



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 937-531-3300 (City or Town, State, Country and Zip Code) (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) 937-531-2159 (Area Code) (Telephone Number) (Extension) | | | |
| 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) | | | |
| 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.....

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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

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

| 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 | 1,427,316 | (162,185) | 578,925 | 269,266 | 874,162 | 1,239,160 |
| 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 | 4,748,383 | 13,194 | 2,418 | 2,730,443 | 8,414 | 7,486,024 |
| 0499999 Premiums due and unpaid from Medicaid entities | 41,381,083 | 18,711,314 | 15,263,097 | 54,657,734 | | 130,013,228 |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 47,556,782 | 18,562,323 | 15,844,439 | 57,657,443 | 882,577 | 138,738,411 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

EXHIBIT 3 - HEALTH CARE RECEIVABLES

ANNUAL STATEMENT FOR THE YEAR 2017 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 | 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.

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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) | | | | | | |
| CVS..... | 69,346,150 | | | | | 69,346,150 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 0199999 Individually listed claims unpaid..... | 69,346,150 | .0 | .0 | .0 | .0 | 69,346,150 |
| 0299999 Aggregate accounts not individually listed-uncovered..... | | | | | | .0 |
| 0399999 Aggregate accounts not individually listed-covered..... | 72,717,293 | 13,348,109 | 10,471,555 | 6,690,306 | 18,667,421 | 121,894,685 |
| 0499999 Subtotals..... | 142,063,443 | 13,348,109 | 10,471,555 | 6,690,306 | 18,667,421 | 191,240,836 |
| 0599999 Unreported claims and other claim reserves..... | | | | | | 479,643,668 |
| 0699999 Total amounts withheld..... | | | | | | |
| 0799999 Total claims unpaid..... | | | | | | 670,884,503 |
| 0899999 Accrued medical incentive pool and bonus amounts..... | | | | | | 9,406,021 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2017 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..... | 27,326,694 | 27,326,694 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 0199999 Individually listed payables..... | | 27,326,694 | 27,326,694 | 0 |
| 0299999 Payables not individually listed | | | | |
| 0399999 Total gross payables | | 27,326,694 | 27,326,694 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 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 | 454,115,912 | 6.8 | 2,108,891 | 154.4 | | 454,115,912 |
| 2. Intermediaries | 94,858,393 | 1.4 | 15,803,245 | 1,157.0 | | 94,858,393 |
| 3. All other providers | 49,578,077 | 0.7 | 16,809,324 | 1,230.6 | | 49,578,077 |
| 4. Total capitation payments | 598,552,382 | 9.0 | 34,721,460 | 2,542.0 | 0 | 598,552,382 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 6. Contractual fee payments | 6,065,559,460 | 91.0 | XXX | XXX | | 6,065,559,460 |
| 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 | 6,065,559,460 | 91.0 | XXX | XXX | 0 | 6,065,559,460 |
| 13. Total (Line 4 plus Line 12) | 6,664,111,842 | 100 % | XXX | XXX | 0 | 6,664,111,842 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

ANNUAL STATEMENT FOR THE YEAR 2017 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 | | | | | | |
| 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

| NAIC Group Code | 3683 | BUSINESS IN THE STATE OF Ohio | 1 | DURING THE YEAR 2017 | | | | | | | | 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 | | | Total | Individual | Group | | | | | | | | |
| 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



9 5 2 0 1 2 0 1 7 4 3 0 5 9 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2017 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 2017 | | | | | | | | NAIC Company Code | 95201 |
|---|------|---------------------------------------|---------------------------------------|-------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------------|-------|
| | | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | | |
| | | 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

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 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.....01/01/2017..... | PARTNERRE AMER INS CO..... | DE..... | CMM..... | 4,366,138 | | | | | | | | | |
| 11835.....04-1590940.....03/01/2017..... | PARTNERRE AMER INS CO..... | DE..... | MC..... | 18,263,870 | | | | | | | | | |
| 11835.....04-1590940.....03/01/2017..... | PARTNERRE AMER INS CO..... | DE..... | MR..... | 2,355,967 | | | | | | | | | |
| 0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | 24,985,975 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates | | | | | | | 24,985,975 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199999 - General Account - Authorized - Total General Account Authorized | | | | | | | 24,985,975 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3499999 - General Account - Total General Account Authorized, Unauthorized and Certified | | | | | | | 24,985,975 | 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) | | | | | | | 24,985,975 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999 Totals | | | | | | | 24,985,975 | 0 | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

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| (a) | Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
|-----|---|------------------------|---|---------------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource

SCHEDULE S – PART 6

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

| | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 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 | 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..... | 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 | 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 | 0 |
| 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 | 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 |

ANNUAL STATEMENT FOR THE YEAR 2017 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) | 1,403,459,190 | | 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 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 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 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 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 | | |

ANNUAL STATEMENT FOR THE YEAR 2017 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 2017 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 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|---------------------------------|------------------------|----------------|-------------------|----------|---|--|---------------------------|--|--|--|--|--|--|---------|
| 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 |
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ANNUAL STATEMENT FOR THE YEAR 2017 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 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. |

ANNUAL STATEMENT FOR THE YEAR 2017 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) | | | (509,555,143) | | | | | (511,555,143) |
| 00000 | 31-1703371 | CareSource Management Services, Inc. | | | | | 1,241,613 | | | | | 1,241,613 |
| 00000 | 31-1703368 | CareSource Management Group Company | | | (64,775,000) | | 656,019,120 | | | | | 591,244,120 |
| 10142 | 32-0121856 | CareSource Indiana | | | 15,000,000 | | (32,124,461) | | | | | (17,124,461) |
| 00000 | 56-2582561 | CareSource Foundation | | | 2,000,000 | | | | | | | 2,000,000 |
| 95562 | 38-3252216 | CareSource Michigan | | | | | | | | | | 0 |
| 13717 | 27-1368371 | CareSource Insurance, LLC | | | | | | | | | | 0 |
| 00000 | 45-4937120 | CareSource Reinsurance, LLC | | | | | (63,022,693) | | | | | (63,022,693) |
| 15479 | 46-4991603 | CareSource Kentucky | | | | | (10,202,100) | | | | | 6,297,900 |
| 15728 | 47-3028244 | CareSource West Virginia | | | 16,500,000 | | (3,216,613) | | | | | 1,783,387 |
| 15710 | 47-2408339 | CareSource Georgia | | | 5,000,000 | | (37,373,792) | | | | | (9,373,792) |
| 00000 | 81-1017455 | CareSource Network Partners | | | 28,000,000 | | | | | | | 0 |
| 00000 | 81-1025103 | CareSource@Home | | | | | (1,765,932) | | | | | (1,765,932) |
| 00000 | 81-1593512 | CareSource North Carolina | | | | | | | | | | 0 |
| 00000 | 81-1602217 | CareSource Life Services | | | | | | | | | | 0 |
| 00000 | 81-4170497 | CareSource Management Group Foundation | | | 275,000 | | | | | | | 275,000 |
| 15992 | 81-1727271 | CareSource Virginia | | | | | | | | | | 0 |
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ANNUAL STATEMENT FOR THE YEAR 2017 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 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 0

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OVERFLOW PAGE FOR WRITE-INS

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CareSource



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.....