



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
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

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

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

Mail Address PO Box 2208 (Street and Number or P.O. Box) , Dayton, OH, US 45401-2208 (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 (City or Town, State, Country and Zip Code) 937-224-3300 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.caresource.com

Statutory Statement Contact Sara North (Name) , 937-531-2669 (Area Code) (Telephone Number) (Extension)
sara.north@caresource.com (E-Mail Address) 937-487-1744 (Fax Number)

OFFICERS

Name	Title	Name	Title
Stephen L. Ringel	President, Ohio Market	Lawrence R. Smart	Chief Financial Officer
Jai P. Pillai	Chief Operating Officer	Erhardt H. Preitauer	President and Chief Executive Officer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Stephen L. Ringel Scott R. Markovich Stephanie A. Williams #

State of Ohio

County of Preble

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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

Jai P. Pillai
Chief Operating 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 2022 OF THE CareSource Ohio Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CareSource Ohio Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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	6
	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	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	40,639,254	21,635,325		12,637,763	40,639,254	10,169,401
2. Claim overpayment receivables	5,039,668	1,247,864		18,000,000	5,039,668	2,545,048
3. Loans and advances to providers	8,757,670			3,246,608	8,757,670	8,757,670
4. Capitation arrangement receivables			118,482	(118,482)	118,482	
5. Risk sharing receivables				16,866,117	.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	54,436,592	22,883,189	118,482	50,632,006	54,555,074	21,472,119

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

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CareSource Ohio Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CareSource Ohio Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	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 2022 OF THE CareSource Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareSource Ohio Inc. 2. (LOCATION)

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Individual	Group											
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,497,859	44,028						24,600	1,429,231					
2 First Quarter	1,521,202	52,496						23,924	1,444,782					
3 Second Quarter	1,516,776	50,447						23,686	1,442,643					
4. Third Quarter	1,514,203	49,905						23,673	1,440,625					
5. Current Year	1,505,327	48,230						23,505	1,433,592					
6 Current Year Member Months	18,175,305	597,760						283,895	17,293,650					
Total Member Ambulatory Encounters for Year:														
7. Physician	10,151,191	270,446						459,468	9,421,277					
8. Non-Physician	16,201,261	218,880						678,504	15,303,877					
9. Total	26,352,452	489,326	0	0	0	0	0	1,137,972	24,725,154	0	0	0	0	0
10. Hospital Patient Days Incurred	787,478	13,828						65,888	707,762					
11. Number of Inpatient Admissions	147,173	2,618						9,645	134,910					
12. Health Premiums Written (b).....	10,846,998,932	320,580,122						445,855,110	10,080,563,700					
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	10,858,211,743	320,580,122						457,067,921	10,080,563,700					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	8,499,619,941	263,129,651						432,363,131	7,804,127,159					
18. Amount Incurred for Provision of Health Care Services	8,666,566,891	254,607,511						415,029,501	7,996,929,879					

(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 \$445,855,110



ANNUAL STATEMENT FOR THE YEAR 2022 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 Consolidated		DURING THE YEAR 2022							NAIC Company Code 95201			
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	1,497,859	44,028	0	0	0	0	0	24,600	1,429,231	0	0	0	0	0
2 First Quarter	1,521,202	52,496	0	0	0	0	0	23,924	1,444,782	0	0	0	0	0
3 Second Quarter	1,516,776	50,447	0	0	0	0	0	23,686	1,442,643	0	0	0	0	0
4. Third Quarter	1,514,203	49,905	0	0	0	0	0	23,673	1,440,625	0	0	0	0	0
5. Current Year	1,505,327	48,230	0	0	0	0	0	23,505	1,433,592	0	0	0	0	0
6 Current Year Member Months	18,175,305	597,760	0	0	0	0	0	283,895	17,293,650	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	10,151,191	270,446	0	0	0	0	0	459,468	9,421,277	0	0	0	0	0
8. Non-Physician	16,201,261	218,880	0	0	0	0	0	678,504	15,303,877	0	0	0	0	0
9. Total	26,352,452	489,326	0	0	0	0	0	1,137,972	24,725,154	0	0	0	0	0
10. Hospital Patient Days Incurred	787,478	13,828	0	0	0	0	0	65,888	707,762	0	0	0	0	0
11. Number of Inpatient Admissions	147,173	2,618	0	0	0	0	0	9,645	134,910	0	0	0	0	0
12. Health Premiums Written (b).....	10,846,998,932	320,580,122	0	0	0	0	0	445,855,110	10,080,563,700	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	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	0	0	0	0
15. Health Premiums Earned.....	10,858,211,743	320,580,122	0	0	0	0	0	457,067,921	10,080,563,700	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	8,499,619,941	263,129,651	0	0	0	0	0	432,363,131	7,804,127,159	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	8,666,566,891	254,607,511	0	0	0	0	0	415,029,501	7,996,929,879	0	0	0	0	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 \$445,855,110

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CareSource Ohio Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums.....	20,368	15,360	28,311	12,649	9,656
2. Title XVIII-Medicare.....	6,286	5,263	5,797	1,780	1,641
3. Title XIX-Medicaid.....	53,329	38,581	43,405	25,017	19,959
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.....	41,516	26,899	53,214	24,990	11,659
8. Reinsurance recoverable on paid losses.....	6,186	6,739	.0	12,693	6,876
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)	2,305,132,581		2,305,132,581
2. Accident and health premiums due and unpaid (Line 15).....	249,630,260		249,630,260
3. Amounts recoverable from reinsurers (Line 16.1).....	6,185,727	(6,185,727)	0
4. Net credit for ceded reinsurance.....	XXX	47,701,671	47,701,671
5. All other admitted assets (Balance).....	90,717,097		90,717,097
6. Total assets (Line 28)	2,651,665,665	41,515,944	2,693,181,609
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	769,746,951	41,515,944	811,262,895
8. Accrued medical incentive pool and bonus payments (Line 2).....	95,915,675		95,915,675
9. Premiums received in advance (Line 8).....	10,964,475		10,964,475
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).....	313,565,995		313,565,995
15. Total liabilities (Line 24).....	1,190,193,096	41,515,944	1,231,709,040
16. Total capital and surplus (Line 33).....	1,461,472,572	XXX	1,461,472,572
17. Total liabilities, capital and surplus (Line 34)	2,651,665,668	41,515,944	2,693,181,612
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	41,515,944		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	6,185,727		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	47,701,671		
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	47,701,671		

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 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
03683	CareSource	17271	84-4476729				CareSource Arkansas Health Plan Co.	AR	IA	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	100.0	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	100.0	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	100.0	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	IA	CareSource Holding II LLC	Ownership	100.0	CareSource	NO	.0

41.1

[illegible]

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.....	(40,000,000)				1,151,934,874				1,111,934,874	
00000.....	85-1588557.....	CareSource Management Services Holdings.....	40,000,000	152,830,576							192,830,576	
95201.....	31-1143265.....	CareSource Ohio.....	(275,000,000)				(849,795,342)				(1,124,795,342)	
00000.....	56-2582561.....	CareSource Foundation.....		3,500,000							3,500,000	
10142.....	32-0121856.....	CareSource Indiana.....		30,000,000			(113,599,761)				(83,599,761)	
00000.....	45-4937120.....	CareSource Reinsurance.....	(50,000,000)				86,789				(49,913,211)	
00000.....	31-1703368.....	CareSource.....	307,526,128	(188,880,952)			(231,120)			17,730,952	136,145,008	
00000.....	87-1688130.....	CareSource Holdings.....	17,473,872	(1,000,000)							16,473,872	
15479.....	46-4991603.....	CareSource Kentucky.....					(27,298,560)				(27,298,560)	
15710.....	47-2408339.....	CareSource Georgia.....		(17,269,048)			(145,331,755)			(17,730,952)	(180,331,755)	
15728.....	47-3028244.....	CareSource West Virginia.....					(9,765,125)				(9,765,125)	
00000.....	81-1727271.....	CareSource Virginia.....									0	
17271.....	84-4476729.....	CareSource Arkansas.....		1,150,000							1,150,000	
17096.....	86-3112470.....	CareSource Arkansas PASSE.....		1,000,000			(1,645,809)				(645,809)	
17023.....	85-4038326.....	CareSource Oklahoma.....									0	
00000.....	82-4834822.....	CareSource Real Estate Holdings.....									0	
00000.....	85-4022039.....	CareSource Kids Care Alliance.....		(1,300,000)							(1,300,000)	
00000.....	81-1025103.....	CareSource At Home.....									0	
00000.....	81-4132842.....	CareSource The Columbus Organization.....		544,424							544,424	
17379.....	87-3411276.....	CareSource Kansas LLC.....		1,500,000							1,500,000	
17284.....	88-1429834.....	CareSource Iowa Co.....		1,000,000							1,000,000	
00000.....	87-4254502.....	CareSource Tennessee Co.....		2,100,000							2,100,000	
17366.....	87-3079479.....	CareSource North Carolina Co.....		6,300,000							6,300,000	
00000.....	88-3601120.....	CareSource Florida Co.....		7,025,000							7,025,000	
00000.....	87-2901879.....	CareSource Reinsurance II.....		1,500,000			(4,354,191)				(2,854,191)	
00000.....	87-1242052.....	CareSource Gem City Reinsurance.....									0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CareSource Ohio Inc.

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
CareSource Arkansas Health Plan Co.....	CareSource Holding LLC.....	100.000 %	NO.....	CareSource.....		%	
CareSource Indiana, Inc.....	CareSource.....	100.000 %	NO.....	CareSource.....		%	
CareSource Ohio Inc.....	CareSource.....	100.000 %	NO.....	CareSource.....		%	
CareSource Kentucky Co.....	CareSource.....	100.000 %	NO.....	CareSource.....		%	
CareSource Georgia Co.....	CareSource.....	100.000 %	NO.....	CareSource.....		%	
CareSource West Virginia Co.....	CareSource.....	100.000 %	NO.....	CareSource.....		%	
CareSource PASSE LLC.....	CareSource.....	49.000 %	NO.....	CareSource.....		%	
CareSource PASSE LLC.....	Acadia Healthcare Company, Inc.....	10.200 %	NO.....	CareSource.....		%	
	Crossett Health Foundation dba Ashley County Medical Center.....	10.200 %	NO.....	CareSource.....		%	
CareSource PASSE LLC.....	James E. Zini, D.O., P.A.....	10.200 %	NO.....	CareSource.....		%	
CareSource PASSE LLC.....	Rehabilitation Network Outpatient Services, LLC.....	10.200 %	NO.....	CareSource.....		%	
CareSource PASSE LLC.....	Chenal Family Therapy, PLC.....	10.200 %	NO.....	CareSource.....		%	
CareSource Oklahoma Health Plan Co.....	CareSource Oklahoma Holding LLC.....	100.000 %	NO.....	CareSource.....		%	
CareSource North Carolina Co.....	CareSource Management Services Holding LLC.....	100.000 %	NO.....	CareSource.....		%	
CareSource Kansas LLC.....	CareSource Management Services Holding LLC.....	100.000 %	NO.....	CareSource.....		%	
CareSource Iowa Co.....	CareSource Management Services Holding LLC.....	100.000 %	NO.....	CareSource.....		%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

MARCH FILING

Responses

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

SUPPLEMENTAL FILINGS

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS