

Analysis of Operations by Lines of Business amended due to transposition of administrative expenses between Medicare, Medicaid and Other Health columns.



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2017**  
**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 (Street and Number)		Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)			
	937-531-3300 (Area Code) (Telephone Number)		937-531-2159 (Area Code) (Telephone Number) (Extension)			
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)		230 North Main Street (Street and Number)			
	937-531-3614 (Area Code) (Telephone Number) (Extension)		937-531-3614 (Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.caresource.com					
Statutory Statement Contact	Demetri Inempolidis (Name)		937-531-3614 (Area Code) (Telephone Number) (Extension)			
	Demetri.inempolidis@caresource.com (E-Mail Address)		(Fax Number)			

**OFFICERS**

Name	Title	Name	Title
Erhardt H. Preitauer #	President & Chief Executive Officer	L. Tarlton Thomas III	Chief Operating Officer
Stephen L. Ringel	President, Ohio Market	David W. Goltz	Chief Financial Officer

**OTHER OFFICERS**

Daniel J. McCabe	Chief Administrative Officer
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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.

David W. Goltz  
Chief Financial Officer

Daniel J. McCabe  
Chief Administrative Officer

Stephen L. Ringel  
President, Ohio Market

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 10/11/2018  
3. Number of pages attached 3