



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE**

CareSource Ohio, Inc.

(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

Statutory Home Office _____, 230 North Main Street _____, Dayton, OH, US 45402
(Street and Number) _____, (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

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

Primary Location of Books and Records _____
(Street and Number or P.O. Box) _____
230 North Main Street
(Street and Number) _____
Dayton, OH, US 45401-2200
(City or Town, State, Country 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

OFFICERS

OFFICERS

Name	Title	Name	Title
Stephen L. Ringel	President, Ohio Market	Lawrence R. Smart #	Chief Financial Officer
Daniel J. McCabe	Chief of Staff and Chief Administrative Officer	Erhardt H. Preitauer	President and Chief Executive Officer

OTHER OFFICERS

Jai P. Pillai, Chief Operating Officer

DIRECTORS OR TRUSTEES

Stephen L. Ringel # _____ David A. Finkel # _____ William C. Coffin # _____

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.

Erhardt H. Preitauer
President and Chief Executive Officer

Lawrence R. Smart
Chief Financial Officer

Daniel J. McCabe
Chief of Staff and 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 2020 OF THE CareSource Ohio Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	501,310,990		501,310,990	666,086,131
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	116,198,465		116,198,465	98,183,621
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 677,189,519 , Schedule E-Part 1), cash equivalents (\$ 532,954,524 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....	1,210,144,043		1,210,144,043	524,534,978
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	405,027		405,027	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,828,058,524	0	1,828,058,524	1,288,804,730
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	3,607,690		3,607,690	5,968,705
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	393,451,518	274,048	393,177,470	365,308,072
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ 18,520,391)	18,520,391		18,520,391	53,488,514
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	12,693,017
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	32,819,259		32,819,259	38,594,157
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$ 163,838,995) and other amounts receivable.....	196,654,470	32,815,475	163,838,995	133,165,342
25. Aggregate write-ins for other-than-invested assets	1,657,615	1,657,615	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,474,769,467	34,747,138	2,440,022,329	1,898,022,537
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	2,474,769,467	34,747,138	2,440,022,329	1,898,022,537
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Assets.....	1,657,615	1,657,615	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,657,615	1,657,615	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 53,213,752 reinsurance ceded)	867,031,912	0	867,031,912	720,167,093
2. Accrued medical incentive pool and bonus amounts	35,679,931		35,679,931	50,737,060
3. Unpaid claims adjustment expenses	19,389,053		19,389,053	15,603,364
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	107,048,818		107,048,818	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	51,278,063		51,278,063	22,384,318
9. General expenses due or accrued	278,531,084		278,531,084	195,697,073
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	18,588,984		18,588,984	51,427,759
16. Derivatives		0	0	0
17. Payable for securities	46,157		46,157	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	2,600,684		2,600,684	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	1,380,194,686	0	1,380,194,686	1,056,016,667
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	17,200,000	17,200,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,042,627,643	824,805,868
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,059,827,643	842,005,868
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,440,022,329	1,898,022,535
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	.16,171,802	15,476,380
2. Net premium income (including \$0 non-health premium income).....	XXX	.9,656,162,717	8,550,214,436
3. Change in unearned premium reserves and reserve for rate credits	XXX	.5,521,003	4,393,658
4. Fee-for-service (net of \$medical expenses).....	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	.276,552,981	.146,737,598
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	.9,938,236,701	8,701,345,692
Hospital and Medical:			
9. Hospital/medical benefits .....		.4,256,611,704	3,648,270,931
10. Other professional services		2,307,029,961	2,236,052,697
11. Outside referrals		0	0
12. Emergency room and out-of-area		75,920,229	
13. Prescription drugs .....		.1,859,737,694	1,547,098,669
14. Aggregate write-ins for other hospital and medical.....	.0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		.22,929,481	39,786,464
16. Subtotal (Lines 9 to 15).....	.0	.8,446,308,840	7,547,128,990
Less:			
17. Net reinsurance recoveries .....		.72,585,276	.44,412,986
18. Total hospital and medical (Lines 16 minus 17) .....	.0	.8,373,723,564	7,502,716,004
19. Non-health claims (net).....		0	0
20. Claims adjustment expenses, including \$143,970,796 cost containment expenses.....		.169,027,598	.164,860,380
21. General administrative expenses.....		.1,258,286,048	.1,026,077,216
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		.0	0
23. Total underwriting deductions (Lines 18 through 22).....	.0	.9,801,037,210	8,693,653,600
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	.137,199,491	.7,692,092
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		.23,164,142	32,353,825
26. Net realized capital gains (losses) less capital gains tax of \$ .....		.1,404,245	15,612,254
27. Net investment gains (losses) (Lines 25 plus 26).....	.0	.24,568,387	47,966,079
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)(amount charged off \$ .....)] .....		.0	0
29. Aggregate write-ins for other income or expenses .....	.0	.5,114,177	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	.166,882,055	55,658,170
31. Federal and foreign income taxes incurred	XXX	0	0
32. Net income (loss) (Lines 30 minus 31).....	XXX	.166,882,055	55,658,170
DETAILS OF WRITE-INS			
0601. Quality Withhold.....	XXX	.276,552,981	.146,737,598
0602.	XXX	0	0
0603.	XXX	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	.276,552,981	.146,737,598
0701.	XXX	0	0
0702.	XXX	0	0
0703.	XXX	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.	0	0	0
1402.	0	0	0
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Building Adjustment.....		.5,114,177	0
2902.		0	0
2903.		0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	.5,114,177	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	842,005,866	753,040,053
34. Net income or (loss) from Line 32	166,882,055	55,658,170
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	9,782,872	16,450,078
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	43,549,788	18,745,002
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	(2,392,941)	(1,887,437)
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	217,821,773	88,965,814
49. Capital and surplus end of reporting year (Line 33 plus 48)	1,059,827,639	842,005,866
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		9,929,536,553	8,437,012,664
2. Net investment income		28,689,822	35,969,241
3. Miscellaneous income		152,558,969	114,313,938
4. Total (Lines 1 through 3)		10,110,785,344	8,587,295,842
5. Benefit and loss related payments		8,219,775,878	7,373,203,010
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		1,360,042,962	1,124,427,473
7. Commissions, expenses paid and aggregate write-ins for deductions		0	0
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		0	0
10. Total (Lines 5 through 9)		9,579,818,840	8,497,630,483
11. Net cash from operations (Line 4 minus Line 10)		530,966,504	89,665,360
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		316,598,331	187,544,788
12.2 Stocks		14,533,570	119,879,136
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		78,177	1,922
12.8 Total investment proceeds (Lines 12.1 to 12.7)		331,210,078	307,425,847
13. Cost of investments acquired (long-term only):			
13.1 Bonds		154,358,475	96,715,049
13.2 Stocks		22,022,696	7,961,827
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		405,027	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		176,786,199	104,676,876
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		154,423,879	202,748,971
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		(2,000,000)	(2,000,000)
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		2,218,681	291,905
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		218,681	(1,708,095)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		685,609,064	290,706,236
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		524,534,977	233,828,742
19.2 End of year (Line 18 plus Line 19.1)		1,210,144,041	524,534,977

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	321,460,587		28,311,052	293,149,535
2. Medicare Supplement				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	406,033,329		5,796,573	400,236,756
7. Title XIX - Medicaid.....	9,006,181,489		43,405,063	8,962,776,426
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	9,733,675,405	0	77,512,688	9,656,162,717
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	9,733,675,405	0	77,512,688	9,656,162,717

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non- Health
1. Payments during the year:										
1.1 Direct	8,185,057,615	264,412,440					381,203,518	7,539,441,657		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	57,054,141	30,278,057					1,684,487	25,091,596		
1.4 Net	8,128,003,474	234,134,383	0	0	0	0	379,519,031	7,514,350,060	0	0
2. Paid medical incentive pools and bonuses	37,986,610	108,730					21,127	37,856,753		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	920,245,664	35,689,696	0	0	0	0	50,972,554	833,583,413	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	53,213,750	16,148,043	0	0	0	0	4,356,648	32,709,059	0	0
3.4 Net	867,031,914	19,541,653	0	0	0	0	46,615,906	800,874,354	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	35,679,931	334,871						35,345,060		
6. Net healthcare receivables (a)	(63,232,771)	(2,660,277)					(10,351,663)	(50,220,831)		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	745,156,690	39,003,256	0	0	0	0	42,381,976	663,771,459	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	24,989,597	8,623,496	0	0	0	0	1,249,086	15,117,015	0	0
8.4 Net	720,167,093	30,379,759	0	0	0	0	41,132,890	648,654,444	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	50,737,060	750,000	0	0	0	0	0	49,987,060	0	0
11. Amounts recoverable from reinsurers December 31, prior year	12,693,018	9,212,774	0	0	0	0	0	3,480,243	0	0
12. Incurred benefits:										
12.1 Direct	8,423,379,360	263,759,158	0	0	0	0	400,145,760	7,759,474,442	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	72,585,276	28,589,829	0	0	0	0	4,792,050	39,203,397	0	0
12.4 Net	8,350,794,083	235,169,328	0	0	0	0	395,353,709	7,720,271,045	0	0
13. Incurred medical incentive pools and bonuses	22,929,481	(306,399)	0	0	0	0	21,127	23,214,752	0	0

(a) Excludes \$ 32,691,412 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	265,948,741	5,243,526					3,165,483	257,539,732		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	265,948,741	5,243,526	0	0	0	0	3,165,483	257,539,732	0	0
2. Incurred but Unreported:										
2.1. Direct	654,296,923	30,446,170					47,807,072	576,043,681		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	53,213,750	16,148,043					4,356,648	32,709,059		
2.4. Net	601,083,172	14,298,127	0	0	0	0	43,450,423	543,334,622	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	920,245,664	35,689,696	0	0	0	0	50,972,554	833,583,413	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	53,213,750	16,148,043	0	0	0	0	4,356,648	32,709,059	0	0
4.4. Net	867,031,914	19,541,653	0	0	0	0	46,615,906	800,874,354	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	28,992,031	235,098,046	(468,205)	20,009,859	28,523,826	30,379,759
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	39,047,105	383,318,292	451,138	46,164,767	39,498,243	41,132,890
7. Title XIX - Medicaid	647,183,458	6,932,048,936	11,648,834	789,225,521	658,832,292	648,654,444
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	715,222,594	7,550,465,274	11,631,767	855,400,147	726,854,361	720,167,093
10. Healthcare receivables (a)	73,679,605	51,311,772		20,999,649	73,679,605	84,232,420
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	37,081,491	905,119	15,549,283	20,130,648	52,630,774	50,737,060
13. Totals (Lines 9-10+11+12)	678,624,480	7,500,058,622	27,181,049	854,531,146	705,805,530	686,671,734

(a) Excludes \$ 32,691,412 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	20,918	18,618	18,704	18,699	18,700
2. 2016.....	161,910	172,597	175,908	176,032	176,309
3. 2017.....	XXX.....	219,415	236,675	238,839	239,435
4. 2018.....	XXX.....	XXX.....	334,460	358,921	362,535
5. 2019.....	XXX.....	XXX.....	XXX.....	244,237	260,012
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	223,192

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	11,294	8,994	9,078	9,073	9,074
2. 2016.....	180,767	172,006	174,969	175,092	175,370
3. 2017.....	XXX.....	242,503	241,282	239,810	240,406
4. 2018.....	XXX.....	XXX.....	370,756	360,344	362,535
5. 2019.....	XXX.....	XXX.....	XXX.....	265,928	259,879
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	237,847

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	179,020	176,309	3	0.0	176,312	98.5			176,312	98.5
2. 2017.....	249,914	239,435	1,240	0.5	240,675	96.3			240,675	96.3
3. 2018.....	438,958	362,535	2,501	0.7	365,036	83.2			365,036	83.2
4. 2019.....	328,803	260,012	3,898	1.5	263,910	80.3	(133)	(2)	263,774	80.2
5. 2020.....	321,461	223,192	4,245	1.9	227,437	70.8	20,010	430	247,877	77.1

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	38,266	37,786	37,854	37,860	37,849
2. 2016.....	243,682	258,750	259,764	259,820	259,776
3. 2017.....	XXX.....	284,248	311,895	312,273	312,461
4. 2018.....	XXX.....	XXX.....	295,727	325,827	326,150
5. 2019.....	XXX.....	XXX.....	XXX.....	364,106	382,328
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	360,529

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	6,489	6,009	6,077	6,083	6,072
2. 2016.....	264,076	260,368	261,382	261,438	261,393
3. 2017.....	XXX.....	314,935	312,650	312,901	313,089
4. 2018.....	XXX.....	XXX.....	323,049	325,617	326,150
5. 2019.....	XXX.....	XXX.....	XXX.....	385,113	382,779
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	396,709

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	284,318	259,776	.781	0.3	260,557	.91.6			260,557	.91.6
2. 2017.....	333,914	312,461	2,066	0.7	314,527	.94.2			314,527	.94.2
3. 2018.....	332,299	326,150	15,977	4.9	342,127	103.0			342,127	103.0
4. 2019.....	405,494	382,328	4,516	1.2	386,844	.95.4	451	.10	387,304	.95.5
5. 2020.....	406,033	360,529	4,829	1.3	365,358	90.0	46,165	992	412,514	101.6

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	558,114	552,636	552,679	552,200	553,452
2. 2016.....	5,282,572	5,713,146	5,726,806	5,725,809	5,726,283
3. 2017.....	XXX.....	5,637,192	6,210,567	6,221,480	6,222,898
4. 2018.....	XXX.....	XXX.....	5,985,332	6,448,197	6,450,923
5. 2019.....	XXX.....	XXX.....	XXX.....	6,279,447	6,913,260
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	6,916,337

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	65,068	59,590	59,633	59,154	60,406
2. 2016.....	5,709,355	5,731,081	5,744,741	5,743,744	5,744,218
3. 2017.....	XXX.....	6,164,080	6,214,172	6,232,145	6,233,564
4. 2018.....	XXX.....	XXX.....	6,519,746	6,479,808	6,444,327
5. 2019.....	XXX.....	XXX.....	XXX.....	6,884,000	6,940,123
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	7,720,034

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	6,525,344	5,726,283	81,137	1.4	5,807,420	89.0			5,807,420	89.0
2. 2017.....	7,158,976	6,222,898	88,615	1.4	6,311,513	88.2			6,311,513	88.2
3. 2018.....	7,418,488	6,450,923	151,517	2.3	6,602,440	89.0			6,602,440	89.0
4. 2019.....	7,815,917	6,913,260	138,899	2.0	7,052,159	90.2	26,863	577	7,079,599	90.6
5. 2020.....	9,006,181	6,916,337	137,417	2.0	7,053,754	78.3	809,356	17,384	7,880,494	87.5

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	XXX

Section B – Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	XXX

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Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	0	0	0.0	0	0	0.0			0	0.0
2. 2017	0	0	0.0	0	0	0.0			0	0.0
3. 2018	0	0	0.0	0	0	0.0			0	0.0
4. 2019	0	0	0.0	0	0	0.0			0	0.0
5. 2020	0	0	0.0	0	0	0.0			0	0.0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	617,299	609,041	609,237	608,760	610,001
2. 2016.....	5,688,164	6,144,493	6,162,478	6,161,661	6,162,368
3. 2017.....	XXX.....	6,140,856	6,759,137	6,772,591	6,774,794
4. 2018.....	XXX.....	XXX.....	6,615,518	7,132,945	7,139,608
5. 2019.....	XXX.....	XXX.....	XXX.....	6,887,790	7,555,600
6. 2020	XXX	XXX	XXX	XXX	7,500,058

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	82,851	74,593	74,788	74,311	75,552
2. 2016.....	6,154,198	6,163,454	6,181,091	6,180,273	6,180,981
3. 2017.....	XXX.....	6,721,517	6,768,104	6,784,856	6,787,059
4. 2018.....	XXX.....	XXX.....	7,213,551	7,165,769	7,133,012
5. 2019.....	XXX.....	XXX.....	XXX.....	7,535,041	7,582,781
6. 2020	XXX	XXX	XXX	XXX	8,354,590

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments (Col. 3/2) Percent	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016.....	6,988,682	6,162,368	81,921	1.3	6,244,289	89.3	0	0	6,244,289	89.3
2. 2017.....	7,742,804	6,774,794	91,921	1.4	6,866,715	88.7	0	0	6,866,715	88.7
3. 2018.....	8,189,745	7,139,608	169,995	2.4	7,309,603	89.3	0	0	7,309,603	89.3
4. 2019.....	8,550,214	7,555,600	147,312	1.9	7,702,912	90.1	27,181	584	7,730,678	90.4
5. 2020	9,733,675	7,500,058	146,491	2.0	7,646,549	78.6	875,531	18,805	8,540,885	87.7

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	.0								
2. Additional policy reserves (a)	.0								
3. Reserve for future contingent benefits	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	100,770,958						5,549,559	95,221,399	
5. Aggregate write-ins for other policy reserves	6,277,860	6,277,860	.0	0	.0	.0	.0	.0	.0
6. Totals (gross)	107,048,818	6,277,860	.0	0	.0	.0	5,549,559	95,221,399	.0
7. Reinsurance ceded	.0								
8. Totals (Net) (Page 3, Line 4)	107,048,818	6,277,860	0	0	0	0	5,549,559	95,221,399	0
9. Present value of amounts not yet due on claims	.0								
10. Reserve for future contingent benefits	.0								
11. Aggregate write-ins for other claim reserves	.0	.0	0	0	.0	.0	0	0	.0
12. Totals (gross)	.0	.0	0	0	.0	.0	0	0	.0
13. Reinsurance ceded	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ACA Risk Adjustment Program	6,277,860	6,277,860							
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	0	0	.0	.0	0	0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	6,277,860	6,277,860	0	0	0	0	0	0	0
1101.	.0								
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	.0	.0	0	0	.0	.0	0	0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)			20,470,309		20,470,309
2. Salaries, wages and other benefits	61,088,864	14,818,155	367,655,409		443,562,428
3. Commissions (less \$ ceded plus \$ assumed)			2,553,744		2,553,744
4. Legal fees and expenses			7,203,737		7,203,737
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			579,728		579,728
7. Traveling expenses	155,843	7,307	419,913		583,063
8. Marketing and advertising			7,239,492		7,239,492
9. Postage, express and telephone	13,366	3,899	10,348,833		10,366,099
10. Printing and office supplies	65,285	2,530	11,352,124		11,419,939
11. Occupancy, depreciation and amortization	802,391	23,485	66,872,411		67,698,287
12. Equipment			45,420		45,420
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	65,185,991	9,264,354	209,366,341		283,816,687
15. Boards, bureaus and association fees			1,877,830		1,877,830
16. Insurance, except on real estate			3,008,797		3,008,797
17. Collection and bank service charges			1,717,548		1,717,548
18. Group service and administration fees			418,843		418,843
19. Reimbursements by uninsured plans			(2,512,910)		(2,512,910)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			517,238,408		517,238,408
23.3 Regulatory authority licenses and fees			9,081,993		9,081,993
23.4 Payroll taxes	4,492,544	937,071	22,946,760		28,376,375
23.5 Other (excluding federal income and real estate taxes)			170,805		170,805
24. Investment expenses not included elsewhere			230,512	150,861	381,373
25. Aggregate write-ins for expenses	12,166,512	0	0	0	12,166,512
26. Total expenses incurred (Lines 1 to 25)	143,970,796	25,056,802	1,258,286,048	150,861	(a) 1,427,464,507
27. Less expenses unpaid December 31, current year		19,389,053	278,531,084		297,920,138
28. Add expenses unpaid December 31, prior year	0	15,603,364	195,697,073	0	211,300,437
29. Amounts receivable relating to uninsured plans, prior year	0	0	38,594,157	0	38,594,157
30. Amounts receivable relating to uninsured plans, current year			32,819,259		32,819,259
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	143,970,796	21,271,113	1,169,677,139	150,861	1,335,069,908
DETAILS OF WRITE-INS					
2501. Community Covid Response	12,166,512				12,166,512
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	12,166,512	0	0	0	12,166,512

(a) Includes management fees of \$ 792,312,194 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 4,487	6,264
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 18,948,410	16,672,401
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	2,812,661	2,893,567
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 3,906,112	3,735,351
7. Derivative instruments	(f) 0	0
8. Other invested assets	4,348	7,420
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	25,676,017	23,315,003
11. Investment expenses	(g) 150,861	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) 0	
13. Interest expense	(h) 0	
14. Depreciation on real estate and other invested assets	(i) 0	
15. Aggregate write-ins for deductions from investment income	0	
16. Total deductions (Lines 11 through 15)	150,861	
17. Net investment income (Line 10 minus Line 16)	23,164,142	
DETAILS OF WRITE-INS		
0901.	0	
0902.	0	
0903.	0	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	0	
1502.	0	
1503.	0	
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ 415,368 accrual of discount less \$ 3,580,033 amortization of premium and less \$ 190,958 paid for accrued interest on purchases.
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
 (e) Includes \$ 80,604 accrual of discount less \$ 0 amortization of premium and less \$ 730 paid for accrued interest on purchases.
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	624,866	0	624,866	4,513	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	779,379	0	779,379	9,746,339	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	1,404,245	0	1,404,245	9,750,852	0
DETAILS OF WRITE-INS					
0901.	0				
0902.	0				
0903.	0				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	392,941	392,941
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	392,941	392,941
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	274,048	1,091,581	817,533
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	32,815,475	72,936,108	40,120,633
25. Aggregate write-ins for other-than-invested assets	1,657,615	3,876,296	2,218,681
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	34,747,138	78,296,926	43,549,788
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	34,747,138	78,296,926	43,549,788
DETAILS OF WRITE-INS			
1101. Investment in Foundation.....	0	392,941	392,941
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	392,941	392,941
2501. PREPAID EXPENSE.....	1,657,615	3,876,296	2,218,681
2502.	0	0	0
2503.	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,657,615	3,876,296	2,218,681

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	1,261,151	1,269,880	1,360,430	1,386,373	1,421,451	16,171,802
2. Provider Service Organizations.....	0					
3. Preferred Provider Organizations.....	0					
4. Point of Service.....	0					
5. Indemnity Only.....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	1,261,151	1,269,880	1,360,430	1,386,373	1,421,451	16,171,802
DETAILS OF WRITE-INS						
0601.....	0					
0602.....	0					
0603.....	0					
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

1A. Summary of Significant Accounting Policies

Basis of Presentation – CareSource Ohio's (CSOH) statutory-basis financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI). The ODI requires that insurance companies domiciled in the State of Ohio prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners *Accounting Practices and Procedures Manual* (NAIC AP&P) subject to any deviation prescribed or permitted by the ODI.

Accounting practices and procedures of the NAIC, as prescribed or permitted by the insurance department of the applicable states of domicile, comprise a comprehensive basis of accounting other than accounting principles generally accepted in the United States (GAAP). The more significant differences are as follows:

Non-admitted Assets: Certain assets designated as “non-admitted,” principally prepaid assets, past due healthcare receivables, uncollectable member receivables, and other assets not specifically identified as an admitted asset within the NAIC AP&P are excluded from the accompanying balance sheets and are charged directly to unassigned surplus. In accordance with GAAP, such assets are included in the balance sheet to the extent that those assets are not impaired.

Reinsurance: Unpaid claims liabilities and premiums received in advance ceded to reinsurers have been reported as reductions of the related balances rather than as assets as would be required in accordance with GAAP.

Statements of Cash Flows: Cash, cash equivalents, and short-term investments in the statements of cash flows represent cash balances and investments with initial maturities of one year or less. In accordance with GAAP, the corresponding caption of cash and cash equivalents includes cash balances and investments with initial maturities of three months or less.

The effects of the foregoing variances from GAAP on the accompanying statutory-basis financial statements total (\$6,413,645) in net income and (\$17,635,098) in net statutory surplus.

No significant differences exist between prescribed or permitted practices by the State of Ohio and NAIC SAP which materially affect the statutory basis net income or capital and surplus, as illustrated in the table below.

	December 31, 2020	December 31, 2019
NET INCOME		
1) State of Ohio Basis	\$ 166,882,055	\$ 55,658,170
2) State prescribed practices that increase/(decrease) SAP	\$ -	\$ -
3) State permitted practices that increase/(decrease) SAP	\$ -	\$ -
4) NAIC SAP	\$ 166,882,055	\$ 55,658,170
SURPLUS		
1) State of Ohio Basis	\$ 1,059,827,643	\$ 842,005,868
2) State prescribed practices that increase/(decrease) SAP	\$ -	\$ -
3) State permitted practices that increase/(decrease) SAP	\$ -	\$ -
4) NAIC SAP	\$ 1,059,827,643	\$ 842,005,868

1B. Use of Estimates

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amount of admitted assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

1C. Accounting Policy

1. Short term investments include investments with remaining maturities of one year or less at the time of acquisition and are principally stated at amortized cost.
2. Bonds not backed by other loans are principally stated at amortized cost using the interest method. Realized capital gains and losses are determined using the first in, first out method.
3. Common stocks are reported at fair value as determined by the SVO and the related net unrealized capital gains (losses) are reported in unassigned surplus. There are no restrictions on common stock.
4. CSHO does not hold any preferred stock.
5. CSHO does not hold any mortgage loans.
6. Single class and multi-class mortgage-backed/asset-backed securities are valued at amortized cost using the interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities.
7. CSHO does not invest in any subsidiary, controlled or affiliated entities.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

8. CSOH does not invest in any joint ventures, partnerships, or limited liability companies.
9. CSOH does not hold any derivative instruments.
10. CSOH would utilize anticipated investment income in the computation of the premium deficiency calculation in accordance with NAIC guidelines, but no such reserve is necessary.
11. Claims unpaid and unpaid claims adjustment expense liabilities represent management's best estimate of the ultimate net cost of all reported and unreported claims incurred through December 31. Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid claims are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.
12. CSOH does not hold any assets requiring capitalization.
13. Pharmacy rebates are attained based on agreements between CSOH and a third party administrator for prescription drugs. Pharmacy rebates are admitted if accrued or invoiced within 90 days of the reporting period. Pharmacy rebates are non-admitted if invoiced and uncollected over 90 days prior to the reporting period.
- 1D. Going Concern – Management has determined that there is no doubt about the entity's ability to continue as a going concern.
 - (1) – N/A
 - (2) – N/A
 - (3) – N/A
 - (4) – N/A

2. Accounting Changes and Correction of Errors – None

3. Business Combinations and Goodwill – None

4. Discontinued Operations - None

5. Investments

A. Mortgage Loans - None

B. Debt Restructuring - None

C. Reverse Mortgage - None

D. Loan-Backed Securities:

- (1) Prepayment Assumptions - For fixed-rate agency mortgage-backed securities, Clearwater Analytics calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, Clearwater utilizes prepayment assumptions from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, Clearwater uses data from Reuters, which utilizes the median prepayment speed from contributors' models.
- (2) Securities with a recognized OTTI - None
- (3) Securities by CUSIP with a recognized OTTI - None
- (4) Impaired Securities without recognized OTTI -

All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	40,251
2. 12 Months or Longer	0

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	3,310,190
2. 12 Months or Longer	0

(5) Additional information –

Management regularly reviews the value of CSOH's investments. If the value of any investment falls below its cost basis, the decline in value is analyzed to determine whether it is other-than-temporary impairment. The decision to record an impairment loss incorporates both quantitative criteria and qualitative information. CSOH considers a number of factors including, but not limited to: (a) the length of time and the extent to which the fair value has been less than book value, (b) the financial condition and near term prospects of the issuer, (c.i.) for non-interest-related declines in corporate and government bonds, the intent and ability of CSOH to retain its investment for a period of time sufficient to allow for any anticipated recovery in value, (c.ii.) for interest related declines in corporate and government bonds, the intent of CSOH to sell the investment at the reporting date, (c.iii.) for mortgage-backed securities, whether CSOH expects to recover the entire amortized cost basis of the security and whether CSOH has the intent to sell or intent and ability to hold the investments for a period of time sufficient to allow for any anticipated recovery in value, (d) whether the debtor is current on interest and principal payments, and (e) general market conditions and industry or sector specific factors. As of December 31, 2020, CSOH holds \$151.3 million of loan backed securities. As of December 31, 2019 CSOH held \$72.2 million of loan backed securities, none of which met the criteria for impairment.

CSOH does not hold any investments as of December 31, 2020 that are subject to redemption restrictions or penalties therefore all holdings can be liquidated immediately upon request, without penalty.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing-None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing-None

H. Repurchase Agreements Transactions Accounted for as a Sale-None

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale- None

J. Real estate-None

K. Low income housing Tax Credits – None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
b. Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
c. Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
d. Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
e. Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
g. Placed under option contracts	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
i. FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
j. On deposit with states	\$ 3,500,000	\$ 3,500,000	\$ -	\$ -	\$ 3,500,000	0.10%	0.10%
k. On deposit with other regulatory bodies	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
m. Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
n. Other restricted assets	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%
o. Total Restricted Assets	\$ 3,500,000	\$ 3,500,000	\$ -	\$ -	\$ 3,500,000	0.10%	0.10%

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – N/A

3. Description of other Restricted Assets – N/A

4. Collateral Received and Reflected as Assets within the Reporting Entity's Financial Statements – N/A

M. Working Capital Finance Investments – None

N. Offsetting and Netting of Assets and Liabilities – None

O. SGI Securities-None

P. Short Sales-None

Q. Prepayment Penalty and Acceleration Fees –

General Account

(1) Number Of CUSIPs	6
(2) Aggregate Amount of Investment Income	680,252.08

6. Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income – All investment income admitted is due within 90 days.

8. Derivative Instruments – None

9. Income Taxes – CSOH is an organization exempt from income tax under Section 501 (c)(3) of the Internal Revenue Code whose activities are substantially related to their tax exempt purpose. Activities conducted as part of the commercial line of business are not subject to unrelated business income tax.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. CSOH's corporate parent is CareSource (formerly known as CareSource Management Group). Effective March 1, 2012, CSOH entered into a reinsurance agreement with PartnerRe America Insurance Company whereby CareSource Reinsurance serves as a direct reinsurer to PartnerRe America Insurance Company, and no premiums are paid directly to CareSource Reinsurance.

B. For the years ended December 31, 2020 and 2019, CSOH incurred management fees of \$792.3 million to CareSource Management Services and \$614.2 million to CareSource, respectively. CareSource did not provide CSOH with any capital for the periods ended December 31, 2020 and 2019.

C. None.

D. As of December 31, 2020 CSOH owed CSMS \$18.6 million, and as of December 31, 2019 CSOH owed CareSource \$51.4 million for employee compensation and other administrative expenses incurred by the related party on behalf of CSOH. The terms of the settlement require that these amounts be settled within 30 days.

E. Effective January 1, 2020, CSOH entered into an Administrative Services Agreement (ASA) with CareSource Management Services (CSMS). This ASA was approved by the ODI on March 20, 2020. Costs are allocated to CSOH based on the line of business and annual net revenues and ranges from 8% to 12.5% of annual net revenues.

F. None

G. None

H. None

I. None

J. None

K. None

L. None

M. None

N. None

O. None

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

11. Debt – None

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Other Post Retirement Benefit Plans – None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. CSOH has no shares outstanding.
- B. CSOH has no preferred stock outstanding.
- C. Distribution restrictions – N/A
- D. Dividend or distributions paid – N/A
- E. Portion of income payable as ordinary dividends – N/A
- F. Restrictions on unassigned funds (surplus) – None
- G. Mutual reciprocals – N/A
- H. Stock held – N/A
- I. Special surplus funds change – None
- J. The portion of unassigned funds (surplus) reduced by cumulative unrealized gains is \$9,778,358
- K. Surplus notes – N/A
- L. Quasi-reorganization – N/A
- M. Quasi-reorganization date – N/A

14. Contingencies

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – None

Other Lawsuits and Claims

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Penalties associated with violations of these laws and regulations include significant fines and penalties, exclusion from participating in publicly-funded programs, and the repayment of previously billed and collected revenues.

From time to time we are involved in legal actions in the ordinary course of business, some of which seek monetary damages. Some lawsuits and claims are covered by insurance and others are not. The outcome of such legal actions is inherently uncertain. Nevertheless, we believe that these actions, when finally concluded and determined, are not likely to have a material adverse effect on our financial position, results of operations, or cash flows.

15. Leases-None

16. Information about financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk – No such instruments.

17. Sale, transfer and servicing of financial assets and extinguishments of liabilities – None

18. Gain or Loss to the reporting entity for uninsured A&H plans and the uninsured portion of partially insured plans

CSOH has a contract with the Ohio Department of Medicaid to provide case management services for the Home and Community Based Waiver program. The structure of the program as an entity that solely performs administrative services qualifies it for classification as an uninsured, administrative services only (ASO) plan. Effective January 1, 2019, a Healthcare Network Agreement was entered between TriWest Healthcare Alliance Corp. and CareSource Network Partners, LLC, on behalf of itself and its affiliates, in support of Prime Contract VA791-13-D-0054, which TriWest has secured with the Department of Veterans Affairs. In this agreement, TriWest is subcontracting the development and maintenance of provider networks in the States of Ohio, Indiana, and Georgia to CareSource Network Partners, LLC and its affiliates. This agreement ended in 2020.

- A. ASO plans- The gain from operations from Administrative Service Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

	ASO Uninsured Plan	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 2,512,910	\$ -	\$ 2,512,910
b. Total net other income or expenses	\$ -	\$ -	\$ -
c. Net gain or (loss) from operations	\$ 2,512,910	\$ -	\$ 2,512,910
d. Total claims payment volume	\$ -	\$ -	\$ -

- B. ASC plans – N/A

- C. Medicare or similarly structured cost based reimbursed contracts –

- (1) CSOH has recorded no revenues explicitly attributable to cost share and reinsurance components of administered Medicare products

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

- (2) As of December 31, 2020 CSOH had recorded a receivable from CMS of \$28.3M related to the cost share and reinsurance components of administered Medicare products.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of CSOH's Medicare contracts, CSOH has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) CSOH has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct premium written/produced by managing general agents/third party administrator – Not applicable.

20. Fair Value Measurements –

A. CSOH uses fair value measurements to record the fair value of certain assets and to estimate the fair value of financial instruments not recorded at fair value but required to be disclosed at fair value.

(1) Fair value is defined as the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. CSOH's financial assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three levels.

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities. CSOH's Level 1 assets and liabilities primarily include exchange-traded equity securities.
- Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves.
- Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect CSOH's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The following discussion described the valuation methodologies utilized by CSOH for assets measured or disclosed at fair value. Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instrument, including discount rates, estimates of timing, amount of expected future cash flows, and the credit standing of the issuer.

Debt and Equity Securities

The fair values of actively traded debt and equity securities are determined through the use of third-party pricing services utilizing market observable inputs. Certain mortgage-backed securities for which CSOH does not receive public quotations or for which CSOH believes market activity to reflect distressed sales are valued using current market-consistent rates applicable to yield, credit quality and maturity of each security. When available, market observable inputs are used to estimate the fair values of these securities.

Cash, Cash Equivalents, and Short-Term Investments

The fair values of cash and cash equivalents are based on quoted market prices. Short term investments are stated at amortized cost, which approximates fair value.

Fair Value Measurements at Reporting Date

STATEMENT AS OF December 31, 2020 OF Entity 95201 - CareSource Ohio

STAT Base Notes to Financials 20 A 1

Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	(NAV)	Total
a. Assets at fair value					
Cash Equivalent (E-2)					
Exempt MM Mutual Fund	262,041,953	0	0	0	262,041,953
Other MM Mutual Fund	270,912,571	0	0	0	270,912,571
Total Cash Equivalent (E-2)	532,954,524	0	0	0	532,954,524
Common Stock (D-2.2)					
Indust. & Misc.	820,743	0	0	0	820,743
Mutual Funds	115,377,722	0	0	0	115,377,722
Total Common Stock (D-2.2)	116,198,465	0	0	0	116,198,465
Separate account assets	---	---	---	---	---
Total assets at fair value	649,152,989	0	0	0	649,152,989
b. Liabilities at fair value					
Derivative liabilities	---	---	---	---	---
Total Liabilities at fair value	---	---	---	---	---

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

STATEMENT AS OF December 31, 2019 OF Entity 95201 - CareSource Ohio

STAT Base Notes to Financials 20 A 1

Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalent (E-2)					
Exempt MM Mutual Fund	103,570,018	0	0	0	103,570,018
Other MM Mutual Fund	48,262,956	0	0	0	48,262,956
Total Cash Equivalent (E-2)	151,832,974	0	0	0	151,832,974
Long Term (D-1)					
Indust. & Misc.	5,000,000	0	0	0	5,000,000
Total Long Term (D-1)	5,000,000	0	0	0	5,000,000
Common Stock (D-2.2)					
Mutual Funds	98,183,621	0	0	0	98,183,621
Total Common Stock (D-2.2)	98,183,621	0	0	0	98,183,621
Separate account assets	---	---	---	---	---
Total assets at fair value	255,016,595	0	0	0	255,016,595
b. Liabilities at fair value					
Derivative liabilities	---	---	---	---	---
Total Liabilities at fair value	---	---	---	---	---

\$0.00 was transferred from level 1 to level 2 and \$0.00 was transferred level 2 to level 1

CSOH did not have any significant assets or liabilities measured at fair value on a nonrecurring basis as of December 31, 2020 or December 31, 2019. There were no transfers between Level 1 and Level 2 securities during the year ended December 31, 2020.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – CSOH did not have any Level 3 investments as of December 31, 2020 or December 31, 2019.

(3) CareSource recognizes transfers between fair value levels at the end of the reporting period.

(4) CareSource does not have any assets with fair value measurements categorized within Level 2 and Level 3

(5) Derivative Assets/Liabilities – Not applicable

B. Other Fair Value Measurements – Not applicable

C. Aggregate Value for All Financial Instruments -

12/31/20	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 524,228,290	\$ 501,310,990	\$ 524,228,290		\$ -	\$ -
Common Stock	\$ 116,198,465	\$ 116,198,465	\$ 116,198,465			\$ -
Cash, Cash Equivalents, and Short- Term Investments	\$ 1,210,144,043	\$ 1,210,144,043	\$ 1,210,144,043			\$ -
12/31/19						
12/31/19	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)
Bonds	\$ 678,178,194	\$ 666,086,131	\$ 678,178,194		\$ -	\$ -
Common Stock	\$ 98,183,621	\$ 98,183,621	\$ 98,183,621			\$ -
Cash, Cash Equivalents, and Short- Term Investments	\$ 524,534,978	\$ 524,534,978	\$ 524,534,978			\$ -

D. Fair Value Not Estimable – Not applicable

E. Instruments using NAV – Not applicable

21. Other Items

- A. Extraordinary items – None
- B. Troubled debt restructuring: Debtors – None
- C. Other Disclosures – None
- D. Business interruption insurance recoveries – None
- E. State transferable and non-transferable tax credits – None
- F. Subprime mortgage related risk – None
- G. Retained assets – None
- H. Insurance-Linked Securities (ILS) Contracts-None
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – None

22. Events subsequent - Subsequent events have been considered through March 1, 2021 for the statutory statements issued on that date.

- A. Type I – Recognized Subsequent Events – None
- B. Type II – Non-recognized Subsequent Events – None

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. No
2. No

Section 2 – Ceded Reinsurance Report – Part A

1. No
2. No

Section 3 – Ceded Reinsurance Report – Part B

1. \$77,512,688
2. No

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

E. Reinsurance Credit - None

24. Retrospectively rated contracts & contracts subject to redetermination –

- A. CareSource estimates accrued retrospective premium adjustments for its individual health insurance and Medicare Business through a mathematical approach using an algorithm of CSOH's underwriting rules and experience rating practices.
- B. CareSource records accrued retrospective premiums as an adjustment to earned premiums.
- C. The amounts of net premiums written by CareSource at December 31, 2020 that are subject to retrospective rating features was \$724.6 million that represented 7.4% of the total net premiums written. No other net premiums written by CareSource are subject to retrospective redetermination.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act-None
- E. Risk-Sharing Provisions of the Affordable Care Act(ACA) –
 - (1) Did the entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? – Yes
 - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

	AMOUNT
a. Permanent ACA Risk Adjustment Program	
Assets	
1 Premium adjustments receivable due to ACA Risk Adjustment	\$ -
Liabilities	
2 Risk adjustment user fees payable for ACA Risk Adjustment	\$ 77,359
3 Premium adjustments payable due to ACA Risk Adjustment	\$ (6,277,860)
Operations (Revenue & Expense)	
4 Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 23,242,479
5 Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 95,281
b. Transitional ACA Reinsurance Program	
Assets	
1 Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2 Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
3 Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4 Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -
5 Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6 Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)	
7 Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8 Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9 ACA Reinsurance contributions - not reported as ceded premium	\$ -
c. Temporary ACA Risk Corridors Program	
Assets	
1 Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities	
2 Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expense)	
3 Effect of ACA Risk Corridors on net premium income	\$ 32,086,446
4 Effect of ACA Risk Corridors on change in reserves for rate	\$ -

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balances.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reported Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref		
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustment receivable	\$ 26,442,372	\$ -	\$ 23,250,142	\$ -	\$ 3,192,230	\$ -	\$ (3,192,230)	\$ -	A	\$ -	\$ -
2. Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 26,442,372	\$ -	\$ 23,250,142	\$ -	\$ 3,192,230	\$ -	\$ (3,192,230)	\$ -		\$ -	\$ -
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -
6. Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ 32,086,446	\$ -	\$ (32,086,446)	\$ -	\$ 32,086,446	I	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ 32,086,446	\$ -	\$ (32,086,446)	\$ -	\$ 32,086,446		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 26,442,372	\$ -	\$ 55,336,588	\$ -	\$ (28,894,216)	\$ -	\$ 28,894,216	\$ -		\$ -	\$ -

Explanation of Adjustments

A. Current year adjustment to the 2019 risk adjustment receivable and high cost risk pool

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. Collection of 2016 Risk Corridor receivable through legal settlement.

J. _____

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year –

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reported Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref		
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -
b.											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
c.											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ 32,086,446	\$ -	\$ (32,086,446)	\$ -	\$ 32,086,446	E	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -
d. Total for Risk Corridors	\$ -	\$ -	\$ -	\$ 32,086,446	\$ -	\$ (32,086,446)	\$ -	\$ 32,086,446		\$ -	\$ -

Explanation of Adjustments

A. _____

B. _____

C. _____

D. _____

E. Collection of the 2016 Risk Corridor receivable through legal settlement.

F. _____

(5) ACA Risk Corridors Receivable as of Reporting Date –

Risk Corridors Program Year	1	2	3	4	5	6
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. 2015	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. 2016	\$ 32,086,446	\$ -	\$ 32,086,446	\$ -	\$ -	\$ -
d. Total (a+b+c)	\$ 32,086,446	\$ -	\$ 32,086,446	\$ -	\$ -	\$ -

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)
25E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claims Adjustment Expenses Related to Prior Years

Reserves as of December 31, 2019 were \$686.7 million. As of December 31, 2020, \$678.6 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are \$27.2 million, therefore, there has been a \$19.1 million unfavorable prior-year development since December 31, 2019 to December 31, 2020. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, CSOH experienced \$52.4 million of unfavorable experience in recoveries and health care receivables, offset by \$33.3 million of favorable prior year claim development on retrospectively rated policies.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – Not applicable

28. Health Care Receivables – need schedule below

A. Pharmacy rebates - As of December 31, 2020 and December 31, 2019, CSOH recorded a pharmacy rebate receivable of \$21.0 million and \$75.0 million, of which \$0.1 million and \$3.0 million and was non-admitted, respectively. The receivable is estimated using invoiced prescriptions and rebate dollars sent to drug manufacturers for reimbursement. CSOH utilizes a third party to administer the program.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/Confirmed	Rebates Collected Within 90 Days of Invoicing/Confirmation	Rebates Collected Within 91 to 180 Days of Invoicing/Confirmation	Collected More Than 180 Days After Invoicing/Confirmation
12/31/2020	\$ 19,247,981	\$ 20,294,557	\$ -	\$ -	\$ -
9/30/2020	\$ 19,143,980	\$ 19,756,280	\$ 17,392,312	\$ -	\$ -
6/30/2020	\$ 18,689,727	\$ 18,689,727	\$ 17,114,776	\$ 1,574,950	\$ -
3/31/2020	\$ 15,881,283	\$ 15,881,283	\$ 13,692,196	\$ 1,836,304	\$ 352,783
12/31/2019	\$ 36,950,630	\$ 36,937,193	\$ 34,841,213	\$ 277,809	\$ 1,818,171
9/30/2019	\$ 38,621,127	\$ 38,004,340	\$ 36,940,816	\$ 951,997	\$ 111,528
6/30/2019	\$ 37,576,978	\$ 37,640,458	\$ 36,244,105	\$ 953,392	\$ 442,961
3/31/2019	\$ 36,738,933	\$ 35,159,868	\$ 33,664,698	\$ 1,171,894	\$ 323,277
12/31/2018	\$ 33,802,720	\$ 37,808,392	\$ 35,029,431	\$ 1,558,101	\$ 1,220,860
9/30/2018	\$ 37,001,726	\$ 37,361,002	\$ 27,616,608	\$ 8,512,006	\$ 1,232,387
6/30/2018	\$ 36,400,856	\$ 36,622,204	\$ 33,838,849	\$ 416,528	\$ 2,366,827
3/31/2018	\$ 33,777,828	\$ 33,453,495	\$ 32,657,300	\$ 1,120,182	\$ (323,987)

B. Risk sharing receivables – None

29. Participating Policies – Not applicable

30. Premium Deficiency Reserves – CSOH evaluated the need for premium deficiency reserves as of December 31, 2020 and deemed them unnecessary.

1) Liability carried for premium deficiency reserves \$ 0
 2) Date of the most recent evaluation of this liability 12/31/20
 3) Was anticipated investment income utilized in the calculation? YES

31. Anticipated Salvage and Subrogation – Due to the type of business being written, CSOH has no salvage. CSOH took into account estimated recoveries (in the form of coordination of benefits) in its determination of the liability for unpaid claims/losses and reduced such liability by \$25.8 million.

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. **Summary of Significant Accounting Policies and Going Concern**

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	..... XXX.....	..... XXX .....	..... XXX.....	\$ 166,882,055	\$ 55,658,170
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	.....	.....	.....	\$ ..... \$ .....	\$ .....
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	.....	.....	.....	\$ ..... \$ .....	\$ .....
(4) NAIC SAP (1-2-3=4)	..... XXX.....	..... XXX .....	..... XXX.....	\$ 166,882,055	\$ 55,658,170
SURPLUS					

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	..... XXX.....	..... XXX.....	..... XXX.....	\$ 1,059,827,643	\$ 842,005,868
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	.....	.....	.....	\$ .....	\$ .....
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....	\$ .....	\$ .....
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 1,059,827,643	\$ 842,005,868

2. Accounting Changes and Corrections of Errors

3. Business Combinations and Goodwill

A. Statutory Purchase Method

The transaction was accounted for as a statutory purchase, and reflects the following:

4. Discontinued Operations

A. Discontinued Operation Disposed of or Classified as Held for Sale

- (1) List of Discontinued Operations Disposed of or Classified as Held for Sale
- (3) Loss Recognized on Discontinued Operations
- (4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income
 - a. Carrying Amount of Discontinued Operations
 - b. Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

Discontinued Operation Identifier	Line Number	Line Description	Amount Attributable to Discontinued Operations
1. Assets			
2. Liabilities			
3. Surplus			
4. Income			

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

			Current Year		Prior Year					
(3)	Taxes, assessments and any amounts advanced and not included in the mortgage loan total:		\$	\$	0					
(4)	Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:									
			Residential	Commercial						
			Farm	Insured	All Other	Insured	All Other	Mezzanine	Total	
a.	Current Year Recorded Investment (All)									
1.	(a) Current	\$	\$	\$	\$	\$	\$	\$	\$	0
	(b) 30-59 Days Past Due	.....	.....	.....	.....	.....	.....	.....	.....	0
	(c) 60-89 Days Past Due	.....	.....	.....	.....	.....	.....	.....	.....	0
	(d) 90-179 Days Past Due	.....	.....	.....	.....	.....	.....	.....	.....	0
	(e) 180+ Days Past Due	.....	.....	.....	.....	.....	.....	.....	.....	0
	Accruing Interest 90-179 Days Past Due	.....	.....	.....	.....	.....	.....	.....	.....	0
2.	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$	\$	0
	(b) Interest Accrued	.....	.....	.....	.....	.....	.....	.....	.....	0
	Accruing Interest 180+ Days Past Due	.....	.....	.....	.....	.....	.....	.....	.....	0
3.	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$	\$	0
	(b) Interest Accrued	.....	.....	.....	.....	.....	.....	.....	.....	0
	Interest Reduced	.....	.....	.....	.....	.....	.....	.....	.....	0
4.	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$	\$	0
	(b) Number of Loans	.....	.....	.....	.....	.....	.....	.....	.....	0
	(c) Percent Reduced	.....	.....	.....	.....	.....	.....	.....	.....	0
	Participant or Co-lender in a Mortgage Loan Agreement	.....	.....	.....	.....	.....	.....	.....	.....	0
5.	(a) Recorded Investment	\$	\$	\$	\$	\$	\$	\$	\$	0
b.	Prior Year Recorded Investment	\$	\$	\$	\$	\$	\$	\$	\$	0
1.	(a) Current	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
	(b) 30-59 Days Past Due	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
	(c) 60-89 Days Past Due	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
	(d) 90-179 Days Past Due	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
	(e) 180+ Days Past Due	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
	Accruing Interest 90-179 Days Past Due	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
2.	(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
	(b) Interest Accrued	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
	Accruing Interest 180+ Days Past Due	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
3.	(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
	(b) Interest Accrued	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
	Interest Reduced	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
4.	(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
	(b) Number of Loans	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
	(c) Percent Reduced	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	0.0 %
	Participant or Co-lender in a Mortgage Loan Agreement	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	..... 0.0 %	0.0 %
5.	(a) Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
(5)	Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:									
			Residential	Commercial						
			Farm	Insured	All Other	Insured	All Other	Mezzanine	Total	
a.	Current Year With Allowance for Credit Losses	\$	\$	\$	\$	\$	\$	\$	\$	0
1.	No Allowance for Credit Losses	.....	.....	.....	.....	.....	.....	.....	.....	0
2.	Total (1+2)	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0
3.	Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan	.....	.....	.....	.....	.....	.....	.....	.....	0
4.	Prior Year With Allowance for Credit Losses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
1.		..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

(d)	61 to 90 Days	.....
(e)	Greater Than 90 Days	.....
(f)	Sub-Total	\$.....0	
(g)	Securities Received	.....
(h)	Total Collateral Received	\$.....0	
b.	The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$.....	
(5)	Collateral Reinvestment		
a.	Aggregate Amount Collateral Reinvested		
1.	Securities Lending		
(a)	Open	\$.....	\$.....
(b)	30 Days or Less	.....	.....
(c)	31 to 60 Days	.....	.....
(d)	61 to 90 Days	.....	.....
(e)	91 to 120 Days	.....	.....
(f)	121 to 180 Days	.....	.....
(g)	181 to 365 Days	.....	.....
(h)	1 to 2 Years	.....	.....
(i)	2 to 3 Years	.....	.....
(j)	Greater Than 3 Years	.....	.....
(k)	Sub-Total	\$.....0	\$.....0
(l)	Securities Received	.....	.....
(m)	Total Collateral Reinvested	\$.....0	\$.....0
2.	Dollar Repurchase Agreement		
(a)	Open	\$.....	\$.....
(b)	30 Days or Less	.....	.....
(c)	31 to 60 Days	.....	.....
(d)	61 to 90 Days	.....	.....
(e)	91 to 120 Days	.....	.....
(f)	121 to 180 Days	.....	.....
(g)	181 to 365 Days	.....	.....
(h)	1 to 2 Years	.....	.....
(i)	2 to 3 Years	.....	.....
(j)	Greater Than 3 Years	.....	.....
(k)	Sub-Total	\$.....0	\$.....0
(l)	Securities Received	.....	.....
(m)	Total Collateral Reinvested	\$.....0	\$.....0

(7) Collateral for securities lending transactions that extend beyond one year from the reporting date.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2)	Type of Repo Trades Used			
a.	Bilateral (YES/NO)	.....	.....	.....
b.	Tri-Party (YES/NO)	.....	.....	.....
(3)	Original (Flow) & Residual Maturity			
a. Maximum Amount				
1.	Open – No Maturity	.....	.....	.....
2.	Overnight	.....	.....	.....
3.	2 Days to 1 Week	.....	.....	.....
4.	> 1 Week to 1 Month	.....	.....	.....
5.	> 1 Month to 3 Months	.....	.....	.....
6.	> 3 Months to 1 Year	.....	.....	.....
7.	> 1 Year	.....	.....	.....
b. Ending Balance				
1.	Open – No Maturity	.....	.....	.....
2.	Overnight	.....	.....	.....
3.	2 Days to 1 Week	.....	.....	.....
4.	> 1 Week to 1 Month	.....	.....	.....
5.	> 1 Month to 3 Months	.....	.....	.....
6.	> 3 Months to 1 Year	.....	.....	.....
7.	> 1 Year	.....	.....	.....
(5)	Securities "Sold" Under Repo – Secured Borrowing			
a. Maximum Amount				
1.	BACV	XXX	XXX	XXX
2.	Nonadmitted – Subset of BACV	XXX	XXX	XXX
3.	Fair Value	.....	.....	.....
b. Ending Balance				
1.	BACV	XXX	XXX	XXX
2.	Nonadmitted – Subset of BACV	XXX	XXX	XXX
3.	Fair Value	.....	.....	.....
(6)	Securities Sold Under Repo – Secured Borrowing by NAIC Designation			
ENDING BALANCE				
		1 NONE	2 NAIC 1	3 NAIC 2
a.	Bonds – BACV	.....	.....	.....
b.	Bonds – FV	.....	.....	.....
c.	LB & SS – BACV	.....	.....	.....
d.	LB & SS – FV	.....	.....	.....
e.	Preferred Stock – BACV	.....	.....	.....
f.	Preferred Stock – FV	.....	.....	.....
g.	Common Stock	.....	.....	.....
h.	Mortgage Loans – BACV	.....	.....	.....
i.	Mortgage Loans – FV	.....	.....	.....
j.	Real Estate – BACV	.....	.....	.....
k.	Real Estate – FV	.....	.....	.....
l.	Derivatives – BACV	.....	.....	.....
m.	Derivatives – FV	.....	.....	.....
n.	Other Invested Assets – BACV	.....	.....	.....
o.	Other Invested Assets – FV	.....	.....	.....
p.	Total Assets – BACV	0	0	0
q.	Total Assets – FV	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

ENDING BALANCE

5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
-------------	-------------	-------------	------------------

a. Bonds – BACV	.....	.....	.....
b. Bonds – FV	.....	.....	.....
c. LB & SS – BACV	.....	.....	.....
d. LB & SS – FV	.....	.....	.....
e. Preferred Stock – BACV	.....	.....	.....
f. Preferred Stock – FV	.....	.....	.....
g. Common Stock	.....	.....	.....
h. Mortgage Loans – BACV	.....	.....	.....
i. Mortgage Loans – FV	.....	.....	.....
j. Real Estate – BACV	.....	.....	.....
k. Real Estate – FV	.....	.....	.....
l. Derivatives – BACV	.....	.....	.....
m. Derivatives – FV	.....	.....	.....
n. Other Invested Assets – BACV	.....	.....	.....
o. Other Invested Assets – FV	.....	.....	.....
p. Total Assets – BACV	.....	0	0
q. Total Assets – FV	.....	0	0
p=a+c+e+g+h+j+l+n	.....	0	0
q=b+d+f+g+i+k+m+o	.....	0	0

(7) Collateral Received – Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
--	---------------	----------------	---------------	----------------

a. Maximum Amount	.....	.....	.....	.....
1. Cash	.....	.....	.....	.....
2. Securities (FV)	.....	.....	.....	.....
b. Ending Balance	.....	.....	.....	.....
1. Cash	.....	.....	.....	.....
2. Securities (FV)	.....	.....	.....	.....

(8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation

ENDING BALANCE

1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
-----------	-------------	-------------	-------------

a. Cash	.....	.....	.....
b. Bonds – FV	.....	.....	.....
c. LB & SS – FV	.....	.....	.....
d. Preferred Stock – FV	.....	.....	.....
e. Common Stock	.....	.....	.....
f. Mortgage Loans – FV	.....	.....	.....
g. Real Estate – FV	.....	.....	.....
h. Derivatives – FV	.....	.....	.....
i. Other Invested Assets – FV	.....	.....	.....
j. Total Collateral Assets – FV (Sum of a through i)	.....	0	0

ENDING BALANCE

5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
-------------	-------------	-------------	-----------------------------------

a. Cash	.....	.....	.....
b. Bonds – FV	.....	.....	.....
c. LB & SS – FV	.....	.....	.....
d. Preferred Stock – FV	.....	.....	.....
e. Common Stock	.....	.....	.....
f. Mortgage Loans – FV	.....	.....	.....
g. Real Estate – FV	.....	.....	.....
h. Derivatives – FV	.....	.....	.....
i. Other Invested Assets – FV	.....	.....	.....
j. Total Collateral Assets – FV (Sum of a through i)	.....	0	0

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

FAIR VALUE

a. Overnight and Continuous	.....
b. 30 Days or Less	.....
c. 31 to 90 Days	.....
d. > 90 Days	.....

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

AMORTIZED COST	FAIR VALUE
----------------	------------

a. 30 Days or Less	.....
b. 31 to 60 Days	.....
c. 61 to 90 Days	.....
d. 91 to 120 Days	.....
e. 121 to 180 Days	.....
f. 181 to 365 Days	.....
g. 1 to 2 Years	.....
h. 2 to 3 Years	.....
i. > 3 Years	.....

(11) Liability to Return Collateral – Secured Borrowing (Total)

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
---------------	----------------	---------------	----------------

a. Maximum Amount	.....	.....	.....
1. Cash (Collateral – All)	.....	.....	.....
2. Securities Collateral (FV)	.....	.....	.....
b. Ending Balance	.....	.....	.....
1. Cash (Collateral – All)	.....	.....	.....
2. Securities Collateral (FV)	.....	.....	.....

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SECURED BORROWING TRANSACTIONS

(2) Type of Repo Trades Used

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
---------------	----------------	---------------	----------------

a. Bilateral (YES/NO)	.....
b. Tri-Party (YES/NO)	.....

(3) Original (Flow) & Residual Maturity

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
---------------	----------------	---------------	----------------

a. Maximum Amount	.....	.....	.....
1. Open – No Maturity	.....	.....	.....
2. Overnight	.....	.....	.....
3. 2 Days to 1 Week	.....	.....	.....
4. > 1 Week to 1 Month	.....	.....	.....
5. > 1 Month to 3 Months	.....	.....	.....
6. > 3 Months to 1 Year	.....	.....	.....
7. > 1 Year	.....	.....	.....

b. Ending Balance	.....	.....	.....
1. Open – No Maturity	.....	.....	.....
2. Overnight	.....	.....	.....
3. 2 Days to 1 Week	.....	.....	.....
4. > 1 Week to 1 Month	.....	.....	.....
5. > 1 Month to 3 Months	.....	.....	.....
6. > 3 Months to 1 Year	.....	.....	.....
7. > 1 Year	.....	.....	.....

(5) Fair Value of Securities Acquired Under Repo - Secured Borrowing

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	.....	.....	.....	.....
b. Ending Balance	.....	.....	.....	.....
(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation				
ENDING BALANCE				
	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – FV	.....	.....	.....	.....
b. LB & SS – FV	.....	.....	.....	.....
c. Preferred Stock – FV	.....	.....	.....	.....
d. Common Stock	.....	.....	.....	.....
e. Mortgage Loans – FV	.....	.....	.....	.....
f. Real Estate – FV	.....	.....	.....	.....
g. Derivatives – FV	.....	.....	.....	.....
h. Other Invested Assets – FV	.....	.....	.....	.....
i. Total Assets – FV (Sum of a through h)	.....0	.....0	.....0	.....0
ENDING BALANCE				
	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
a. Bonds – FV	.....	.....	.....	.....
b. LB & SS – FV	.....	.....	.....	.....
c. Preferred Stock – FV	.....	.....	.....	.....
d. Common Stock	.....	.....	.....	.....
e. Mortgage Loans – FV	.....	.....	.....	.....
f. Real Estate – FV	.....	.....	.....	.....
g. Derivatives – FV	.....	.....	.....	.....
h. Other Invested Assets – FV	.....	.....	.....	.....
i. Total Assets – FV (Sum of a through h)	.....0	.....0	.....0	.....0
(7) Collateral Provided – Secured Borrowing				
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	.....	.....	.....	.....
1. Cash	.....	.....	.....	.....
2. Securities (FV)	.....	.....	.....	.....
3. Securities (BACV)	.....XXX	.....XXX	.....XXX	.....XXX
4. Nonadmitted Subset (BACV)	.....XXX	.....XXX	.....XXX	.....XXX
b. Ending Balance	.....	.....	.....	.....
1. Cash	.....	.....	.....	.....
2. Securities (FV)	.....	.....	.....	.....
3. Securities (BACV)	.....	.....	.....	.....
4. Nonadmitted Subset (BACV)	.....	.....	.....	.....
(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity				
	AMORTIZED COST	FAIR VALUE		
a. Overnight and Continuous	.....	.....
b. 30 Days or Less	.....	.....
c. 31 to 90 Days	.....	.....
d. > 90 Days	.....	.....
(9) Recognized Receivable for Return of Collateral – Secured Borrowing				
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	.....	.....	.....	.....
1. Cash	.....	.....	.....	.....
2. Securities (FV)	.....	.....	.....	.....
b. Ending Balance	.....	.....	.....	.....
1. Cash	.....	.....	.....	.....
2. Securities (FV)	.....	.....	.....	.....
(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)				
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	.....	.....	.....	.....
1. Repo Securities Sold/Acquired with Cash Collateral	.....	.....	.....	.....
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	.....	.....	.....	.....
b. Ending Balance	.....	.....	.....	.....
1. Repo Securities Sold/Acquired with Cash Collateral	.....	.....	.....	.....
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	.....	.....	.....	.....
H. Repurchase Agreements Transactions Accounted for as a Sale				
REPURCHASE TRANSACTION – CASH TAKER – OVERVIEW OF SALE TRANSACTIONS				
(2) Type of Repo Trades Used				
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)	.....	.....	.....	.....
b. Tri-Party (YES/NO)	.....	.....	.....	.....
(3) Original (Flow) & Residual Maturity				
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	.....	.....	.....	.....
1. Open – No Maturity	.....	.....	.....	.....
2. Overnight	.....	.....	.....	.....
3. 2 Days to 1 Week	.....	.....	.....	.....
4. > 1 Week to 1 Month	.....	.....	.....	.....
5. > 1 Month to 3 Months	.....	.....	.....	.....
6. > 3 Months to 1 Year	.....	.....	.....	.....
7. > 1 Year	.....	.....	.....	.....
b. Ending Balance	.....	.....	.....	.....
1. Open – No Maturity	.....	.....	.....	.....
2. Overnight	.....	.....	.....	.....
3. 2 Days to 1 Week	.....	.....	.....	.....
4. > 1 Week to 1 Month	.....	.....	.....	.....
5. > 1 Month to 3 Months	.....	.....	.....	.....
6. > 3 Months to 1 Year	.....	.....	.....	.....
7. > 1 Year	.....	.....	.....	.....
(5) Securities "Sold" Under Repo - Sale				
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	.....	.....	.....	.....
1. BACV	.....XXX	.....XXX	.....XXX	.....XXX
2. Nonadmitted – Subset of BACV	.....XXX	.....XXX	.....XXX	.....XXX
3. Fair Value	.....	.....	.....	.....
b. Ending Balance	.....	.....	.....	.....
1. BACV	.....XXX	.....XXX	.....XXX	.....XXX
2. Nonadmitted – Subset of BACV	.....XXX	.....XXX	.....XXX	.....XXX
3. Fair Value	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

(6) Securities Sold Under Repo – Sale by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – BACV
b. Bonds – FV
c. LB & SS – BACV
d. LB & SS – FV
e. Preferred Stock – BACV
f. Preferred Stock – FV
g. Common Stock
h. Mortgage Loans – BACV
i. Mortgage Loans – FV
j. Real Estate – BACV
k. Real Estate – FV
l. Derivatives – BACV
m. Derivatives – FV
n. Other Invested Assets – BACV
o. Other Invested Assets – FV
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – BACV
b. Bonds – FV
c. LB & SS – BACV
d. LB & SS – FV
e. Preferred Stock – BACV
f. Preferred Stock – FV
g. Common Stock
h. Mortgage Loans – BACV
i. Mortgage Loans – FV
j. Real Estate – BACV
k. Real Estate – FV
l. Derivatives – BACV
m. Derivatives – FV
n. Other Invested Assets – BACV
o. Other Invested Assets – FV
p. Total Assets – BACV	0	0	0	0
q. Total Assets – FV	0	0	0	0

(7) Proceeds Received - Sale

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount
1. Cash
2. Securities (FV)
3. Nonadmitted
b. Ending Balance
1. Cash
2. Securities (FV)
3. Nonadmitted

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds – FV
b. LB & SS – FV
c. Preferred Stock – FV
d. Common Stock
e. Mortgage Loans – FV
f. Real Estate – FV
g. Derivatives – FV
h. Other Invested Assets – FV
i. Total Assets – FV (Sum of a through h)	0	0	0	0

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
a. Bonds – FV
b. LB & SS – FV
c. Preferred Stock – FV
d. Common Stock
e. Mortgage Loans – FV
f. Real Estate – FV
g. Derivatives – FV
h. Other Invested Assets – FV
i. Total Assets – FV (Sum of a through h)	0	0	0	0

(9) Recognized Forward Resale Commitment

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount
b. Ending Balance

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

REPURCHASE TRANSACTION – CASH PROVIDER – OVERVIEW OF SALE TRANSACTIONS

(2) Type of Repo Trades Used

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)
b. Tri-Party (YES/NO)

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount
1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year
b. Ending Balance
1. Open – No Maturity
2. Overnight
3. 2 Days to 1 Week
4. > 1 Week to 1 Month
5. > 1 Month to 3 Months
6. > 3 Months to 1 Year
7. > 1 Year

(5) Securities Acquired Under Repo - Sale

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	
3. Fair Value				
b. Ending Balance				
1. BACV	XXX	XXX	XXX	
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	
3. Fair Value				

(6) Securities Acquired Under Repo – Sale by NAIC Designation

ENDING BALANCE

1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
-----------	-------------	-------------	-------------

a. Bonds – BACV	.....	.....	.....
b. Bonds – FV	.....	.....	.....
c. LB & SS – BACV	.....	.....	.....
d. LB & SS – FV	.....	.....	.....
e. Preferred Stock – BACV	.....	.....	.....
f. Preferred Stock – FV	.....	.....	.....
g. Common Stock	.....	.....	.....
h. Mortgage Loans – BACV	.....	.....	.....
i. Mortgage Loans – FV	.....	.....	.....
j. Real Estate – BACV	.....	.....	.....
k. Real Estate – FV	.....	.....	.....
l. Derivatives – BACV	.....	.....	.....
m. Derivatives – FV	.....	.....	.....
n. Other Invested Assets – BACV	.....	.....	.....
o. Other Invested Assets – FV	.....	.....	.....
p. Total Assets – BACV	0	0	0
q. Total Assets – FV	0	0	0

ENDING BALANCE

5 NAIC 4	6 NAIC 5	7 NAIC 6	8 NONADMITTED
-------------	-------------	-------------	------------------

a. Bonds – BACV	.....	.....	.....
b. Bonds – FV	.....	.....	.....
c. LB & SS – BACV	.....	.....	.....
d. LB & SS – FV	.....	.....	.....
e. Preferred Stock – BACV	.....	.....	.....
f. Preferred Stock – FV	.....	.....	.....
g. Common Stock	.....	.....	.....
h. Mortgage Loans – BACV	.....	.....	.....
i. Mortgage Loans – FV	.....	.....	.....
j. Real Estate – BACV	.....	.....	.....
k. Real Estate – FV	.....	.....	.....
l. Derivatives – BACV	.....	.....	.....
m. Derivatives – FV	.....	.....	.....
n. Other Invested Assets – BACV	.....	.....	.....
o. Other Invested Assets – FV	.....	.....	.....
p. Total Assets – BACV	0	0	0
q. Total Assets – FV	0	0	0

(7) Proceeds Provided - Sale

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
---------------	----------------	---------------	----------------

a. Maximum Amount			
1. Cash	.....	.....	.....
2. Securities (FV)	.....	.....	.....
3. Securities (BACV)	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX
b. Ending Balance			
1. Cash	.....	.....	.....
2. Securities (FV)	.....	.....	.....
3. Securities (BACV)	.....	.....	.....
4. Nonadmitted Subset (BACV)	.....	.....	.....

(8) Recognized Forward Resale Commitment

FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
---------------	----------------	---------------	----------------

a. Maximum Amount	.....	.....	.....
b. Ending Balance	.....	.....	.....

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)
a. Subject to contractual obligation for which liability is not shown	\$ 3,500,000	\$ 3,500,000	\$ 0	\$ 0	0	0.0 %
b. Collateral held under security lending agreements		0	0	0	0	0.0
c. Subject to repurchase agreements		0	0	0	0	0.0
d. Subject to reverse repurchase agreements		0	0	0	0	0.0
e. Subject to dollar repurchase agreements		0	0	0	0	0.0
f. Subject to dollar reverse repurchase agreements		0	0	0	0	0.0
g. Placed under option contracts		0	0	0	0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0	0	0	0.0
i. FHLB capital stock		0	0	0	0	0.0
j. On deposit with states	3,500,000	3,500,000	0	3,500,000	0.1	0.1
k. On deposit with other regulatory bodies		0	0	0	0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0	0	0	0.0
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.0
n. Other restricted assets	0	0	0	0	0	0.0
o. Total Restricted Assets	\$ 3,500,000	\$ 3,500,000	\$ 0	\$ 0	3,500,000	0.1 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

(a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)m Column 5

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

(a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Collateral Assets	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3 % of BACV to Total Assets (Admitted and Nonadmitted) *	4 % of BACV to Total Admitted Assets **
a. Cash, Cash Equivalents and Short-Term Investments	\$	\$	0.0 %	0.0 %
b. Schedule D, Part 1	0.0 %	0.0 %
c. Schedule D, Part 2, Section 1	0.0 %	0.0 %
d. Schedule D, Part 2, Section 2	0.0 %	0.0 %
e. Schedule B	0.0 %	0.0 %
f. Schedule A	0.0 %	0.0 %
g. Schedule BA, Part 1	0.0 %	0.0 %
h. Schedule DL, Part 1	0.0 %	0.0 %
i. Other	0.0 %	0.0 %
i. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$	0 \$	0	0.0 %
				0.0 %

* Column 1 divided by Asset Page, Line 26 (Column 1)

** Column 1 divided by Asset Page, Line 26 (Column 3)

	1 Amount	2 % of Liability to Total Liabilities *
k. Recognized Obligation to Return Collateral Asset	\$	0.0 %

* Column 1 divided by Liability Page, Line 24 (Column 3)

M. Working Capital Finance Investments

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

	1 Gross Asset CY	2 Non-admitted Asset CY	3 Net Admitted Asset CY
a. WCFI Designation 1	\$	\$	\$
b. WCFI Designation 2	0
c. WCFI Designation 3	0
d. WCFI Designation 4	0
e. WCFI Designation 5	0
f. WCFI Designation 6	0
g. Total	\$	0 \$	0
			0

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs:

	1 Book/Adjusted Carrying Value
a. Up to 180 Days
b. 181 Days to 365 Days
c. Total	\$

N. Offsetting and Netting of Assets and Liabilities

O. 5GI Securities

Investment	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds – AC	0	0	\$	\$	\$	0
(2) Bonds - FV	0	0	0	0	0	0
(3) LB&SS – AC	0	0	0	0	0	0
(4) LB&SS - FV	0	0	0	0	0	0
(5) Preferred Stock – AC	0	0	0	0	0	0
(6) Preferred Stock - FV	0	0	0	0	0	0
(7) Total (1+2+3+4+5+6)	0	0	0 \$	0 \$	0 \$	0

AC – Amortized Cost

FV – Fair Value

P. Short Sales

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

	Proceeds Received	Current Fair Value of Securities Sold Short	Unrealized Gain or Loss	Expected Settlement (# of Days)	Fair Value of Short Sales Exceeding (or expected to exceed) 3 Settlement Days	Fair Value of Short Sales Expected to be Settled by Secured Borrowing
a. Bonds	\$
b. Preferred Stock
c. Common Stock
d. Totals(a+b+c)	\$	0 \$	0 \$	0	XXX	0

(2) Settled Short Sale Transactions

	Proceeds Received	Current Fair Value of Securities Sold Short	Realized Gain or Loss on Transaction	Fair Value of Short Sales that Exceeded 3 Settlement Days	Fair Value of Short Sales Settled by Secured Borrowing
a. Bonds	\$
b. Preferred Stock
c. Common Stock
d. Totals(a+b+c)	\$	0 \$	0 \$	0	0

Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	..... 6
(2) Aggregate Amount of Investment Income	..... 680,252

6. Joint Ventures, Partnerships and Limited Liability Companies

7. Investment Income

8. Derivative Instruments

A. Derivatives under SSAP No. 86 - Derivatives

(8)

a.

	Fiscal Year	Derivative Premium Payments Due
1. 2021		\$
2. 2022	
3. 2023	
4. 2024	
5. Thereafter	
6. Total Future Settled Premiums		\$

b.

	Undiscounted Future Premium Commitments	Derivative Fair Value With Premium Commitments (Reported on DB)	Derivative Fair Value Excluding Impact of Future Settled Premiums
1. Prior Year	\$	0 \$	0
2. Current Year	\$	0 \$	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

B. Derivatives under SSAP No. 108 – Derivatives Hedging Variable Annuity Guarantees

(2) Recognition of gains/losses and deferred assets and liabilities

a. Scheduled Amortization

	Amortization Year	Deferred Assets	Deferred Liabilities
1.	2021	.....	.....
2.	2022	.....	.....
3.	2023	.....	.....
4.	2024	.....	.....
5.	2025	.....	.....
6.	2026	.....	.....
7.	2027	.....	.....
8.	2028	.....	.....
9.	2029	.....	.....
10.	2030	.....	.....
11.	Total	0	0

b. Total Deferred Balance*

* Should agree to Column 19 of Schedule DB, Part E

c. Reconciliation of Amortization:

1. Prior Year Total Deferred Balance	\$.....0
2. Current Year Amortization	\$.....
3. Current Year Deferred Recognition	\$.....
4. Ending Deferred Balance [1-(2+3)]	\$.....0

d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86

1. Total Derivative Fair Value Change	\$.....
2. Change in Fair Value Reflected as a Natural Offset to VM21 Liability Under SSAP No. 108	\$.....
3. Change in Fair Value Reflected as a Deferred Asset / Liability Under SSAP No. 108	\$.....
4. Other Changes	\$.....
5. Unrealized Gain / Loss Recognized for Derivative Under SSAP No. 86 [1-(sum of 2 through 4)]	\$.....0

e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108

1. Total Derivative Fair Value Change	\$.....
2. Unrealized Gain / Loss Recognized Prior to the Reclassification to SSAP No. 108	\$.....
3. Other Changes	\$.....
4. Fair Value Change Available for Application under SSAP No. 108 [1-(2+3)]	\$.....0

(3) Hedging Strategies Identified as No Longer Highly Effective

b. Details of Hedging Strategies Identified as No Longer Highly Effective

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1. 2021
2. 2022
3. 2023
4. 2024
5. 2025

6. Total Adjusted Amortization

(4) Hedging Strategies Terminated

b. Details of Hedging Strategies Terminated

c. Amortization

Amortization Year	Recognized Deferred Assets	Recognized Deferred Liabilities	Accelerated Amortization	Original Amortization
1. 2021
2. 2022
3. 2023
4. 2024
5. 2025

6. Total Adjusted Amortization

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

12/31/2020		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	
(a) Gross Deferred Tax Assets	\$.....0	\$.....0
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	\$.....0	\$.....0
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$.....0	\$.....0
(f) Deferred Tax Liabilities	\$.....0	\$.....0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	\$.....0	\$.....0

12/31/2019		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	
(a) Gross Deferred Tax Assets	\$.....0	\$.....0
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	\$.....0	\$.....0
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$.....0	\$.....0
(f) Deferred Tax Liabilities	\$.....0	\$.....0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	\$.....0	\$.....0

Change		
(7)	(8)	(9) (Col 7+8) Total
(Col 1-4) Ordinary	(Col 2-5) Capital	
(a) Gross Deferred Tax Assets	\$.....0	\$.....0
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	\$.....0	\$.....0
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0

(a) Gross Deferred Tax Assets	\$.....0	\$.....0
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	\$.....0	\$.....0
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

(e)	Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 0	\$ 0	\$ 0
(f)	Deferred Tax Liabilities	\$ 0	\$ 0	\$ 0
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 0	\$ 0	\$ 0

2.

12/31/2020		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 0	\$ 0	\$ 0
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0	\$ 0
	Total (2(a) + 2(b) + 2(c))	\$ 0	\$ 0	\$ 0

12/31/2019		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 0	\$ 0	\$ 0
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0	\$ 0
	Total (2(a) + 2(b) + 2(c))	\$ 0	\$ 0	\$ 0

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 0	\$ 0	\$ 0
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 0	\$ 0	\$ 0
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>	\$ 0
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 0	\$ 0	\$ 0
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0	\$ 0
	Total (2(a) + 2(b) + 2(c))	\$ 0	\$ 0	\$ 0

3.

(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	..... 0.000
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 0.000

4.

2020	2019
------	------

12/31/2020	
(1)	(2)
Ordinary	Capital

Impact of Tax Planning Strategies

(a)	Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	..... 0	..... 0
1.	Adjusted Gross DTAs Amount From Note 9A(c)	..... 0	..... 0
2.	Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	..... 0	..... 0
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	..... 0	..... 0
4.	Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	..... 0	..... 0

12/31/2019	
(3)	(4)
Ordinary	Capital

(a)	1. Adjusted Gross DTAs Amount From Note 9A1(c)	..... 0	..... 0
2.	Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	..... 0	..... 0
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	..... 0	..... 0
4.	Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	..... 0	..... 0

(b) Does CSOH's tax-planning strategies include the use of reinsurance? Yes No

C. Current income taxes incurred consist of the following major components:

(1)	(2)	(3)
12/31/2020	12/31/2019	(Col 1-2) Change

1. Current Income Tax

(a)	Federal	\$ 0	\$ 0
(b)	Foreign	\$ 0	\$ 0
(c)	Subtotal	\$ 0	\$ 0
(d)	Federal income tax on net capital gains	\$ 0	\$ 0
(e)	Utilization of capital loss carry-forwards	\$ 0	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

(f) Other	\$	\$	0	\$	0	
(g) Federal and foreign income taxes incurred	\$	0	\$	0	\$	0
2. Deferred Tax Assets:						
(a) Ordinary						
(1) Discounting of unpaid losses	\$	\$	0	\$	0	
(2) Unearned premium reserve	\$	\$	0	\$	0	
(3) Policyholder reserves	\$	\$	0	\$	0	
(4) Investments	\$	\$	0	\$	0	
(5) Deferred acquisition costs	\$	\$	0	\$	0	
(6) Policyholder dividends accrual	\$	\$	0	\$	0	
(7) Fixed assets	\$	\$	0	\$	0	
(8) Compensation and benefits accrual	\$	\$	0	\$	0	
(9) Pension accrual	\$	\$	0	\$	0	
(10) Receivables – nonadmitted	\$	\$	0	\$	0	
(11) Net operating loss carry-forward	\$	\$	0	\$	0	
(12) Tax credit carry-forward	\$	\$	0	\$	0	
(13) Other (including items <5% of total ordinary tax assets)	\$	\$	0	\$	0	
(99) Subtotal	\$	0	\$	0	\$	0
(b) Statutory valuation allowance adjustment	\$	\$	0	\$	0	
(c) Nonadmitted	\$	\$	0	\$	0	
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$	0	\$	0	\$	0
(e) Capital:						
(1) Investments	\$	\$	0	\$	0	
(2) Net capital loss carry-forward	\$	\$	0	\$	0	
(3) Real estate	\$	\$	0	\$	0	
(4) Other (including items <5% of total capital tax assets)	\$	\$	0	\$	0	
(99) Subtotal	\$	0	\$	0	\$	0
(f) Statutory valuation allowance adjustment	\$	\$	0	\$	0	
(g) Nonadmitted	\$	\$	0	\$	0	
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$	0	\$	0	\$	0
(i) Admitted deferred tax assets (2d + 2h)	\$	0	\$	0	\$	0
3. Deferred Tax Liabilities:						
(a) Ordinary						
(1) Investments	\$	\$	0	\$	0	
(2) Fixed assets	\$	\$	0	\$	0	
(3) Deferred and uncollected premium	\$	\$	0	\$	0	
(4) Policyholder reserves	\$	\$	0	\$	0	
(5) Other (including items <5% of total ordinary tax liabilities)	\$	\$	0	\$	0	
(99) Subtotal	\$	0	\$	0	\$	0
(b) Capital:						
(1) Investments	\$	\$	0	\$	0	
(2) Real estate	\$	\$	0	\$	0	
(3) Other (including items <5% of total capital tax liabilities)	\$	\$	0	\$	0	
(99) Subtotal	\$	0	\$	0	\$	0
(c) Deferred tax liabilities (3a99 + 3b99)	\$	0	\$	0	\$	0
4. Net deferred tax assets/liabilities (2i – 3c)	\$	0	\$	0	\$	0

I. Alternative Minimum Tax Credit

	<u>Amount</u>
(1) Gross AMT Credit Recognized as:	
a. Current year recoverable	\$
b. Deferred tax asset (DTA)	\$
(2) Beginning Balance of AMT Credit Carryforward	\$
(3) Amounts Recovered	\$
(4) Adjustments	\$
(5) Ending Balance of AMT Credit Carryforward (5=2-3-4)	\$
(6) Reduction for Sequestration	\$
(7) Nonadmitted by Reporting Entity	\$
(8) Reporting Entity Ending Balance (8=5-6-7)	\$

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

C. Transactions with related party who are not reported on Schedule Y

(1) Detail of Material Related Party Transactions

Options for Type of Transaction:

- Loan
- Exchange of Assets or Liabilities (e.g., buys, sells and secured borrowing transactions)
- Management Services
- Cost-Sharing Agreement
- Other Transactions Involving Services
- Guarantee (e.g. guarantees to related parties, on behalf of, and when beneficiary is related party)
- Other

(2) Detail of Material Related Party Transactions Involving Services

(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities

a. Description of Transaction

b. Assets Received

c. Assets Transferred

(4) Detail of Amounts Owed To/From a Related Party

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
------------	-----------------------------	--------------	-----------------	--------------------

e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 0	\$ 0	\$ 0
f. Aggregate Total (a+e)	XXX	\$ 0	\$ 0	\$ 0

(2) NAIC Filing Response Information

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SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method, Resubmission Required Y/N	Code**
---	----------------------------	----------------------------------	--------------------------	-------------------------------------	---	--------

e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ 0	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ 0	XXX	XXX	XXX

*S1 – Sub-1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing

** I – Immaterial or M - Material

N. Investment in Insurance SCAs

(2) The monetary effect on net income and surplus as a result of using an accounting practice that differed from NAIC Statutory Accounting Practices and Procedures (NAIC SAP), the amount of the investment in the insurance SCA per audited statutory equity and amount of the investment if the insurance SCA had completed statutory financial statements in accordance with the AP&P Manual.

* Per AP&P Manual (without permitted or prescribed practices)

O. SCA or SSAP No. 48 Entity Loss Tracking

11. Debt

B. FHLB (Federal Home Loan Bank) Agreements

(2) FHLB Capital Stock

a. Aggregate Totals

		Total
1.	Current Year	
(a)	Membership Stock – Class A	.....0
(b)	Membership Stock – Class B	.....0
(c)	Activity Stock	.....
(d)	Excess Stock	.....
(e)	Aggregate Total (a+b+c+d)	.....0
(f)	Actual or estimated Borrowing Capacity as Determined by the Insurer	.....

		Total
2.	Prior Year-end	
(a)	Membership Stock – Class A	.....0
(b)	Membership Stock – Class B	.....0
(c)	Activity Stock	.....0
(d)	Excess Stock	.....0
(e)	Aggregate Total (a+b+c+d)	.....0
(f)	Actual or estimated Borrowing Capacity as Determined by the Insurer	.....0

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)

11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	.....0					
2. Class B	.....0					

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)

11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

		1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1.	Current Year Total Collateral Pledged	.....0		
2.	Prior Year-end Total Collateral Pledged	.....0		.....0

11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)

11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)

b. Maximum Amount Pledged During Reporting Period

		1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1.	Current Year Total Maximum Collateral Pledged	.....0		
2.	Prior Year-end Total Maximum Collateral Pledged	.....0		.....0

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

		Total	Funding Agreements Reserves Established
(a)	Debt	.....	XXX
(b)	Funding Agreements	.....	.....
(c)	Other	.....0	XXX
(d)	Aggregate Total (a+b+c)	.....0	.....0

2. Prior Year-end

		Total	Funding Agreements Reserves Established
(a)	Debt	.....0	XXX
(b)	Funding Agreements	.....0	.....0
(c)	Other	.....0	XXX
(d)	Aggregate Total (a+b+c)	.....0	.....0

b. Maximum Amount during Reporting Period (Current Year)

		Total
1.	Debt	.....
2.	Funding Agreements	.....
3.	Other	.....
4.	Aggregate Total (Lines 1+2+3)	.....0

11B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

Does CSOH have prepayment obligations under the following arrangements (YES/NO)?	
1.	Debt
2.	Funding Agreements
3.	Other

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12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(1) Change in benefit obligation

a. Pension Benefits

	2020	<u>Overfunded</u>		2020	<u>Underfunded</u>	
		2019			2019	
1. Benefit obligation at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Service cost	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
3. Interest cost	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
4. Contribution by plan participants	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
5. Actuarial gain (loss)	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
6. Foreign currency exchange rate changes	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
7. Benefits paid	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
8. Plan amendments	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
10. Benefit obligation at end of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

b. Postretirement Benefits

	2020	<u>Overfunded</u>		2020	<u>Underfunded</u>	
		2019			2019	
1. Benefit obligation at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Service cost	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
3. Interest cost	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
4. Contribution by plan participants	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
5. Actuarial gain (loss)	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
6. Foreign currency exchange rate changes	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
7. Benefits paid	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
8. Plan amendments	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
10. Benefit obligation at end of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

c. Special or Contractual Benefits Per SSAP No. 11

	2020	<u>Overfunded</u>		2020	<u>Underfunded</u>	
		2019			2019	
1. Benefit obligation at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Service cost	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
3. Interest cost	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
4. Contribution by plan participants	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
5. Actuarial gain (loss)	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
6. Foreign currency exchange rate changes	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
7. Benefits paid	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
8. Plan amendments	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
9. Business combinations, divestitures, curtailments, settlements and special termination benefits	\$.....	\$.....0	\$.....0	\$.....	\$.....0	\$.....0
10. Benefit obligation at end of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(2) Change in plan assets

	Pension Benefits		Postretirement Benefits		Special Contractual Benefits Per SSAP No. 11	
	2020	2019	2020	2019	2020	2019
a. Fair value of plan assets at beginning of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Actual return on plan assets	\$.....	\$.....0	\$.....	\$.....0	\$.....	\$.....0
c. Foreign currency exchange rate changes	\$.....	\$.....0	\$.....	\$.....0	\$.....	\$.....0
d. Reporting entity contribution	\$.....	\$.....0	\$.....	\$.....0	\$.....	\$.....0
e. Plan participants' contributions	\$.....	\$.....0	\$.....	\$.....0	\$.....	\$.....0
f. Benefits paid	\$.....	\$.....0	\$.....	\$.....0	\$.....	\$.....0
g. Business combinations, divestitures and settlements	\$.....	\$.....0	\$.....	\$.....0	\$.....	\$.....0
h. Fair value of plan assets at end of year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(3) Funded status

	Pension Benefits		Postretirement Benefits		2020	
	2020	2019	2020	2019	2020	2019
a. Components						
1. Prepaid benefit costs	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Overfunded plan assets	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
3. Accrued benefit costs	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
4. Liability for pension benefits	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Assets and liabilities recognized						
1. Assets (nonadmitted)	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
2. Liabilities recognized	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Unrecognized liabilities	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(4) Components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits Per SSAP No. 11	
	2020	2019	2020	2019	2020	2019
a. Service cost	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Interest cost	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Expected return on plan assets	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Transition asset or obligation	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
e. Gains and losses	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
f. Prior service cost or credit	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
g. Gain or loss recognized due to a settlement or curtailment	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
h. Total net periodic benefit cost	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits		2020	
	2020	2019	2020	2019	2020	2019
a. Items not yet recognized as a component of net periodic cost – prior year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Net transition asset or obligation recognized	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Net prior service cost or credit arising during the period	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
d. Net prior service cost or credit recognized	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
e. Net gain and loss arising during the period	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
f. Net gain and loss recognized	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
g. Items not yet recognized as a component of net periodic cost – current year	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	Pension Benefits		Postretirement Benefits		2020	
	2020	2019	2020	2019	2020	2019
a. Net transition asset or obligation	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
b. Net prior service cost or credit	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0
c. Net recognized gains and losses	\$.....	\$.....0	\$.....0	\$.....0	\$.....0	\$.....0

(7) Weighted-average assumptions used to determine net periodic benefit cost as of Dec. 31

	2020	2019
a. Weighted-average discount rate000
b. Expected long-term rate of return on plan assets000
c. Rate of compensation increase000
d. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)000

Weighted-average assumptions used to determine projected benefit obligations as of Dec. 31:

	2020	2019
e. Weighted-average discount rate000
f. Rate of compensation increase000
g. Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)000

(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

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<u>Year(s)</u>	<u>Amount</u>
a. 2021	\$
b. 2022	\$
c. 2023	\$
d. 2024	\$
e. 2025	\$
f. Thereafter Total	\$

C.

(1) Fair Value Measurements of Plan Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$

K. CSOH issued the following surplus debentures or similar obligations:

* Total should agree with Page 3, Line 29.

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

14. Liabilities, Contingencies and Assessments

A.

(1) Total SSAP No. 97 – Investments in Subsidiary, Controlled, and Affiliated Entities and SSAP No. 48 – Joint Ventures, Partnerships and Limited Liability Companies contingent liabilities: \$

(3)

a. Aggregate Maximum Potential of Future Payments of All Guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal total of Column 4 for (2) above.)	\$	0
b. Current Liability Recognized in F/S:	\$	
1. Noncontingent Liabilities	\$	
2. Contingent Liabilities	\$	
c. Ultimate Financial Statement Impact if action under the guarantee is required.	\$	
1. Investments in SCA	\$	
2. Joint Venture	\$	
3. Dividends to Stockholders (capital contribution)	\$	
4. Expense	\$	
5. Other	\$	
6. Total (Should equal (3)a.)	\$	0

B. Assessments

(2)

a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end \$

d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end \$

(3)

a. Discount Rate Applied %

b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency

Name of the Insolvency	Guaranty Fund Assessment	Related Assets
	Undiscounted	Discounted

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

CSOH paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [] (g) Per Claimant []

15. Leases

A. Lessee Operating Lease

(2)

a. At December 31, the minimum aggregate rental commitments are as follows:

Year Ending December 31		Operating Leases
1.	2021	\$
2.	2022	\$
3.	2023	\$
4.	2024	\$
5.	2025	\$
6.	Total	\$

B. Lessor Leases

(1) Operating Leases

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31, are as follows:

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	<u>Year Ending December 31</u>	<u>Operating Leases</u>
1.	2021	\$
2.	2022	\$
3.	2023	\$
4.	2024	\$
5.	2025	\$
6.	Total	\$

(2) Leveraged Leases

b. CSOH's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at December 31, current year and prior year were as shown below:

	2020	2019
1. Income from leveraged leases before income tax including investment tax credit	\$	\$
2. Less current income tax	\$	\$
3. Net income from leveraged leases	\$	\$

c. The components of the investment in leveraged leases at December 31, current year and prior year were as shown below:

	2020	2019
1. Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$
2. Estimated residual value of leased assets	\$	\$
3. Unearned and deferred income	\$	\$
4. Investment in leveraged leases	\$	\$
5. Deferred income taxes related to leveraged leases	\$	\$
6. Net investment in leveraged leases	\$	\$

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

(1) The table below summarizes the face amount of CSOH's financial instruments with off-balance-sheet risk.

	<u>Assets</u>	<u>Liabilities</u>		
	2020	2019	2020	2019
a. Swaps	\$	\$	\$	\$
b. Futures	\$	\$	\$	\$
c. Options	\$	\$	\$	\$
d. Total	\$	\$	\$	\$

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

C. Wash Sales

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2020 and reacquired within 30 days of the sale date are:

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

	<u>ASO Uninsured Plans</u>	<u>Uninsured Portion of Partially Insured Plans</u>	<u>Total ASO</u>
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	\$	\$
b. Total net other income or expenses (including interest paid to or received from plans)	\$	\$	\$
c. Net gain or (loss) from operations	\$	\$	\$
d. Total claim payment volume	\$	\$	\$

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows during 2020:

	<u>ASC Uninsured Plans</u>	<u>Uninsured Portion of Partially Insured Plans</u>	<u>Total ASC</u>
a. Gross reimbursement for medical cost incurred	\$	\$	\$
b. Gross administrative fees accrued	\$	\$	\$
c. Other income or expenses (including interest paid to or received from plans)	\$	\$	\$
d. Gross expenses incurred (claims and administrative)	\$	\$	\$
e. Total net gain or loss from operations	\$	\$	\$

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value						
Bonds	\$	\$	\$	\$	\$	\$
Common Stock	\$	\$	\$	\$	\$	\$
Cash Equivalent	\$	\$	\$	\$	\$	\$
Total assets at fair value/NAV	\$	\$	\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$	\$	\$	\$	\$	\$	\$
Common Stock	\$	\$	\$	\$	\$	\$	\$
Cash, Cash Equivalents and ST Investments	\$	\$	\$	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value

21. Other Items

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

E. State Transferable and Non-transferable Tax Credits

(1) Carrying Value of Transferable and Non-transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-transferable State Tax Credits by State and in Total

(4) State Tax Credits Admitted and Nonadmitted

	Total Admitted	Total Nonadmitted
a. Transferable
b. Non-transferable

F. Subprime-Mortgage-Related Risk Exposure

(2) Direct exposure through investments in subprime mortgage loans.

	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a. Mortgages in the process of foreclosure	.....	.....	.....	.....	.....
b. Mortgages in good standing	.....	.....	.....	.....	.....
c. Mortgages with restructure terms	.....	.....	.....	.....	.....
d. Total	0	0	0	0	XXX

(3) Direct exposure through other investments.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities
b. Commercial mortgage-backed securities
c. Collateralized debt obligations
d. Structured securities
e. Equity investment in SCAs *
f. Other assets
g. Total	0	0	0	0

* Company's subsidiary Company has investments in subprime mortgages. These investments comprise % of the companies invested assets.

(4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage.

	Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at End of Current Period	IBNR Reserves at End of Current Period
a. Mortgage guaranty coverage
b. Financial guaranty coverage

G. Retained Assets

(2)

	In Force			
	As of End of Current Year		As of End of Prior Year	
	Number	Balance	Number	Balance
a. Up to and including 12 months	\$	0	\$	0
b. 13 to 24 months	\$	0	\$	0
c. 25 to 36 months	\$	0	\$	0
d. 37 to 48 months	\$	0	\$	0
e. 49 to 60 months	\$	0	\$	0
f. Over 60 months	\$	0	\$	0
g. Total	\$	0	\$	0

(3)

	Individual		Group	
	Number	Balance/Amount	Number	Balance/Amount
a. Number/balance of retained asset accounts at the beginning of the year	0	\$0	0	\$0
b. Number/amount of retained asset accounts issued/added during the year	\$	\$	\$	\$
c. Investment earnings credited to retained asset accounts during the year	N/A	\$	N/A	\$
d. Fees and other charges assessed to retained asset accounts during the year	NA	\$	NA	\$
e. Number/amount of retained asset accounts transferred to state unclaimed property funds during the year	\$	\$	\$	\$
f. Number/amount of retained asset accounts closed/withdrawn during the year	\$	\$	\$	\$
g. Number/balance of retained asset accounts at the end of the year g=a+b+c-d-e-f	0	\$0	0	\$0

H. Insurance-Linked Securities (ILS) Contracts

Number of Outstanding ILS Contracts	Aggregate Maximum Proceeds
-------------------------------------	----------------------------

Management of Risk Related To:

(1) Directly-Written Insurance Risks

a. ILS Contracts as Issuer	.....	\$ .....
b. ILS Contracts as Ceding Insurer	.....	\$ .....
c. ILS Contracts as Counterparty	.....	\$ .....

(2) Assumed Insurance Risks

a. ILS Contracts as Issuer	.....	\$ .....
b. ILS Contracts as Ceding Insurer	.....	\$ .....
c. ILS Contracts as Counterparty	.....	\$ .....

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

(1) Amount of admitted balance that could be realized that could be realized from an investment vehicle	\$
(2) Percentage Bonds	%
(3) Percentage Stocks	%
(4) Percentage Mortgage Loans	%
(5) Percentage Real Estate	%
(6) Percentage Cash and Short-Term Investments	%
(7) Percentage Derivatives	%
(8) Percentage Other Invested Assets	%

22. Events Subsequent

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	..... No	
B. ACA fee assessment payable for the upcoming year	\$	\$
C. ACA fee assessment paid	\$	\$
D. Premium written subject to ACA 9010 assessment	\$	\$
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$	\$
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$	\$
G. Authorized Control Level (Five-Year Historical Line 15)	\$	\$
H. Would reporting the ACA assessment as of Dec. 31, 2020, have triggered an RBC action level	.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

(YES/NO)?

23. Reinsurance

B. Uncollectible Reinsurance

(1) CSHO has written off in the current year reinsurance balances due (from the companies listed below) in the amount of \$, which is reflected as:

a. Losses incurred \$
 b. Loss adjustment expenses \$
 c. Premiums earned \$
 d. Other \$

C. Commutation of Ceded Reinsurance

CSOH has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts, which are reflected as:

(1) Losses incurred \$
 (2) Loss adjustment expenses \$
 (3) Premiums earned \$
 (4) Other \$

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation
 a.

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 a.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with Rebates	5 Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	0	0	0	0	0
(2) Medical loss ratio rebates paid	0	0	0	0	0
(3) Medical loss ratio rebates unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	0
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	0
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	0	0	0	0	0
(8) Medical loss ratio rebates paid					0
(9) Medical loss ratio rebates unpaid					0
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	0

E. Risk- Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year AMOUNT

a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 77,359
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$(6,277,860)
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 23,242,479
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 95,281
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
9. ACA Reinsurance contributions – not reported as ceded premium	\$
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ 32,086,446
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 26,442,372	\$ 23,250,142	\$ 3,192,230	\$ 0	\$ (3,192,230)	\$			A	\$ 0	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$	\$	\$	\$ 0	\$ 0	\$			B	\$ 0	\$ 0

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	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 26,442,372	0	\$ 23,250,142	0	\$ 3,192,230	0	\$ (3,192,230)	0		\$ 0	0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	C	\$ 0	0
2. Amounts recoverable for claims unpaid (contra liability)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	0
3. Amounts receivable relating to uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	E	\$ 0	0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as cede premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	F	\$ 0	0
5. Ceded reinsurance premiums payable	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	G	\$ 0	0
6. Liability for amounts held under uninsured plans	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	H	\$ 0	0
7. Subtotal ACA Transitional Reinsurance Program	\$ 0	0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	I	\$ 0	0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$ 32,086,446	\$	\$ (32,086,446)	\$ 0	\$ 32,086,446	\$	I	\$ 0	0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	J	\$ 0	0
3. Subtotal ACA Risk Corridors Program	\$ 0	0	\$ 32,086,446	\$ 0	\$ (32,086,446)	\$ 0	\$ 32,086,446	\$ 0		\$ 0	0
d. Total for ACA Risk Sharing Provisions	\$ 26,442,372	0	\$ 55,336,588	0	\$ (28,894,216)	\$ 0	\$ 28,894,216	\$ 0		\$ 0	0

Explanations of Adjustments

A	Current year adjustment to the 2019 risk adjustment receivable and high cost risk pool.
B	.....
C	.....
D	.....
E	.....
F	.....
G	.....
H	.....
I	Collection of 2016 Risk Corridor receivable through legal settlement.
J	.....

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 – 3)	Prior Year Accrued Less Payments (Col 2 – 4)	To Prior Year Balance	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 + 7)	Cumulative Balances from Prior Years (Col 2 – 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	B	\$ 0	0
b. 2015											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	C	\$ 0	0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	D	\$ 0	0
c. 2016											
1. Accrued retrospective premium	\$	\$	\$ 32,086,446	\$	\$ (32,086,446)	\$ 0	\$ 32,086,446	\$	E	\$ 0	0
2. Reserve for rate credits or policy experience rating refunds	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	F	\$ 0	0
d. Total for Risk Corridors	\$ 0	0	\$ 32,086,446	\$ 0	\$ (32,086,446)	\$ 0	\$ 32,086,446	\$ 0		\$ 0	0

Explanations of Adjustments

A	.....
B	.....
C	.....
D	.....
E	Collection of 2016 Risk Corridor receivable through legal settlement.
F	.....

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Columns 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

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Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$	\$	\$	\$ 0	\$	\$ 0
b. 2015	\$	\$	\$	\$ 0	\$	\$ 0
c. 2016	\$	\$ 32,086,446	\$	\$ 32,086,446	\$ 0	\$
d. Total (a+b+c)	\$	\$ 32,086,446	\$ 0	\$ 32,086,446	\$ 0	\$ 0

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

26. Intercompany Pooling Arrangements

27. Structured Settlements

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 19,247,981	\$ 20,294,557	\$	\$	\$
09/30/2020	\$ 19,143,980	\$ 19,756,280	\$ 17,392,312	\$	\$
06/30/2020	\$ 18,689,727	\$ 18,689,727	\$ 17,114,776	\$ 1,574,950	\$
03/31/2020	\$ 15,881,283	\$ 15,881,283	\$ 13,692,196	\$ 1,836,304	\$ 352,783
	\$	\$	\$	\$	\$
12/31/2019	\$ 36,950,630	\$ 36,937,193	\$ 34,841,213	\$ 277,809	\$ 1,818,171
09/30/2019	\$ 38,621,127	\$ 38,004,340	\$ 36,940,816	\$ 951,997	\$ 111,528
06/30/2019	\$ 37,576,978	\$ 37,640,458	\$ 36,244,105	\$ 953,392	\$ 442,961
03/31/2019	\$ 36,738,933	\$ 35,159,868	\$ 33,664,698	\$ 1,171,894	\$ 323,277
	\$	\$	\$	\$	\$
12/31/2018	\$ 33,802,720	\$ 37,808,392	\$ 35,029,431	\$ 1,558,101	\$ 1,220,860
09/30/2018	\$ 37,001,726	\$ 37,361,002	\$ 27,616,608	\$ 8,512,006	\$ 1,232,387
06/30/2018	\$ 36,400,856	\$ 36,622,204	\$ 33,838,849	\$ 416,528	\$ 2,366,827
03/31/2018	\$ 33,777,828	\$ 33,453,495	\$ 32,657,300	\$ 1,120,182	\$ (323,987)
	\$	\$	\$	\$	\$

B. Risk Sharing Receivables

29. Participating Policies

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?

\$ 0

..... 12/31/2020

Yes [X] No []

31. Anticipated Salvage and Subrogation

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []

1.3 State Regulating? Ohio.....

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No []

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []

2.2 If yes, date of change:06/26/2020

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2020

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2017

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).09/28/2018

3.4 By what department or departments? Ohio Department of Insurance.....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No []

4.12 renewals? Yes [] No []

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No []

4.22 renewals? Yes [] No []

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []

If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []

7.2 If yes,

7.21 State the percentage of foreign control0.0 %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 221 E. 4th Street, Suite 2900, Cincinnati, Ohio 45202.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Roger Schacht, Ernst & Young LLP, 2323 Victory Avenue, Dallas, Texas 75219.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company.....

12.12 Number of parcels involved.....0

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....
.....
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....
20.12 To stockholders not officers \$.....
20.13 Trustees, supreme or grand (Fraternal only) \$.....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....
20.22 To stockholders not officers \$.....
20.23 Trustees, supreme or grand (Fraternal only) \$.....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....
21.22 Borrowed from others \$.....
21.23 Leased from others \$.....
21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....
22.22 Amount paid as expenses \$.....
22.23 Other amounts paid \$.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []

24.02 If no, give full and complete information, relating thereto

24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....

24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]

24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]

24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.093 Total payable for securities lending reported on the liability page	\$.....0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$.....
25.28 On deposit with states	\$.....3,609,280
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [] N/A [X]

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes [] No []

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [] No []
26.42 Permitted accounting practice	Yes [] No []
26.43 Other accounting guidance	Yes [] No []

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank.....	38 Fountain Square, Cincinnati, Ohio 45263.....
Huntington Bank.....	41 S. High Street. Columbus, Ohio 43215.....
Wells Fargo Bank.....	IRT - IOWA 666 WALNUT ST MAC N8200-036 DES MOINES, IA 50309.....
Federal Home Loan Bank of Cincinnati.....	221 East Fourth Street 600 Atrium Two Cincinnati, OH 45202.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
External Manager.....	U.....
CareSource Internally Managed.....	I.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
126292.....	Wells Fargo Bank.....	0T19FZZ6Z7A27CCLDY33.....	Securities Exchange Commission.....	DS.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [X] No []

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2001 413838-72-3.....	OAKMARK INTERNATL INST.....	10,360
29.2002 779562-20-6.....	T ROWE PRICE NH I.....	2,122,676
29.2003 638688-65-8.....	NATIONWIDE:GENEA SCG IS.....	2,232,172
29.2004 831681-81-2.....	AMERICAN FUNDS SMCP R6.....	2,461,845
29.2005 00900W-62-1.....	INVSC OPPEN INTL GRO R6.....	3,512,315
29.2006 316071-10-9.....	FIDELITY CONTRAFUND.....	3,602,235
29.2007 52469H-25-5.....	CB LARGE CAP GR IS.....	3,663,010
29.2008 015566-76-3.....	ALGER II:SPECTRA Z.....	3,665,807
29.2009 339128-10-0.....	JPMORGAN:MDCP VAL L.....	3,679,358
29.2010 47803W-40-6.....	J HANCOCK III:DMC I.....	3,751,464
29.2011 24610C-85-7.....	DELAWARE VALUE INST.....	3,923,562
29.2012 46138G-10-2.....	INVESCO S&P SMCP LV.....	4,466,082
29.2013 92206C-65-6.....	VANGUARD RUS 2000 ID INS.....	4,738,648
29.2014 316389-77-4.....	FIDELITY ADV SC VAL I.....	4,817,865
29.2015 46429B-68-9.....	ISHARES:MSCI MV EAFE MVF.....	5,548,915
29.2016 55273E-82-2.....	MFS INTL INTR VAL I.....	5,665,764
29.2017 09253F-40-8.....	BLACKROCK:IS EAFE INST.....	5,974,837
29.2018 46138E-19-8.....	INVESCO S&P MIDCP LV.....	7,170,169
29.2019 779556-40-6.....	T ROWE PRICE MC GR I.....	7,208,530
29.2020 091936-29-4.....	BLACKROCK:IS RUS MC INST.....	7,350,475
29.2021 416648-85-5.....	HARTFD:EQUITY INC Y.....	7,647,615
29.2022 46138E-35-4.....	INVESCO S&P500 LOWVL.....	10,726,660
29.2023 92206C-72-2.....	VANGUARD RUS 1000 ID INS.....	11,437,358
29.2999 TOTAL.....		115,377,722

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
T ROWE PRICE MC GR I.....	T. Rowe Price Mid-Cap Growth Fund, Inc.....	7,208,530	12/31/2020.....
BLACKROCK:IS RUS MC INST.....	BlackRock Funds-iShares Russell Mid-Cap Index Fund.....	7,350,475	12/31/2020.....
HARTFD:EQUITY INC Y.....	Hartford Equity Income Fund Class Y.....	7,647,615	12/31/2020.....
INVESCO S&P500 LOWVL.....	Invesco Exchange-Traded Fund Trust II - Invesco S&.....	10,726,660	12/31/2020.....
VANGUARD RUS 1000 ID INS.....	Vanguard Scottsdale Funds - Vanguard Russell 1000.....	11,437,358	12/31/2020.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	501,310,990	524,228,290	22,917,300
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	501,310,990	524,228,290	22,917,300

30.4 Describe the sources or methods utilized in determining the fair values:

The pricing is provided by each of our custodians, which is then published in Clearwater Analytics.....

Yes [X] No []

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a -36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes [X] No [] NA []

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

38.1 Amount of payments for legal expenses, if any?

\$ 5,524,023

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Quinn Emanuel Urquhart & Sullivan, LLP.....	\$..... 1,604,323

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ 495,433

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
MERCURY PUBLIC AFFAIRS LLC.....	\$..... 266,141

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ 0
1.6	Individual policies:	
	Most current three years:	
	1.61 Total premium earned	\$ 0
	1.62 Total incurred claims	\$ 0
	1.63 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.64 Total premium earned	\$ 0
	1.65 Total incurred claims	\$ 0
	1.66 Number of covered lives	..... 0
1.7	Group policies:	
	Most current three years:	
	1.71 Total premium earned	\$ 0
	1.72 Total incurred claims	\$ 0
	1.73 Number of covered lives	..... 0
	All years prior to most current three years:	
	1.74 Total premium earned	\$ 0
	1.75 Total incurred claims	\$ 0
	1.76 Number of covered lives	..... 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 9,656,162,717	\$ 8,550,214,436
2.2	Premium Denominator	\$ 9,656,162,717	\$ 8,550,214,436
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ 1,009,760,661	\$ 770,904,153
2.5	Reserve Denominator	\$ 1,009,760,661	\$ 770,904,153
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 1.000

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [] No [X]
3.2	If yes, give particulars:	

4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [] No []
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [X] No []
5.2	If no, explain:	

5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical	\$ 750,000
		5.32 Medical Only	\$
		5.33 Medicare Supplement	\$
		5.34 Dental and Vision	\$
		5.35 Other Limited Benefit Plan	\$
		5.36 Other	\$

6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:	
----	--	--

7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [X] No []
7.2	If no, give details	

8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	..... 45,737
	8.2 Number of providers at end of reporting year	..... 76,582

9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [] No [X]
9.2	If yes, direct premium earned:	

9.21	Business with rate guarantees between 15-36 months	.....
9.22	Business with rate guarantees over 36 months	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....
10.22 Amount actually paid for year bonuses	\$.....
10.23 Maximum amount payable withholds	\$.....
10.24 Amount actually paid for year withholds	\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [] No [X]
11.14 A Mixed Model (combination of above) ?	Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1	Name of Service Area
Adams.....	
Ashland.....	
Ashtabula.....	
Belmont.....	
Brown.....	
Butler.....	
Clark.....	
Clermont.....	
Clinton.....	
Columbiana.....	
Cuyahoga.....	
Defiance.....	
Delaware.....	
Fairfield.....	
Fayette.....	
Franklin.....	
Fulton.....	
Gallia.....	
Geauga.....	
Greene.....	
Guernsey.....	
Hamilton.....	
Henry.....	
Highland.....	
Jackson.....	
Jefferson.....	
Lake.....	
Lawrence.....	
Licking.....	
Lorain.....	
Lucas.....	
Madison.....	
Mahoning.....	
Medina.....	
Meigs.....	
Miami.....	
Monroe.....	
Montgomery.....	
Morgan.....	
Morrow.....	
Muskingum.....	
Noble.....	
Paulding.....	
Perry.....	
Pickaway.....	
Pike.....	
Portage.....	
Preble.....	
Ross.....	
Sandusky.....	
Scioto.....	
Stark.....	
Summit.....	
Trumbull.....	
Union.....	
Vinton.....	
Warren.....	
Washington.....	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
Wayne.....
Wood.....
Auglaize.....
Champaign.....
Hocking.....
Shelby.....
Putnam.....

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
 13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [] No [] N/A [X]
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written \$.....
 15.2 Total Incurred Claims \$.....
 15.3 Number of Covered Lives.....

*Ordinary Life Insurance Includes						
Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
Variable Life (with or without secondary guarantee)						
Universal Life (with or without secondary guarantee)						
Variable Universal Life (with or without secondary guarantee)						

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

FIVE - YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,440,022,329	1,898,022,537	1,655,820,310	1,720,978,894	1,608,697,438
2. Total liabilities (Page 3, Line 24)	1,380,194,686	1,056,016,667	902,780,256	917,020,529	867,761,517
3. Statutory minimum capital and surplus requirement	508,453,341	523,056,910	493,658,858	471,163,863	249,200,182
4. Total capital and surplus (Page 3, Line 33)	1,059,827,643	842,005,868	753,040,054	803,958,368	740,935,921
Income Statement (Page 4)					
5. Total revenues (Line 8)	9,938,236,701	8,701,345,692	8,334,799,119	7,784,392,496	7,030,711,698
6. Total medical and hospital expenses (Line 18)	8,373,723,564	7,502,716,004	7,277,972,053	6,722,514,496	6,237,049,576
7. Claims adjustment expenses (Line 20)	169,027,598	164,860,380	146,951,174	173,841,756	135,863,383
8. Total administrative expenses (Line 21)	1,258,286,048	1,026,077,216	887,482,376	886,270,888	870,020,180
9. Net underwriting gain (loss) (Line 24)	137,199,491	7,692,092	22,393,516	1,765,356	(212,221,441)
10. Net investment gain (loss) (Line 27)	24,568,387	47,966,079	53,724,761	26,384,415	25,349,783
11. Total other income (Lines 28 plus 29)	5,114,177	.0	.0	.0	0
12. Net income or (loss) (Line 32)	166,882,055	55,658,170	76,118,278	28,149,771	(186,157,572)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	530,966,504	89,665,360	(198,985,650)	128,099,564	(208,489,956)
Risk-Based Capital Analysis					
14. Total adjusted capital	1,059,827,643	842,005,868	753,040,054	803,958,368	740,935,921
15. Authorized control level risk-based capital	305,967,146	279,658,241	272,930,251	246,406,737	229,352,540
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,421,451	1,261,151	1,321,793	1,365,905	1,378,453
17. Total members months (Column 6, Line 7)	16,171,802	15,476,380	16,431,778	16,809,324	16,371,227
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	86.7	87.7	88.8	86.8	89.2
20. Cost containment expenses	1.5	1.7	1.5	1.9	1.7
21. Other claims adjustment expenses	0.3	0.2	0.3	0.3	0.3
22. Total underwriting deductions (Line 23)	101.4	101.6	101.5	100.5	103.6
23. Total underwriting gain (loss) (Line 24)	1.4	0.1	0.3	0.0	(3.0)
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	705,805,530	569,006,984	639,762,818	442,715,371	504,712,148
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	686,671,734	601,331,787	575,341,822	441,752,872	510,165,884
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - *Accounting Changes and Correction of Errors?* Yes No

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CareSource Ohio Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	0
2. Alaska	AK	N						0	0
3. Arizona	AZ	N						0	0
4. Arkansas	AR	N						0	0
5. California	CA	N						0	0
6. Colorado	CO	N						0	0
7. Connecticut	CT	N						0	0
8. Delaware	DE	N						0	0
9. District of Columbia	DC	N						0	0
10. Florida	FL	N						0	0
11. Georgia	GA	N						0	0
12. Hawaii	HI	N						0	0
13. Idaho	ID	N						0	0
14. Illinois	IL	N						0	0
15. Indiana	IN	N						0	0
16. Iowa	IA	N						0	0
17. Kansas	KS	N						0	0
18. Kentucky	KY	N						0	0
19. Louisiana	LA	N						0	0
20. Maine	ME	N						0	0
21. Maryland	MD	N						0	0
22. Massachusetts	MA	N						0	0
23. Michigan	MI	N						0	0
24. Minnesota	MN	N						0	0
25. Mississippi	MS	N						0	0
26. Missouri	MO	N						0	0
27. Montana	MT	N						0	0
28. Nebraska	NE	N						0	0
29. Nevada	NV	N						0	0
30. New Hampshire	NH	N						0	0
31. New Jersey	NJ	N						0	0
32. New Mexico	NM	N						0	0
33. New York	NY	N						0	0
34. North Carolina	NC	N						0	0
35. North Dakota	ND	N						0	0
36. Ohio	OH	L	321,460,587	406,033,329	9,006,181,489			9,733,675,405	0
37. Oklahoma	OK	N						0	0
38. Oregon	OR	N						0	0
39. Pennsylvania	PA	N						0	0
40. Rhode Island	RI	N						0	0
41. South Carolina	SC	N						0	0
42. South Dakota	SD	N						0	0
43. Tennessee	TN	N						0	0
44. Texas	TX	N						0	0
45. Utah	UT	N						0	0
46. Vermont	VT	N						0	0
47. Virginia	VA	N						0	0
48. Washington	WA	N						0	0
49. West Virginia	WV	N						0	0
50. Wisconsin	WI	N						0	0
51. Wyoming	WY	N						0	0
52. American Samoa	AS	N						0	0
53. Guam	GU	N						0	0
54. Puerto Rico	PR	N						0	0
55. U.S. Virgin Islands	VI	N						0	0
56. Northern Mariana Islands	MP	N						0	0
57. Canada	CAN	N						0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	321,460,587	406,033,329	9,006,181,489	0	0	9,733,675,405	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)		XXX	321,460,587	406,033,329	9,006,181,489	0	0	0	9,733,675,405
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page.								
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state lines in the state 56

(b) **Explanation of basis of allocation of premiums by states, etc.**

N/A - All premiums generated in the state of Ohio.

STATEMENT AS OF December 31, 2020 OF THE CareSource Ohio, Inc.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

Caresource
Domestic Jurisdiction: OH
Formation Date: 04/15/1999
Entity Type: Non Profit Corporation
FEIN: 31-1703368
SIC/NAICS #: 561110/524114/524292
Tax Status: 501(c)(3)

