



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, INC.

NAIC No. 16112

We, the undersigned executive officers of BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, INC. (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☐ Property & Casualty ☐ Life & Health ☒ Health ☐ Other _____

Applicable documents:

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."
Date of filing with the NAIC: _____ ☐ An original jurat page is attached.
☐ Original filing. ☐ Amended filing.

☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.
Date of filing with the NAIC: _____ ☐ An original, notarized signature page is attached.
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☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."
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List of supplemental documents included in this Affidavit: _____
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☒ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.
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☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.
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☐ The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.
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Signature	Date	Signature	Date	Signature	Date
(Name) <u>Chris Edward Paterson</u>		(Name) <u>Holly Lynette Mayer</u>		(Name) <u>Kendra Louise Archer</u>	
(Title)* <u>Interim President and CEO</u>		(Title)* <u>Treasurer and CFO</u>		(Title)* <u>Secretary</u>	

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



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Signature _____ Date _____

(Name) Chris Edward Paterson

(Title)* Interim President and CEO

Signature  Date _____

(Name) Holly Lynette Mayer

(Title)* Treasurer and CFO

Signature _____ Date _____

(Name) Kendra Louise Archer

(Title)* Secretary

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



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Signature _____ Date _____

(Name) Chris Edward Paterson

(Title)* Interim President and CEO

Signature _____ Date _____

(Name) Holly Lynette Mayer

(Title)* Treasurer and CFO

Signature Kendra Louise Archer Date 4/28/25

(Name) Kendra Louise Archer

(Title)* Secretary

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