



QUARTERLY STATEMENT

AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

CareSource Ohio Inc.

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 [<input checked="" type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]			
	Dental Service Corporation [<input type="checkbox"/>]	Vision Service Corporation [<input type="checkbox"/>]	Health Maintenance Organization [<input checked="" type="checkbox"/>]			
	Other [<input type="checkbox"/>]		Is HMO Federally Qualified? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
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)	937-531-3300 (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)		
Internet Web Site Address	www.caresource.com					
Statutory Statement Contact	Andrea Watroba (Name)		937-224-3300 (Area Code) (Telephone Number) (Extension)			
	Andrea.Watroba@caresource.com (E-Mail Address)		937-487-1744 (FAX Number)			

OFFICERS

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of Ohio

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/Treasurer

Stephanie A. Williams
Assistant Treasurer

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



SHELLY L. LUNSFORD
Notary Public, State of Ohio
My Commission Expires:
September 8, 2004