



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) 314-725-4477 (Area Code) (Telephone Number) | | | |
| 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

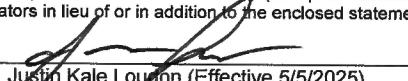
| Name | Title | Name | Title |
|--|-------------------|-----------------------|-----------------------|
| Justin Kale Loudon (Effective 5/5/2025) # | President and CEO | Holly Lynette Mayer | Treasurer |
| Kendra Louise Archer # | Secretary | Tricia Lynn Dinkelman | Vice President of Tax |

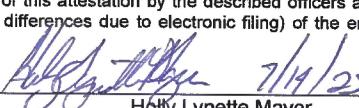
OTHER OFFICERS

| DIRECTORS OR TRUSTEES | | | |
|-----------------------|----------------------|------------------------|--------------------------------|
| Tricia Lynn Dinkelman | Justin Kale Loudon # | Robert Bradley Lucas # | John Gottlieb Willy Scherler # |
| Eric Allan Poklar # | | | |

State of Florida
County of Hillsborough ss

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


Justin Kale Loudon (Effective 5/5/2025)
President and CEO


Holly Lynette Mayer
Treasurer

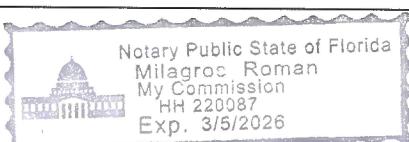

Kendra Louise Archer
Secretary

Subscribed and sworn to before me this
day of _____,

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 _____





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Justin Kale Loudon (Effective 5/5/2025)
President and CEO

Holly Lynette Mayer
Treasurer

Kendra Louise Archer
Secretary

KPL/Archer

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

