



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE**

CareSource Ohio Inc.

(Name)

NAIC Group Code 03683 (Current Period) , 03683 (Prior Period) NAIC Company Code 95201 Employer's ID Number 31-1143265

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile _____ United States _____

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

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

Main Administrative Office _____ 230 North Main Street
(Street and Number)
Dayton, OH, US 45402 937-224-3300

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

P.O. Box 2200 _____, _____
(Street and Number or P.O. Box) _____

Dayton, OH, US 45401-0750 _____
(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

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 Scott R. Markovich # William C. Coffin

State of Ohio

88

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

Stephen L. Ringel
President, Ohio Market

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 2021 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).....	1,036,682,836		1,036,682,836	501,310,990
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	169,945,764		169,945,764	116,198,465
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 (\$ 753,713,861 , Schedule E-Part 1), cash equivalents (\$ 82,098,958 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....	835,812,820		835,812,820	1,210,144,043
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	11,867,171		11,867,171	405,027
9. Receivables for securities	259,939		259,939	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)	2,054,568,529	0	2,054,568,529	1,828,058,524
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	6,191,299		6,191,299	3,607,690
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	362,297,326	410,258	361,887,068	393,177,470
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 (\$ 41,108,137) and contracts subject to redetermination (\$ 41,108,137)	41,108,137		41,108,137	18,520,391
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	6,739,220		6,739,220	0
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	64,960,976		64,960,976	32,819,259
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	237,533	237,533	0	0
24. Health care (\$ 101,083,926) and other amounts receivable.....	111,345,009	10,261,083	101,083,926	163,838,995
25. Aggregate write-ins for other-than-invested assets	2,090,903	2,090,903	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,649,538,932	12,999,777	2,636,539,155	2,440,022,329
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	2,649,538,932	12,999,777	2,636,539,155	2,440,022,329
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.....	2,090,903	2,090,903	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)	2,090,903	2,090,903	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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 \$ 26,898,944 reinsurance ceded)	864,594,090		864,594,090	867,031,912
2. Accrued medical incentive pool and bonus amounts	23,904,702		23,904,702	35,679,931
3. Unpaid claims adjustment expenses	9,113,751		9,113,751	19,389,053
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	251,707,899		251,707,899	107,048,818
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	33,182,176		33,182,176	51,278,063
9. General expenses due or accrued	294,179,703		294,179,703	278,531,084
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	14,911,574		14,911,574	18,588,984
16. Derivatives		0	0	0
17. Payable for securities	1,003,929		1,003,929	46,157
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	1,823,215		1,823,215	2,600,684
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	1,494,421,039		1,494,421,039	1,380,194,686
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	1,124,918,116	1,042,627,643
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	1,142,118,116	1,059,827,643
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,636,539,155	2,440,022,329
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 2021 OF THE CareSource Ohio Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	.17,534,686	16,171,802
2. Net premium income (including \$0 non-health premium income).....	XXX	10,148,641,335	9,656,162,717
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	7,237,454	5,521,003
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	.283,067,534	.276,552,981
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	10,438,946,323	9,938,236,701
Hospital and Medical:			
9. Hospital/medical benefits.....		.6,646,337,594	4,256,611,704
10. Other professional services.....		192,039,686	2,307,029,961
11. Outside referrals.....		0	0
12. Emergency room and out-of-area.....		0	0
13. Prescription drugs.....		2,111,417,865	1,859,737,694
14. Aggregate write-ins for other hospital and medical.....	.0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		.17,258,902	22,929,481
16. Subtotal (Lines 9 to 15).....	.0	.8,967,054,047	8,446,308,840
Less:			
17. Net reinsurance recoveries.....		.43,277,216	.72,585,276
18. Total hospital and medical (Lines 16 minus 17).....	.0	.8,923,776,831	.8,373,723,564
19. Non-health claims (net).....		0	0
20. Claims adjustment expenses, including \$140,713,214 cost containment expenses.....		156,590,753	.169,027,598
21. General administrative expenses.....		.1,318,600,444	.1,258,286,048
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		.18,926,329	0
23. Total underwriting deductions (Lines 18 through 22).....	.0	.10,417,894,357	.9,801,037,210
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	.21,051,966	.137,199,491
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		.27,425,738	.23,164,142
26. Net realized capital gains (losses) less capital gains tax of \$ ..... .....		.2,791,641	.1,404,245
27. Net investment gains (losses) (Lines 25 plus 26).....	.0	.30,217,379	.24,568,387
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	-(7,410,908)	.5,114,177
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	.43,858,437	.166,882,055
31. Federal and foreign income taxes incurred.....	XXX	0	0
32. Net income (loss) (Lines 30 minus 31).....	XXX	.43,858,437	.166,882,055
DETAILS OF WRITE-INS			
0601. Quality Withhold.....	XXX	.283,067,534	.276,552,981
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	.283,067,534	.276,552,981
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
2902. Provider Advance writeoff.....		-(7,410,908)	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	-(7,410,908)	.5,114,177

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	1,059,827,639	842,005,866
34. Net income or (loss) from Line 32	43,858,437	166,882,055
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 \$	16,684,671	9,782,872
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	21,747,361	43,549,788
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)	(2,392,941)
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)	82,290,469	217,821,773
49. Capital and surplus end of reporting year (Line 33 plus 48)	1,142,118,108	1,059,827,639
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 2021 OF THE CareSource Ohio Inc.

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		10,286,339,241	9,929,536,553
2. Net investment income		30,909,532	28,689,822
3. Miscellaneous income		287,736,722	152,558,969
4. Total (Lines 1 through 3)		10,604,985,495	10,110,785,344
5. Benefit and loss related payments		8,878,583,503	8,219,775,878
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions		1,513,825,384	1,360,042,962
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)		10,392,408,887	9,579,818,840
11. Net cash from operations (Line 4 minus Line 10)		212,576,608	530,966,504
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		218,169,584	316,598,331
12.2 Stocks		2,873,607	14,533,570
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		697,833	78,177
12.8 Total investment proceeds (Lines 12.1 to 12.7)		221,741,024	331,210,078
13. Cost of investments acquired (long-term only):			
13.1 Bonds		759,690,793	154,358,475
13.2 Stocks		37,062,628	22,022,696
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		11,462,144	405,027
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		808,215,566	176,786,199
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)		(586,474,542)	154,423,879
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		0	(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)		(433,288)	2,218,681
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(433,288)	218,681
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)		(374,331,222)	685,609,064
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		1,210,144,041	524,534,977
19.2 End of year (Line 18 plus Line 19.1)		835,812,820	1,210,144,041

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2021 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)	282,852,505		15,360,211	267,492,294
2. Medicare Supplement				0
3. Dental only.....				0
4. Vision only.....				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	427,991,292		5,263,131	422,728,161
7. Title XIX - Medicaid.....	9,497,002,226		38,581,346	9,458,420,880
8. Other health.....				0
9. Health subtotal (Lines 1 through 8)	10,207,846,023	0	59,204,688	10,148,641,335
10. Life				0
11. Property/casualty.....				0
12. Totals (Lines 9 to 11)	10,207,846,023	0	59,204,688	10,148,641,335

ANNUAL STATEMENT FOR THE YEAR 2021 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	8,970,262,575	266,519,874					426,488,317	8,277,254,384		
1.2 Reinsurance assumed	0	0								
1.3 Reinsurance ceded	62,852,802	20,761,016					7,743,862	34,347,924		
1.4 Net	8,907,409,773	245,758,857	0	0	0	0	418,744,455	8,242,906,460	0	0
2. Paid medical incentive pools and bonuses	29,034,130	364,219					2,030,980	26,638,931		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	891,493,034	38,373,104	0	0	0	0	58,014,275	.795,105,656	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	26,898,944	7,239,775	0	0	0	0	2,567,274	17,091,894	0	0
3.4 Net	864,594,091	31,133,329	0	0	0	0	55,447,000	.778,013,761	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0								
4.2 Reinsurance assumed	0	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	23,904,702	700,000					12,000	23,192,702		
6. Net healthcare receivables (a)	(8,285,200)	(1,296,946)					(4,007,228)	(2,981,027)		
7. Amounts recoverable from reinsurers December 31, current year	6,739,220	816,365						5,922,856		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	920,245,664	35,689,696	0	0	0	0	50,972,554	833,583,413	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	53,213,750	16,148,043	0	0	0	0	4,356,648	32,709,059	0	0
8.4 Net	867,031,914	19,541,653	0	0	0	0	46,615,906	.800,874,354	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	35,679,931	334,871	0	0	0	0	0	35,345,060	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	8,949,795,145	270,500,228	0	0	0	0	437,537,265	8,241,757,653	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	43,277,216	12,669,114	0	0	0	0	5,954,488	24,653,614	0	0
12.4 Net	8,906,517,929	257,831,114	0	0	0	0	431,582,777	8,217,104,038	0	0
13. Incurred medical incentive pools and bonuses	17,258,902	729,348	0	0	0	0	2,042,980	14,486,574	0	0

(a) Excludes \$ 8,757,670 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 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	167,289,916	6,815,082					4,809,461	155,665,373		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	167,289,916	6,815,082	0	0	0	0	4,809,461	155,665,373	0	0
2. Incurred but Unreported:										
2.1. Direct	724,203,118	31,558,022					53,204,814	639,440,282		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	26,898,944	7,239,775					2,567,274	17,091,894		
2.4. Net	697,304,174	24,318,247	0	0	0	0	50,637,539	622,348,388	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	891,493,034	38,373,104	0	0	0	0	58,014,275	795,105,656	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	26,898,944	7,239,775	0	0	0	0	2,567,274	17,091,894	0	0
4.4. Net	864,594,091	31,133,329	0	0	0	0	55,447,000	778,013,761	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 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)	15,397,599	247,510,694	(1,604,017)	32,737,346	13,793,582	19,541,653
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	35,591,709	421,393,509	1,216,288	54,230,713	36,807,997	46,615,906
7. Title XIX - Medicaid	524,981,344	7,719,611,067	28,545,047	749,468,714	553,526,391	800,874,354
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	575,970,652	8,388,515,270	28,157,318	836,436,773	604,127,970	867,031,914
10. Healthcare receivables (a)	25,396,664	38,418,705		12,714,449	25,396,664	20,999,649
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	23,690,985	5,343,145	5,510,727	18,393,976	29,201,711	35,679,931
13. Totals (Lines 9-10+11+12)	574,264,972	8,355,439,710	33,668,044	842,116,300	607,933,016	881,712,195

(a) Excludes \$ 8,757,670 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	8,387	11,784	11,903	12,181	12,180
2. 2017.....	219,415	236,675	238,839	239,435	239,373
3. 2018.....	XXX	334,460	358,921	362,535	362,517
4. 2019.....	XXX	XXX	244,237	260,012	260,193
5. 2020.....	XXX	XXX	XXX	223,192	233,298
6. 2021.....	XXX	XXX	XXX	XXX	235,101

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	(11,062)	(8,015)	(7,896)	(7,618)	(7,619)
2. 2017.....	242,503	241,282	239,810	240,406	240,344
3. 2018.....	XXX	370,756	360,344	362,535	362,517
4. 2019.....	XXX	XXX	265,928	259,879	260,193
5. 2020.....	XXX	XXX	XXX	237,847	232,044
6. 2021.....	XXX	XXX	XXX	XXX	264,130

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. 2017.....	249,914	239,373	3	0.0	239,376	95.8			239,376	95.8
2. 2018.....	438,958	362,517	1,240	0.3	363,757	82.9			363,757	82.9
3. 2019.....	328,803	260,193	2,501	1.0	262,694	79.9			262,694	79.9
4. 2020.....	321,461	233,298	4,189	1.8	237,487	73.9	(1,254)	(13)	236,220	73.5
5. 2021.....	282,853	235,101	2,207	0.9	237,308	83.9	33,087	339	270,735	95.7

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 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	14,589	15,670	15,732	15,677	15,671
2. 2017.....	284,248	311,895	312,273	312,461	312,275
3. 2018.....	XXX.....	295,727	325,827	326,150	325,954
4. 2019.....	XXX.....	XXX.....	364,106	382,328	382,600
5. 2020.....	XXX.....	XXX.....	XXX.....	360,529	385,656
6. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	395,766

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	(4,188)	(3,106)	(3,044)	(3,100)	(3,106)
2. 2017.....	314,935	312,650	312,901	313,089	312,903
3. 2018.....	XXX.....	323,049	325,617	326,150	325,954
4. 2019.....	XXX.....	XXX.....	385,113	382,779	382,600
5. 2020.....	XXX.....	XXX.....	XXX.....	396,709	386,872
6. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	444,031

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. 2017.....	333,914	312,275	.780	0.2	313,055	.93.8			313,055	.93.8
2. 2018.....	332,299	325,954	2,065	0.6	328,019	.98.7			328,019	.98.7
3. 2019.....	405,494	382,600	15,978	4.2	398,578	.98.3			398,578	.98.3
4. 2020.....	406,033	385,656	4,985	1.3	390,641	.96.2	1,216	.12	391,870	.96.5
5. 2021.....	427,991	395,766	3,321	0.8	399,087	.93.2	54,243	.556	453,886	106.1

ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	425,095	438,799	437,323	439,048	439,050
2. 2017.....	5,637,192	6,210,567	6,221,480	6,222,898	6,222,697
3. 2018.....	XXX.....	5,985,332	6,448,197	6,450,923	6,448,787
4. 2019.....	XXX.....	XXX.....	6,279,447	6,913,260	6,917,143
5. 2020.....	XXX.....	XXX.....	XXX.....	6,916,337	7,453,840
6. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	7,724,572

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	16,247	29,951	28,475	30,200	30,202
2. 2017.....	6,164,080	6,214,172	6,232,145	6,233,564	6,233,362
3. 2018.....	XXX.....	6,519,746	6,479,808	6,444,327	6,442,191
4. 2019.....	XXX.....	XXX.....	6,884,000	6,940,123	6,917,143
5. 2020.....	XXX.....	XXX.....	XXX.....	7,720,034	7,487,546
6. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	8,489,395

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. 2017.....	7,158,976	6,222,697	81,135	1.3	6,303,832	88.1			6,303,832	88.1
2. 2018.....	7,418,488	6,448,787	88,599	1.4	6,537,386	88.1			6,537,386	88.1
3. 2019.....	7,815,917	6,917,143	151,545	2.2	7,068,688	90.4			7,068,688	90.4
4. 2020.....	9,006,181	7,453,840	157,840	2.1	7,611,680	84.5	33,706	346	7,645,731	84.9
5. 2021.....	9,497,002	7,724,572	131,351	1.7	7,855,923	82.7	767,501	7,873	8,631,296	90.9

ANNUAL STATEMENT FOR THE YEAR 2021 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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	448,071	466,253	464,958	466,906	466,901
2. 2017.....	6,140,856	6,759,137	6,772,591	6,774,794	6,774,345
3. 2018.....	XXX.....	6,615,518	7,132,945	7,139,608	7,137,258
4. 2019.....	XXX.....	XXX.....	6,887,790	7,555,600	7,559,936
5. 2020.....	XXX.....	XXX.....	XXX.....	7,500,058	8,072,794
6. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	8,355,439

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 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.997	18,830	17,535	19,483	19,477
2. 2017.....	6,721,517	6,768,104	6,784,856	6,787,059	6,786,609
3. 2018.....	XXX.....	7,213,551	7,165,769	7,133,012	7,130,661
4. 2019.....	XXX.....	XXX.....	7,535,041	7,582,781	7,559,936
5. 2020.....	XXX.....	XXX.....	XXX.....	8,354,590	8,106,462
6. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	9,197,556

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. 2017.....	7,742,804	6,774,345	81,918	1.2	6,856,263	88.6	0	0	6,856,263	88.6
2. 2018.....	8,189,745	7,137,258	91,905	1.3	7,229,163	88.3	0	0	7,229,163	88.3
3. 2019.....	8,550,214	7,559,936	170,025	2.2	7,729,961	90.4	0	0	7,729,961	90.4
4. 2020.....	9,733,675	8,072,794	167,014	2.1	8,239,808	84.7	33,668	345	8,273,821	85.0
5. 2021.....	10,207,846	8,355,439	136,878	1.6	8,492,317	83.2	854,831	8,768	9,355,917	91.7

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 2021 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)	18,926,329	18,926,329							
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	232,781,570						0	232,781,570	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	251,707,898	18,926,329	0	0	0	0	0	232,781,570	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	251,707,898	18,926,329	0	0	0	0	0	232,781,570	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.	0	0							
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)	0	0	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 \$ 18,926,329 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 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)			18,910,912		18,910,912
2. Salaries, wages and other benefits	58,998,375	4,926,170	408,624,337		472,548,882
3. Commissions (less \$ ceded plus \$ assumed)			4,214,789		4,214,789
4. Legal fees and expenses			7,493,870		7,493,870
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			832,046		832,046
7. Traveling expenses	69,950	4,428	651,154		725,532
8. Marketing and advertising			8,740,724		8,740,724
9. Postage, express and telephone	10,533	4,980	12,307,785		12,323,297
10. Printing and office supplies	303,028	25,497	10,543,332		10,871,856
11. Occupancy, depreciation and amortization	924,242	73,661	76,421,759		77,419,662
12. Equipment			44,798		44,798
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	75,451,657	9,749,556	168,013,503		253,214,717
15. Boards, bureaus and association fees			2,837,343		2,837,343
16. Insurance, except on real estate			4,285,170		4,285,170
17. Collection and bank service charges			1,509,544		1,509,544
18. Group service and administration fees			1,250,787		1,250,787
19. Reimbursements by uninsured plans			(3,150,002)		(3,150,002)
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			552,349,978		552,349,978
23.3 Regulatory authority licenses and fees			8,361,133		8,361,133
23.4 Payroll taxes	4,955,430	1,093,246	23,564,137		29,612,813
23.5 Other (excluding federal income and real estate taxes)			141,177		141,177
24. Investment expenses not included elsewhere			277,935	994,326	1,272,262
25. Aggregate write-ins for expenses	0	0	10,374,233	0	10,374,233
26. Total expenses incurred (Lines 1 to 25)	140,713,214	15,877,539	1,318,600,444	994,326	(a) 1,476,185,523
27. Less expenses unpaid December 31, current year		9,113,751	294,179,703		303,293,455
28. Add expenses unpaid December 31, prior year	0	19,389,053	278,531,084	0	297,920,138
29. Amounts receivable relating to uninsured plans, prior year	0	0	32,819,259	0	32,819,259
30. Amounts receivable relating to uninsured plans, current year			64,960,976		64,960,976
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	140,713,214	26,152,841	1,335,093,542	994,326	1,502,953,923
DETAILS OF WRITE-INS					
2501. Community Covid Response			10,224,588		10,224,588
2502. Member Assistance Expenses			149,645		149,645
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)	0	0	10,374,233	0	10,374,233

(a) Includes management fees of \$ 827,586,993 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 111,146	133,304
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 18,371,544	20,939,799
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) .....	.6,710,328	6,693,186
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) .....	.....
4. Real estate	(d) .....	.....
5. Contract loans	(e) 597,574	593,032
6. Cash, cash equivalents and short-term investments	(f) .....	.....
7. Derivative instruments .....	.45,163	60,742
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	25,835,756	28,420,064
10. Total gross investment income .....	.....	.....
11. Investment expenses	(g) 994,326	.....
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....	.....
13. Interest expense	(h) .....	.....
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income	0	994,326
16. Total deductions (Lines 11 through 15) .....	.....	27,425,738
17. Net investment income (Line 10 minus Line 16) .....	.....	.....
DETAILS OF WRITE-INS		
0901. .....	.....	.....
0902. .....	.....	.....
0903. .....	.....	.....
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. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
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 \$ 490,935 accrual of discount less \$ 6,558,339 amortization of premium and less \$ 2,923,783 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ 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 \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 0 accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ 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)	(81,965)	0	(81,965)	0	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)	2,873,607	0	2,873,607	16,684,671	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)	2,791,641	0	2,791,641	16,684,671	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	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
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.....	410,258	274,048	(136,210)
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	237,533	0	(237,533)
24. Health care and other amounts receivable.....	10,261,083	32,815,475	22,554,392
25. Aggregate write-ins for other-than-invested assets	2,090,903	1,657,615	(433,288)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	12,999,777	34,747,138	21,747,361
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	12,999,777	34,747,138	21,747,361
DETAILS OF WRITE-INS			
1101.	0	0	0
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	0	0
2501. PREPAID EXPENSE.....	2,090,903	1,657,615	(433,288)
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)	2,090,903	1,657,615	(433,288)

ANNUAL STATEMENT FOR THE YEAR 2021 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.....	1,421,451	1,441,206	1,458,395	1,478,405	1,497,859	17,534,686
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	1,421,451	1,441,206	1,458,395	1,478,405	1,497,859	17,534,686
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 2021 OF THE CareSource Ohio Inc.

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

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 effects of the foregoing variances from GAAP on the accompanying statutory-basis financial statements total (\$25,115,839) in net income and \$18,453,363 in net statutory surplus.

CSOH has a permitted practice which is different from the State of Ohio and NAIC SAP concerning the admittance of housing fund investments, as illustrated in the table below.

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2021</u>	<u>2020</u>
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 43,858,437	\$ 166,882,055
(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	\$ 43,858,437	\$ 166,882,055
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,142,118,116	\$ 1,059,827,643
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
Housing Fund Investments Admitted	00 A-001	2	8	\$ 11,867,171	\$
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 1,130,250,945	\$ 1,059,827,643

B. Use of Estimates in the Preparation of the Financial Statements

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.

C. 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) CSH does not hold any preferred stock.
- (5) CSH 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) CSH does not invest in any subsidiary, controlled or affiliated entities.
- (8) CSH does not invest in any joint ventures, partnerships, or limited liability companies.
- (9) CSH does not hold any derivative instruments.
- (10) CSH does not utilize anticipated investment income in the computation of the premium deficiency calculation in accordance with NAIC guidelines.
- (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) CSH does not hold any assets requiring capitalization.
- (13) Pharmacy rebates are attained based on agreements between CSH 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.

D. Going Concern

Management has determined that there is no doubt about the entity's ability to continue as a going concern.

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable

2. Accounting Changes and Corrections of Errors

Not Applicable

3. Business Combinations and Goodwill

Not Applicable

4. Discontinued Operations

Not Applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

D. Loan-Backed Securities

- (1) 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) Not Applicable

- (3) Not Applicable

- (4) 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	\$ 2,948,462
2. 12 Months or Longer	\$ 30,241

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

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

1. Less than 12 Months	\$ 272,355,336
2. 12 Months or Longer	\$ 591,542

(5) 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, 2021, CSOH holds \$226.9 million of loan backed securities. As of December 31, 2020 CSOH held \$226.9 million of loan backed securities, none of which met the criteria for impairment.

CSOH does not hold any investments as of December 31, 2021 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

Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

J. Real Estate

Not Applicable

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	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 Admitted 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	\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0		0	0.0	0.0
c. Subject to repurchase agreements		0	0		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0
g. Placed under option contracts		0	0		0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0		0	0.0	0.0
i. FHLB capital stock	2,440,100	0	2,440,100		2,440,100	0.1	0.1
j. On deposit with states	3,490,628	3,500,000	(9,372)		3,490,628	0.1	0.1
k. On deposit with other regulatory bodies		0	0		0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0		0	0.0	0.0
m. Pledged as collateral not captured under other categories	0	0	0		0	0.0	0.0
n. Other restricted assets	0	0	0		0	0.0	0.0
o. Total Restricted Assets	\$ 5,930,728	\$ 3,500,000	\$ 2,430,728	\$ 0	\$ 5,930,728	0.2 %	0.2 %

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

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

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

M. Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

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	4	0	\$ 11,867,171	\$ 0	\$ 11,867,171	\$ 0
(2) Bonds - FV		0		0		0
(3) LB&SS – AC		0		0		0
(4) LB&SS – FV		0		0		0
(5) Preferred Stock – AC		0		0		0
(6) Preferred Stock – FV		0		0		0
(7) Total (1+2+3+4+5+6)	4	0	\$ 11,867,171	\$ 0	\$ 11,867,171	\$ 0

AC – Amortized Cost

FV – Fair Value

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

(1) Number of CUSIPs

(2) Aggregate Amount of Investment Income

General Account

6

2,151,476

R. Reporting Entity's Share of Cash Pool by Asset type.

Not Applicable

6. **Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable

7. **Investment Income**

All investment income admitted is due within 90 days.

8. **Derivative Instruments**

Not Applicable

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.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

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

- A. CSOH's corporate parent is CareSource.
- B. For the years ended December 31, 2021 and 2020, CSOH incurred management fees of \$827.6 million and \$792.3 million to CareSource Management Services (CSMS), respectively. CareSource did not provide CSOH with any capital for the periods ended December 31, 2021 and 2020.
- C. Transactions with related party who are not reported on Schedule Y

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.

(1) Detail of Material Related Party Transactions

Ref #	Date of Transaction	Name of Related Party	Nature of Relationship	Type of Transaction	Written Agreement (Yes/No)	Due Date	Reporting Period Date Amount Due From (To)
00001	12/31/2021	PartnerRe	Reinsurance	Other	YES	12/31/2021	6,739,220

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

- D. As of December 31, 2021 and December 30, 2020, CSOH owed related parties \$14.2 million and \$18.6 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. Not Applicable
- G. Not Applicable
- H. Not Applicable
- I. Not Applicable
- J. Not Applicable
- K. Not Applicable
- L. Not Applicable
- M. All SCA Investments
- Not Applicable
- N. Investment in Insurance SCAs
- Not Applicable
- O. SCA or SSAP No. 48 Entity Loss Tracking
- Not Applicable

11. Debt

Not Applicable

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

Not Applicable

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

- A. Not Applicable
- B. Not Applicable
- C. Not Applicable
- D. Not Applicable
- E. Not Applicable
- F. Not Applicable
- G. Not Applicable
- H. Not Applicable
- I. Not Applicable
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$ 16,684,671
- K. Not Applicable
- L. Not Applicable
- M. Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Not Applicable
- B. Assessments
- Not Applicable
- C. Gain Contingencies
- Not Applicable
- D. Not Applicable
- E. Joint and Several Liabilities
- Not Applicable
- F. All Other Contingencies

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

Not Applicable

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

Not Applicable

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

- A. Transfers of Receivables Reported as Sales
- Not Applicable
- B. Transfer and Servicing of Financial Assets
- Not Applicable
- C. Wash Sales
- Not Applicable

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

The Company 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.

- 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 2021 :

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 3,150,002	\$ 3,150,002
b.	Total net other income or expenses (including interest paid to or received from plans)	\$ 0	\$ 0
c.	Net gain or (loss) from operations	\$ 3,150,002	\$ 3,150,002
d.	Total claim payment volume	\$ 0	\$ 0

B. ASC Plans

Not Applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:

- (1) CSOH has recorded no revenues explicitly attributable to cost share and reinsurance components of administered Medicare products
- (2) As of December 31, 2021 CSOH had recorded a receivable from CMS of \$60.5 million 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 Administrators

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 Measurements at Reporting Date

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

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	\$ 1,036,682,836	\$	\$	\$	\$ 1,036,682,836
Common Stock	\$ 169,945,764	\$	\$	\$	\$ 169,945,764
Cash Equivalent	\$ 82,098,959	\$	\$	\$	\$ 82,098,959
Total assets at fair value/NAV	\$ 1,288,727,558	\$ 0	\$ 0	\$ 0	\$ 1,288,727,558

CSOH did not have any significant assets or liabilities measured at fair value on a nonrecurring basis as of December 31, 2021 or December 31, 2020. There were no transfers between Level 1 and Level 2 securities during the year ended December 31, 2021.

(2) Not Applicable

(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) Not Applicable

B. Not Applicable

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	\$ 1,041,333,419	\$ 1,036,682,831	\$ 1,041,333,419	\$	\$	\$	\$
Common Stock	\$ 169,945,764	\$ 169,945,764	\$ 169,945,764	\$	\$	\$	\$
Cash, Cash Equivalents and ST Investments	\$ 835,812,820	\$ 835,812,820	\$ 835,812,820	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not Applicable

E. Not Applicable

21. Other Items

A. Unusual or Infrequent Items

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

- Not Applicable
- B. Troubled Debt Restructuring: Debtors
- Not Applicable
- C. Other Disclosures
- Not Applicable
- D. Business Interruption Insurance Recoveries
- Not Applicable
- E. State Transferable and Non-transferable Tax Credits
- Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure
- Not Applicable
- G. Retained Assets
- Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts
- Not Applicable
- 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
- Not Applicable

22. Events Subsequent

- A. Type I - Recognized Subsequent Events
Subsequent events have been considered through March 1, 2022 for the Statutory Statement issued on March 1, 2022.
- B. Type II - Nonrecognized Subsequent Events
Subsequent events have been considered through March 1, 2022 for the Statutory Statement issued on March 1, 2022.

23. Reinsurance

- A. Ceded Reinsurance Report

Section 1 - General Interrogatories

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable

Section 2 - Ceded Reinsurance Report - Part A

- Not Applicable
- (1) Not Applicable
- (2) Not Applicable

Section 3 - Ceded Reinsurance Report - Part B

- (1) The estimated amount of the aggregate reduction in surplus \$59,204,687.
- (2) Not Applicable

- B. Uncollectible Reinsurance

- Not Applicable
- C. Commutation of Reinsurance Reflected in Income and Expenses
- Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
- Not Applicable
- E. Reinsurance Credit

- Not Applicable

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, 2021 that are subject to retrospective rating features was \$690.2 million that represented 6.8% of the total net premiums written. No other net premiums written by CareSource are subject to retrospective redetermination.
- D. Not Applicable
- 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)? Yes [X] No []

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

	<u>AMOUNT</u>
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 15,763,447
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 63,615
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 20,412,991
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 102,557
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)	\$
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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

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)	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	A	\$ 0	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$	\$ (6,277,860)	\$	\$ (7,188,999)	\$ 0	\$ 911,139	\$	\$ (911,139)	B	\$ 0	\$ 0
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 0	\$ (6,277,860)	\$ 0	\$ (7,188,999)	\$ 0	\$ 911,139	\$ 0	\$ (911,139)		\$ 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		\$ 0	\$ 0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$	\$	\$	\$	\$ 0	\$ 0	\$	\$	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	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0
d. Total for ACA Risk Sharing Provisions	\$ 0	\$ (6,277,860)	\$ 0	\$ (7,188,999)	\$ 0	\$ 911,139	\$ 0	\$ (911,139)		\$ 0	\$ 0

Explanations of Adjustments

A

B Current year adjustment to the 2020 high cost risk pool and 2020 Risk Adjustment payable

C

D

E

F

G

H

I

J

(4) Not Applicable

(5) Not Applicable

25. Changes in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2020 were \$881.7 million. As of December 31, 2021, \$574.3 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are \$33.7 million, therefore, there has been a \$273.8 million favorable prior-year development since December 31, 2020 to December 31, 2021. 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, CSH experienced \$11.1 million of favorable experience in recoveries and health care receivables, and \$262.7 million of favorable prior year claim development on retrospectively rated policies.

B. Not Applicable

26. Intercompany Pooling Arrangements

Not Applicable

27. Structured Settlements

Health Entities should not complete this Note.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Pharmacy rebates - As of December 31, 2021 and December 31, 2020, CSH recorded a pharmacy rebate receivable of \$10.2 million and \$21.0 million, of which \$0 million and \$0.1 million and was non-admitted, respectively. The receivable is estimated using invoiced prescriptions and rebate dollars sent to drug manufacturers for reimbursement. CSH utilizes a third party to administer the program.

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
12/31/2021	\$ 10,169,401	\$ 16,594,413	\$	\$	\$
09/30/2021	\$ 13,244,601	\$ 13,244,601	\$ 13,244,601	\$	\$

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

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
06/30/2021	\$ 15,054,278	\$ 15,054,278	\$ 13,131,121	\$ 1,923,158	\$
03/31/2021	\$ 13,391,051	\$ 13,391,051	\$ 11,804,325	\$ 1,604,999	\$ (18,273)
12/31/2020	\$ 19,247,981	\$ 20,464,700	\$ 18,739,719	\$ 1,761,656	\$ (36,675)
09/30/2020	\$ 19,143,980	\$ 19,643,704	\$ 17,879,896	\$ 1,858,651	\$ (94,843)
06/30/2020	\$ 18,689,727	\$ 18,578,445	\$ 17,114,776	\$ 1,574,950	\$ (111,282)
03/31/2020	\$ 15,881,283	\$ 15,936,360	\$ 13,692,196	\$ 1,836,304	\$ 407,860
12/31/2019	\$ 36,950,630	\$ 37,358,717	\$ 34,841,213	\$ 277,809	\$ 2,239,694
09/30/2019	\$ 38,621,127	\$ 38,395,500	\$ 36,940,816	\$ 951,997	\$ 502,687
06/30/2019	\$ 37,576,978	\$ 37,739,385	\$ 36,244,105	\$ 953,392	\$ 541,888
03/31/2019	\$ 36,738,933	\$ 35,962,202	\$ 33,664,698	\$ 1,171,894	\$ 1,125,611

29. B. Not Applicable

Participating Policies

Not Applicable

30. **Premium Deficiency Reserves**

Premium deficiency reserve represents CSOH's estimate of the amount that the expected incurred claims, claims adjustment expenses and certain general administrative costs exceed the expected premiums earned for the remainder of the contract period of CSOH's in-force policies. For purposes of calculating the premium deficiency reserve, contracts are deemed to be short duration and are grouped in a manner consistent with CSOH's method of marketing, servicing and measuring the profitability of such contracts. Once established, the premium deficiency reserve is released commensurate with actual claims experience over the remainder of the contract period. The most recent evaluation date of this reserve was at December 31, 2021 and CSOH recorded a premium deficiency reserve of \$18.3 million.

1. Liability carried for premium deficiency reserves \$ 18,296,329
2. Date of the most recent evaluation of this liability 12/31/2021
3. Was anticipated investment income utilized in the calculation? Yes [] No [X]

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 \$9.7 million.

ANNUAL STATEMENT FOR THE YEAR 2021 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, 2 and 3.

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:

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 2021 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

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

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

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?
Stephanie Williams, CareSource, 230 N. Main St., Dayton, OH 45402, employee of CareSource Management Services.....

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 \$ _____ 0

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 [X] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
The Company separated out the COC from the compliance plan and made it a stand alone document. Additionally the Code was enhanced to make it more in line with industry standard documents.....

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 2021 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: \$.....

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....

INVESTMENT

25.01 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 25.03) Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

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

25.03 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0

25.06 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]

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

25.08 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 [X] NA []

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

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0

25.093 Total payable for securities lending reported on the liability page \$.....0

26.1 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 24.1 and 25.03). Yes [X] No []

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

26.21 Subject to repurchase agreements \$.....

26.22 Subject to reverse repurchase agreements \$.....

26.23 Subject to dollar repurchase agreements \$.....

26.24 Subject to reverse dollar repurchase agreements \$.....

26.25 Placed under option agreements \$.....

26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....

26.27 FHLB Capital Stock \$.....2,440,100

26.28 On deposit with states \$.....3,490,628

26.29 On deposit with other regulatory bodies \$.....

26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....

26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....

26.32 Other \$.....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 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.

28.1 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]

28.2 If yes, state the amount thereof at December 31 of the current year. \$.....

29. 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 []

29.01 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 2021 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?

Yes [] No [X]

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

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

29.05 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.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 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
N/A.....	Caresource Internally Managed.....	549300RPGRWBFYZPX571.....	N/A.....	.....
108928.....	Blackrock.....	5493006MRTEZZ4S4CQ20.....	Securities Exchange Commission.....	DS.....
107038.....	JP Morgan.....	54930033JJHPUBLHG91.....	Securities Exchange Commission.....	DS.....
126292.....	Wells Fargo Bank.....	0T19FZZ6Z7A27CCLDY33.....	Securities Exchange Commission.....	DS.....

30.1 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 []

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2001 413838-72-3.....	OAKMARK INTERNATL INST.....	11,322
30.2002 779562-20-6.....	T ROWE PRICE NH I.....	2,837,076
30.2003 638688-65-8.....	NATIONWIDE:GENEVA SCG IS.....	3,004,200
30.2004 831681-81-2.....	AMERICAN FUNDS SMCP R6.....	3,241,681
30.2005 00900W-62-1.....	INVSC OPPEN INTL GRO R6.....	4,701,512
30.2006 316071-10-9.....	FIDELITY CONTRAFUND.....	5,460,910
30.2007 52469H-25-5.....	CB LARGE CAP GR IS.....	5,452,306
30.2008 015566-76-3.....	JALGER II:SPECTRA Z.....	5,025,018
30.2009 339128-10-0.....	JPMORGAN:MDCP VAL L.....	5,664,219
30.2010 47803W-40-6.....	J HANCOCK III:DVMC I.....	5,264,085
30.2011 24610C-85-7.....	DELAWARE VALUE INST.....	6,204,899
30.2012 46138E-10-2.....	INVESCO S&P SMCP LV.....	6,773,940
30.2013 92206C-65-6.....	VANGUARD RUS 2000 ID INS.....	6,385,672
30.2014 316389-77-4.....	FIDELITY ADV SC VAL I.....	7,708,805
30.2015 46429B-68-9.....	ISHARES:MSCI MV EAFE MVF.....	7,090,170
30.2016 55273E-82-2.....	MFS INTL INTR VAL I.....	7,633,828
30.2017 09253F-40-8.....	BLACKROCK:IS EAFE INST.....	7,961,213
30.2018 46138E-19-8.....	INVESCO S&P MIDCP LV.....	10,450,134
30.2019 779556-40-6.....	T ROWE PRICE MC GR I.....	10,020,435
30.2020 091936-29-4.....	BLACKROCK:IS RUS MC INST.....	10,743,505
30.2021 416648-85-5.....	HARTFD:EQUITY INC Y.....	11,024,587
30.2022 46138E-35-4.....	INVESCO S&P500 LOWVL.....	16,015,977
30.2023 92206C-72-2.....	VANGUARD RUS 1000 ID INS.....	17,381,800
30.2999 TOTAL.....	.....	166,057,294

30.3 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
VANGUARD RUS 1000 ID INS.....	The Vanguard Group, Inc.....	17,381,800	12/31/2021.....
INVESCO S&P500 LOWVL.....	Invesco Ltd.....	16,015,977	12/31/2021.....
HARTFD:EQUITY INC Y.....	The Hartford Financial Services Group, Inc.....	11,024,587	12/31/2021.....
BLACKROCK:IS RUS MC INST.....	BlackRock, Inc.....	10,743,505	12/31/2021.....
INVESCO S&P MIDCP LV.....	Invesco Ltd.....	10,450,134	12/31/2021.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

31. 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 (+)
31.1 Bonds.....	1,036,682,836	1,041,333,419	4,650,583
31.2 Preferred Stocks.....	0	0	0
31.3 Totals	1,036,682,836	1,041,333,419	4,650,583

31.4 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 []

32.1 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 []

32.2 If the answer to 32.1 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?

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

33.2 If no, list exceptions:

34. 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 [X] No []

35. 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]

36. 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]

37. 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 37.a -37.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 []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

OTHER

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

38.2 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
.....	\$.....
.....	\$.....
.....	\$.....

39.1 Amount of payments for legal expenses, if any? \$ 5,130,905

39.2 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
FAEGRE DRINKER BIDDLE & REATH.....	\$..... 1,528,872
FARUKI IRELAND & COX PLL.....	\$..... 1,257,359

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ 972,225

40.2 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
.....

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	\$ 10,148,641,335	\$ 9,656,162,717
2.2	Premium Denominator	\$ 10,148,641,335	\$ 9,656,162,717
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	\$ 1,140,206,691	\$ 1,009,760,661
2.5	Reserve Denominator	\$ 1,140,206,691	\$ 1,009,760,661
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	..... 76,582
	8.2 Number of providers at end of reporting year	..... 91,939
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.....
	Allen.....
	Ashland.....
	Ashtabula.....
	Athens.....
	Auglaize.....
	Belmont.....
	Brown.....
	Butler.....
	Carroll.....
	Champaign.....
	Clark.....
	Clermont.....
	Clinton.....
	Columbiana.....
	Coshocton.....
	Crawford.....
	Cuyahoga.....
	Darke.....
	Defiance.....
	Delaware.....
	Erie.....
	Fairfield.....
	Fayette.....
	Franklin.....
	Fulton.....
	Gallia.....
	Geauga.....
	Greene.....
	Guernsey.....
	Hamilton.....
	Hancock.....
	Hardin.....
	Harrison.....
	Henry.....
	Highland.....
	Hocking.....
	Holmes.....
	Huron.....
	Jackson.....
	Jefferson.....
	Knox.....
	Lake.....
	Lawrence.....
	Licking.....
	Logan.....
	Lorain.....
	Lucas.....
	Madison.....
	Mahoning.....
	Marion.....
	Medina.....
	Meigs.....
	Mercer.....
	Miami.....
	Monroe.....
	Montgomery.....
	Morgan.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
Morrow.....
Muskingum.....
Noble.....
Ottawa.....
Paulding.....
Perry.....
Pickaway.....
Pike.....
Portage.....
Preble.....
Putnam.....
Richland.....
Ross.....
Sandusky.....
Scioto.....
Seneca.....
Shelby.....
Stark.....
Summit.....
Trumbull.....
Tuscarawas.....
Union.....
Van Wert.....
Vinton.....
Warren.....
Washington.....
Wayne.....
Williams.....
Wood.....
Wyandot.....

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 2021 OF THE CareSource Ohio Inc.

FIVE - YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,636,539,155	2,440,022,329	1,898,022,537	1,655,820,310	1,720,978,894
2. Total liabilities (Page 3, Line 24)	1,494,421,039	1,380,194,686	1,056,016,667	902,780,256	917,020,529
3. Statutory minimum capital and surplus requirement	307,593,804	508,453,341	523,056,910	493,658,858	471,163,863
4. Total capital and surplus (Page 3, Line 33)	1,142,118,116	1,059,827,643	842,005,868	753,040,054	803,958,368
Income Statement (Page 4)					
5. Total revenues (Line 8)	10,438,946,323	9,938,236,701	8,701,345,692	8,334,799,119	7,784,392,496
6. Total medical and hospital expenses (Line 18)	8,923,776,831	8,373,723,564	7,502,716,004	7,277,972,053	6,722,514,496
7. Claims adjustment expenses (Line 20)	156,590,753	169,027,598	164,860,380	146,951,174	173,841,756
8. Total administrative expenses (Line 21)	1,318,600,444	1,258,286,048	1,026,077,216	887,482,376	886,270,888
9. Net underwriting gain (loss) (Line 24)	21,051,966	137,199,491	7,692,092	22,393,516	1,765,356
10. Net investment gain (loss) (Line 27)	30,217,379	24,568,387	47,966,079	53,724,761	26,384,415
11. Total other income (Lines 28 plus 29)	(7,410,908)	5,114,177	0	0	0
12. Net income or (loss) (Line 32)	43,858,437	166,882,055	55,658,170	76,118,278	28,149,771
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	212,576,608	530,966,504	89,665,360	(198,985,650)	128,099,564
Risk-Based Capital Analysis					
14. Total adjusted capital	1,142,118,116	1,059,827,643	842,005,868	753,040,054	803,958,368
15. Authorized control level risk-based capital	307,593,804	305,967,146	279,658,241	272,930,251	246,406,737
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,497,859	1,421,451	1,261,151	1,321,793	1,365,905
17. Total members months (Column 6, Line 7)	17,534,686	16,171,802	15,476,380	16,431,778	16,809,324
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)	87.9	86.7	87.7	88.8	86.8
20. Cost containment expenses	1.4	1.5	1.7	1.5	1.9
21. Other claims adjustment expenses	0.2	0.3	0.2	0.3	0.3
22. Total underwriting deductions (Line 23)	102.6	101.4	101.6	101.5	100.5
23. Total underwriting gain (loss) (Line 24)	0.2	1.4	0.1	0.3	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	607,933,016	705,805,530	569,006,984	639,762,818	442,715,371
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	881,712,195	686,671,734	601,331,787	575,341,822	441,752,872
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	0	0	0	0	0

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 2021 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									10 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
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	282,852,505	427,991,292	9,161,518,900	335,483,326			10,207,846,023	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	0	
59. Subtotal		XXX	282,852,505	427,991,292	9,161,518,900	335,483,326	0	0	10,207,846,023	0	
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	0	
61. Total (Direct Business)		XXX	282,852,505	427,991,292	9,161,518,900	335,483,326	0	0	10,207,846,023	0	
DETAILS OF WRITE-INS											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts

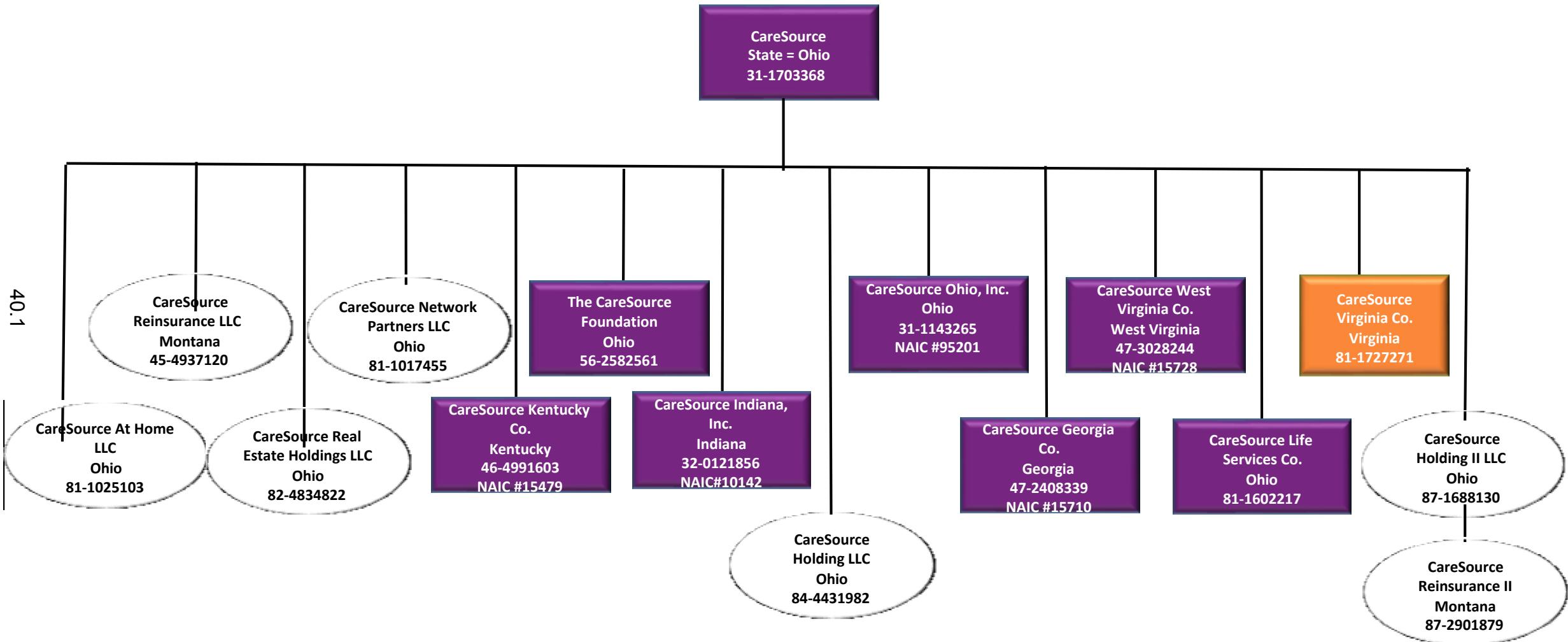
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write 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, 2021 OF THE CareSource Ohio Inc.
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL
CHART

CareSource Structure



CareSource Structure

40.2

