



QUARTERLY STATEMENT

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

Buckeye Health Plan Community Solutions, Inc.

NAIC Group Code	01295 (Current Period)	01295 (Prior Period)	NAIC Company Code	16112	Employer's ID Number	47-5664342
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [] Dental Service Corporation [] Other [] Property/Casualty [] Vision Service Corporation [] Hospital, Medical & Dental Service or Indemnity [] Health Maintenance Organization [X] Is HMO Federally Qualified? Yes [] No [X]					
Incorporated/Organized	11/04/2015		Commenced Business	01/01/2018		
Statutory Home Office	4349 Easton Way, Suite 120 (Street and Number)		Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)			
Main Administrative Office	7700 Forsyth Boulevard (Street and Number)		St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)		314-725-4477 (Area Code) (Telephone Number)	
Mail Address	7700 Forsyth Boulevard (Street and Number or P.O. Box)		St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7700 Forsyth Boulevard (Street and Number)		St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)		314-725-4477 (Area Code) (Telephone Number)	
Internet Web Site Address	www.centene.com					
Statutory Statement Contact	Bryan Tafel (Name)		813-206-2725 (Area Code) (Telephone Number) (Extension)			
	bryan.tafel@centene.com (E-Mail Address)		813-675-2899 (FAX Number)			

OFFICERS

Name	Title	Name	Title
Chris Edward Paterson #	Interim President and CEO	Holly Lynette Mayer	Treasurer
Kendra Louise Archer #	Secretary	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

--	--	--	--

DIRECTORS OR TRUSTEES

Tricia Lynn Dinkelman	Chris Edward Paterson #	Andrew Joseph Reitz	John Gottlieb Willy Scherler #
Robert Bradley Lucas #			

State of Florida
County of Hillsborough

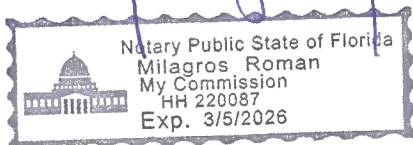
SS

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	Kendra Louise Archer Secretary
--	----------------------------------	-----------------------------------

Subscribed and sworn to before me this 28 day of April 2025

- 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





QUARTERLY STATEMENT

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

Buckeye Health Plan Community Solutions, Inc.

NAIC Group Code	01295	01295	NAIC Company Code	16112	Employer's ID Number	47-5664342
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [] Dental Service Corporation [] Other []					
	Property/Casualty [] Vision Service Corporation []					
	Hospital, Medical & Dental Service or Indemnity [] Health Maintenance Organization [X] Is HMO Federally Qualified? Yes [] No [X]					
Incorporated/Organized	11/04/2015		Commenced Business	01/01/2018		
Statutory Home Office	4349 Easton Way, Suite 120		Columbus, OH, US 43219			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	7700 Forsyth Boulevard		St. Louis, MO, US 63105		314-725-4477	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	7700 Forsyth Boulevard		St. Louis, MO, US 63105			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	7700 Forsyth Boulevard		St. Louis, MO, US 63105		314-725-4477	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.centene.com					
Statutory Statement Contact	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
Kendra Louise Archer #	Secretary	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

--	--	--	--

DIRECTORS OR TRUSTEES

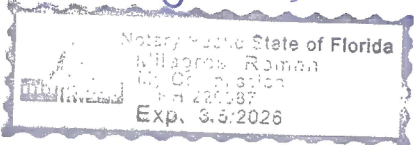
Tricia Lynn Dinkelman	Chris Edward Paterson #	Andrew Joseph Reitz	John Gottlieb Willy Scherler #
Robert Bradley Lucas #			

State of Florida
County of Hillsborough ss

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	<u>Holly Lynette Mayer</u> Holly Lynette Mayer Treasurer	Kendra Louise Archer Secretary
--	--	-----------------------------------

Subscribed and sworn to before me this 30 day of April 2025
Wilfredo Roman



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 _____



QUARTERLY STATEMENT

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

Buckeye Health Plan Community Solutions, Inc.

NAIC Group Code 01295 (Current Period), 01295 (Prior Period) NAIC Company Code 16112 Employer's ID Number 47-5664342

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [], Property/Casualty [], Hospital, Medical & Dental Service or Indemnity [], Dental Service Corporation [], Vision Service Corporation [], Health Maintenance Organization [X], Other [], Is HMO Federally Qualified? Yes [], No [X]

Incorporated/Organized 11/04/2015 Commenced Business 01/01/2018

Statutory Home Office 4349 Easton Way, Suite 120 (Street and Number), Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard (Street and Number), St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code), 314-725-4477 (Area Code) (Telephone Number)

Mail Address 7700 Forsyth Boulevard (Street and Number or P.O. Box), St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard (Street and Number), St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code), 314-725-4477 (Area Code) (Telephone Number)

Internet Web Site Address www.centene.com

Statutory Statement Contact Bryan Tafel (Name), 813-206-2725 (Area Code) (Telephone Number) (Extension), bryan.tafel@centene.com (E-Mail Address), 813-675-2899 (FAX Number)

OFFICERS

Name	Title	Name	Title
Chris Edward Paterson #	Interim President and CEO	Holly Lynette Mayer	Treasurer
Kendra Louise Archer #	Secretary	Tricia Lynn Dinkelman	Vice President of Tax

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Tricia Lynn Dinkelman	Chris Edward Paterson #	Andrew Joseph Reitz	John Gottlieb Willy Scherler #
Robert Bradley Lucas #			

State of Florida
County of Hillsborough ss

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, Kendra Louise Archer Secretary

Subscribed and sworn to before me this 26 day of April 2025
Milagros Roman



- 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