



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE**

## CareSource

(Name)

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   
 Other  Is HMO, Federally Qualified? Yes  No

Incorporated/Organized 06/12/1985 Commenced Business 10/01/1988

Main Administrative Office \_\_\_\_\_ 230 North Main Street  
(Street and Number)  
Dayton, OH, US 45402 937-531-3300

Mail Address  (City or Town, State, Country and Zip Code)  (Area Code) (Telephone Number)

Primary Location of Books and Records  
(Street and Number of P.O. Box) **230 North Main Street**  
(City or Town, State, County and Zip Code)

Dayton, OH, US 45402, 937-531-3614  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.caresource.com  
Statutory Statement Contact Demetri Inempolidis, 937-531-3614  
(Name) (Area Code) (Telephone Number) (Extension)  
demetri.inempolidis@caresource.com 937-487-1744  
(E-Mail Address) (Fax Number)

## OFFICERS

Name	Title	Name	Title
H. Preitauer #	President and Chief Executive Officer	Jai P. Pillai #	Chief Operating Officer
hen L. Riegel	President, Ohio Market	David W. Goltz	Chief Financial Officer

## OTHER OFFICERS

## OTHER OFFICERS

## **DIRECTORS OR TRUSTEES**

Erhardt H. Preitauer #	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

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Stephen L. Ringel  
President, Ohio Market

David W. Goltz  
Chief Financial Officer

Daniel J. McCabe  
Chief Administrative Officer

Subscribed and sworn to before me this  
day of ,

- a. Is this an original filing? Yes [  ] No [  ]  
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ANNUAL STATEMENT FOR THE YEAR 2018 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 .....	9,236,415	1,476,618	504,386	2,367,903	499,571	13,085,750
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 .....	79,492	13,021	4,287	26,165,547	16,502	26,245,845
0499999 Premiums due and unpaid from Medicaid entities .....	153,168,044	20,027,615	15,403,000	17,336,085		205,934,743
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	162,483,951	21,517,254	15,911,672	45,869,535	516,073	245,266,339

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

## ANNUAL STATEMENT FOR THE YEAR 2018 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 .....	70,666,493	70,206,790	2,479,474	68,520,908	73,145,967	66,187,097
2. Claim overpayment receivables .....	247,705		3,861,742	12,184,792	4,109,447	12,709,582
3. Loans and advances to providers .....				94,067,580	0	0
4. Capitation arrangement receivables .....	32,115,263	216,133,412	56,158,473	21,633,245	88,273,736	57,273,328
5. Risk sharing receivables .....					0	0
6. Other health care receivables .....					0	0
7. Totals (Lines 1 through 6)	103,029,461	286,340,202	62,499,689	196,406,525	165,529,150	136,170,007

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 2018 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)						
CVS.....	80,150,473					80,150,473
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0199999 Individually listed claims unpaid.....	80,150,473	.0	.0	.0	.0	80,150,473
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	34,627,954	101,693	2,173	142	10,760	34,742,722
0499999 Subtotals.....	114,778,427	101,693	2,173	142	10,760	114,893,195
0599999 Unreported claims and other claim reserves.....						565,259,234
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						680,152,429
0899999 Accrued medical incentive pool and bonus amounts.....						19,884,826

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource

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

## ANNUAL STATEMENT FOR THE YEAR 2018 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.....	22,515,721	22,515,721	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0199999 Individually listed payables.....	.....	22,515,721	22,515,721	0
0299999 Payables not individually listed				
0399999 Total gross payables		22,515,721	22,515,721	0

ANNUAL STATEMENT FOR THE YEAR 2018 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 .....	0	0.0		.0.0		
2. Intermediaries .....	494,943,875	6.8	176,748	13.4		494,943,875
3. All other providers .....	29,071,763	0.4	1,263,776	95.6		29,071,763
4. Total capitation payments .....	524,015,638	7.2	1,440,524	109.0	0	524,015,638
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	6,786,277,214	92.8	XXX	XXX		6,786,277,214
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 .....	6,786,277,214	92.8	XXX	XXX	0	6,786,277,214
13. Total (Line 4 plus Line 12)	7,310,292,852	100 %	XXX	XXX	0	7,310,292,852

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

## ANNUAL STATEMENT FOR THE YEAR 2018 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 2018 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 2018								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 .....		1,365,905		57,473						19,912		1,288,520		
2. First Quarter .....		1,400,927		83,980						20,846		1,296,101		
3. Second Quarter .....		1,369,537		78,546						21,320		1,269,671		
4. Third Quarter .....		1,345,383		73,465						21,296		1,250,622		
5. Current Year .....		1,321,793		69,188						22,197		1,230,408		
6. Current Year Member Months .....		16,431,778		908,648						254,972		15,268,158		
Total Member Ambulatory Encounters for Year:														
7. Physician .....		9,609,238		420,925						418,215		8,770,098		
8. Non-Physician .....		12,183,520		325,416						1,813,561		10,044,543		
9. Total .....		21,792,758		746,341	0	0	0	0	0	2,231,776		18,814,641		0
10. Hospital Patient Days Incurred .....		819,173		21,814						60,712		736,647		
11. Number of Inpatient Admissions .....		172,017		4,925						10,456		156,636		
12. Health Premiums Written (b) .....		8,221,000,917		448,613,697						333,939,929		7,438,447,292		
13. Life Premiums Direct .....		0												
14. Property/Casualty Premiums Written .....		0												
15. Health Premiums Earned .....		8,222,600,878		448,613,697						335,539,889		7,438,447,292		
16. Property/Casualty Premiums Earned .....		0												
17. Amount Paid for Provision of Health Care Services .....		7,310,292,852		382,168,241						328,114,309		6,600,010,302		
18. Amount Incurred for Provision of Health Care Services .....		7,321,889,346		397,028,437						323,395,321		6,601,465,588		

(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 8 4 3 0 5 9 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2018 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 2018								(LOCATION)	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 .....		1,365,905	57,473	0	0	0	0	0	19,912	1,288,520	0		
2. First Quarter .....		1,400,927	83,980	0	0	0	0	0	20,846	1,296,101	0		
3. Second Quarter .....		1,369,537	78,546	0	0	0	0	0	21,320	1,269,671	0		
4. Third Quarter .....		1,345,383	73,465	0	0	0	0	0	21,296	1,250,622	0		
5. Current Year .....		1,321,793	69,188	0	0	0	0	0	22,197	1,230,408	0		
6. Current Year Member Months .....		16,431,778	908,648	0	0	0	0	0	254,972	15,268,158	0		
Total Member Ambulatory Encounters for Year:													
7. Physician .....		9,609,238	420,925	0	0	0	0	0	418,215	8,770,098	0		
8. Non-Physician .....		12,183,520	325,416	0	0	0	0	0	1,813,561	10,044,543	0		
9. Total .....		21,792,758	746,341	0	0	0	0	0	2,231,776	18,814,641	0		
10. Hospital Patient Days Incurred .....		819,173	21,814	0	0	0	0	0	60,712	736,647	0		
11. Number of Inpatient Admissions .....		172,017	4,925	0	0	0	0	0	0	10,456	156,636	0	
12. Health Premiums Written (b) .....		8,221,000,917	448,613,697	0	0	0	0	0	333,939,929	7,438,447,292	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 .....		8,222,600,878	448,613,697	0	0	0	0	0	335,539,889	7,438,447,292	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 .....		7,310,292,852	382,168,241	0	0	0	0	0	328,114,309	6,600,010,302	0		
18. Amount Incurred for Provision of Health Care Services .....		7,321,889,346	397,028,437	0	0	0	0	0	323,395,321	6,601,465,588	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 2018 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 2018 OF THE CareSource**

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835 00000	.04-1590940 .AA-9990032	03/01/2018 01/01/2016	PARTNERRE AMER INS CO.. US Dept of Hlth & Human Serv.	DE DC	6,836,855 38,942	11,658,553
1999999	- Accident and Health - Non-Affiliates - U.S. Non-Affiliates				6,875,797	11,658,553
2199999	- Accident and Health - Non-Affiliates - Total Non-Affiliates				6,875,797	11,658,553
2299999	- Accident and Health - Total Accident and Health				6,875,797	11,658,553
2399999	- Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				6,875,797	11,658,553
9999999	Totals—Life, Annuity and Accident and Health				6,875,797	11,658,553

**ANNUAL STATEMENT FOR THE YEAR 2018 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.....01/01/2018.....PARTNERRE AMER INS CO.....				DE.....	SSL/I.....	CMM.....	9,655,635						
11835.....04-1590940.....03/01/2018.....PARTNERRE AMER INS CO.....				DE.....	SSL/I.....	MC.....	19,958,997						
11835.....04-1590940.....03/01/2018.....PARTNERRE AMER INS CO.....				DE.....	SSL/I.....	MR.....	1,641,158						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							31,255,790		0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							31,255,790		0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							31,255,790		0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							31,255,790		0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							31,255,790		0	0	0	0	0
9999999 Totals							31,255,790		0	0	0	0	0

Schedule S - Part 4  
**NONE**

Schedule S - Part 5  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource**

**SCHEDULE S – PART 6**

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

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	9,656	4,366	5,700	18,823	12,038
2. Title XVIII-Medicare.....	1,641	2,356	1,337	(4)	144
3. Title XIX-Medicaid.....	19,959	18,264	15,227	19,245	20,059
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	11,659	26,052	23,345	27,606	10,748
8. Reinsurance recoverable on paid losses.....	6,876	0	7,815	14,224	6,672
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
<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

**ANNUAL STATEMENT FOR THE YEAR 2018 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,172,131,217		1,172,131,217
2. Accident and health premiums due and unpaid (Line 15) .....	278,696,187		278,696,187
3. Amounts recoverable from reinsurers (Line 16.1) .....	6,875,797	(6,875,797)	0
4. Net credit for ceded reinsurance .....	XXX	18,534,350	18,534,350
5. All other admitted assets (Balance) .....	198,117,110		198,117,110
6. Total assets (Line 28) .....	1,655,820,310	11,658,553	1,667,478,863
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	668,493,877	11,658,553	680,152,430
8. Accrued medical incentive pool and bonus payments (Line 2) .....	19,884,826		19,884,826
9. Premiums received in advance (Line 8) .....	31,727,501		31,727,501
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) .....	182,674,052		182,674,052
15. Total liabilities (Line 24) .....	902,780,256	11,658,553	914,438,809
16. Total capital and surplus (Line 33) .....	753,040,054	XXX	753,040,054
17. Total liabilities, capital and surplus (Line 34) .....	1,655,820,310	11,658,553	1,667,478,863
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	11,658,553		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	6,875,797		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	18,534,350		
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 .....	18,534,350		

**ANNUAL STATEMENT FOR THE YEAR 2018 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

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2018 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.	N	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	N	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	N	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.	N	0
00000	CareSource Management Group Co.	00000	56-2582561				The CareSource Foundation	OH	DS	CareSource	Board of Trustees	0.0	CareSource Board of Trustees	N	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.	N	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.	N	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.	N	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.	N	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.	N	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.	N	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.	N	0
00000	CareSource Management Group Co.	00000	81-1727271				CareSource Virginia Co.	VA	NIA	CareSource Management Group Co.	Board of Trustees	0.0	CareSource Management Group Co.	N	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.	N	0
00000	CareSource Management Group Co.	00000	82-4834822				CareSource Real Estate Holdings LLC	OH	NIA	CareSource Management Group Co.	Board Of Trustees	0.0	CareSource Management Group Co.	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource

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

Asterisk	Explanation
	CareSource Management Group Co. controls CareSource Indiana, Inc., the reporting entity, CareSource Kentucky Co., CareSource Reinsurance LLC., CareSource Georgia Co., CareSource West Virginia Co., CareSource Network Partners LLC, CareSource@Home LLC, CareSource Life Services Co., CareSource Virginia Co., CareSource Management Group Foundation and CareSource Real Estate Holdings LLC. The CareSource Management Group Co Board of Trustees controls CareSource Management Group Co. The CareSource Board of Trustees controls both CareSource and CareSource Foundation. CareSource Management Group owns 100% of CareSource Management Services Co.....

## ANNUAL STATEMENT FOR THE YEAR 2018 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 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95201.	31-1143265.	CareSource.....		(2,000,000)				(523,554,199)			(525,554,199)	
00000.	31-1703371.	CareSource Management Services, Inc.						772,121			772,121	
00000.	31-1703368.	CareSource Management Group Company.....		(207,509,140)				740,688,937			533,179,797	
10142.	32-0121856.	CareSource Indiana.....		25,000,000				(51,410,365)			(26,410,365)	
00000.	56-2582561.	CareSource Foundation.....		.2,000,000							.2,000,000	
95562	38-3252216.	CareSource Michigan.....									0	
13717	27-1368371.	CareSource Insurnace, LLC.....									0	
00000	45-4937120.	CareSource Reinsurance, LLC.....						(65,095,776)			(65,095,776)	
15479	46-4991603.	CareSource Kentucky.....			13,000,000			(27,779,732)			(14,779,732)	
15728	47-3028244.	CareSource West Virginia.....		.8,000,000				(5,042,721)			.2,957,279	
15710	47-2408339.	CareSource Georgia.....		55,000,000				(66,528,561)			(11,528,561)	
00000	81-1017455.	CareSource Network Partners.....									0	
00000	81-1025103.	CareSource@Home.....						(2,049,704)			(2,049,704)	
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	
00000.	82-4834822.	CareSource Real Estate Holdings.....		106,234,140							.106,234,140	
9999999 Control Totals												
			0	0	0	0	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2018 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 **if your company is engaged in the type of business covered by the supplement. 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..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                 | .....NO.....  |
| 25. Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | .....NO.....  |

### 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. No Business not written
12. No Business not written
13. No Business not written
14. No Business not written
15. No Business not written
16. No Business not written
17. Not Applicable
18. Not Applicable
19. Not Applicable

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. No Business not written

21. No Business not written

24. No Business not written

25. No Business not written

**Bar code:**

11.   
9 5 2 0 1 2 0 1 8 3 6 0 5 9 0 0 0 0

12.   
9 5 2 0 1 2 0 1 8 2 0 5 0 0 0 0 0

13.   
9 5 2 0 1 2 0 1 8 4 2 0 0 0 0 0 0

14.   
9 5 2 0 1 2 0 1 8 3 7 1 0 0 0 0 0

15.   
9 5 2 0 1 2 0 1 8 3 7 0 0 0 0 0 0

16.   
9 5 2 0 1 2 0 1 8 3 6 5 0 0 0 0 0

20.   
9 5 2 0 1 2 0 1 8 3 0 6 0 0 0 0 0

21.   
9 5 2 0 1 2 0 1 8 2 1 1 5 9 0 0 0 0

24.   
9 5 2 0 1 2 0 1 8 2 9 0 0 0 0 0 0

25.   
9 5 2 0 1 2 0 1 8 3 0 0 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareSource**