

Final Federal income tax amounts recorded. Reclass from uncollected premiums and premiums received in advance. Corrected balances on premium and enrollment exhibit. Included listing of structured bonds in investment footnote.



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2015**  
**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, US 45402 (City or Town, State, Country and Zip Code)			
Main Administrative Office	230 North Main Street Dayton, OH, US 45402 (Street and Number)		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 Dayton, OH, US 45402 (Street and Number)		937-531-2159 (Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.caresource.com					
Statutory Statement Contact	Tarlton Thomas (Name) Tarlton.Thomas@caresource.com (E-Mail Address)		937-531-2159 (Area Code) (Telephone Number) (Extension) 937-396-3438 (Fax Number)			

**OFFICERS**

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

**OTHER OFFICERS**

Stephen L. Ringel	President, Ohio Market
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**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 .....  
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.

Craig Thiele  
Chief Medical 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 [ X ]  
b. If no:  
1. State the amendment number 1  
2. Date filed 05/13/2016  
3. Number of pages attached 21

## ANNUAL STATEMENT FOR THE YEAR 2015 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 .....	126,555	45,894	1,356,421	5,892,322	5,366,885	2,054,308
Group subscribers:						
0299997 Group subscriber subtotal .....	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed .....						
0299999 Total group .....	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities .....	3,786,413			324,410		4,110,823
0499999 Premiums due and unpaid from Medicaid entities .....	35,210,988	20,352,619	19,705,725	67,663,599		142,932,931
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	39,123,956	20,398,513	21,062,146	73,880,331	5,366,885	149,098,062



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015								2. _____ (LOCATION)	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 Members at end of:			Total	Individual	Group									
1. Prior Year .....		1,275,520		24,549							974		1,226,038	23,959
2. First Quarter .....		1,322,324		48,599									1,249,844	23,881
3. Second Quarter .....		1,283,566		49,291									1,211,445	22,830
4. Third Quarter .....		1,306,155		47,859									1,235,083	23,213
5. Current Year .....		1,306,521		40,776									1,243,447	22,298
6. Current Year Member Months .....		15,557,976		494,849									14,790,660	272,467
Total Member Ambulatory Encounters for Year:														
7. Physician .....		8,765,437		210,127									8,133,347	421,963
8. Non-Physician .....		7,965,982		137,275									5,081,000	2,747,707
9. Total .....		16,731,419		347,402	0	0	0	0	0	0	0		13,214,347	3,169,670
10. Hospital Patient Days Incurred .....		673,954		11,580									604,124	58,250
11. Number of Inpatient Admissions .....		153,148		2,528									139,390	11,230
12. Health Premiums Written (b) .....		6,745,568,266		141,712,032									(208,404)	5,806,885,301
13. Life Premiums Direct .....		0												
14. Property/Casualty Premiums Written .....		0												
15. Health Premiums Earned .....		6,740,936,636		139,381,635									(260,825)	5,806,885,301
16. Property/Casualty Premiums Earned .....		0												
17. Amount Paid for Provision of Health Care Services .....		6,027,661,544		116,578,832									2,493,069	5,204,408,170
18. Amount Incurred for Provision of Health Care Services .....		5,724,373,069		115,390,450									760,136	4,901,777,400
														706,445,083

(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 \$ .....(208,404)



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						NAIC Company Code	95201	
		1	2	3	4	5	6	7	8	9	10	
		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 .....		1,275,520	24,549	0	0	0	0	0	974	1,226,038	23,959	
2. First Quarter .....		1,322,324	48,599	0	0	0	0	0	0	1,249,844	23,881	
3. Second Quarter .....		1,283,566	49,291	0	0	0	0	0	0	1,211,445	22,830	
4. Third Quarter .....		1,306,155	47,859	0	0	0	0	0	0	1,235,083	23,213	
5. Current Year .....		1,306,521	40,776	0	0	0	0	0	0	1,243,447	22,298	
6. Current Year Member Months .....		15,557,976	494,849	0	0	0	0	0	0	14,790,660	272,467	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		8,765,437	210,127	0	0	0	0	0	0	8,133,347	421,963	
8. Non-Physician .....		7,965,982	137,275	0	0	0	0	0	0	5,081,000	2,747,707	
9. Total .....		16,731,419	347,402	0	0	0	0	0	0	13,214,347	3,169,670	
10. Hospital Patient Days Incurred .....		673,954	11,580	0	0	0	0	0	0	604,124	58,250	
11. Number of Inpatient Admissions .....		153,148	2,528	0	0	0	0	0	0	139,390	11,230	
12. Health Premiums Written (b) .....		6,745,568,266	141,712,032	0	0	0	0	0	(208,404)	5,806,885,301	797,179,337	
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 .....		6,740,936,636	139,381,635	0	0	0	0	0	(260,825)	5,806,885,301	794,930,525	
16. Property/Casualty Premiums Earned .....		0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....		6,027,661,544	116,578,832	0	0	0	0	0	2,493,069	5,204,408,170	704,181,473	
18. Amount Incurred for Provision of Health Care Services .....		5,724,373,069	115,390,450	0	0	0	0	0	760,136	4,901,777,400	706,445,083	

(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 \$ .....(208,404)

**ANNUAL STATEMENT FOR THE YEAR 2015 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,469,104,274		1,469,104,274
2. Accident and health premiums due and unpaid (Line 15).....	149,098,061		149,098,061
3. Amounts recoverable from reinsurers (Line 16.1).....	14,223,636	(14,223,636)	0
4. Net credit for ceded reinsurance.....	XXX	37,105,640	37,105,640
5. All other admitted assets (Balance).....	129,586,751		129,586,751
6. Total assets (Line 28)	1,762,012,722	22,882,004	1,784,894,726
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	588,988,692	22,882,004	611,870,696
8. Accrued medical incentive pool and bonus payments (Line 2).....	638,500		638,500
9. Premiums received in advance (Line 8).....	37,397,711		37,397,711
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).....	205,784,785		205,784,785
15. Total liabilities (Line 24).....	832,809,688	22,882,004	855,691,692
16. Total capital and surplus (Line 33).....	929,203,036	XXX	929,203,036
17. Total liabilities, capital and surplus (Line 34)	1,762,012,724	22,882,004	1,784,894,728
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	22,882,004		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	14,223,636		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	37,105,640		
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	37,105,640		