



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)

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

Jeremy Heimgartner

(Name)

,

937-487-5047

(Area Code) (Telephone Number) (Extension)

jeremy.heimgartner@caresource.com

(E-Mail Address)

(Fax Number)

OFFICERS

Name	Title	Name	Title
Pamela B. Morris	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		
------------------	------------------------------	--	--

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.

David W. Goltz

Chief Financial Officer

L. Tarlton Thomas III

Chief Operating Officer

Stephen L. Ringel

President, Ohio Market

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 2017 OF THE CareSource

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

16

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	6
	1	2	3	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Claims Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	70,585,778	69,148,925	1,314,820	64,872,277	71,900,598	80,123,084
2. Claim overpayment receivables .....	619,625		1,650,923	11,058,658	2,270,548	31,832,413
3. Loans and advances to providers .....	28,266				28,266	35,000
4. Capitation arrangement receivables .....	30,457,605	161,230,324	48,279	57,225,050	30,505,884	30,396,404
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	101,691,274	230,379,249	3,014,022	133,155,985	104,705,296	142,386,901

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

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

21

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24



EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CareSource					2. _____				
NAIC Group Code 3683		BUSINESS IN THE STATE OF Ohio					(LOCATION)				
		DURING THE YEAR 2017					NAIC Company Code 95201				
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		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 .....		1,378,453	51,818						18,212	1,308,423	
2. First Quarter .....		1,421,180	69,160						20,356	1,331,664	
3. Second Quarter .....		1,426,413	64,777						20,974	1,340,662	
4. Third Quarter .....		1,378,711	60,654						19,613	1,298,444	
5. Current Year		1,365,905	57,473						19,912	1,288,520	
6. Current Year Member Months		16,834,803	738,821						243,075	15,852,907	
Total Member Ambulatory Encounters for Year:											
7. Physician .....		9,637,317	338,615						414,647	8,884,055	
8. Non-Physician .....		9,194,886	245,869						1,870,712	7,078,305	
9. Total		18,832,203	584,484	0	0	0	0	0	2,285,359	15,962,360	0
10. Hospital Patient Days Incurred		775,457	15,499						62,532	697,426	
11. Number of Inpatient Admissions		174,788	3,785						10,729	160,274	
12. Health Premiums Written (b).....		7,767,789,784	254,279,930						336,270,443	7,177,239,411	
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		7,769,294,116	254,279,930						337,774,775	7,177,239,411	
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services .....		6,621,647,003	234,058,898						302,880,917	6,084,707,188	
18. Amount Incurred for Provision of Health Care Services		6,757,942,810	236,865,871						316,606,068	6,204,470,871	

(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 \$ .....0

30.OH



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource

2.

NAIC Group Code		3683		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017					(LOCATION)		NAIC Company Code		95201				
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10	
				2	3														
		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 .....		1,378,453		51,818	0	0		0		0		0		18,212		1,308,423		0	
2. First Quarter .....		1,421,180		69,160	0	0		0		0		0		20,356		1,331,664		0	
3. Second Quarter .....		1,426,413		64,777	0	0		0		0		0		20,974		1,340,662		0	
4. Third Quarter .....		1,378,711		60,654	0	0		0		0		0		19,613		1,298,444		0	
5. Current Year .....		1,365,905		57,473	0	0		0		0		0		19,912		1,288,520		0	
6. Current Year Member Months .....		16,834,803		738,821	0	0		0		0		0		243,075		15,852,907		0	
Total Member Ambulatory Encounters for Year:																			
7. Physician .....		9,637,317		338,615	0	0		0		0		0		414,647		8,884,055		0	
8. Non-Physician .....		9,194,886		245,869	0	0		0		0		0		1,870,712		7,078,305		0	
9. Total .....		18,832,203		584,484	0	0		0		0		0		2,285,359		15,962,360		0	
10. Hospital Patient Days Incurred .....		775,457		15,499	0	0		0		0		0		62,532		697,426		0	
11. Number of Inpatient Admissions .....		174,788		3,785	0	0		0		0		0		10,729		160,274		0	
12. Health Premiums Written (b) .....		7,767,789,784		254,279,930	0	0		0		0		0		336,270,443		7,177,239,411		0	
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 .....		7,769,294,116		254,279,930	0	0		0		0		0		337,774,775		7,177,239,411		0	
16. Property/Casualty Premiums Earned .....		0		0	0	0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services .....		6,621,647,003		234,058,898	0	0		0		0		0		302,880,917		6,084,707,188		0	
18. Amount Incurred for Provision of Health Care Services .....		6,757,942,810		236,865,871	0	0		0		0		0		316,606,068		6,204,470,871		0	

(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 \$ 0

30.GT

## ANNUAL STATEMENT FOR THE YEAR 2017 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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

## 33

## 33

33

33

## 34

## 34

## 34

3434

## 35

## 35

## 35

3535



SCHEDULE S – PART 6

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

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	4,366	5,700	18,823	12,038	0
2. Title XVIII-Medicare.....	2,356	1,337	(4)	144	163
3. Title XIX-Medicaid.....	18,264	15,227	19,245	20,059	17,369
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....	26,052	23,345	27,606	10,748	10,157
8. Reinsurance recoverable on paid losses.....	0	7,815	14,224	6,672	10
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,403,459,190		1,403,459,190
2. Accident and health premiums due and unpaid (Line 15).....	145,982,344		145,982,344
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	26,052,023	26,052,023
5. All other admitted assets (Balance).....	171,537,359		171,537,359
6. Total assets (Line 28)	1,720,978,894	26,052,023	1,747,030,917
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	644,832,480	26,052,023	670,884,503
8. Accrued medical incentive pool and bonus payments (Line 2).....	9,406,021		9,406,021
9. Premiums received in advance (Line 8).....	41,594,418		41,594,418
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).....	221,187,610		221,187,610
15. Total liabilities (Line 24).....	917,020,529	26,052,023	943,072,552
16. Total capital and surplus (Line 33).....	803,958,368	XXX	803,958,368
17. Total liabilities, capital and surplus (Line 34)	1,720,978,897	26,052,023	1,747,030,920
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	26,052,023		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	26,052,023		
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	26,052,023		

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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 .....	IN .....						0
16. Iowa .....	IA .....						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	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
03683	CareSource Management Group Co.	00000	45-4937120				CareSource Reinsurance, LLC	MT	IA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.		0
03683	CareSource Management Group Co.	95201	31-1143265				CareSource	OH	RE	CareSource Board of Trustees	Other (See explanation below)	0.0	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	0.0	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
00000	CareSource Management Group Co.	00000	56-2582561				The CareSource Foundation	OH	DS	CareSource	Board of Trustees	0.0	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	0.0	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	0.0	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	0.0	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	0.0	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	0.0	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	0.0	CareSource Management Group Co.		0
00000	CareSource Management Group Co.	00000	81-1593512				CareSource North Carolina Co.	NC	NIA	CareSource Management Group Co.	Board of Trustees	0.0	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	0.0	CareSource Management Group Co.		0
03683	CareSource Management Group Co.	15992	81-1727271				CareSource Virginia Co.	VA	IA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.		0
00000	CareSource Management Group Co.	00000	81-4170497				CareSource Management Group Foundation	OH	NIA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.		0

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 CareSource Indiana, Inc., CareSource Kentucky Co, CareSource Reinsurance, LLC., CareSource Georgia Co., CareSource West Virginia Co., CareSource Network Partners LLC, CareSource@Home LLC, CareSource North Carolina Co., CareSource Life Services Co., CareSource Virginia Co., and CareSource Management Group Foundation.....

## 42

## 42

## 42

42

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

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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** 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

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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

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.....
15.

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.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
17.

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.....
18.

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.....
19.

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

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

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.....
23.

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

24.

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. No exemption needed.
18. No exemption needed.
19. No exemption needed.
20.
21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

11.	 9 5 2 0 1 2 0 1 7 3 6 0 5 9 0 0 0
12.	 9 5 2 0 1 2 0 1 7 2 0 5 0 0 0 0 0
13.	 9 5 2 0 1 2 0 1 7 4 2 0 0 0 0 0 0
14.	 9 5 2 0 1 2 0 1 7 3 7 1 0 0 0 0 0
15.	 9 5 2 0 1 2 0 1 7 3 7 0 0 0 0 0 0
16.	 9 5 2 0 1 2 0 1 7 3 6 5 0 0 0 0 0
20.	 9 5 2 0 1 2 0 1 7 3 0 6 0 0 0 0 0
21.	 9 5 2 0 1 2 0 1 7 2 1 1 5 9 0 0 0



OVERFLOW PAGE FOR WRITE-INS

# ALPHABETICAL INDEX

---

## ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

# ALPHABETICAL INDEX

---

## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14





LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The CareSource ..... Insurance Company  
Address (City, State and Zip Code) Dayton, OH 45402.....  
NAIC Group Code 3683..... NAIC Company Code 95201..... Employer's ID Number 31-1143265.....