

Amended the Jurat page to include Market Conduct and Cyber-security contacts.

Amended the Annual Statement notes for consistency be the electronic notes and the .PDF notes.

Schedules D has been amended to include code “SD” for the state deposit noted in 5H in the amended Annual Statement.



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

CareSource						
NAIC Group Code	3683	3683	NAIC Company Code	95201	Employer's ID Number	31-1143265
		(Current Period)			(Prior Period)	
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			Dayton, OH, US 45402		
		(Street and Number)		(City or Town, State, Country and Zip Code)		
Main Administrative Office	230 North Main Street					
		(Street and Number)				
	Dayton, OH, US 45402		937-531-3300			
		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	PO Box 8738		Dayton, OH, US 45401-8738			
		(Street and Number or P.O. Box)		(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		937-531-2159			
		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.caresource.com					
Statutory Statement Contact	Tarlton Thomas			937-531-2159		
		(Name)		(Area Code) (Telephone Number) (Extension)		
	Tarlton.Thomas@caresource.com		937-396-3438			
		(E-Mail Address)		(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 ofOhio.....
County ofMontgomery.....

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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.

Stephen L. Ringel President, Ohio Market	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		2
2. Date filed		08/11/2016
3. Number of pages attached		23