx, Inc.						80-0856383	DE	
				AcariaHealth, Inc.						45-2780334	DE	
				AcariaHealth Pharmacy #14, Inc.						27-1599047	CA	
				AcariaHealth Pharmacy #11, Inc.						20-8192615	TX	
				AcariaHealth Pharmacy #12, Inc.						27-2765424	NY	
				AcariaHealth Pharmacy #13, Inc.						26-0226900	CA	
				AcariaHealth Pharmacy, Inc.						13-4262384	CA	
				Homescripts.Com, LLC						27-3707698	MI	
				Foundation Care LLC (80%)						20-0873587	MO	
				AcariaHealth Pharmacy #26, Inc.						20-8420512	DE	
				Health Net, LLC						47-5208076	DE	
				Health Net of California, Inc.						95-4402957	CA	
				Health Net Life Insurance Company						73-0654885	CA	66141
				Health Net Life Reinsurance Company						98-0409907	CJ	
				MEB Ventures II, LLC						83-1570018	DE	
				BLR Properties, LLC (80%)						83-1576137	DE	
				Managed Health Network, LLC						95-4117722	DE	
				Managed Health Network						95-3817988	CA	
				MHN Services, LLC						95-4146179	CA	
				Health Net Federal Services, LLC						68-0214809	DE	
				Network Providers, LLC						88-0357895	DE	
				Health Net Health Plan of Oregon, Inc.						93-1004034	OR	95800
				Health Net Community Solutions, Inc.						54-2174068	CA	

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

		Health Net of Arizona, Inc.								36-3097810	AZ	95206
		Health Net Community Solutions of Arizona, Inc.								81-1348826	AZ	15895
	Centene Health Plan Holdings, Inc.									82-1172163	DE	
		Ambetter of North Carolina, Inc.								82-5032556	NC	16395
		Carolina Complete Health Holding Company Partnership (80%)								82-2699483	DE	
		Carolina Complete Health, Inc.								82-2699332	NC	16526
	New York Quality Healthcare Corporation									82-3380290	NY	16352
		WellCare of Connecticut, Inc.								06-1405640	CT	95310
	Community Medical Holdings Corp.									47-4179393	DE	
		Access Medical Acquisition, LLC								46-3485489	DE	
		Access Medical Group of North Miami Beach, LLC								45-3191569	FL	
		Access Medical Group of Miami, LLC								45-3191719	FL	
		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	
		Access Medical Group of Sand Lake, LLC								33-2792794	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	

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

			Centene Venture Company Alabama Health Plan, Inc.						84-3707689	AL	16771
			Centene Venture Company Illinois						83-2425735	IL	16505
			Centene Venture Company Kansas						83-2409040	KS	16528
			Centene Venture Company Florida						83-2434596	FL	16499
			Centene Venture Company Indiana, Inc.						84-3679376	IN	16773
			Centene Venture Company Tennessee						84-3724374	TN	16770
			Centene Venture Insurance Company Texas						86-1543217	TX	16990
			Centene Venture Company Michigan						83-2446307	MI	16613
	Comprehensive Health Management, LLC								59-3547616	FL	
	WellCare Health Plans, Inc.								83-4405939	DE	
	WCG Health Management, Inc.								04-3669698	DE	
			The WellCare Management Group, Inc.						14-1647239	NY	
			WellCare of Mississippi, Inc.						81-5442932	MS	16329
			WellCare of Virginia, Inc.						82-0664467	VA	
			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

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

				Ohana Health Plan, Inc.							27-0386122	HI	
				WellCare of Indiana, Inc.							83-2840051	IN	
				America's 1st Choice California Holdings, LLC							45-3236788	FL	
					WellCare of California, Inc.						20-5327501	CA	
				WellCare Health Insurance of Tennessee, Inc.							83-2276159	TN	16532
				WellCare of New Hampshire, Inc.							83-2914327	NH	16515
				WellCare Health Plans of Vermont, Inc.							83-2255514	VT	16514
				WellCare Health Insurance of Connecticut, Inc.							83-2126269	CT	16513
				WellCare of Washington, Inc.							83-2069308	W A	16571
				WellCare Health Plans of Kentucky, Inc.							47-0971481	KY	15510
				WellCare of Alabama, Inc.							82-1301128	AL	16239
				WellCare of Maine, Inc.							82-3114517	ME	16344
				Harmony Health Systems, Inc.							22-3391045	NJ	
					Harmony Health Plan, Inc.						36-4050495	IL	11229
				WellCare Health Insurance Company of Kentucky, Inc.							36-6069295	KY	64467
				WellCare Health Insurance of Arizona, Inc.							86-0269558	AZ	83445
				WellCare Health Insurance of North Carolina, Inc.							83-3493160	NC	16548
				WellCare Health Insurance Company of Louisiana, Inc.							83-3333918	LA	16788
				WellCare of Missouri Health Insurance Company, Inc.							83-3525830	MO	16512
				One Care by Care1st Health Plan of Arizona, Inc.							06-1742685	AZ	
				WellCare Health Insurance Company of Washington, Inc.							83-3166908	W A	16570
				WellCare of North Carolina, Inc.							82-5488080	NC	16547
				WellCare Health Insurance Company of America							82-4247084	AR	16343
				WellCare National Health Insurance Company							82-5127096	TX	16342
				WellCare Health Insurance Company of New Hampshire, Inc.							83-3091673	NH	16516
				Wellcare Health Insurance Company of New Jersey, Inc.							84-4709471	NJ	16789
				WellCare of Michigan Holding Company							26-4004578	MI	
					Meridian Health Plan of Michigan, Inc.						38-3253977	MI	52563
					Meridian Health Plan of Illinois, Inc.						20-3209671	IL	13189
				Sunshine State Health Plan, Inc. (50%)							20-8937577	FL	13148

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

				Universal American Corp.							27-4683816	DE	
					Universal American Holdings, LLC						45-1352914	DE	
						American Progressive Life and Health Insurance Company of New York					13-1851754	NY	80624
						Heritage Health Systems, Inc.					62-1517194	TX	
						SelectCare of Texas, Inc.					62-1819658	TX	10096
						Heritage Health Systems of Texas, Inc.					76-0459857	TX	
	QCA Health Plan, Inc.										71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company, Inc.										71-0386640	AR	70998
	District Community Care, Inc.										84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC										86-2318658	OK	
		Oklahoma Complete Health, Inc.									81-3121527	OK	16904
	RI Health & Wellness, Inc.										86-2694770	RI	
	Delaware First Health, Inc.										88-3410060	DE	
	Delaware First Health Complete, Inc.										88-4145615	DE	
	Magellan Health, Inc.										58-1076937	DE	
		Magellan Pharmacy Services, Inc.									47-5588795	DE	
			Magellan Behavioral Health of New Jersey, LLC								52-2310906	NJ	12632
			Magellan Health Services of California, Inc. - Employer Services								95-2868243	CA	
		Magellan Healthcare, Inc.									52-2135463	DE	
			Human Affairs International of California								93-0999350	CA	
			Magellan Complete Care of Louisiana, Inc.								46-4188169	LA	15550
			Magellan Behavioral Health of Florida, Inc.								20-1919978	FL	
			Magellan Health Services of Arizona, Inc.								20-1728452	AZ	
			Magellan Health Services of New Mexico, Inc.								85-0420095	NM	
			Magellan of Idaho, LLC								85-4065417	ID	
			Magellan Complete Care of Pennsylvania, Inc.								46-4457706	PA	15924
			Magellan Life Insurance Company								57-0724249	DE	97292
			Merit Behavioral Care Corporation								22-3236927	DE	
				Magellan 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	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	00000.....	42-1406317.....		0001071739.....	New York Stock Exchange.....	Centene Corporation..... Bankers Reserve Life Insurance Company of Wisconsin.....	DE.....	UDP.....	Shareholders/Board of Directors.....	Shareholders/Board of Directors.....	100.0.....	Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	71013.....	39-0993433.....				Health Plan Real Estate Holding, Inc.....	WI.....	IA.....	Centene Corporation..... Bankers Reserve Life Insurance Company of Wisconsin.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Peach State Health Plan, Inc..... Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation..... Peach State Health Plan, Inc.....	Ownership.....	17.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	12315.....	20-3174593.....				Iowa Total Care, Inc..... Buckeye Community Health Plan, Inc.....	GA.....	IA.....	Centene Corporation..... Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Peach State Health Plan, Inc.....	Ownership.....	21.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	15713.....	46-4829006.....				Health Plan Real Estate Holding, Inc.....	IA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	11834.....	32-0045282.....				Health Plan Real Estate Holding, Inc.....	OH.....	RE.....	Centene Corporation..... Buckeye Community Health Plan, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Absolute Total Care, Inc..... Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation..... Absolute Total Care, Inc.....	Ownership.....	18.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	12959.....	20-5693998.....				Coordinated Care Corporation..... Health Plan Real Estate Holding, Inc.....	SC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Healthy Washington Holdings, Inc..... Coordinated Care of Washington, Inc.....	MO.....	NIA.....	Centene Corporation..... Healthy Washington Holdings, Inc.....	Ownership.....	1.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	95831.....	39-1821211.....				Managed Health Services Insurance Corp..... Health Plan Real Estate Holding, Inc.....	IN.....	IA.....	Centene Corporation..... Managed Health Services Insurance Corp.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Superior HealthPlan, Inc..... Health Plan Real Estate Holding, Inc.....	DE.....	NIA.....	Centene Corporation..... Superior HealthPlan, Inc.....	Ownership.....	15.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5523218.....				Healthy Louisiana Holdings LLC..... Louisiana Healthcare Connections, Inc.....	WA.....	IA.....	Centene Corporation..... Healthy Louisiana Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	15352.....	46-2578279.....				Managed Health Services Insurance Corp..... Health Plan Real Estate Holding, Inc.....	LA.....	IA.....	Centene Corporation..... Managed Health Services Insurance Corp.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	96822.....	39-1678579.....				Superior HealthPlan, Inc..... Health Plan Real Estate Holding, Inc.....	WI.....	IA.....	Centene Corporation..... Managed Health Services Insurance Corp.....	Ownership.....	2.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Healthy Louisiana Holdings LLC..... Louisiana Healthcare Connections, Inc.....	TX.....	IA.....	Centene Corporation..... Superior HealthPlan, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	95647.....	74-2770542.....				Magnolia Health Plan Inc.....	MO.....	NIA.....	Centene Corporation..... Superior HealthPlan, Inc.....	Ownership.....	21.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	00000.....	27-0916294.....				Sunshine Health Holding LLC.....	DE.....	NIA.....	Centene Corporation..... Healthy Louisiana Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	13970.....	27-1287287.....				Sunshine State Health Plan, Inc.....	LA.....	IA.....	Centene Corporation..... Sunshine Health Holding LLC.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	13923.....	20-8570212.....					MS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	26-0557093.....					FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation..... Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	13148.....	20-8937577.....					FL.....	IA.....	Sunshine Health Holding LLC.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	0.....

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	00000.....	45-5070230.....				Healthy Missouri Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	14218.....	45-2798041.....				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Home State Health Plan, Inc.....	Ownership.....	5.0.....	Centene Corporation.....	YES.....	0.....
01295.....	Centene Corporation.....	14345.....	45-3276702.....				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	14226.....	45-4792498.....				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	46-0907261.....				California Health and Wellness Plan.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16351.....	45-5583511.....				Western Sky Community Care, Inc.....	NM.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	26-1849394.....				Tennessee Total Care, Inc.....	TN.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16143.....	20-4761189.....				SilverSummit Healthplan, Inc.....	NV.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	22-3292245.....				University Health Plans, Inc.....	NJ.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	20-0483299.....				Agate Resources, Inc.....	OR.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	15902.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16041.....	47-5340613.....				Pennsylvania Health & Wellness, Inc.....	PA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	33-3859301.....				Ambetter Health of Pennsylvania, Inc.....	PA.....	NIA.....	Pennsylvania Health & Wellness, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	15927.....	47-5667095.....				Sunshine Health Community Solutions, Inc.....	VA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16112.....	47-5664342.....				Buckeye Health Plan Community Solutions, Inc.....	OH.....	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.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	38-4042368.....				Arkansas Total Care Holding Company, LLC.....	DE.....	NIA.....	Arkansas Health & Wellness Health Plan, Inc.....	Ownership.....	49.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16256.....	82-2649097.....				Arkansas Total Care, Inc.....	AR.....	IA.....	Arkansas Total Care Holding Company, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4980875.....				Bridgeway Health Solutions, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	16310.....	20-4980818.....				Bridgeway Health Solutions of Arizona Inc.....	AZ.....	IA.....	Bridgeway Health Solutions, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	00000.....	36-2979209.....				Celtic Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....
01295.....	Centene Corporation.....	80799.....	06-0641618.....				Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	0.....



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	15762.....	35-2525384.....	.....	.....	.....	Ambetter of Magnolia Inc.....	MS.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15729.....	36-4802632.....	.....	.....	.....	Ambetter of Peach State Inc.....	GA.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	17514.....	92-3523808.....	.....	.....	.....	Ambetter Health of Louisiana, Inc.....	LA.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-2221367.....	.....	.....	.....	Novasys Health, Inc.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	39-1864073.....	.....	.....	.....	Centene Management Company LLC.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	82-2761995.....	.....	.....	.....	Illinois Health Practice Alliance, LLC.....	DE.....	NIA.....	Centene Management Company LLC.....	Ownership.....	50.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2798132.....	.....	.....	.....	Lifeshare Management Group, LLC.....	NH.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	22-3889471.....	.....	.....	.....	Envolve Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	68-0461584.....	.....	.....	.....	Cenpatico Behavioral Health, LLC.....	CA.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	37-1788565.....	.....	.....	.....	Envolve, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	61-1846191.....	.....	.....	.....	Envolve Benefits Options, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4730341.....	.....	.....	.....	Envolve Vision Benefits, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	95302.....	75-2592153.....	.....	.....	.....	Envolve Vision of Texas, Inc.....	TX.....	IA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4773088.....	.....	.....	.....	Envolve Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	65-0094759.....	.....	.....	.....	Envolve Vision of Florida, Inc.....	FL.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-4861241.....	.....	.....	.....	Envolve Total Vision, Inc.....	DE.....	NIA.....	Envolve Vision Benefits, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	46-2783884.....	.....	.....	.....	Envolve Dental, Inc.....	DE.....	NIA.....	Envolve Benefits Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	81-2969330.....	.....	.....	.....	Envolve Dental of Florida, Inc.....	FL.....	NIA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16106.....	81-2796896.....	.....	.....	.....	Envolve Dental of Texas, Inc.....	TX.....	IA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	77-0578529.....	.....	.....	.....	Centene Pharmacy Services, Inc.....	DE.....	NIA.....	Envolve Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-1339224.....	.....	.....	.....	MeridianRx, LLC.....	MI.....	NIA.....	Centene Pharmacy Services, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-3617766.....	.....	.....	.....	Specialty Therapeutic Care Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	80-0856383.....	.....	.....	.....	Presonix, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-2780334.....	.....	.....	.....	AcariaHealth, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

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

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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.....	88-0357895.....				Network Providers, LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.0	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

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

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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.....
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.....

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	00000.....	33-2792794.....	.....	.....	.....	Access Medical Group of Sand Lake, 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.....	00000.....	82-0664467.....	.....	.....	.....	WellCare of Virginia, Inc.....	VA.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16117.....	81-3299281.....	.....	.....	.....	WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	84-3731013.....	.....	.....	.....	WellCare Health Insurance Company of Nevada, Inc.....	NV.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16692.....	84-3739752.....	.....	.....	.....	WellCare Health Insurance of the Southwest, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	10760.....	20-2103320.....	.....	.....	.....	WellCare of Georgia, Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	12964.....	20-8058761.....	.....	.....	.....	WellCare of Texas, Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	SC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	13020.....	20-8017319.....				WellCare Health Plans of New Jersey, Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	81-1631920.....				WellCare of Pennsylvania, Inc.....	PA.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16970.....	84-3547689.....				WellCare Health Plans of Massachusetts, Inc.....	MA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16752.....	84-4449030.....				WellCare Health Insurance Company of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16753.....	84-3907795.....				WellCare Health Plans of Missouri, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	10155.....	20-2383134.....				WellCare Prescription Insurance, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	17002.....	84-4664883.....				WellCare Health Insurance of Hawaii, Inc.....	HI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16766.....	84-4627844.....				WellCare Health Plans of Rhode Island, Inc.....	RI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16765.....	84-4649985.....				WellCare of Illinois, Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16533.....	45-5154364.....				Rhythm Health Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	10884.....	11-3197523.....				WellCare Health Insurance of New York, Inc.....	NY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	27-0386122.....				Ohana Health Plan, Inc.....	HI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	45-3236788.....				America's 1st Choice California Holdings, LLC.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-5327501.....				WellCare of California, Inc.....	CA.....	NIA.....	America's 1st Choice California Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16532.....	83-2276159.....				WellCare Health Insurance of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16514.....	83-2255514.....				WellCare Health Plans of Vermont, Inc.....	VT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16513.....	83-2126269.....				WellCare Health Insurance of Connecticut, Inc.....	CT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16571.....	83-2069308.....				WellCare of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15510.....	47-0971481.....				WellCare Health Plans of Kentucky, Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16239.....	82-1301128.....				WellCare of Alabama, Inc.....	AL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	16344.....	82-3114517.....				WellCare of Maine, Inc.....	ME.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01295.....	Centene Corporation.....	00000.....	76-0459857.....				Heritage Health Systems of Texas, Inc.....	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.....
01295.....	Centene Corporation.....	15550.....	46-4188169.....				Magellan Complete Care of Louisiana, Inc.....	LA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-1919978.....				Magellan Behavioral Health of Florida, Inc.....	FL.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	20-1728452.....				Magellan Health Services of Arizona, Inc.....	AZ.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	85-0420095.....				Magellan Health Services of New Mexico, Inc.....	NM.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	85-4065417.....				Magellan of Idaho, LLC.....	ID.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	15924.....	46-4457706.....				Magellan Complete Care of Pennsylvania, Inc.....	PA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	97292.....	57-0724249.....				Magellan Life Insurance Company.....	DE.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....
01295.....	Centene Corporation.....	00000.....	22-3236927.....				Merit Behavioral Care Corporation.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	.0.....

## 16.9

[illegible]

Asterisk	Explanation



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.....
AUGUST FILING	
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:

1.



11834202536500001

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	5,798,759	8,230,207
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		1,031
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		(632,659)
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....	431,340	1,799,820
8. Deduct amortization of premium, depreciation and proportional amortization .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	5,367,419	5,798,759
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	5,367,419	5,798,759

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	635,934,466	656,527,893
2. Cost of bonds and stocks acquired .....	13,358,396	63,373,324
3. Accrual of discount .....	311,411	1,275,108
4. Unrealized valuation increase/(decrease) .....	70,199	718,990
5. Total gain (loss) on disposals .....	(3,681)	(171,783)
6. Deduct consideration for bonds and stocks disposed of .....	23,336,546	84,398,063
7. Deduct amortization of premium .....	303,814	1,391,003
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	626,030,431	635,934,466
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	626,030,431	635,934,466

STATEMENT AS OF MARCH 31, 2025 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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a).....	357,494,037	9,135,643	13,414,517	3,124,757	356,339,920	0	0	357,494,037
2. NAIC 2 (a).....	156,988,238	2,017,860	5,319,376	(3,098,496)	150,588,226	0	0	156,988,238
3. NAIC 3 (a).....	4,344,751		206,454	23,315	4,161,612	0	0	4,344,751
4. NAIC 4 (a).....	4,174,287			3,213	4,177,500	0	0	4,174,287
5. NAIC 5 (a).....	404,000			3,788	407,788	0	0	404,000
6. NAIC 6 (a).....	0				0	0	0	0
7. Total ICO	523,405,313	11,153,503	18,940,347	56,577	515,675,045	0	0	523,405,313
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1 .....	97,817,154	2,204,894	4,366,160	(17,262)	95,638,625	0	0	97,817,154
9. NAIC 2 .....	2,986,340		33,719	(5,091)	2,947,529	0	0	2,986,340
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 ABS.....	100,803,494	2,204,894	4,399,880	(22,354)	98,586,154	0	0	100,803,494
PREFERRED STOCK								
15. NAIC 1 .....	0				0	0	0	0
16. NAIC 2 .....	0				0	0	0	0
17. NAIC 3 .....	0				0	0	0	0
18. NAIC 4 .....	0				0	0	0	0
19. NAIC 5 .....	0				0	0	0	0
20. NAIC 6 .....	0				0	0	0	0
21. Total Preferred Stock.....	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	624,208,807	13,358,396	23,340,226	34,223	614,261,200	0	0	624,208,807

(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 \$ .....0 ; NAIC 2 \$ .....0 ;  
NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SCHEDULE DA - PART 1  
Short-Term Investments

	1 Book/adjusted Carrying value	2 Prior Year Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999 Totals	0	XXX			

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.....	0	25,268,334
2. Cost of short-term investments acquired .....		55,756,185
3. Accrual of discount .....		875,481
4. Unrealized valuation increase/(decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		81,900,000
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).....	0	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification  
**NONE**

Schedule DB - Part B - Verification  
**NONE**

Schedule DB - Part C - Section 1  
**NONE**

Schedule DB - Part C - Section 2  
**NONE**

Schedule DB - Verification  
**NONE**

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	109,126,197	78,096,192
2. Cost of cash equivalents acquired .....	659,215,779	2,641,718,442
3. Accrual of discount .....		804,084
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	677,736,658	2,611,492,521
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) .....	90,605,317	109,126,197
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	90,605,317	109,126,197

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE



FeO<sub>3</sub>

**Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter**

# NONE

**Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter**

[illegible]

STATEMENT AS OF MARCH 31, 2025 OF THE Buckeye Community Health Plan, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)								
91282C-GZ-8	UNITED STATES TREASURY	03/10/2025	Not Provided	XXX	1,172,828	1,200,000	15,199	1.A
91282C-MD-0	UNITED STATES TREASURY	01/10/2025	Not Provided	XXX	223,080	225,000	354	1.A
91282C-MG-3	UNITED STATES TREASURY	02/11/2025	Not Provided	XXX	1,095,156	1,100,000	1,550	1.A
0019999999 - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					2,491,065	2,525,000	17,102	XXX
Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)								
88928D-AF-2	TOLEDO LUCAS COUNTY PUBLIC LIBRARY	03/12/2025	STIFEL, NICOLAUS & CO., INC	XXX	730,000	730,000		1.C FE
0049999999 - Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)					730,000	730,000	0	XXX
Issuer Credit Obligations - Municipal Bonds - Special Revenues								
91417N-LY-9	UNIVERSITY COLO ENTERPRISE SYS REV	02/18/2025	RBC Dain Rauscher (US)	XXX	960,000	960,000	5,454	1.A
0059999999 - Issuer Credit Obligations - Municipal Bonds - Special Revenues					960,000	960,000	5,454	XXX
Issuer Credit Obligations - Corporate Bonds (Unaffiliated)								
007944-AK-7	ADVENTIST HEALTH SYSTEM/WEST	03/14/2025	BARCLAYS CAPITAL INC	XXX	2,017,860	2,000,000	33,902	2.A FE
05565E-CW-3	BMW US CAPITAL LLC	03/17/2025	Montgomery	XXX	1,619,190	1,620,000		1.F FE
63906Y-AM-0	NATWEST MARKETS PLC	03/18/2025	RBS GREENWICH CAPITAL	XXX	1,385,000	1,385,000		1.F FE
74368C-CA-0	PROTECTIVE LIFE GLOBAL FUNDING	03/31/2025	GOLDMAN	XXX	1,950,388	1,945,000	28,876	1.E FE
0089999999 - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					6,972,438	6,950,000	62,778	XXX
0489999999 - Subtotal - Issuer Credit Obligations (Unaffiliated)					11,153,503	11,165,000	85,334	XXX
0509999997 - Subtotals - Issuer Credit Obligations - Part 3					11,153,503	11,165,000	85,334	XXX
0509999999 - Subtotals - Issuer Credit Obligations					11,153,503	11,165,000	85,334	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)								
22536K-AA-0	CAALT 251 A - ABS	03/18/2025	HARRIS NESBITT CORP BONDS	XXX	2,204,894	2,205,000		1.A FE
1119999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					2,204,894	2,205,000	0	XXX
1889999999 - Subtotal - Asset-Backed Securities (Unaffiliated)					2,204,894	2,205,000	0	XXX
1909999997 - Subtotals - Asset-Backed Securities - Part 3					2,204,894	2,205,000	0	XXX
1909999999 - Subtotals - Asset-Backed Securities					2,204,894	2,205,000	0	XXX
2009999999 - Subtotals - Issuer Credit Obligations and Asset-Backed Securities					13,358,396	13,370,000	85,334	XXX
6009999999 Totals					13,358,396	XXX	85,334	XXX

STATEMENT AS OF MARCH 31, 2025 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	2	3	4	5	6	7	8	9	Change in Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (10+11-12)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)																				
483890-02-5	KANE CNTY ILL SCH DIST NO 129 AURORA WES.	02/01/2025	Maturity	XXX	275,000	275,000	326,431	275,538		(538)		(538)		275,000			.0	6,875	02/01/2025	Z
0049999999 - Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)					275,000	275,000	326,431	275,538	0	(538)	0	(538)	0	275,000	0	0	0	6,875	XXX	XXX
Issuer Credit Obligations - Municipal Bonds - Special Revenues																				
167727-VW-3	CHICAGO ILL WASTEWATER TRANSMISSION REV.	01/01/2025	Redemption	XXX	600,000	600,000	603,030	601,521				.0		601,521		(1,521)	(1,521)	15,540	01/01/2027	1.E FE
576004-HG-3	MASSACHUSETTS (COMMONWEALTH OF)	01/15/2025	Direct	XXX	98,212	98,212	96,851	97,156		1,056		1,056		98,212			.0	2,018	07/15/2031	1.B FE
650009-R9-6	NEW YORK ST TWY AUTH GEN REV.	01/01/2025	Maturity	XXX	1,000,000	1,000,000	1,000,000	1,000,000				.0		1,000,000			.0	11,280	01/01/2025	1.E FE
91417K-3A-7	UNIVERSITY COLO ENTERPRISE SYS REV	02/18/2025	Unknown	XXX	960,000	960,000	960,000	960,000				.0		960,000			.0	5,454	06/01/2029	1.B FE
0059999999 - Issuer Credit Obligations - Municipal Bonds - Special Revenues					2,658,212	2,658,212	2,659,881	2,658,677	0	1,056	0	1,056	0	2,659,732	0	(1,521)	(1,521)	34,292	XXX	XXX
Issuer Credit Obligations - Corporate Bonds (Unaffiliated)																				
06417X-AB-7	BANK OF NOVA SCOTIA	01/10/2025	Maturity	XXX	1,850,000	1,850,000	1,848,761	1,849,990		10		10		1,850,000			.0	13,413	01/10/2025	1.G FE
126650-CW-8	CVS HEALTH CORP	03/25/2025	Maturity	XXX	1,350,000	1,350,000	1,345,674	1,349,844		156		156		1,350,000			.0	27,675	03/25/2025	2.B FE
25746U-DE-6	DOMINION ENERGY INC.	03/15/2025	Maturity	XXX	620,000	620,000	619,014	619,958		42		42		620,000			.0	10,230	03/15/2025	2.B FE
302316-BH-4	EXXON MOBIL CORP	03/19/2025	Maturity	XXX	1,735,000	1,735,000	1,799,128	1,737,076		(2,076)		(2,076)		1,735,000			.0	25,956	03/19/2025	1.D FE
302635-AE-7	FS KKR CAPITAL CORP	02/01/2025	Maturity	XXX	705,000	705,000	699,029	704,895		105		105		705,000			.0	14,541	02/01/2025	Z
370334-CS-1	GENERAL MILLS INC.	01/08/2025	Redemption	XXX	1,205,000	1,205,000	1,205,000	1,205,000				.0		1,205,000			.0	8,771	11/18/2025	2.B FE
375558-AZ-6	GILEAD SCIENCES INC.	02/01/2025	Maturity	XXX	1,000,000	1,000,000	978,720	999,158		842		842		1,000,000			.0	17,500	02/01/2025	2.A FE
46647P-BH-8	JPMORGAN CHASE & CO	03/13/2025	Redemption	XXX	1,190,000	1,190,000	1,188,744	1,189,742		43		43		1,189,784		216	216	11,930	03/13/2026	1.F FE
70466W-AA-7	PEACHTREE CORNERS FUNDING TRUST	02/15/2025	Maturity	XXX	1,000,000	1,000,000	983,430	999,646		354		354		1,000,000			.0	19,880	02/15/2025	2.A FE
830867-AA-5	SKYMILES IP LTD	01/20/2025	Direct	XXX	144,376	144,376	153,760	146,015		(1,639)		(1,639)		144,376		.0	.0	1,624	10/20/2025	2.A FE
854502-AP-6	STANLEY BLACK & DECKER INC.	02/24/2025	Maturity	XXX	1,000,000	1,000,000	978,500	998,727		1,273		1,273		1,000,000			.0	11,500	02/24/2025	1.G FE
90331H-MS-9	US BANK NA	01/27/2025	Maturity	XXX	2,000,000	2,000,000	1,913,680	1,998,964		1,036		1,036		2,000,000			.0	28,000	01/27/2025	1.E FE
0089999999 - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					13,799,376	13,799,376	13,713,439	13,799,015	0	145	0	145	0	13,799,160	0	216	216	191,019	XXX	XXX
Issuer Credit Obligations - Single Entity Backed Obligations (Unaffiliated)																				
90345W-AD-6	US AIRWAYS PASS THROUGH CERTIFICATES SER	01/21/2025	Direct	XXX	206,454	206,454	216,261	205,201	3,567	(2,315)		1,253		206,454			.0	1,273	12/03/2026	3.B FE
0129999999 - Issuer Credit Obligations - Single Entity Backed Obligations (Unaffiliated)					206,454	206,454	216,261	205,201	3,567	(2,315)	0	1,253	0	206,454	0	0	0	1,273	XXX	XXX
Issuer Credit Obligations - Other Issuer Credit Obligations (Unaffiliated)																				
915260-CN-1	UNIVERSITY WIS HOSPS & CLINICS AUTH REV	03/17/2025	BARCLAYS CAPITAL INC	XXX	2,000,000	2,000,000	2,000,000	2,000,000				.0		2,000,000			.0	12,321	04/01/2048	1.D FE
0269999999 - Issuer Credit Obligations - Other Issuer Credit Obligations (Unaffiliated)					2,000,000	2,000,000	2,000,000	2,000,000	0	0	0	0	0	2,000,000	0	0	0	12,321	XXX	XXX
0489999999 - Subtotal - Issuer Credit Obligations (Unaffiliated)					18,939,041	18,939,041	18,916,010	18,938,431	3,567	(1,652)	0	1,915	0	18,940,347	0	(1,305)	(1,305)	245,780	XXX	XXX
0509999997 - Subtotals - Issuer Credit Obligations - Part 4					18,939,041	18,939,041	18,916,010	18,938,431	3,567	(1,652)	0	1,915	0	18,940,347	0	(1,305)	(1,305)	245,780	XXX	XXX
0509999999 - Subtotals - Issuer Credit Obligations					18,939,041	18,939,041	18,916,010	18,938,431	3,567	(1,652)	0	1,915	0	18,940,347	0	(1,305)	(1,305)	245,780	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC)																				
3132DQ-CS-3	FH SD2781 - RMBS	03/01/2025	Direct	XXX	21,803	21,803	22,246	22,189		(386)		(386)		21,803		.0	.0	251	04/01/2053	1.A
3132DQ-HB-5	FH SD2926 - RMBS	03/01/2025	Direct	XXX	9,459	9,459	9,432	9,432		27		27		9,459		.0	.0	84	05/01/2053	1.A
3132DQ-M9-4	FH SD3084 - RMBS	03/01/2025	Direct	XXX	219,776	219,776	224,824	224,188		(4,412)		(4,412)		219,776		.0	.0	2,178	06/01/2053	1.A
3132DQ-NY-8	FH SD3107 - RMBS	03/01/2025	Direct	XXX	29,782	29,782	27,762	27,839		1,942		1,942		29,782		.0	.0	200	03/01/2053	1.A
3133KQ-ZU-9	FH RA8887 - RMBS	03/01/2025	Direct	XXX	118,669	118,669	122,433	121,867		(3,199)		(3,199)		118,669		.0	.0	990	04/01/2053	1.A
3133KR-E9-1	FH RA9160 - RMBS	03/01/2025	Direct	XXX	88,670	88,670	89,861	89,712		(1,042)		(1,042)		88,670		.0	.0	768	06/01/2053	1.A
3138W9-J5-0	FN AS0283 - RMBS	03/01/2025	Direct	XXX	41,510	41,510	41,380	41,430		80		80		41,510		.0	.0	142	08/01/2028	1.A
3138W9-RN-2	FN AS0492 - RMBS	03/01/2025	Direct	XXX	28,960	28,960	28,765	28,864		96		96		28,960		.0	.0	120	09/01/2028	1.A
3138X6-M2-8	FN AU6676 - RMBS	03/01/2025	Direct	XXX	31,262	31,262	31,052	31,158		103		103		31,262		.0	.0	131	09/01/2028	1.A
3138XD-SE-1	FN AV2316 - RMBS	03/01/2025	Direct	XXX	5,565	5,565	5,515	5,542		23		23		5,565		.0	.0	23	12/01/2028	1.A
3140J8-JC-8	FN BM3858 - RMBS	03/01/2025	Direct	XXX	1,385	1,385	1,443	1,434		(49)		(49)		1,385		.0	.0	10	12/01/2047	1.A
3140QN-TJ-1	FN CB3252 - RMBS	03/01/2025	Direct	XXX	25,611	25,611	23,582	23,730		1,882		1,882		25,611		.0	.0	155	04/01/2052	1.A
3140QP-PQ-4	FN CB4030 - RMBS	03/01/2025	Direct	XXX	37,888	37,888	36,568	36,678		1,211		1,211		37,888		.0	.0	309	06/01/2052	1.A
3140QQ-D3-6	FN CB4621 - RMBS	03/01/2025	Direct	XXX	38,657	38,657	38,554	38,551		106		106		38,657		.0	.0	268	09/01/2052	1.A
3140QQ-GD-1	FN CB4695 - RMBS	03/01/2025	Direct	XXX	62,807	62,807	64,446	64,219		(1,412)		(1,412)		62,807		.0	.0	510	09/01/2052	1.A
3140QR-SK-0	FN CB5921 - RMBS	03/01/2025	Direct	XXX	122,438	122,438	125,614	125,058		(2,620)		(2,620)		122,438		.0	.0	1,657	03/01/2053	1.A

STATEMENT AS OF MARCH 31, 2025 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	2	3	4	5	6	7	8	9	Change in Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (10+11-12)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
3140XH-2J-0.	FN FS2586 - RMBS	03/01/2025	Direct	XXX	32,469	32,469	32,692	32,659		(190)		(190)		32,469			.0	206	08/01/2052	1.A
3140XH-4E-4.	FN FS2620 - RMBS	03/01/2025	Direct	XXX	19,382	19,382	19,058	19,085		297		297		19,382		.0	.0	221	08/01/2052	1.A
3140XJ-AR-4.	FN FS2715 - RMBS	03/01/2025	Direct	XXX	27,500		25,838	25,894		1,606		1,606		27,500		.0	.0	158	04/01/2052	1.A
3140XJ-C6-8.	FN FS2792 - RMBS	03/01/2025	Direct	XXX	60,554	60,555	61,737	61,569		(1,014)		(1,014)		60,555		.0	.0	444	09/01/2052	1.A
3140XK-F5-4.	FN FS3787 - RMBS	03/01/2025	Direct	XXX	28,433	28,433	28,638	28,618		(185)		(185)		28,433		.0	.0	253	02/01/2053	1.A
3140XK-YD-6.	FN FS4307 - RMBS	03/01/2025	Direct	XXX	167,738	167,738	166,638	166,675		1,063		1,063		167,738		.0	.0	1,584	03/01/2053	1.A
31418A-WC-8.	FN MA1542 - RMBS	03/01/2025	Direct	XXX	13,704	13,704	13,627	13,667		.38		.38		13,704		.0	.0	45	08/01/2028	1.A
1039999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities – Not/Partially Guaranteed (Not Exempt from RBC)					1,234,024	1,234,024	1,241,706	1,240,057	0	(6,034)	0	(6,034)	0	1,234,024	0	0	0	10,706	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)																				
20775C-2K-9.	CONNECTICUT ST HSG FIN AUTH HSG MTG FIN	02/10/2025	Redemption	XXX	15,000	15,000	16,700	15,760		(23)		(23)		15,736		(736)	(736)		11/15/2049	1.A FE
20775C-R6-3.	CONNECTICUT ST HSG FIN AUTH HSG MTG FIN	02/10/2025	Redemption	XXX	25,000	25,000	26,697	25,679		(24)		(24)		25,655		(655)	(655)		11/15/2045	1.A FE
34074M-TL-5.	FLORIDA HSG FIN CORP REV. INDIANA ST HSG & CMNTY DEV	12/17/2024	Call @ 100.00	XXX								.0					.0	131	07/01/2050	1.A FE
45505T-PP-0.	AUTH SINGLE F.	12/05/2024	Call @ 100.00	XXX								.0					.0	114	01/01/2049	1.A FE
462467-YJ-4.	IOWA FINANCE AUTHORITY	12/03/2024	Call @ 100.00	XXX								.0					.0	87	01/01/2049	1.A FE
647201-FY-3.	NEW MEXICO MTG FIN AUTH. NORTH CAROLINA HOUSING	03/04/2025	Various	XXX	10,000	10,000	10,736	10,307		(21)		(21)		10,286		(286)	(286)	263	01/01/2050	1.A FE
658207-XK-6.	FINANCE AGENCY. NORTH DAKOTA STATE NORTH	12/04/2024	Call @ 100.00	XXX								.0					.0	195	01/01/2050	1.B FE
658909-VB-9.	DAKOTA HOUSING. OHIO HOUSING FINANCE	11/22/2024	Call @ 100.00	XXX								.0					.0	1,200	01/01/2050	1.B FE
67756Q-YS-0.	AGENCY. OKLAHOMA HSG FIN AGY	01/31/2025	Redemption	XXX	50,000	50,000	54,374	51,968		(74)		(74)		51,894		(1,894)	(1,894)	76	09/01/2049	1.A FE
67886M-SA-8.	SINGLE FAMILY MTG R. TENNESSEE HOUSING	02/12/2025	Redemption	XXX	20,000	20,000	22,074	21,010		(35)		(35)		20,975		(975)	(975)	52	09/01/2049	1.A FE
880461-D3-9.	DEVELOPMENT AGENCY. TENNESSEE HOUSING	11/26/2024	Call @ 100.00	XXX								.0					.0	750	01/01/2050	1.B FE
880461-G9-3.	DEVELOPMENT AGENCY. TEXAS ST DEPT HSG & CMNTY	11/26/2024	Call @ 100.00	XXX								.0					.0	438	01/01/2050	1.B FE
882750-PK-2.	AFFAIRS RESIDE. VIRGINIA HOUSING	03/04/2025	Redemption	XXX	10,000	10,000	11,013	10,420		(23)		(23)		10,397		(397)	(397)	247	01/01/2049	1.B FE
92812U-Q8-4.	DEVELOPMENT AUTHORITY	03/03/2025	Redemption	XXX	11,991	11,991	11,991	11,991				.0		11,991			.0	30	12/25/2049	1.A FE
1059999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Residential Mortgage-Backed Securities (Unaffiliated)					141,991	141,991	153,585	147,135	0	(200)	0	(200)	0	146,935	0	(4,943)	(4,943)	3,580	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Commercial Mortgage-Backed Securities (Unaffiliated)																				
00109B-AA-3.	AFN 2019-1 A1 - CMBS	03/20/2025	Direct	XXX	2,223	2,223	2,223	2,223		.0		.0		2,223		.0	.0	14	05/20/2049	1.A FE
23306G-AA-5.	DBGS 2018-B1OD A - CMBS	02/15/2025	Direct	XXX	389,013	389,013	388,527	389,013				.0		389,013			.0	3,652	05/15/2035	1.A
1079999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency Commercial Mortgage-Backed Securities (Unaffiliated)					391,236	391,236	390,749	391,236	0	0	0	0	0	391,236	0	0	0	3,666	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency – CLOs/CBOs/CDOs (Unaffiliated)																				
09628J-AL-5.	BLUEM 2015-3 A1R - CDO	01/21/2025	Direct	XXX	49,890	49,890	49,890	49,890				.0		49,890		.0	.0	750	04/21/2031	1.A FE
26243E-AA-9.	DRSLF 53 A - CDO	01/15/2025	Direct	XXX	22,293	22,293	22,240	22,281		12		12		22,293		.0	.0	344	01/15/2031	1.A FE
61033M-AB-0.	MCIP 2022-1 A - CDO	01/22/2025	Direct	XXX	10,191	10,191	10,025	10,139		52		52		10,191		.0	.0	103	04/30/2032	1.F FE
61033M-AG-8.	MCIPAF-221-B - CDO	01/22/2025	Direct	XXX	28,719	28,719	28,176	28,484		236		236		28,719		.0	.0	370	04/30/2032	2.B FE
63172D-AA-9.	CFOZ 2019 A - CDO	02/15/2025	Direct	XXX	28,013	28,013	28,013	28,013				.0		28,013		.0	.0	279	08/31/2034	1.F
1099999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Non-Agency – CLOs/CBOs/CDOs (Unaffiliated)					139,106	139,106	138,344	138,806	0	300	0	300	0	139,106	0	0	0	1,845	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)																				
12511J-AB-1.	CCG 221 A2 - ABS	03/14/2025	Direct	XXX	68,873	68,873	68,872	68,872		.0		.0		68,873			.0	409	07/16/2029	1.A FE
24702C-AG-9.	DEFT 2022-2 B - ABS	03/24/2025	Direct	XXX	835,000	835,000	834,887	834,989		11		11		835,000			.0	9,185	07/22/2027	1.A FE
28628C-AA-4.	ELFI 22A A - ABS	03/25/2025	Direct	XXX	29,417	29,417	29,416	29,417		.0		.0		29,417		.0	.0	218	08/26/2047	1.A FE
61946Q-AB-7.	MSAIC 2022-1 B - ABS	03/20/2025	Direct	XXX	9,621	9,621	9,260	9,343		279		279		9,621		.0	.0	50	01/20/2053	1.G FE
61947D-AA-7.	MSAIC 2021-1 A - ABS	03/20/2025	Direct	XXX	19,078	19,078	18,828	18,869		209		209		19,078		.0	.0	48	12/20/2046	1.D FE
62890Q-AB-1.	NMEF 23A A2 - ABS	03/15/2025	Direct	XXX	84,970	84,970	84,970	84,970		.0		.0		84,970		.0	.0	911	06/17/2030	1.A FE

## E05.2

## E05.2

## E05.2

## 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 MARCH 31, 2025 OF THE Buckeye Community Health Plan, Inc.**

## SCHEDULE E - PART 1 - CASH

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14