



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
		Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>		
		Other <input type="checkbox"/>	Is HMO, Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Incorporated/Organized		06/12/1985	Commenced Business		10/01/1988	
Statutory Home Office		230 North Main Street (Street and Number)	, Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)			
Main Administrative Office		230 North Main Street (Street and Number)	Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)		937-531-3300 (Area Code) (Telephone Number)	
Mail Address		PO Box 8738 (Street and Number or P.O. Box)	, Dayton, OH, US 45401-8738 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records		230 North Main Street (Street and Number)	Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)		937-531-2159 (Area Code) (Telephone Number) (Extension)	
Internet Web Site Address		www.caresource.com				
Statutory Statement Contact		Tarlton Thomas (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 L. Carlton Thomas III, Chief Financial Officer
Bobby L. Jones, Chief Operating Officer Craig Thiele M.D., Chief Medical Officer

OTHER OFFICERS

OTHER OFFICERS
Stephen L. Ringel # _____, President, Ohio Market _____, _____,

DIRECTORS OR TRUSTEES

Pamela B. Morris	Michael E. Ervin M.D.	William F. Marsteller D.C.	Gary L. LeRoy M.D. #
Craig Brown	Ellen S. Leffak	Douglas A. Fecher	David T. Miller
David Kaelber M.D. #			

State of Ohio.....
County of Montgomery.....

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

L. Tarlton Thomas III
Chief Financial Officer

Bobby L. Jones
Chief Operating Officer

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2014 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	0	262,354	393,532	1,967,658	2,623,544	0
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed		0			0	0
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities	0	0	0	534,288		534,288
0499999 Premiums due and unpaid from Medicaid entities	31,715,569	21,987,462	19,526,545	61,588,624		134,818,200
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	31,715,569	22,249,816	19,920,077	64,090,570	2,623,544	135,352,488

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

EXHIBIT 3 - HEALTH CARE RECEIVABLES

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	17,086,022	18,220,575	1,226,045	37,810,284	18,312,067	19,195,825
2. Claim overpayment receivables	5,151,801	5,203,695	8,522,325	7,497,707	13,674,126	5,602,865
3. Loans and advances to providers					0	
4. Capitation arrangement receivables	37,546,884	181,790,558	19,465	34,367,261	37,566,349	44,524,441
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	59,784,707	205,214,828	9,767,835	79,675,252	69,552,542	69,323,131

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2014 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	114,401,106	17,552,113	8,616,817	6,221,830	6,236,889	153,028,755
0499999 Subtotals	114,401,106	17,552,113	8,616,817	6,221,830	6,236,889	153,028,755
0599999 Unreported claims and other claim reserves						652,748,025
0699999 Total amounts withheld						
0799999 Total claims unpaid						805,776,780
0899999 Accrued medical incentive pool and bonus amounts						615,600

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2014 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.....	28,546,384	28,546,384	
.....
.....
.....
.....
.....
.....
.....
.....
0199999 Individually listed payables.....	.....	28,546,384	28,546,384	0
0299999 Payables not individually listed				
0399999 Total gross payables		28,546,384	28,546,384	0

ANNUAL STATEMENT FOR THE YEAR 2014 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	493,694,223	11.2	1,226,038	96.1	0	493,694,223
2. Intermediaries	89,862,213	2.0	1,226,038	96.1	0	89,862,213
3. All other providers	53,730,059	1.2	1,275,430	100.0	0	53,730,059
4. Total capitation payments	637,286,495	14.4	3,727,506	292.2	0	637,286,495
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	0	0
6. Contractual fee payments	3,784,959,093	85.6	XXX	XXX	0	3,784,959,093
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	3,784,959,093	85.6	XXX	XXX	0	3,784,959,093
13. Total (Line 4 plus Line 12)	4,422,245,588	100 %	XXX	XXX	0	4,422,245,588

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2014 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	118,845		118,845			
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	118,845	0	118,845	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CARESOURCE

NAIC Group Code	3683	BUSINESS IN THE STATE OF Ohio	1	DURING THE YEAR 2014								NAIC Company Code	95201
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
			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		977,010	0							1,198	972,929	2,883	
2. First Quarter		1,002,886	12,104							1,184	987,106	2,492	
3. Second Quarter		1,114,173	30,242							1,093	1,066,459	16,379	
4. Third Quarter		1,196,792	25,505							1,041	1,144,828	25,418	
5. Current Year		1,275,430	24,459							974	1,226,038	23,959	
6. Current Year Member Months		13,475,134	274,038							13,128	13,002,563	185,405	
Total Member Ambulatory Encounters for Year:													
7. Physician		7,269,824	115,637							20,472	7,026,214	107,501	
8. Non-Physician		5,157,311	67,501							12,535	4,221,536	855,739	
9. Total		12,427,135	183,138	0	0	0	0	0	0	33,007	11,247,750	963,240	
10. Hospital Patient Days Incurred		947,764	10,534							5,502	911,171	20,557	
11. Number of Inpatient Admissions		196,475	2,732							2,907	184,391	6,445	
12. Health Premiums Written (b)		5,629,382,816	73,630,832							14,287,088	5,135,745,594	405,719,302	
13. Life Premiums Direct		0	0							0	0	0	
14. Property/Casualty Premiums Written		0	0							0	0	0	
15. Health Premiums Earned		5,637,519,547	73,630,832							14,287,088	5,143,882,325	405,719,302	
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services		4,413,073,132	49,865,847							13,619,718	4,137,532,699	212,054,868	
18. Amount Incurred for Provision of Health Care Services		4,746,308,325	65,884,590							11,779,596	4,375,061,632	293,582,507	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____ 14,287,088



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014								NAIC Company Code	95201
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		Total	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		977,010	0	0	0	0	0	0	1,198	972,929	2,883	
2. First Quarter		1,002,886	12,104	0	0	0	0	0	1,184	987,106	2,492	
3. Second Quarter		1,114,173	30,242	0	0	0	0	0	1,093	1,066,459	16,379	
4. Third Quarter		1,196,792	25,505	0	0	0	0	0	1,041	1,144,828	25,418	
5. Current Year		1,275,430	24,459	0	0	0	0	0	974	1,226,038	23,959	
6. Current Year Member Months		13,475,134	274,038	0	0	0	0	0	13,128	13,002,563	185,405	
Total Member Ambulatory Encounters for Year:												
7. Physician		7,269,824	115,637	0	0	0	0	0	20,472	7,026,214	107,501	
8. Non-Physician		5,157,311	67,501	0	0	0	0	0	12,535	4,221,536	855,739	
9. Total		12,427,135	183,138	0	0	0	0	0	33,007	11,247,750	963,240	
10. Hospital Patient Days Incurred		947,764	10,534	0	0	0	0	0	5,502	911,171	20,557	
11. Number of Inpatient Admissions		196,475	2,732	0	0	0	0	0	2,907	184,391	6,445	
12. Health Premiums Written (b)		5,629,382,816	73,630,832	0	0	0	0	0	14,287,088	5,135,745,594	405,719,302	
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		5,637,519,547	73,630,832	0	0	0	0	0	14,287,088	5,143,882,325	405,719,302	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		4,413,073,132	49,865,847	0	0	0	0	0	13,619,718	4,137,532,699	212,054,868	
18. Amount Incurred for Provision of Health Care Services		4,746,308,325	65,884,590	0	0	0	0	0	11,779,596	4,375,061,632	293,582,507	

(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 \$14,287,088

ANNUAL STATEMENT FOR THE YEAR 2014 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

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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 2014 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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
22667.....95-2371728.....03/01/2013.....ACE AMER INS CO.....				PA.....	SSL/I/A.....	MC.....	3,144,576						
22667.....95-2371728.....03/01/2013.....ACE AMER INS CO.....				PA.....	SSL/I/A.....	MR.....	25,598						
11835.....04-1590940.....01/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/I/A.....	CMM.....	3,268,068						
11835.....04-1590940.....03/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/I/A.....	MC.....	16,914,666						
11835.....04-1590940.....03/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/I/A.....	MR.....	117,914						
11835.....04-1590940.....03/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/I/A.....	OH.....	7,619,052						
00000.....AA-9990032.....01/01/2014.....US Dept of Hlth & Human Serv.....				DC.....	SSL/I/A.....	CMM.....	1,150,943						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							32,240,817		0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							32,240,817		0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							32,240,817		0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							32,240,817		0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							32,240,817		0	0	0	0	0
9999999 Totals							32,240,817		0	0	0	0	0

Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

SCHEDULE S – PART 6

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

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums.....	12,038	0	0	0	0
2. Title XVIII-Medicare.....	144	163	172	93	26
3. Title XIX-Medicaid.....	20,059	17,369	16,914	14,253	8,057
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.....	10,748	10,157	7,212	6,442	5,650
8. Reinsurance recoverable on paid losses.....	6,672	10	1,381	3,663	5,714
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	0	XXX	XXX
19. Letters of credit (L)	0	0	0	XXX	XXX
20. Trust agreements (T)	0	0	0	XXX	XXX
21. Other (O)	0	0	0	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

SCHEDULE S - PART 7

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)	1,487,250,054		1,487,250,054
2. Accident and health premiums due and unpaid (Line 15).....	135,352,487		135,352,487
3. Amounts recoverable from reinsurers (Line 16.1).....	6,671,595	(6,671,595)	0
4. Net credit for ceded reinsurance.....	XXX	17,419,342	17,419,342
5. All other admitted assets (Balance).....	91,656,504		91,656,504
6. Total assets (Line 28)	1,720,930,640	10,747,747	1,731,678,387
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	795,029,033	10,747,747	805,776,780
8. Accrued medical incentive pool and bonus payments (Line 2).....	615,600		615,600
9. Premiums received in advance (Line 8).....	22,606,577		22,606,577
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	159,146,044		159,146,044
15. Total liabilities (Line 24).....	977,397,254	10,747,747	988,145,001
16. Total capital and surplus (Line 33).....	743,533,386	XXX	743,533,386
17. Total liabilities, capital and surplus (Line 34)	1,720,930,640	10,747,747	1,731,678,387
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	10,747,747		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	6,671,595		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	17,419,342		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	17,419,342		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	JN					0
16. Iowa	JA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

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

The CareSource Board of Trustees controls both CareSource, the reporting entity, and CareSource Foundation. The CareSource Management Group Co Board of Trustees controls CareSource Management Group Co. CareSource Management Group Co. controls CSI, CS Insurance LLC, CareSource Kentucky Co, CareSource Reinsurance LLC, and CareSource Georgia Co.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CARESOURCE

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95201	31-1143265	CareSource		(2,000,000)			(261,857,235)		10,218			(263,847,017)
	31-1703371	CareSource Management Services, Inc.		3,200,000			0					3,200,000
	31-1703368	CareSource Management Group Company		(8,200,000)			297,064,785					288,864,785
10142	32-0121856	CareSource Indiana		1,000,000			(323,400)					676,600
	56-2582561	CareSource Foundation		2,000,000			0					2,000,000
95562	38-3252216	CareSource Michigan		0			0					0
13717	27-1368371	CareSource Insurance, LLC		0			0		(10,218)			(10,218)
	45-4937120	CareSource Reinsurance, LLC		0			(34,551,494)					(34,551,494)
15479	46-4991603	CareSource Kentucky		4,000,000			(332,656)					3,667,344
			9999999 Control Totals	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 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?	.....WAIVED.....
	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.....
	MARCH FILING	Responses
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?	.....YES.....
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?	.....YES.....
	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 2014 OF THE CARESOURCE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Member Assistance Expenses.....			17,607		17,607
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	17,607	0	17,607

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