



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE**

CARESOURCE

NAIC Group Code	3683 (Current Period)	3683 (Prior Period)	NAIC Company Code	95201	Employer's ID Number	31-1143265
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	06/12/1985		Commenced Business	10/01/1988		
Statutory Home Office	230 North Main Street (Street and Number)		Dayton, OH 45402 (City, State and Zip Code)			
Main Administrative Office	230 North Main Street (Street and Number)		Dayton, OH 45402 937-531-3300 (City, State and Zip Code) (Area Code) (Telephone Number)			
Mail Address	PO Box 8738 (Street and Number or P.O. Box)		Dayton, OH 45401-8738 (City, State and Zip Code)			
Primary Location of Books and Records	230 North Main Street (Street and Number)		Dayton, OH 45402 937-531-2159 (City, State and Zip Code) (Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.caresource.com					
Statutory Statement Contact	L. Tarlton Thomas III (Name)		937-531-2159 (Area Code) (Telephone Number) (Extension)			
	Tarlton.Thomas@caresource.com (E-Mail Address)		937-396-3438 (Fax Number)			

OFFICERS

Name	Title	Name	Title
Pamela B. Morris	President & Chief Executive Officer	Bobby L. Jones	Chief Operating Officer
L. Tarlton Thomas III	Chief Financial Officer	Craig Thiele M.D.	Chief Medical Officer

OTHER OFFICERS

Pamela B. Morris	Michael E. Ervin M.D.	Ellen S. Leffak	
William F. Marsteller D.C.	Morris L. Brown M.D.	David T. Miller	Craig Brown

State of Ohio
County of Montgomery

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

Pamela B. Morris President & Chief Executive Officer	Bobby L. Jones Chief Operating Officer	L. Tarlton Thomas III Chief Financial Officer
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	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
Montgomery County Care Program	111,300		.93,720			205,020
0299997 Group subscriber subtotal	111,300	.0	.93,720	.0	0	205,020
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	111,300	.0	.93,720	.0	0	205,020
0399999 Premiums due and unpaid from Medicare entities	133,984					133,984
0499999 Premiums due and unpaid from Medicaid entities	15,077,049	14,111,836	11,866,830	26,805,383		67,861,098
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	15,322,333	14,111,836	11,960,550	26,805,383	0	68,200,102

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of amounts not individually listed above.	1,402,450	437,671	437,671	0	61,438	2,217,032
0199999 - Totals - Pharmaceutical rebate receivables	1,402,450	437,671	437,671	0	61,438	2,217,032
Claim Overpayment Receivables						
0299998 - Aggregate of amounts not individually listed above.	1,285,652	437,581	690,554	1,549,696	0	3,963,483
0299999 - Totals - Claim Overpayment Receivables	1,285,652	437,581	690,554	1,549,696	0	3,963,483
Capitation Arrangement Receivables						
Partners for kids (PFK)	27,100,556	3,553,162	2,170,468	2,170,608		34,994,794
0499998 - Aggregate of amounts not individually listed above.	5,694,969	990,758	667,119	2,209,106		9,561,952
0499999 - Totals - Capitation Arrangement Receivables	32,795,525	4,543,920	2,837,587	4,379,714	0	44,556,746
0799999 Gross health care receivables	35,483,627	5,419,172	3,965,812	5,929,410	61,438	50,737,261

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT 4 – 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	59,645,680	722,277	121,371	7,395	116,227	60,612,950
0499999 Subtotals	59,645,680	722,277	121,371	7,395	116,227	60,612,950
0599999 Unreported claims and other claim reserves						258,909,794
0699999 Total amounts withheld						
0799999 Total claims unpaid						319,522,744
0899999 Accrued medical incentive pool and bonus amounts						1,481,928

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Caresource Management Group.....	Due to Parent.....	7,496,667	7,496,667	
Caresource Foundation.....	Due to Affiliate.....	19,619	19,619	
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.....
0199999 Individually listed payables.....	7,516,286	7,516,286	0
0299999 Payables not individually listed
0399999 Total gross payables	7,516,286	7,516,286	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	242,950,679	10.4	164,362	18.8		242,950,679
2. Intermediaries	0	0.0	0	0.0		0
3. All other providers	32,536,094	1.4	875,545	100.0		32,536,094
4. Total capitation payments	275,486,773	11.8	1,039,907	118.8	0	275,486,773
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	2,058,449,520	88.2	XXX	XXX		2,058,449,520
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	2,058,449,520	88.2	XXX	XXX	0	2,058,449,520
13. Total (Line 4 plus Line 12)	2,333,936,293	100 %	XXX	XXX	0	2,333,936,293

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	235,047		235,047		0	.0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	235,047	0	235,047	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CARESOURCE

2. _____

(LOCATION)

NAIC Group Code	3683	BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2011								NAIC Company Code	95201
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	2	3	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year	839,491									824	838,212	455
2. First Quarter	851,812									853	850,395	564
3. Second Quarter	847,090									939	845,543	608
4. Third Quarter	878,864									1,066	876,443	1,355
5. Current Year	875,545									1,234	872,452	1,859
6. Current Year Member Months	10,266,935									11,877	10,243,311	11,747
Total Member Ambulatory Encounters for Year:												
7. Physician	3,774,991									.9,094	3,765,882	15
8. Non-Physician	2,368,881									8,567	2,360,298	16
9. Total	6,143,872	0	0	0	0	0	0	0	0	17,661	6,126,180	31
10. Hospital Patient Days Incurred	391,115									2,574	388,541	0
11. Number of Inpatient Admissions	79,838									334	79,504	0
12. Health Premiums Written (b)	2,979,990,035									.11,756,983	2,967,440,203	.792,849
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	2,979,990,035									.11,756,983	2,967,440,203	.792,849
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	2,333,936,293									.10,080,256	2,323,433,894	.422,143
18. Amount Incurred for Provision of Health Care Services	2,433,466,681									10,791,017	2,421,887,078	788,586

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,756,983



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CARESOURCE

2. _____

(LOCATION)

NAIC Group Code	3683	BUSINESS IN THE STATE OF Consolidated	DURING THE YEAR 2011								NAIC Company Code	95201
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
	1	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year	839,491	0	0	0	0	0	0	824	838,212	455		
2. First Quarter	851,812	0	0	0	0	0	0	853	850,395	564		
3. Second Quarter	847,090	0	0	0	0	0	0	939	845,543	608		
4. Third Quarter	878,864	0	0	0	0	0	0	1,066	876,443	1,355		
5. Current Year	875,545	0	0	0	0	0	0	1,234	872,452	1,859		
6. Current Year Member Months	10,266,935	0	0	0	0	0	0	11,877	10,243,311	11,747		
Total Member Ambulatory Encounters for Year:												
7. Physician	3,774,991	0	0	0	0	0	0	9,094	3,765,882	15		
8. Non-Physician	2,368,881	0	0	0	0	0	0	8,567	2,360,298	16		
9. Total	6,143,872	0	0	0	0	0	0	17,661	6,126,180	31		
10. Hospital Patient Days Incurred	391,115	0	0	0	0	0	0	2,574	388,541	0		
11. Number of Inpatient Admissions	79,838	0	0	0	0	0	0	334	79,504	0		
12. Health Premiums Written (b)	2,979,990,035	0	0	0	0	0	0	11,756,983	2,967,440,203	792,849		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,979,990,035	0	0	0	0	0	0	11,756,983	2,967,440,203	792,849		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,333,936,293	0	0	0	0	0	0	10,080,256	2,323,433,894	422,143		
18. Amount Incurred for Provision of Health Care Services	2,433,466,681	0	0	0	0	0	0	10,791,017	2,421,887,078	788,586		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 11,756,983

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Affiliates - U.S. Affiliates												
13717.....00-0000000.....03/01/2011.....CareSource Insurance LLC.....				VT.....	ASL/I/L.....	3,330,694.....						
0199999 - General Account - Authorized - Affiliates - U.S. Affiliates						3,330,694.....	0.....	0.....	0.....	0.....	0.....	0.....
0399999 - General Account - Authorized - Affiliates - Total Authorized Affiliates						3,330,694.....	0.....	0.....	0.....	0.....	0.....	0.....
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
22667.....95-2371728.....03/01/2010.....Ace American Insurance Company.....				PA.....	SSL/I/L.....	1,468,673.....						
22667.....95-2371728.....03/01/2011.....Ace American Insurance Company.....				PA.....	SSL/I/L.....	9,546,608.....						
0499999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						11,015,281.....	0.....	0.....	0.....	0.....	0.....	0.....
0699999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates						11,015,281.....	0.....	0.....	0.....	0.....	0.....	0.....
0799999 - General Account - Authorized - Total General Account Authorized						14,345,975.....	0.....	0.....	0.....	0.....	0.....	0.....
1599999 - General Account - Total General Account Authorized and Unauthorized						14,345,975.....	0.....	0.....	0.....	0.....	0.....	0.....
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						14,345,975.....	0.....	0.....	0.....	0.....	0.....	0.....
3399999 Total (Sum of 1599999 and 3099999)						14,345,975.....	0.....	0.....	0.....	0.....	0.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

NONE

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(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name
	
	
	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	93	26	13	5	0
3. Title XIX-Medicaid.....	14,253	8,057	5,333	2,371	1,547
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	6,442	5,650	4,548	3,320	2,869
8. Reinsurance recoverable on paid losses.....	3,663	5,714	6,362	1,848	2,885
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	733,205,625		733,205,625
2. Accident and health premiums due and unpaid (Line 15)	68,200,102		68,200,102
3. Amounts recoverable from reinsurers (Line 16.1)	3,663,369	(3,663,369)	0
4. Net credit for ceded reinsurance	XXX	10,105,434	10,105,434
5. All other admitted assets (Balance)	54,344,103		54,344,103
6. Total assets (Line 28)	859,413,199	6,442,065	865,855,264
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	313,080,679	6,442,065	319,522,744
8. Accrued medical incentive pool and bonus payments (Line 2)	1,481,928		1,481,928
9. Premiums received in advance (Line 8)	4,382,992		4,382,992
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11. Reinsurance in unauthorized companies (Line 20)	0		0
12. All other liabilities (Balance)	125,752,775		125,752,775
13. Total liabilities (Line 24)	444,698,374	6,442,065	451,140,439
14. Total capital and surplus (Line 33)	414,714,825	XXX	414,714,825
15. Total liabilities, capital and surplus (Line 34)	859,413,199	6,442,065	865,855,264
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	6,442,065		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	3,663,369		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	10,105,434		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	10,105,434		

Schedule T - Part 2
NONE

Schedule Y - Part 1A
NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....
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.		
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
18. No exemption needed.
19. No exemption needed.
20. No exemption needed.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

24. No, not required per NAIC instructions, due to all written business being excluded. A similar filing will be made to the State of Ohio.

25. No, not required per NAIC instructions, due to all written business being excluded. A similar filing will be made to the State of Ohio.

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OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	42
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D	E22
Schedule DB – Verification	SI14
Schedule DL – Part 1	E23
Schedule DL – Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y – Part 1A – Detail of Insurance Holding Company System	39
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	40
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	41
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE CARESOURCE