



QUARTERLY STATEMENT

AS OF JUNE 30, 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)		314-725-4477 (Area Code) (Telephone Number)	
Primary Location of Books and Records	7700 Forsyth Boulevard (Street and Number)		St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	www.centene.com					
Statutory Statement Contact	Bryan Tafel (Name) bryan.tafel@centene.com (E-Mail Address)		813-206-2725 (Area Code) (Telephone Number) (Extension) 813-675-2899 (FAX Number)			

OFFICERS

Name	Title	Name	Title
Justin Kale Loudon (Effective 5/5/2025) #	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	Justin Kale Loudon #	Robert Bradley Lucas #	John Gottlieb Willy Scherler #
Eric Allan Poklar #			

State of

ss

County of

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

Justin Kale Loudon (Effective 5/5/2025) President and CEO	Holly Lynette Mayer Treasurer	Kendra Louise Archer Secretary
--	----------------------------------	-----------------------------------

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Subscribed and sworn to before me this _____ day of _____

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, 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	413,190		413,190	414,373
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 1,863,477), cash equivalents (\$ 86,649,830) and short-term investments (\$ 0)	88,513,307		88,513,307	16,593,275
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	88,926,497	0	88,926,497	17,007,648
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	308,463		308,463	14,736
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	524,430		524,430	21,239
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 (\$ 4,096,170) and contracts subject to redetermination (\$)	4,096,170		4,096,170	3,160,167
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	4,313,218		4,313,218	3,347,116
18.1 Current federal and foreign income tax recoverable and interest thereon	1,173,922		1,173,922	0
18.2 Net deferred tax asset	142,972		142,972	142,972
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	27,112		27,112	25,238,884
24. Health care (\$ 1,303,739) and other amounts receivable	2,341,319	1,030,776	1,310,543	1,440,483
25. Aggregate write-ins for other-than-invested assets	220,434	63,560	156,874	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	102,074,537	1,094,336	100,980,201	50,373,245
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	102,074,537	1,094,336	100,980,201	50,373,245
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. State income tax receivable	156,874		156,874	0
2502. Prepays	63,560	63,560	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	220,434	63,560	156,874	0

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	7,591,450		7,591,450	4,154,139
2. Accrued medical incentive pool and bonus amounts	996,467		996,467	884,034
3. Unpaid claims adjustment expenses	.69,092		.69,092	.40,490
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	16,248,513		16,248,513	18,583,736
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	.950		.950	.26,064
9. General expenses due or accrued	363,358		363,358	124,189
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	.5,053
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	3,189,984		3,189,984	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	1,116,310		1,116,310	830,883
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	.28,616
24. Total liabilities (Lines 1 to 23)	29,576,124		29,576,124	24,677,204
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	.1	.1
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	.91,299,999	46,399,999
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(19,895,923)	(20,703,959)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	.71,404,077	25,696,041
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	100,980,201	50,373,245
DETAILS OF WRITE-INS				
2301. State income tax payable			0	.28,616
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	28,616
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 AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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.....	39,795	12,276	25,376
2. Net premium income (including \$.....non-health premium income).....	XXX.....	33,079,092	19,604,116	37,888,512
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		336,896	336,896
4. Fee-for-service (net of \$.....medical expenses).....	XXX.....		0	0
5. Risk revenue.....	XXX.....		0	0
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	33,079,092	19,941,012	38,225,408
Hospital and Medical:				
9. Hospital/medical benefits.....		24,432,497	13,651,747	27,744,163
10. Other professional services.....		445,322	652,332	954,295
11. Outside referrals.....			0	0
12. Emergency room and out-of-area.....		1,282,488	468,134	1,206,843
13. Prescription drugs.....		5,757,660	1,471,739	2,965,143
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		696,979	266,089	742,433
16. Subtotal (Lines 9 to 15).....	0	32,614,946	16,510,041	33,612,877
Less:				
17. Net reinsurance recoveries.....			0	0
18. Total hospital and medical (Lines 16 minus 17).....	0	32,614,946	16,510,041	33,612,877
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$.....18,679 cost containment expenses.....		311,308	129,436	269,594
21. General administrative expenses.....		6,833,477	2,117,521	5,057,685
22. Increase in reserves for life and accident and health contracts (including \$.....increase in reserves for life only).....		(5,738,984)	1,200,809	14,130,975
23. Total underwriting deductions (Lines 18 through 22).....	0	34,020,747	19,957,807	53,071,131
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(941,655)	(16,795)	(14,845,723)
25. Net investment income earned.....		1,120,523	720,898	1,398,397
26. Net realized capital gains (losses) less capital gains tax of \$.....			0	0
27. Net investment gains (losses) (Lines 25 plus 26).....	0	1,120,523	720,898	1,398,397
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....6,064)].....		(6,064)	(8,565)	(13,975)
29. Aggregate write-ins for other income or expenses.....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	172,804	695,538	(13,461,301)
31. Federal and foreign income taxes incurred.....	XXX.....	(1,163,957)	394,932	147,783
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	1,336,761	300,606	(13,609,084)
DETAILS OF WRITE-INS				
0601.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0	0	0
0701.....	XXX.....			
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0	0	0
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	25,696,041	38,617,299	38,617,299
34. Net income or (loss) from Line 32	1,336,761	300,606	(13,608,932)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	(1)	142,972	
39. Change in nonadmitted assets	(528,725)	284,755	544,702
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	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	44,900,000	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	45,708,036	585,360	(12,921,258)
49. Capital and surplus end of reporting period (Line 33 plus 48)	71,404,077	39,202,659	25,696,041
DETAILS OF WRITE-INS			
4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	35,018,544	22,545,946	40,812,400
2. Net investment income	827,979	731,653	1,407,759
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	35,846,523	23,277,599	42,220,159
5. Benefit and loss related payments	29,438,059	17,709,132	35,022,043
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	7,563,753	4,145,787	6,748,591
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	15,018	(626,508)	(395,103)
10. Total (Lines 5 through 9)	37,016,830	21,228,411	41,375,531
11. Net cash from operations (Line 4 minus Line 10)	(1,170,307)	2,049,188	844,628
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	410,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	410,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	414,821
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	414,821
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	(4,821)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	44,900,000	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	28,190,339	(17,538,167)	(20,150,560)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	73,090,339	(17,538,167)	(20,150,560)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	71,920,032	(15,488,979)	(19,310,753)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	16,593,275	35,904,028	35,904,028
19.2 End of period (Line 18 plus Line 19.1)	88,513,307	20,415,049	16,593,275

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	2,164	0	0	0	0	0	0	2,164	0	0	0	0	0	0
2. First Quarter	6,605	4,229	0	0	0	0	0	2,376	0	0	0	0	0	0
3. Second Quarter	6,907	4,708	0	0	0	0	0	2,199	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	39,795	25,762						14,033						
Total Member Ambulatory Encounters for Period:														
7. Physician	31,977	7,136						24,841						
8. Non-Physician	17,979	10,905						7,074						
9. Total	49,956	18,041	0	0	0	0	0	31,915	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,082	815						4,267						
11. Number of Inpatient Admissions	594	131						463						
12. Health Premiums Written (a)	33,079,092	10,679,621						22,399,471						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	33,079,092	10,679,621						22,399,471						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	29,065,202	7,607,608						21,457,594						
18. Amount Incurred for Provision of Health Care Services	32,614,946	10,863,010						21,751,936						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 22,399,471

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	.0	0	.0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	1,287,496	51,012	7,555	618	822	1,347,503
0499999 Subtotals	1,287,496	51,012	7,555	618	822	1,347,503
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	6,243,947
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	7,591,450
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	996,467

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual		8,111,318		3,254,201	0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	5,371,735	17,332,118	360,629	3,976,621	5,732,364	4,154,139
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	5,371,735	25,443,436	360,629	7,230,822	5,732,364	4,154,139
14. Health care receivables (a)		2,334,515			0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	482,459	102,087	431,119	565,348	913,578	884,034
17. Totals (Lines 13-14+15+16)	5,854,194	23,211,008	791,748	7,796,170	6,645,942	5,038,173

(a) Excludes \$0 loans or advances to providers not yet expensed.

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.**NOTES TO FINANCIAL STATEMENT****1. Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

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

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

A reconciliation of the Company’s net income (loss) 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	1,336,761	\$ (13,608,932)
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>1,336,761</u>	\$ <u>(13,608,932)</u>
SURPLUS					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	3	33	71,404,077	\$ 25,696,041
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>71,404,077</u>	\$ <u>25,696,041</u>

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

C. Accounting Policy - No significant change.

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

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

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

B. Debt Restructuring - No significant change.

C. Reverse Mortgages - No significant change.

D. Loan-Backed Securities -None

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the period June 30, 2025.

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

NOTES TO FINANCIAL STATEMENT

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

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - No significant change.

K. Low-Income Housing Tax Credits ("LIHTC") - No significant change.

L. Restricted Assets (including Pledged) - No significant change.

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. 5* GI Securities - No significant change.

P. Short Sales - No significant change.

Q. Prepayment Penalty and Acceleration Fees - No significant change.

R. Reporting Entity's Share of Cash Pool by Asset Type - None

6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

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

A. and B. Relationship/Transactions and Amounts

Capital Contribution - In 2025, the Company received capital contribution of \$44,900,000 from its affiliated management company, Centene Management Company, LLC.

C-O. No significant change.

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.

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

NOTES TO FINANCIAL STATEMENT

14. Liabilities, Contingencies and Assessments

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

15. Leases

No significant change.

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

No significant change.

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

- A. Transfers of Receivables Reported as Sales - No significant change.
- B. Transfer and Servicing of Financial Assets - None
- C. Wash Sales - None

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

No significant change.

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

No significant change.

20. Fair Value Measurements

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

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

- 1. The following table summarizes fair value measurements by level at June 30, 2025, for assets and liabilities measured at fair value.

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

NOTES TO FINANCIAL STATEMENT

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	\$ 88,513,307	\$ -	\$ -	\$ -	\$ 88,513,307
Bonds					
Issuer credit obligations	\$ -	\$ -	\$ -	\$ -	\$ -
Asset-backed securities	\$ -	\$ -	\$ -	\$ -	\$ -
Total Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Common stock					
Parent, subsidiaries and affiliates	\$ -	\$ -	\$ -	\$ -	\$ -
Total Common stock	\$ -	\$ -	\$ -	\$ -	\$ -
Derivatives assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total Derivatives assets	\$ -	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 88,513,307	\$ -	\$ -	\$ -	\$ 88,513,307
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 June 30, 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	\$ 88,513,307	\$ 88,513,307	\$ 88,513,307	\$ -	\$ -	\$ -	\$ -
Issuer credit obligations	\$ 413,668	\$ 413,190	\$ 413,668	\$ -	\$ -	\$ -	\$ -
Total Investments	\$ 88,926,975	\$ 88,926,497	\$ 88,926,975	\$ -	\$ -	\$ -	\$ -

D. Unable to Estimate Fair Value - None

E. Assets Measured at Net Asset Value - None

21. Other Items

A. Extraordinary Items - No significant change.

B. Troubled Debt Restructuring - No significant change.

C. Effective January 1, 2025, the Company began offering Individual Coverage Health Reimbursement Arrangement ("Marketplace") in Ohio.

D. Business Interruption Insurance Recoveries - No significant change.

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

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

G. Retained Assets - No significant change.

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

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

NOTES TO FINANCIAL STATEMENT

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 June 30, 2025, through August 11, 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 June 30, 2025, that are subject to retrospective rating features was \$33,079,092 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	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss ratio rebates unpaid	-	-	-	-	-
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ <u> </u> - <u> </u>
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(8) Medical loss ratio rebates paid	-	-	-	-	-
(9) Medical loss ratio rebates unpaid	-	-	-	-	-
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	<u> </u> - <u> </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

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 \$ 4,657

3. Premium adjustments payable due to ACA Risk Adjustment \$ 1,915,053

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment \$ 1,915,053

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 4,657

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.

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

NOTES TO FINANCIAL STATEMENT

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)
1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
\$ - \$	- \$	- \$	- \$	- \$	- \$	- \$	- \$	\$ - \$	- \$
<u>\$ - \$</u>	<u>- \$</u>	<u>- \$</u>	<u>- \$</u>	<u>- \$</u>	<u>- \$</u>	<u>- \$</u>	<u>- \$</u>	<u>\$ - \$</u>	<u>- \$</u>

a) Permanent ACA Risk Adjustment Program
 1) Premium adjustments receivable
 2) Premium adjustments (payable)
 3) Subtotal ACA Permanent Risk Adjustment Program

25. Change in Incurred Claims Expenses

A. Reserves for unpaid claims as of December 31, 2024 were \$5,038,173. As of June 30, 2025, \$5,854,194 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$791,748 as a result of re-estimation of unpaid claims. Therefore, there has been \$1,607,769 unfavorable 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 June 30, 2025:

1. Liability carried for premium deficiency reserves	\$ 8,391,990
2. Date of most recent evaluation of this liability	July 31, 2025
3. Was anticipated investment income utilized in the calculation?	Yes

31. Anticipated Salvage and Subrogation

No significant change.

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

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

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group..... 0001071739

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2022

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/30/2024

6.4 By what department or departments?
Ohio Department of Insurance.

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [] No [X]

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

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

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

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

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

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

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

GENERAL INTERROGATORIES

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
16.3 Total payable for securities lending reported on the liability page	\$ 0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address

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

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

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

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

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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

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

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

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

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

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

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

20. By self-designating PLGI securities, the reporting entity is certifying 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”).

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

GENERAL INTERROGATORIES

- 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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent.....	81.3 %
1.2 A&H cost containment percent.....	0.1 %
1.3 A&H expense percent excluding cost containment expenses.....	21.5 %

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

2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ _____

2.3 Do you act as an administrator for health savings accounts?..... Yes No

2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ _____

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes No

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes No

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
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	10,679,621	22,399,471	0	0	0	0	33,079,092	0	
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	QT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal		XXX	10,679,621	22,399,471	0	0	0	0	33,079,092	0	
60. Reporting entity contributions for Employee Benefit Plans		XXX								0	
61. Total (Direct Business)		XXX	10,679,621	22,399,471	0	0	0	0	33,079,092	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	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts

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

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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	WA	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

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

	California Health and Wellness Plan									46-0907261	CA	
	Western Sky Community Care, Inc.									45-5583511	NM	16351
	Tennessee Total Care, Inc.									26-1849394	TN	
	SilverSummit Healthplan, Inc.									20-4761189	NV	16143
	University Health Plans, Inc.									22-3292245	NJ	
	Agate Resources, Inc.									20-0483299	OR	
		Trillium Community Health Plan, Inc.								42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
		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	

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

		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	
				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	

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

				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	NA
		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	

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

			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	
			Access Medical Group of Miami Medicare, LLC						39-2435871	FL	
			Access Medical Group of Hillsborough Peds, LLC						39-2463326	FL	
		Interpreta Holdings, Inc. (80.1%)							82-4883921	DE	
			Interpreta, Inc.						46-5517858	DE	
		Next Door Neighbors, LLC							32-2434596	DE	
			Next Door Neighbors, Inc.						83-2381790	DE	
			Centene Venture Company Alabama Health Plan, Inc.						84-3707689	AL	16771
			Centene Venture Company Illinois						83-2425735	IL	16505
			Centene Venture Company Kansas						83-2409040	KS	16528
			Centene Venture Company Florida						83-2434596	FL	16499
			Centene Venture Company Indiana, Inc.						84-3679376	IN	16773
			Centene Venture Company Tennessee						84-3724374	TN	16770
			Centene Venture Insurance Company Texas						86-1543217	TX	16990
			Centene Venture Company Michigan						83-2446307	MI	16613
		Comprehensive Health Management, LLC							59-3547616	FL	
		WellCare Health Plans, Inc.							83-4405939	DE	
			WCG Health Management, Inc.						04-3669698	DE	
			The WellCare Management Group, Inc.						14-1647239	NY	
			WellCare of Mississippi, Inc.						81-5442932	MS	16329
			WellCare of Virginia, Inc.						82-0664467	VA	
			WellCare of Oklahoma, Inc.						81-3299281	OK	16117

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

				WellCare Health Insurance Company of Nevada, Inc.					84-3731013	NV	
				WellCare Health Insurance of the Southwest, Inc.					84-3739752	AZ	16692
				WellCare of Georgia, Inc.					20-2103320	GA	10760
				WellCare of Texas, Inc.					20-8058761	TX	12964
				WellCare of South Carolina, Inc.					32-0062883	SC	11775
				WellCare Health Plans of New Jersey, Inc.					20-8017319	NJ	13020
				WellCare of Pennsylvania, Inc.					81-1631920	PA	
				WellCare Health Plans of Massachusetts, Inc.					84-3547689	MA	16970
				WellCare Health Insurance Company of Oklahoma, Inc.					84-4449030	OK	16752
				WellCare Health Plans of Missouri, Inc.					84-3907795	MO	16753
				WellCare Prescription Insurance, Inc.					20-2383134	AZ	10155
				WellCare Health Insurance of Hawaii, Inc.					84-4664883	HI	17002
				WellCare Health Plans of Rhode Island, Inc.					84-4627844	RI	16766
				WellCare of Illinois, Inc.					84-4649985	IL	16765
				Rhythm Health Tennessee, Inc.					45-5154364	TN	16533
				WellCare Health Insurance of New York, Inc.					11-3197523	NY	10884
				Ohana Health Plan, Inc.					27-0386122	HI	
				WellCare of Indiana, Inc.					83-2840051	IN	
				America's 1st Choice California Holdings, LLC					45-3236788	FL	
				WellCare of California, Inc.					20-5327501	CA	
				WellCare Health Insurance of Tennessee, Inc.					83-2276159	TN	16532
				WellCare of New Hampshire, Inc.					83-2914327	NH	16515
				WellCare Health Plans of Vermont, Inc.					83-2255514	VT	16514
				WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
				WellCare of Washington, Inc.					83-2069308	WA	16571
				WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
				WellCare of Alabama, Inc.					82-1301128	AL	16239
				WellCare of Maine, Inc.					82-3114517	ME	16344

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

				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	WA	16570
					WellCare of North Carolina, Inc.					82-5488080	NC	16547
					WellCare Health Insurance Company of America					82-4247084	AR	16343
					WellCare National Health Insurance Company					82-5127096	TX	16342
					WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
					Wellcare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
					WellCare of Michigan Holding Company					26-4004578	MI	
					Meridian Health Plan of Michigan, Inc.					38-3253977	MI	52563
					Meridian Health Plan of Illinois, Inc.					20-3209671	IL	13189
					Sunshine State Health Plan, Inc. (50%)					20-8937577	FL	13148
					Universal American Corp.					27-4683816	DE	
					Universal American Holdings, LLC					45-1352914	DE	
						American Progressive Life and Health Insurance Company of New York				13-1851754	NY	80624
						Heritage Health Systems, Inc.				62-1517194	TX	
						SelectCare of Texas, Inc.				62-1819658	TX	10096
						Heritage Health Systems of Texas, Inc.				76-0459857	TX	
				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	

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

	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	
			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	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	00000.....	45-5070230.....				Healthy Missouri Holding, Inc.....	MO.....	N/A.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	14218.....	45-2798041.....				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	N/A.....	Home State Health Plan, Inc.....	Ownership.....	5.0.....	Centene Corporation.....	YES.....	
01295.....	Centene Corporation.....	14345.....	45-3276702.....				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	14226.....	45-4792498.....				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	46-0907261.....				California Health and Wellness Plan.....	CA.....	N/A.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16351.....	45-5583511.....				Western Sky Community Care, Inc.....	NM.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	26-1849394.....				Tennessee Total Care, Inc.....	TN.....	N/A.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16143.....	20-4761189.....				SilverSummit Healthplan, Inc.....	NV.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	22-3292245.....				University Health Plans, Inc.....	NJ.....	N/A.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	20-0483299.....				Agate Resources, Inc.....	OR.....	N/A.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	15902.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16041.....	47-5340613.....				Pennsylvania Health & Wellness, Inc.....	PA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	33-3859301.....				Ambetter Health of Pennsylvania, Inc.....	PA.....	N/A.....	Pennsylvania Health & Wellness, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	15927.....	47-5667095.....				Sunshine Health Community Solutions, Inc.....	VA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16112.....	47-5664342.....				Buckeye Health Plan Community Solutions, Inc.....	OH.....	RE.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16130.....	81-1282251.....				Arkansas Health & Wellness Health Plan, Inc.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	38-4042368.....				Arkansas Total Care Holding Company, LLC.....	DE.....	N/A.....	Arkansas Health & Wellness Health Plan, Inc.....	Ownership.....	49.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16256.....	82-2649097.....				Arkansas Total Care, Inc.....	AR.....	IA.....	Arkansas Total Care Holding Company, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	20-4980875.....				Bridgeway Health Solutions, LLC.....	DE.....	N/A.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16310.....	20-4980818.....				Bridgeway Health Solutions of Arizona Inc.....	AZ.....	IA.....	Bridgeway Health Solutions, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	36-2979209.....				Celtic Group, Inc.....	DE.....	N/A.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	80799.....	06-0641618.....				Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

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

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	00000.....	27-1599047.....				AcariaHealth Pharmacy #14, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	20-8192615.....				AcariaHealth Pharmacy #11, Inc.....	TX.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	27-2765424.....				AcariaHealth Pharmacy #12, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	26-0226900.....				AcariaHealth Pharmacy #13, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	13-4262384.....				AcariaHealth Pharmacy, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	27-3707698.....				HomeScripts.com, LLC.....	MI.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	20-0873587.....				Foundation Care LLC.....	MO.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	80.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	20-8420512.....				AcariaHealth Pharmacy #26, Inc.....	DE.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	47-5208076.....				Health Net, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	95-4402957.....				Health Net of California, Inc.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	66141.....	73-0654885.....				Health Net Life Insurance Company.....	CA.....	IA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	98-0409907.....				Health Net Life Reinsurance Company.....	CYM.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	83-1570018.....				MEB Ventures II, LLC.....	DE.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	83-1576137.....				BLR Properties, LLC.....	DE.....	NIA.....	MEB Ventures II, LLC.....	Ownership.....	80.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	95-4117722.....				Managed Health Network, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	95-3817988.....				Managed Health Network.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	95-4146179.....				MHN Services, LLC.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	68-0214809.....				Health Net Federal Services, LLC.....	DE.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	95800.....	93-1004034.....				Health Net Health Plan of Oregon, Inc.....	OR.....	IA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	54-2174068.....				Health Net Community Solutions, Inc.....	CA.....	NIA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	95206.....	36-3097810.....				Health Net of Arizona, Inc.....	AZ.....	IA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	15895.....	81-1348826.....				Health Net Community Solutions of Arizona, Inc.....	AZ.....	IA.....	Health Net, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	00000.....	82-1172163.....				Centene Health Plan Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16395.....	82-5032556.....				Ambetter of North Carolina, Inc.....	NC.....	IA.....	Centene Health Plan Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	16526.....	82-2699332.....				Carolina Complete Health, Inc.....	NC.....	IA.....	Carolina Complete Health Holding Company Partnership.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16352.....	82-3380290.....				New York Quality Healthcare Corporation.....	NY.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	95310.....	06-1405640.....				WellCare of Connecticut, Inc.....	CT.....	IA.....	New York Quality Healthcare Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	47-4179393.....				Community Medical Holdings Corp.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	46-3485489.....				Access Medical Acquisition, LLC.....	DE.....	NIA.....	Community Medical Holdings Corp.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	00000.....	45-3191719.....				Access Medical Group of Miami, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	45-3192283.....				Access Medical Group of Hialeah, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	45-3199819.....				Access Medical Group of Westchester, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	00000.....	45-3192955.....				Access Medical Group of Perrine, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	00000.....	82-1737078.....				Access Medical Group of Tampa, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
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.....	
01295.....	Centene Corporation.....	00000.....	84-2750188.....				Access Medical Group of Lakeland, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	00000.....	88-2263310.....				Access Medical Group of Margate, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	88-2284518.....				Access Medical Group of Riverview, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	92-0235557.....				Access Medical Group of Kendall, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	00000.....	33-2792794.....				Access Medical Group of Sand Lake, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	39-2435871.....				Access Medical Group of Miami Medicare, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	39-2463326.....				Access Medical Group of Hillsborough Peds, LLC.....	FL.....	NIA.....	Access Medical Acquisition, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	82-4883921.....				Interpreta Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	80.1.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	46-5517858.....				Interpreta, Inc.....	DE.....	NIA.....	Interpreta Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	32-2434596.....				Next Door Neighbors, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	83-2381790.....				Next Door Neighbors, Inc.....	DE.....	NIA.....	Next Door Neighbors, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	16505.....	83-2425735.....				Centene Venture Company Illinois.....	IL.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16528.....	83-2409040.....				Centene Venture Company Kansas.....	KS.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16499.....	83-2434596.....				Centene Venture Company Florida.....	FL.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16773.....	84-3679376.....				Centene Venture Company Indiana, Inc.....	IN.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16770.....	84-3724374.....				Centene Venture Company Tennessee.....	TN.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16990.....	86-1543217.....				Centene Venture Insurance Company Texas.....	TX.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16613.....	83-2446307.....				Centene Venture Company Michigan.....	MI.....	IA.....	Next Door Neighbors, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	59-3547616.....				Comprehensive Health Management, LLC.....	FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	83-4405939.....				WellCare Health Plans, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	04-3669698.....				WCG Health Management, Inc.....	DE.....	NIA.....	WellCare Health Plans, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	14-1647239.....				The WellCare Management Group, Inc.....	NY.....	NIA.....	WCG Health Management, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16329.....	81-5442932.....				WellCare of Mississippi, Inc.....	MS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	82-0664467.....				WellCare of Virginia, Inc.....	VA.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16117.....	81-3299281.....				WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
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.....	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	10760.....	20-2103320.....				WellCare of Georgia, Inc.....	GA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	12964.....	20-8058761.....				WellCare of Texas, Inc.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	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.....	
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.....	
01295.....	Centene Corporation.....	00000.....	81-1631920.....				WellCare of Pennsylvania, Inc.....	PA.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
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.....	
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.....	
01295.....	Centene Corporation.....	10155.....	20-2383134.....				WellCare Prescription Insurance, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
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.....	
01295.....	Centene Corporation.....	16765.....	84-4649985.....				WellCare of Illinois, Inc.....	IL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16533.....	45-5154364.....				Rhythm Health Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	00000.....	27-0386122.....				Ohana Health Plan, Inc.....	HI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
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.....	
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.....	
01295.....	Centene Corporation.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	
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.....	
01295.....	Centene Corporation.....	16571.....	83-2069308.....				WellCare of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	16239.....	82-1301128.....				WellCare of Alabama, Inc.....	AL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16344.....	82-3114517.....				WellCare of Maine, Inc.....	ME.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	22-3391045.....				Harmony Health Systems Inc.....	NJ.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	11229.....	36-4050495.....				Harmony Health Plan, Inc.....	IL.....	IA.....	Harmony Health Systems Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	83445.....	86-0269558.....				WellCare Health Insurance of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	16788.....	83-3333918.....				WellCare Health Insurance Company of Louisiana, Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	16512.....	83-3525830.....				WellCare of Missouri Health Insurance Company, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	06-1742685.....				One Care by CareFirst Health Plans of Arizona, Inc.....	AZ.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16570.....	83-3166908.....				WellCare Health Insurance Company of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	16547.....	82-5488080.....				WellCare of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16343.....	82-4247084.....				WellCare Health Insurance Company of America.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	16342.....	82-5127096.....				WellCare National Health Insurance Company.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	16516.....	83-3091673.....				WellCare Health Insurance Company of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	16789.....	84-4709471.....				WellCare Health Insurance Company of New Jersey, Inc.....	NJ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	26-4004578.....				WellCare of Michigan Holding Company.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	52563.....	38-3253977.....				Meridian Health Plan of Michigan, Inc.....	MI.....	IA.....	WellCare of Michigan Holding Company.....	Ownership.....	100.0.....	Corporation.....	NO.....	
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.....	
01295.....	Centene Corporation.....	13148.....	20-8937577.....				Sunshine State Health Plan, Inc.....	FL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	50.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	27-4683816.....				Universal American Corp.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	45-1352914.....				Universal American Holdings, LLC.....	DE.....	NIA.....	Universal American Corp.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
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.....	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01295.....	Centene Corporation.....	00000.....	62-1517194.....				Heritage Health Systems, Inc.....	TX.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	10096.....	62-1819658.....				SelectCare of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	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.....	
01295.....	Centene Corporation.....	95448.....	71-0794605.....				QCA Healthplan, Inc.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	70998.....	71-0386640.....				Qualchoice Life and Health Insurance Company.....	AR.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16814.....	84-4119570.....				District Community Care Inc.....	DC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	86-2318658.....				Oklahoma Complete Health Holding Company, LLC.....	OK.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	16904.....	81-3121527.....				Oklahoma Complete Health Inc.....	OK.....	IA.....	Oklahoma Complete Health Holding Company, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	86-2694770.....				RI Health & Wellness, Inc.....	RI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	88-3410060.....				Delaware First Health, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	88-4145615.....				Delaware First Health Complete, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	58-1076937.....				Magellan Health, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	47-5588795.....				Magellan Pharmacy Services, Inc.....	DE.....	NIA.....	Magellan Health, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
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.....	
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.....	
01295.....	Centene Corporation.....	00000.....	52-2135463.....				Magellan Healthcare, Inc.....	DE.....	NIA.....	Magellan Health, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	93-0999350.....				Human Affairs International of California.....	CA.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	15550.....	46-4188169.....				Magellan Complete Care of Louisiana, Inc.....	LA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	20-1919978.....				Magellan Behavioral Health of Florida, Inc.....	FL.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	NO.....	
01295.....	Centene Corporation.....	00000.....	20-1728452.....				Magellan Health Services of Arizona, Inc.....	AZ.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Corporation.....	Centene	
01295.....	Centene Corporation.....	00000.....	85-0420095.....				Magellan Health Services of New Mexico, Inc.....	NM.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Corporation.....	Centene	
01295.....	Centene Corporation.....	00000.....	85-4065417.....				Magellan of Idaho, LLC.....	ID.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Corporation.....	Centene	
01295.....	Centene Corporation.....	15924.....	46-4457706.....				Magellan Complete Care of Pennsylvania, Inc.....	PA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Corporation.....	Centene	

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

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

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

Explanation:

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE A – VERIFICATION

Real Estate

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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	414,373	406,675
2. Cost of bonds and stocks acquired.....	414,821	
3. Accrual of discount.....	3,325	
4. Unrealized valuation increase/(decrease).....	0	
5. Total gain (loss) on disposals.....	0	
6. Deduct consideration for bonds and stocks disposed of.....	410,000	
7. Deduct amortization of premium.....	1,183	448
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).....	413,190	414,373
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	413,190	414,373

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a).....	413,789			(599)	413,789	413,190	0	414,373
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total ICO.....	413,789	0	0	(599)	413,789	413,190	0	414,373
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total ABS.....	0	0	0	0	0	0	0	0
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.....	413,789	0	0	(599)	413,789	413,190	0	414,373

(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

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	12,698,587	33,250,324
2. Cost of cash equivalents acquired	153,734,841	87,121,679
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals	79,783,597	107,673,416
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	86,649,830	12,698,587
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	86,649,830	12,698,587

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								9
1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			
					6 First Month	7 Second Month	8 Third Month	*
Open Depositories								
WELLS FARGO, N.A.	San Francisco, CA.		4,240	.40,678	8,850	2,251,633	4,651,567	1,863,477
019998 Deposits in depositaries that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories		XXX	XXX					XXX
019999 Total Open Depositories		XXX	XXX	40,678	8,850	2,251,633	4,651,567	1,863,477
0399999 Total Cash on Deposit		XXX	XXX	40,678	8,850	2,251,633	4,651,567	1,863,477
0499999 Cash in Company's Office		XXX	XXX	XXX	XXX			XXX
0599999 Total		XXX	XXX	40,678	8,850	2,251,633	4,651,567	1,863,477

STATEMENT AS OF JUNE 30, 2025 OF THE Buckeye Health Plan Community Solutions, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter									
1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year	
All Other Money Market Mutual Funds									
31846V-33-6...	FIRST AMER-GVT OBLG X...		06/03/2025	.4,260	XXX	41,694	.144	.88	
825252-88-5...	INVESCO GOV&AGENCY INST...		06/02/2025	.4,290	XXX	6,025,269	.20,885	.19,43	
857492-70-6...	SS INST INV:US GV MM PRM		06/02/2025	.4,280	XXX	80,582,868	.281,119	.520,11	
8309999999 - All Other Money Market Mutual Funds						86,649,830	302,148	540,42	
8589999999 - Total Cash Equivalents (Unaffiliated)						86,649,830	302,148	540,42	
8609999999 Total Cash Equivalents						86,649,830	302,148	540,42	

E14