



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)		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. 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

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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

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 [X] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

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	10,959,231	1,464,058	1,529,896	13,153,612	5,366,885	21,739,912
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						
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)	46,170,219	21,816,677	21,235,621	80,817,210	5,366,885	164,672,843

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareSource

EXHIBIT 3 - HEALTH CARE RECEIVABLES

ANNUAL STATEMENT FOR THE YEAR 2015 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	36,206,624	37,603,817	1,639,604	63,394,209	37,846,228	39,036,331
2. Claim overpayment receivables	3,175,263	(3,252,759)	724,887	13,702,608	3,900,150	4,752,631
3. Loans and advances to providers					0	
4. Capitation arrangement receivables	34,386,725	180,609,893	1,019,050	30,087,838	35,405,775	34,386,725
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	73,768,612	214,960,951	3,383,541	107,184,655	77,152,153	78,175,687

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 2015 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	153,312,276	6,655,088	1,988,969	873,320	1,428,728	164,258,381
0499999 Subtotals	153,312,276	6,655,088	1,988,969	873,320	1,428,728	164,258,381
0599999 Unreported claims and other claim reserves						447,612,315
0699999 Total amounts withheld						
0799999 Total claims unpaid						611,870,696
0899999 Accrued medical incentive pool and bonus amounts						638,500

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareSource

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 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.....	27,178,671	27,178,671	
.....
.....
.....
.....
.....
.....
.....
.....
0199999 Individually listed payables.....	27,178,671	27,178,671	0
0299999 Payables not individually listed
0399999 Total gross payables	27,178,671	27,178,671	0

ANNUAL STATEMENT FOR THE YEAR 2015 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	372,902,766	6.2	1,243,447	95.2		372,902,766
2. Intermediaries	87,850,860	1.5	1,243,447	95.2		87,850,860
3. All other providers	34,684,232	0.6	1,262,430	96.6		34,684,232
4. Total capitation payments	495,437,858	8.2	3,749,324	287.0	0	495,437,858
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	5,532,223,687	91.8	XXX	XXX		5,532,223,687
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	5,532,223,687	91.8	XXX	XXX	0	5,532,223,687
13. Total (Line 4 plus Line 12)	6,027,661,545	100 %	XXX	XXX	0	6,027,661,545

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2015 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 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)		6,761,998,377		158,142,143								(208,404)	5,806,885,301	797,179,337
13. Life Premiums Direct		0												
14. Property/Casualty Premiums Written		0												
15. Health Premiums Earned		6,770,137,753		158,142,143								(208,404)	5,815,024,677	797,179,337
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	704,181,473
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

NAIC Group Code	3683	BUSINESS IN THE STATE OF Consolidated	DURING THE YEAR 2015								(LOCATION)	NAIC Company Code	95201
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8			
		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	0	1,249,844	23,881	
3. Second Quarter		1,283,566	49,291	0	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	0	1,235,083	23,213	
5. Current Year		1,306,521	40,776	0	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	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	0	8,133,347	421,963	
8. Non-Physician		7,965,982	137,275	0	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	0	13,214,347	3,169,670	
10. Hospital Patient Days Incurred		673,954	11,580	0	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	0	139,390	11,230	
12. Health Premiums Written (b)		6,761,998,377	158,142,143	0	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	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned		6,770,137,753	158,142,143	0	0	0	0	0	0	(208,404)	5,815,024,677	797,179,337	
16. Property/Casualty Premiums Earned		0	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	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	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 1 - SECTION 2

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

ANNUAL STATEMENT FOR THE YEAR 2015 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 2015 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													
11835.....04-1590940.....01/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/I/A.....	CMM.....	5,339,788.....						
11835.....04-1590940.....03/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/I/A.....	MC.....	19,245,426.....						
11835.....04-1590940.....03/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/G/L.....	MR.....	(3,612).....						
11835.....04-1590940.....03/01/2014.....PARTNERRE AMER INS CO.....				DE.....	SSL/G/L.....	OH.....	11,672,082.....						
00000.....AA-9990032.....01/01/2014.....US Dept of Hlth & Human Serv.....				DC.....	SSL/I/A.....	CMM.....	1,811,299.....						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							38,064,983.....	0.....	0.....	0.....	0.....	0.....	0.....
1199999 - General Account - Authorized - Total General Account Authorized							38,064,983.....	0.....	0.....	0.....	0.....	0.....	0.....
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							38,064,983.....	0.....	0.....	0.....	0.....	0.....	0.....
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							38,064,983.....	0.....	0.....	0.....	0.....	0.....	0.....
9999999 Totals							38,064,983.....	0.....	0.....	0.....	0.....	0.....	0.....

Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareSource

SCHEDULE S – PART 6

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

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	18,823	12,038	0	0	0
2. Title XVIII-Medicare.....	(4)	144	163	172	93
3. Title XIX-Medicaid.....	19,245	20,059	17,369	16,914	14,253
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.....	27,606	10,748	10,157	7,212	6,442
8. Reinsurance recoverable on paid losses.....	14,224	6,672	10	1,381	3,663
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	0	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	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

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)
ASSETS (Page 2, Col. 3)			
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).....	168,783,666		168,783,666
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).....	129,176,546		129,176,546
6. Total assets (Line 28)	1,781,288,122	22,882,004	1,804,170,126
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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).....	57,083,315		57,083,315
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).....	205,986,064		205,986,064
15. Total liabilities (Line 24).....	852,696,571	22,882,004	875,578,575
16. Total capital and surplus (Line 33).....	928,591,552	XXX	928,591,552
17. Total liabilities, capital and surplus (Line 34)	1,781,288,123	22,882,004	1,804,170,127
NET CREDIT FOR CEDED REINSURANCE			
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		

ANNUAL STATEMENT FOR THE YEAR 2015 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareSource

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/ Person(s)	15 *
03683	CareSource Management Group Co.	00000	45-4937120				CareSource Reinsurance, LLC	MT	IA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0
03683	CareSource Management Group Co.	95201	31-1143265				CareSource	OH	RE	CareSource Board of Trustees	Other (See explanation below)	.00	Board of Trustees	.0
00000	CareSource Management Group Co.	00000	31-1703368				CareSource Management Group Co.	OH	UDP	CareSource Management Group Co.	Board of Trustees	.00	Board of Trustees	.0
00000	CareSource Management Group Co.	00000	31-1703371				CareSource Management Services Co.	OH	NIA	CareSource Management Group Co.	Ownership	.100.0	CareSource Management Group Co.	.0
03683	CareSource Management Group Co.	13717	27-1368371				CareSource Insurance LLC	VT	IA	CareSource Management Group Co.	Managing Directors	.00	CareSource Management Group Co.	.0
00000	CareSource Management Group Co.	00000	56-2582561				The CareSource Foundation	OH	DS	CareSource	Board of Trustees	.00	CareSource Board of Trustees	.0
03683	CareSource Management Group Co.	10142	32-0121856				CareSource Indiana, Inc.	IN	IA	CareSource Management Group Co.	Board of Directors	.00	CareSource Management Group Co.	.0
03683	CareSource Management Group Co.	15479	46-4991603				CareSource Kentucky Co.	KY	IA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0
03683	CareSource Management Group Co.	15710	47-2408339				CareSource Georgia Co.	GA	IA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0
03683	CareSource Management Group Co.	15728	47-3028244				CareSource West Virginia Co.	WV	IA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0
00000	CareSource Management Group Co.	00000	81-1017455				CareSource Network Partners LLC	OH	NIA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0
00000	CareSource Management Group Co.	00000	81-1025103				CareSource@Home LLC	OH	NIA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0
00000	CareSource Management Group Co.	00000	81-1593512				CareSource North Carolina Co.	NC	IA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0
00000	CareSource Management Group Co.	00000	81-1602217				CareSource Life Services Co.	OH	NIA	CareSource Management Group Co.	Board of Trustees	.00	CareSource Management Group Co.	.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareSource

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

Asterisk	Explanation
	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., CareSource Georgia Co., CareSource West Virginia Co., CareSource Network Partners LLC, CareSource@Home LLC, CareSource North Carolina Co., and CareSource Life Services Co.....

ANNUAL STATEMENT FOR THE YEAR 2015 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)			(329,986,671)					(331,986,671)
	31-1703371	CareSource Management Services, Inc.					588,642					588,642
	31-1703368	CareSource Management Group Company	40,000,000	(23,350,000)	11,600,000		379,677,576					396,327,576
10142	32-0121856	CareSource Indiana			2,000,000		(7,879,982)					3,720,018
	56-2582561	CareSource Foundation										2,000,000
95562	38-3252216	CareSource Michigan										0
13717	27-1368371	CareSource Insurance, LLC										0
	45-4937120	CareSource Reinsurance, LLC	(40,000,000)		6,250,000		(39,066,788)					(79,066,788)
15479	46-4991603	CareSource Kentucky			4,500,000		(3,068,686)					3,181,314
15728	47-3028244	CareSource West Virginia			1,000,000		(264,648)					4,235,352
15710	47-2408339	CareSource Georgia					557					1,000,557
00000	81-1017455	CareSource Network Partners										0
00000	81-1025103	CareSource@Home										0
00000	81-1593512	CareSource North Carolina										0
00000	81-1602217	CareSource Life Services										0
9999999 Control Totals												
			0	0	0	0	0	0	0	XXX	0	0
												0

ANNUAL STATEMENT FOR THE YEAR 2015 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.....
	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.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:



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