



QUARTERLY STATEMENT

AS OF SEPTEMBER 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 [] | 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 | | | | | |
| 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 937-224-3300 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) | | | | | |
| Internet Web Site Address | www.caresource.com | | | | | | |
| Statutory Statement Contact | Andrea Watroba (Name) | 937-531-2670 (Area Code) (Telephone Number) (Extension) | | | | | |
| | andrea.watroba@caresource.com (E-Mail Address) | 937-487-1744 (FAX Number) | | | | | |

OFFICERS

| Name | Title | Name | Title |
|-------------------------|---------------------|----------------------|-----------------------------------|
| Stephen L. Ringel | President | Lawrence R. Smart | Chief Financial Officer/Treasurer |
| Stephanie A. Williams # | Assistant Treasurer | Richard F. Topping # | Secretary |

OTHER OFFICERS

| Erhardt H. Preitauer # | Lawrence R. Smart # | Richard F. Topping # |
|------------------------|---------------------|----------------------|
| | | |

State of Ohio.....

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County of Preble.....

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

Lawrence R. Smart
Chief Financial Officer/Treasurer

Stephanie A. Williams
Assistant Treasurer

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



SHELLY L. LUNSFORD
Notary Public, State of Ohio
My Commission Expires:
September 8, 2024