



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

CareSource Ohio Inc.

(Name)

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

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

Country of Domicile United States

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

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

Statutory Home Office 230 North Main Street , Dayton, OH, US 45402
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 230 North Main Street
(Street and Number)
Dayton, OH, US 45402 937-224-3300
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 2208 , Dayton, OH, US 45401-8738
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 230 North Main Street
(Street and Number)
Dayton, OH, US 45402 , 937-531-3614
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.caresource.com

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

OFFICERS

| Name | Title | Name | Title |
|--------------------------|--|-----------------------------|--|
| <u>Stephen L. Ringel</u> | <u>President, Ohio Market</u> | <u>Lawrence R. Smart</u> | <u>Chief Financial Officer</u> |
| <u>Daniel J. McCabe</u> | <u>Chief of Staff and Chief Administrative Officer</u> | <u>Erhardt H. Preitauer</u> | <u>President and Chief Executive Officer</u> |

OTHER OFFICERS

Jai P. Pillai , Chief Operating Officer

DIRECTORS OR TRUSTEES

Stephen L. Ringel Scott R. Markovich # William C. Coffin

State of Ohio

County of Montgomery

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

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 [X] 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.

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected or Offset During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 Health Care Receivables from Prior Years (Cols. 1 + 3) | 6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
|---|---|--|---|---|---|--|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Claims Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | | |
| 1. Pharmaceutical rebate receivables | 25,396,664 | 40,963,753 | | 10,169,401 | 25,396,664 | 20,999,649 |
| 2. Claim overpayment receivables | | (2,545,048) | | 2,545,048 | .0 | |
| 3. Loans and advances to providers | 23,933,742 | | 8,757,670 | | 32,691,412 | 32,691,412 |
| 4. Capitation arrangement receivables | 49,183,802 | 712,254,035 | 113,060 | 89,759,832 | 49,296,862 | 142,963,409 |
| 5. Risk sharing receivables | | | | | .0 | |
| 6. Other health care receivables | | | | | .0 | |
| 7. Totals (Lines 1 through 6) | 98,514,208 | 750,672,740 | 8,870,730 | 102,474,280 | 107,384,938 | 196,654,470 |

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1 Cost | 2 Improvements | 3 Accumulated Depreciation | 4 Book Value Less Encumbrances | 5 Assets Not Admitted | 6 Net Admitted Assets |
|--|-------------|-------------------|----------------------------------|--------------------------------------|-----------------------------|--------------------------|
| 1. Administrative furniture and equipment | NONE | | | | | |
| 2. Medical furniture, equipment and fixtures | | | | | | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. Total | 0 | 0 | 0 | 0 | 0 | 0 |



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource Ohio Inc.

2.

(LOCATION)

| NAIC Group Code | 03683 | BUSINESS IN THE STATE OF Ohio | | DURING THE YEAR 2021 | | | | NAIC Company Code | | 95201 |
|---|----------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 1,421,451 | 51,316 | | | | | | 23,926 | 1,346,209 | |
| 2. First Quarter | 1,441,206 | 45,208 | | | | | | 22,031 | 1,373,967 | |
| 3. Second Quarter | 1,458,395 | 44,479 | | | | | | 23,483 | 1,390,433 | |
| 4. Third Quarter | 1,478,405 | 45,538 | | | | | | 24,483 | 1,408,384 | |
| 5. Current Year | 1,497,859 | 44,028 | | | | | | 24,600 | 1,429,231 | |
| 6. Current Year Member Months | 17,534,686 | 530,124 | | | | | | 282,267 | 16,722,295 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 10,310,074 | 241,939 | | | | | | 506,401 | 9,561,734 | |
| 8. Non-Physician | 17,671,828 | 219,097 | | | | | | 1,453,875 | 15,998,856 | |
| 9. Total | 27,981,902 | 461,036 | 0 | 0 | 0 | 0 | 0 | 1,960,276 | 25,560,590 | 0 |
| 10. Hospital Patient Days Incurred | 833,858 | 13,463 | | | | | | 71,339 | 749,056 | |
| 11. Number of Inpatient Admissions | 160,948 | 2,751 | | | | | | 10,977 | 147,220 | |
| 12. Health Premiums Written (b) | 10,207,846,023 | 282,852,505 | | | | | | 427,991,292 | 9,497,002,226 | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 10,215,083,478 | 282,852,505 | | | | | | 435,228,747 | 9,497,002,226 | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 8,970,262,575 | 266,519,874 | | | | | | 426,488,317 | 8,277,254,384 | |
| 18. Amount Incurred for Provision of Health Care Services | 8,967,054,047 | 271,229,575 | | | | | | 439,580,246 | 8,256,244,226 | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$427,991,292

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource Ohio Inc.

2.

| NAIC Group Code | 03683 | BUSINESS IN THE STATE OF Consolidated | | DURING THE YEAR 2021 | | | | | | | (LOCATION) | |
|---|----------------|---------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|------------|--|
| | | | | NAIC Company Code | | 95201 | | | | | | |
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 1,421,451 | 51,316 | 0 | 0 | 0 | 0 | 0 | 23,926 | 1,346,209 | 0 | | |
| 2. First Quarter | 1,441,206 | 45,208 | 0 | 0 | 0 | 0 | 0 | 22,031 | 1,373,967 | 0 | | |
| 3. Second Quarter | 1,458,395 | 44,479 | 0 | 0 | 0 | 0 | 0 | 23,483 | 1,390,433 | 0 | | |
| 4. Third Quarter | 1,478,405 | 45,538 | 0 | 0 | 0 | 0 | 0 | 24,483 | 1,408,384 | 0 | | |
| 5. Current Year | 1,497,859 | 44,028 | 0 | 0 | 0 | 0 | 0 | 24,600 | 1,429,231 | 0 | | |
| 6. Current Year Member Months | 17,534,686 | 530,124 | 0 | 0 | 0 | 0 | 0 | 282,267 | 16,722,295 | 0 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 10,310,074 | 241,939 | 0 | 0 | 0 | 0 | 0 | 506,401 | 9,561,734 | 0 | | |
| 8. Non-Physician | 17,671,828 | 219,097 | 0 | 0 | 0 | 0 | 0 | 1,453,875 | 15,998,856 | 0 | | |
| 9. Total | 27,981,902 | 461,036 | 0 | 0 | 0 | 0 | 0 | 1,960,276 | 25,560,590 | 0 | | |
| 10. Hospital Patient Days Incurred | 833,858 | 13,463 | 0 | 0 | 0 | 0 | 0 | 71,339 | 749,056 | 0 | | |
| 11. Number of Inpatient Admissions | 160,948 | 2,751 | 0 | 0 | 0 | 0 | 0 | 10,977 | 147,220 | 0 | | |
| 12. Health Premiums Written (b) | 10,207,846,023 | 282,852,505 | 0 | 0 | 0 | 0 | 0 | 427,991,292 | 9,497,002,226 | 0 | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 15. Health Premiums Earned | 10,215,083,478 | 282,852,505 | 0 | 0 | 0 | 0 | 0 | 435,228,747 | 9,497,002,226 | 0 | | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 17. Amount Paid for Provision of Health Care Services | 8,970,262,575 | 266,519,874 | 0 | 0 | 0 | 0 | 0 | 426,488,317 | 8,277,254,384 | 0 | | |
| 18. Amount Incurred for Provision of Health Care Services | 8,967,054,047 | 271,229,575 | 0 | 0 | 0 | 0 | 0 | 439,580,246 | 8,256,244,226 | 0 | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$427,991,292

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type Of Reinsurance Assumed | 7 Type Of Business Assumed | 8 Premiums | 9 Unearned Premiums | 10 Reserve Liability Other Than For Unearned Premiums | 11 Reinsurance Payable on Paid and Unpaid Losses | 12 Modified Coinsurance Reserve | 13 Funds Withheld Under Coinsurance |
|------------------------------|-------------------|---------------------|------------------------|----------------------------------|---|--|---------------|---------------------------|---|---|--|---|
| NONE | | | | | | | | | | | | |
| 9999999 Totals | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

| | 1 2021 | 2 2020 | 3 2019 | 4 2018 | 5 2017 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums..... | 15,360 | 28,311 | 12,649 | 9,656 | 4,366 |
| 2. Title XVIII-Medicare..... | 5,263 | 5,797 | 1,780 | 1,641 | 2,356 |
| 3. Title XIX-Medicaid..... | 38,581 | 43,405 | 25,017 | 19,959 | 18,264 |
| 4. Commissions and reinsurance expense allowance..... | | .0 | .0 | .0 | .0 |
| 5. Total hospital and medical expenses..... | | .0 | .0 | .0 | .0 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable..... | | .0 | .0 | .0 | .0 |
| 7. Claims payable..... | 26,899 | 53,214 | 24,990 | 11,659 | 26,052 |
| 8. Reinsurance recoverable on paid losses..... | 6,739 | .0 | 12,693 | 6,876 | .0 |
| 9. Experience rating refunds due or unpaid..... | | .0 | .0 | .0 | .0 |
| 10. Commissions and reinsurance expense allowances due..... | | .0 | .0 | .0 | .0 |
| 11. Unauthorized reinsurance offset..... | .0 | .0 | .0 | .0 | .0 |
| 12. Offset for reinsurance with Certified Reinsurers..... | .0 | .0 | .0 | .0 | .0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F)..... | .0 | .0 | .0 | .0 | .0 |
| 14. Letters of credit (L)..... | .0 | .0 | .0 | .0 | .0 |
| 15. Trust agreements (T)..... | .0 | .0 | .0 | .0 | .0 |
| 16. Other (O)..... | .0 | .0 | .0 | .0 | .0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust..... | .0 | .0 | .0 | .0 | .0 |
| 18. Funds deposited by and withheld from (F)..... | .0 | .0 | .0 | .0 | .0 |
| 19. Letters of credit (L)..... | .0 | .0 | .0 | .0 | .0 |
| 20. Trust agreements (T)..... | .0 | .0 | .0 | .0 | .0 |
| 21. Other (O)..... | .0 | .0 | .0 | .0 | .0 |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 | 2 | 3 |
|---|-------------------------------|----------------------------|------------------------------|
| | As Reported (net of ceded) | Restatement Adjustments | Restated (gross of ceded) |
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 2,054,568,529 | | 2,054,568,529 |
| 2. Accident and health premiums due and unpaid (Line 15)..... | 402,995,205 | | 402,995,205 |
| 3. Amounts recoverable from reinsurers (Line 16.1)..... | 6,739,220 | (6,739,220) | 0 |
| 4. Net credit for ceded reinsurance..... | XXX | 33,638,164 | 33,638,164 |
| 5. All other admitted assets (Balance)..... | 172,236,201 | | 172,236,201 |
| 6. Total assets (Line 28) | 2,636,539,155 | 26,898,944 | 2,663,438,099 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1)..... | 864,594,090 | 26,898,944 | 891,493,034 |
| 8. Accrued medical incentive pool and bonus payments (Line 2)..... | 23,904,702 | | 23,904,702 |
| 9. Premiums received in advance (Line 8)..... | 33,182,176 | | 33,182,176 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)..... | 0 | | 0 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount)..... | 0 | | 0 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount)..... | 0 | | 0 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)..... | 0 | | 0 |
| 14. All other liabilities (Balance)..... | 572,740,071 | | 572,740,071 |
| 15. Total liabilities (Line 24)..... | 1,494,421,039 | 26,898,944 | 1,521,319,983 |
| 16. Total capital and surplus (Line 33)..... | 1,142,118,116 | XXX | 1,142,118,116 |
| 17. Total liabilities, capital and surplus (Line 34) | 2,636,539,155 | 26,898,944 | 2,663,438,099 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid..... | 26,898,944 | | |
| 19. Accrued medical incentive pool..... | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 6,739,220 | | |
| 22. Other ceded reinsurance recoverables | 0 | | |
| 23. Total ceded reinsurance recoverables | 33,638,164 | | |
| 24. Premiums receivable | 0 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. Unauthorized reinsurance | 0 | | |
| 27. Reinsurance with Certified Reinsurers..... | 0 | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers..... | 0 | | |
| 29. Other ceded reinsurance payables/offsets | 0 | | |
| 30. Total ceded reinsurance payables/offsets | 0 | | |
| 31. Total net credit for ceded reinsurance | 33,638,164 | | |

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

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

Allocated By States and Territories

| States, Etc. | Direct Business Only | | | | | |
|------------------------------|-------------------------------------|---------------------------------------|--|---|-----------------------------|-------------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1. Alabama | AL | | | | | 0 |
| 2. Alaska | AK | | | | | 0 |
| 3. Arizona | AZ | | | | | 0 |
| 4. Arkansas | AR | | | | | 0 |
| 5. California | CA | | | | | 0 |
| 6. Colorado | CO | | | | | 0 |
| 7. Connecticut | CT | | | | | 0 |
| 8. Delaware | DE | | | | | 0 |
| 9. District of Columbia | DC | | | | | 0 |
| 10. Florida | FL | | | | | 0 |
| 11. Georgia | GA | | | | | 0 |
| 12. Hawaii | HI | | | | | 0 |
| 13. Idaho | ID | | | | | 0 |
| 14. Illinois | IL | | | | | 0 |
| 15. Indiana | IN | | | | | 0 |
| 16. Iowa | IA | | | | | 0 |
| 17. Kansas | KS | | | | | 0 |
| 18. Kentucky | KY | | | | | 0 |
| 19. Louisiana | LA | | | | | 0 |
| 20. Maine | ME | | | | | 0 |
| 21. Maryland | MD | | | | | 0 |
| 22. Massachusetts | MA | | | | | 0 |
| 23. Michigan | MI | | | | | 0 |
| 24. Minnesota | MN | | | | | 0 |
| 25. Mississippi | MS | | | | | 0 |
| 26. Missouri | MO | | | | | 0 |
| 27. Montana | MT | | | | | 0 |
| 28. Nebraska | NE | | | | | 0 |
| 29. Nevada | NV | | | | | 0 |
| 30. New Hampshire | NH | | | | | 0 |
| 31. New Jersey | NJ | | | | | 0 |
| 32. New Mexico | NM | | | | | 0 |
| 33. New York | NY | | | | | 0 |
| 34. North Carolina | NC | | | | | 0 |
| 35. North Dakota | ND | | | | | 0 |
| 36. Ohio | OH | | | | | 0 |
| 37. Oklahoma | OK | | | | | 0 |
| 38. Oregon | OR | | | | | 0 |
| 39. Pennsylvania | PA | | | | | 0 |
| 40. Rhode Island | RI | | | | | 0 |
| 41. South Carolina | SC | | | | | 0 |
| 42. South Dakota | SD | | | | | 0 |
| 43. Tennessee | TN | | | | | 0 |
| 44. Texas | TX | | | | | 0 |
| 45. Utah | UT | | | | | 0 |
| 46. Vermont | VT | | | | | 0 |
| 47. Virginia | VA | | | | | 0 |
| 48. Washington | WA | | | | | 0 |
| 49. West Virginia | WV | | | | | 0 |
| 50. Wisconsin | WI | | | | | 0 |
| 51. Wyoming | WY | | | | | 0 |
| 52. American Samoa | AS | | | | | 0 |
| 53. Guam | GU | | | | | 0 |
| 54. Puerto Rico | PR | | | | | 0 |
| 55. US Virgin Islands | VI | | | | | 0 |
| 56. Northern Mariana Islands | MP | | | | | 0 |
| 57. Canada | CAN | | | | | 0 |
| 58. Aggregate Other Alien | OT | | | | | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 |

NONE

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

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 00000 | CareSource | 00000 | 84-4431982 | | | | CareSource Holding LLC | OH | NIA | CareSource | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 84-4476729 | | | | CareSource Arkansas Health Plan Co. | AR | NIA | CareSource Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 81-1727271 | | | | CareSource Virginia Co. | VA | NIA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 56-2582561 | | | | The CareSource Foundation | OH | NIA | CareSource | Board of Trustees | 0.0 | CareSource | NO | .0 |
| 03683 | CareSource | 10142 | 32-0121856 | | | | CareSource Indiana, Inc. | IN | IA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 31-1703371 | | | | CareSource Management Services LLC | OH | NIA | CareSource Management Services Holding LLC | Ownership | 83.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 31-1703368 | | | | CareSource | OH | UDP | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 03683 | CareSource | 95201 | 31-1143265 | | | | CareSource Ohio Inc. | OH | RE | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 03683 | CareSource | 15479 | 46-4991603 | | | | CareSource Kentucky Co. | KY | IA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 03683 | CareSource | 15710 | 47-2408339 | | | | CareSource Georgia Co. | GA | IA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 03683 | CareSource | 15728 | 47-3028244 | | | | CareSource West Virginia Co. | WV | IA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 03683 | CareSource | 00000 | 45-4937120 | | | | CareSource Reinsurance, LLC | MT | IA | CareSource | Board of Managing Directors | 0.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 81-1025103 | | | | CareSource at Home LLC | OH | NIA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 81-1017455 | | | | CareSource Network Partners LLC | OH | NIA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 81-1602217 | | | | CareSource Life Services Co. | OH | NIA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 03683 | CareSource | 17096 | 86-3112470 | | | | CareSource PASSE LLC | AR | IA | CareSource Holding LLC | Ownership | 49.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 82-4834822 | | | | CareSource Real Estate Holdings LLC | OH | NIA | CareSource | Board of Directors | 0.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 85-1588557 | | | | CareSource Management Services Holding LLC | DE | NIA | CareSource Holding LLC | Ownership | 87.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 85-2689588 | | | | CareSource Rx Innovations LLC | OH | NIA | CareSource Management Services Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 85-4022039 | | | | Kids' CareAlliance Co. | OH | NIA | CareSource Management Services Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 85-3713133 | | | | CareSource Oklahoma Holding LLC | DE | NIA | CareSource Management Services Holding LLC | Ownership | 80.0 | CareSource | NO | .0 |
| 03683 | CareSource | 17023 | 85-4038326 | | | | CareSource Oklahoma Health Plan Co. | OK | IA | CareSource Oklahoma Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 87-1242052 | | | | Gem City Reinsurance LLC | MT | IA | CareSource Management Services Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 87-1688130 | | | | CareSource Holding II LLC | OH | NIA | CareSource | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 87-2901879 | | | | CareSource Reinsurance II, LLC | MT | NIA | CareSource Holding II LLC | Ownership | 100.0 | CareSource | NO | .0 |

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

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 00000 | CareSource | 00000 | 87-3079479 | | | | CareSource North Carolina Co. | NC | NIA | CareSource Management Services Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 87-4254502 | | | | CareSource Tennessee Co. | TN | NIA | CareSource Management Services Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 87-3411276 | | | | CareSource Kansas LLC | KS | NIA | CareSource Management Services Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 81-4132842 | | | | HealthEdge Columbus Holdings LLC | DE | NIA | CareSource Management Services Holding LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 81-4132952 | | | | Columbus Holdings LLC | DE | NIA | HealthEdge Columbus Holdings LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 75-2690132 | | | | Columbus Medical Services LLC | DE | NIA | Columbus Holdings LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 02-3305298 | | | | Columbus Educational Services LLC | DE | NIA | Columbus Holdings LLC | Ownership | 100.0 | CareSource | NO | .0 |
| 00000 | CareSource | 00000 | 30-0975112 | | | | Columbus Medical Services Inc. | MD | NIA | Columbus Holdings LLC | Ownership | 100.0 | CareSource | NO | .0 |

41.1

| Asterisk | Explanation |
|----------|-------------|
| | |

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------------|------------|--|-----------------------|-----------------------|--|--|---|---|-----|--|---------------|--|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 31-1703371 | CareSource Management Services, Inc. | (85,578,652) | | | | 1,090,716,833 | | | | 1,005,138,181 | |
| 00000 | 85-1588557 | CareSource Management Services Holdings | 6,000,000 | (145,017,121) | | | | | | | (139,017,121) | |
| 95201 | 31-1143265 | CareSource Ohio | | | | | (827,586,993) | | | | (827,586,993) | |
| 00000 | 56-2582561 | CareSource Foundation | | 3,500,000 | | | | | | | 3,500,000 | |
| 10142 | 32-0121856 | CareSource Indiana | | | | | (101,953,515) | | | | (101,953,515) | |
| 00000 | 45-4937120 | CareSource Reinsurance | | | | | | | | | 0 | |
| 00000 | 31-1703368 | CareSource | 77,328,652 | (56,261,000) | | | (1,204,842) | | | | 19,862,810 | |
| 00000 | 87-1688130 | CareSource Holdings | 6,500,000 | (6,000,490) | | | | | | | 499,510 | |
| 15479 | 46-4991603 | CareSource Kentucky | (4,250,000) | (13,750,000) | | | (35,968,579) | | | | (53,968,579) | |
| 15710 | 47-2408339 | CareSource Georgia | | 60,000,000 | | | (115,945,282) | | | | (55,945,282) | |
| 15728 | 47-3028244 | CareSource West Virginia | | | | | (8,057,622) | | | | (8,057,622) | |
| 15992 | 81-1727271 | CareSource Virginia | | | | | | | | | 0 | |
| 00000 | 84-4476729 | CareSource Arkansas | | | | | | | | | 0 | |
| 17096 | 86-3112470 | CareSource Arkansas PASSE | | 11,000,490 | | | | | | | 11,000,490 | |
| 17023 | 85-4038326 | CareSource Oklahoma | | 1,511,000 | | | | | | | 1,511,000 | |
| 00000 | 82-4834822 | CareSource Real Estate Holdings | | | | | | | | | 0 | |
| 00000 | 85-4022039 | CareSource Kids Care Alliance | | 1,700,000 | | | | | | | 1,700,000 | |
| 00000 | 81-1025103 | CareSource At Home | | | | | | | | | 0 | |
| 00000 | 81-4132842 | CareSource The Columbus Organization | | 142,067,121 | | | | | | | 142,067,121 | |
| 00000 | 87-2901879 | CareSource Reinsurance II | | 1,000,000 | | | | | | | 1,000,000 | |
| 00000 | 87-1242052 | CareSource Gem City Reinsurance | | 250,000 | | | | | | | 250,000 | |
| 9999999 Control Totals | | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

| | <u>Responses</u> |
|---|------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

| | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

| | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

| | |
|--|---------------------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |SEE EXPLANATION..... |

APRIL FILING

| | |
|--|---------------|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? |YES..... |

AUGUST FILING

| | |
|--|---------------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |YES..... |
|--|---------------|

Explanation:

10. No Business not written

11. No Business not written

12. No Business not written

13. No Business not written

14. No Business not written

15. No Business not written

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. No Business not written

20. No Business not written

Bar code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

10. 
9 5 2 0 1 2 0 2 1 3 6 0 5 9 0 0 0

11. 
9 5 2 0 1 2 0 2 1 2 0 5 5 9 0 0 0

12. 
9 5 2 0 1 2 0 2 1 4 2 0 0 0 0 0 0

13. 
9 5 2 0 1 2 0 2 1 3 7 1 0 0 0 0 0

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

15. 
9 5 2 0 1 2 0 2 1 3 6 5 0 0 0 0 0

19. 
9 5 2 0 1 2 0 2 1 3 0 6 0 0 0 0 0

20. 
9 5 2 0 1 2 0 2 1 2 1 1 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS
