



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2023
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 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

DIRECTORS OR TRUSTEES

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

State of Ohio.....

ss

County of Montgomery.....

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

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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	1,032,998,431		1,032,998,431	1,189,157,493
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	2,153,500		2,153,500	173,640,077
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 \$0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$0 encumbrances)			0	0
4.3 Properties held for sale (less \$0 encumbrances)			0	0
5. Cash (\$203,676,190 , Schedule E-Part 1), cash equivalents (\$79,476,580 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	283,152,770		283,152,770	921,735,540
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA)	0	0	0	20,599,471
9. Receivables for securities			0	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)	1,318,304,701	0	1,318,304,701	2,305,132,581
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	7,506,348		7,506,348	8,662,714
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	741,454,475	287,277	741,167,198	225,251,139
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 (\$16,965,782) and contracts subject to redetermination (\$)	16,965,782		16,965,782	24,379,121
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	4,753,619		4,753,619	6,185,727
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	39,827,611		39,827,611	52,550,503
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	398,566	398,566	0	0
24. Health care (\$96,112,783) and other amounts receivable.....	102,716,348	6,603,565	96,112,783	29,503,880
25. Aggregate write-ins for other-than-invested assets	8,325,185	8,325,185	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,240,252,635	15,614,593	2,224,638,042	2,651,665,665
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	2,240,252,635	15,614,593	2,224,638,042	2,651,665,665
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.....	8,178,241	8,178,241	0	0
2502. Other Assets.....	146,944	146,944	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)	8,325,185	8,325,185	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$49,982,943 reinsurance ceded)	808,527,360		808,527,360	769,746,951
2. Accrued medical incentive pool and bonus amounts	112,706,527		112,706,527	95,915,675
3. Unpaid claims adjustment expenses	8,747,876		8,747,876	9,327,360
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	249,845,246		249,845,246	49,157,604
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	10,999,020		10,999,020	10,964,475
9. General expenses due or accrued	134,373,734		134,373,734	178,177,986
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	1,822,080
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	33,100,388		33,100,388	21,861,315
16. Derivatives.....		0	0	0
17. Payable for securities			0	1,317,643
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	340,772		340,772	51,902,007
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,358,640,923	0	1,358,640,923	1,190,193,096
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	848,797,119	1,444,272,572
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	865,997,119	1,461,472,572
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,224,638,042	2,651,665,668
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

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	17,745,613	18,175,305
2. Net premium income (including \$0 non-health premium income).....	XXX	8,448,108,779	10,767,016,784
3. Change in unearned premium reserves and reserve for rate credits	XXX		11,212,811
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	8,448,108,779	10,778,229,595
Hospital and Medical:			
9. Hospital/medical benefits		6,218,867,906	6,607,030,816
10. Other professional services		218,621,007	185,125,309
11. Outside referrals			0
12. Emergency room and out-of-area			0
13. Prescription drugs		78,671,404	1,772,589,177
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		130,896,620	101,821,589
16. Subtotal (Lines 9 to 15)	0	6,647,056,937	8,666,566,891
Less:			
17. Net reinsurance recoveries		55,077,750	60,671,684
18. Total hospital and medical (Lines 16 minus 17)	0	6,591,979,187	8,605,895,207
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$133,946,279 cost containment expenses.....		156,773,609	190,015,478
21. General administrative expenses.....		1,234,417,764	1,405,607,645
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	(18,926,329)
23. Total underwriting deductions (Lines 18 through 22)	0	7,983,170,560	10,182,592,001
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	464,938,219	595,637,594
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		66,444,977	47,736,958
26. Net realized capital gains (losses) less capital gains tax of \$		8,914,804	4,590,004
27. Net investment gains (losses) (Lines 25 plus 26)	0	75,359,781	52,326,962
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	(128,480)	0
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	540,169,520	647,964,556
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	540,169,520	647,964,556
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		0
0603.	XXX		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	0	0
0701.	XXX		0
0702.	XXX		0
0703.	XXX		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
1402.			0
1403.			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. Other Income.....		(128,480)	0
2902.			0
2903.			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	(128,480)	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	1,461,472,571	1,142,118,108
34. Net income or (loss) from Line 32	540,169,520	647,964,556
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	846,918	(37,487,167)
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	13,508,110	(16,122,926)
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
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	(1,150,000,000)	(275,000,000)
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(595,475,452)	319,354,463
49. Capital and surplus end of reporting year (Line 33 plus 48)	865,997,119	1,461,472,571
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		
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

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1. Premiums collected net of reinsurance.....	8,139,231,932	10,708,045,839	
2. Net investment income	71,101,600	48,370,511	
3. Miscellaneous income	0	0	
4. Total (Lines 1 through 3)	8,210,333,532	10,756,416,350	
5. Benefit and loss related payments	6,583,508,688	8,548,419,497	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	
7. Commissions, expenses paid and aggregate write-ins for deductions	1,463,302,859	1,641,972,226	
8. Dividends paid to policyholders		0	
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	
10. Total (Lines 5 through 9)	8,046,811,547	10,190,391,723	
11. Net cash from operations (Line 4 minus Line 10)	163,521,985	566,024,627	
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	155,884,243	137,678,578	
12.2 Stocks	258,922,277	15,732,748	
12.3 Mortgage loans	0	0	
12.4 Real estate	0	0	
12.5 Other invested assets	23,597,000	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(33,675)	(2,946)	
12.7 Miscellaneous proceeds	0	1,287,607	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	438,369,844	154,695,988	
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,872,097	294,609,052	
13.2 Stocks	75,993,642	50,968,797	
13.3 Mortgage loans	0	0	
13.4 Real estate	0	0	
13.5 Other invested assets	2,997,529	8,732,300	
13.6 Miscellaneous applications	1,317,643	713,954	
13.7 Total investments acquired (Lines 13.1 to 13.6)	85,180,912	355,024,102	
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)	353,188,932	(200,328,114)	
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.....	(1,150,000,000)	(275,000,000)	
16.3 Borrowed funds	0	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
16.5 Dividends to stockholders	0	0	
16.6 Other cash provided (applied).....	(5,293,697)	(4,773,783)	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,155,293,697)	(279,773,783)	
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)	(638,582,780)	85,922,730	
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	921,735,549	835,812,820	
19.2 End of year (Line 18 plus Line 19.1)	283,152,769	921,735,549	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only				Credit A&H				
1. Net premium income	8,448,108,779	299,702,209	.0	.0	.0	.0	.0	409,292,652	7,739,113,918	.0	.0	.0	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	.0													
3. Fee-for-service (net of \$ medical expenses)	.0													XXX
4. Risk revenue	.0													XXX
5. Aggregate write-ins for other health care related revenues	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	8,448,108,779	299,702,209	.0	.0	.0	.0	.0	409,292,652	7,739,113,918	.0	.0	.0	.0	.0
8. Hospital/medical benefits	6,218,867,906	189,363,386						405,464,485	5,624,040,035					XXX
9. Other professional services	218,621,007	1,775,691						13,924,087	202,921,230					XXX
10. Outside referrals	.0													XXX
11. Emergency room and out-of-area	.0													XXX
12. Prescription drugs	78,671,404	68,077,924						20,289,956	(9,696,476)					XXX
13. Aggregate write-ins for other hospital and medical	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	130,896,620	1,669,284						1,546,356	127,680,980					XXX
15. Subtotal (Lines 8 to 14)	6,647,056,937	260,886,285	.0	.0	.0	.0	.0	441,224,884	5,944,945,768	.0	.0	.0	.0	XXX
16. Net reinsurance recoveries	55,077,750	12,762,315						4,528,323	37,787,112					XXX
17. Total hospital and medical (Lines 15 minus 16)	6,591,979,187	248,123,970	.0	.0	.0	.0	.0	436,696,561	5,907,158,656	.0	.0	.0	.0	XXX
18. Non-health claims (net)	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$133,946,279 cost containment expenses.....	156,773,608	3,949,027						4,445,612	148,378,969					
20. General administrative expenses	1,234,417,764	50,182,948						48,175,529	1,136,822,851					(763,564)
21. Increase in reserves for accident and health contracts	.0													XXX
22. Increase in reserves for life contracts	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	7,983,170,559	302,255,945	.0	.0	.0	.0	.0	489,317,702	7,192,360,476	.0	.0	.0	.0	(763,564)
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	464,938,220	(2,553,736)	0	0	0	0	0	(80,025,050)	546,753,442	0	0	0	0	763,564
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

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) individual	323,001,104		23,298,895	299,702,209
2. Comprehensive (hospital and medical) group				.0
3. Medicare Supplement				.0
4. Vision only				.0
5. Dental only				.0
6. Federal Employees Health Benefits Plan				.0
7. Title XVIII - Medicare	418,637,889		9,345,237	409,292,652
8. Title XIX – Medicaid	7,801,025,829		61,911,911	7,739,113,918
9. Credit A&H				.0
10. Disability Income				.0
11. Long-Term Care				.0
12. Other health				.0
13. Health subtotal (Lines 1 through 12)	8,542,664,822	0	94,556,043	8,448,108,779
14. Life				.0
15. Property/casualty				.0
16. Totals (Lines 13 to 15)	8,542,664,822	0	94,556,043	8,448,108,779

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	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
1. Payments during the year:														
1.1 Direct	6,454,776,668	252,673,228						425,116,757	5,776,986,683					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	48,042,860	9,342,543						4,747,120	33,953,197					
1.4 Net	6,406,733,808	243,330,685	0	0	0	0	0	420,369,637	5,743,033,486	0	0	0	0	0
2. Paid medical incentive pools and bonuses	114,105,768	1,735,224						866,274	111,504,270					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	858,510,303	36,573,190	0	0	0	0	0	57,254,916	764,682,197	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	49,982,943	16,712,359	0	0	0	0	0	3,419,737	29,850,847	0	0	0	0	0
3.4 Net	808,527,360	19,860,831	0	0	0	0	0	53,835,179	734,831,350	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	112,706,527	990,562						1,397,217	110,318,748					
6. Net healthcare receivables (a).....	(14,136,242)	1,347,721						(9,842,128)	(5,641,835)					
7. Amounts recoverable from reinsurers December 31, current year	4,753,619							101,794	4,651,825					
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	811,262,896	28,681,696	0	0	0	0	0	52,535,272	730,045,928	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	41,515,944	12,473,401	0	0	0	0	0	3,740,328	25,302,216	0	0	0	0	0
8.4 Net	769,746,952	16,208,295	0	0	0	0	0	48,794,944	704,743,712	0	0	0	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	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year.....	95,915,675	1,056,503	0	0	0	0	0	717,135	94,142,037	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	6,185,728	819,186	0	0	0	0	0	0	5,366,541	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	6,516,160,317	259,217,001	0	0	0	0	0	439,678,529	5,817,264,787	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	55,077,750	12,762,315	0	0	0	0	0	4,528,323	37,787,112	0	0	0	0	0
12.4 Net	6,461,082,566	246,454,686	0	0	0	0	0	435,150,205	5,779,477,675	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	130,896,620	1,669,283	0	0	0	0	0	1,546,356	127,680,981	0	0	0	0	0

(a) Excludes \$6,603,565 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital and Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1. Direct	265,834,379	6,487,767						6,353,173	252,993,439					
1.2. Reinsurance assumed	.0													
1.3. Reinsurance ceded	.0													
1.4. Net	265,834,379	6,487,767	.0	.0	.0	.0	.0	6,353,173	252,993,439	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct	592,675,924	30,085,423						50,901,743	511,688,758					
2.2. Reinsurance assumed	.0													
2.3. Reinsurance ceded	49,982,943	16,712,359						3,419,737	29,850,847					
2.4. Net	542,692,981	13,373,064	.0	.0	.0	.0	.0	47,482,006	481,837,911	.0	.0	.0	.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	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct	858,510,303	36,573,190	.0	.0	.0	.0	.0	57,254,916	764,682,197	.0	.0	.0	.0	.0
4.2. Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	49,982,943	16,712,359	.0	.0	.0	.0	.0	3,419,737	29,850,847	.0	.0	.0	.0	.0
4.4. Net	808,527,360	19,860,831	0	0	0	0	0	53,835,179	734,831,350	0	0	0	0	0

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) individual	10,741,058	233,408,814	(104,027)	19,964,858	10,637,031	16,208,295
2. Comprehensive (hospital and medical) group					.0	.0
3. Medicare Supplement					.0	.0
4. Vision Only					.0	.0
5. Dental Only					.0	.0
6. Federal Employees Health Benefits Plan					.0	.0
7. Title XVIII - Medicare	21,244,922	399,022,921	726,039	53,109,139	21,970,961	48,794,944
8. Title XIX - Medicaid	398,829,824	5,344,918,379	45,618,191	689,213,159	444,448,015	704,743,712
9. Credit A&H					.0	.0
10. Disability Income					.0	.0
11. Long-Term Care					.0	.0
12. Other health					.0	.0
13. Health subtotal (Lines 1 to 12)	430,815,804	5,977,350,114	46,240,203	762,287,156	477,056,007	769,746,952
14. Healthcare receivables (a)	112,672	33,254,966			112,672	47,503,880
15. Other non-health					.0	.0
16. Medical incentive pools and bonus amounts	88,048,185	26,057,583	15,131,844	97,574,683	103,180,029	95,915,675
17. Totals (Lines 13-14+15+16)	518,751,317	5,970,152,731	61,372,047	859,861,839	580,123,364	818,158,747

(a) Excludes \$ 6,603,565 loans or advances to providers not yet expensed.

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	381,861	386,349	386,268	386,271	386,270
2. 2019	244,237	260,012	260,193	260,164	260,164
3. 2020	XXX	223,192	233,298	234,106	234,084
4. 2021	XXX	XXX	235,101	241,217	241,476
5. 2022	XXX	XXX	XXX	246,534	258,436
6. 2023	XXX	XXX	XXX	XXX	229,198

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	360,818	363,883	363,801	363,803	363,803
2. 2019	265,928	259,879	260,193	260,164	260,164
3. 2020	XXX	237,847	232,044	234,106	234,084
4. 2021	XXX	XXX	264,130	241,026	241,285
5. 2022	XXX	XXX	XXX	260,790	258,523
6. 2023	XXX	XXX	XXX	XXX	250,153

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. 2019	328,803	260,164	2,501	1.0	262,665	79.9			262,665	79.9
2. 2020	321,461	234,084	4,194	1.8	238,278	74.1			238,278	74.1
3. 2021	282,853	241,476	2,706	1.1	244,182	86.3			244,182	86.3
4. 2022	300,212	258,436	5,077	2.0	263,513	87.8	(104)	3	263,412	87.7
5. 2023	323,001	229,198	7,805	3.4	237,003	73.4	20,955	490	258,448	80.0

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 2023 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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	354,995	355,451	355,063	355,039	355,040
2. 2019	364,106	382,328	382,600	382,599	382,604
3. 2020	XXX	360,529	385,656	385,490	385,568
4. 2021	XXX	XXX	395,766	402,704	402,759
5. 2022	XXX	XXX	XXX	420,216	442,013
6. 2023	XXX	XXX	XXX	XXX	389,463

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	324,727	325,393	325,004	324,981	324,981
2. 2019	385,113	382,779	382,600	382,599	382,604
3. 2020	XXX	396,709	386,872	385,490	385,568
4. 2021	XXX	XXX	444,031	402,984	403,038
5. 2022	XXX	XXX	XXX	449,870	442,508
6. 2023	XXX	XXX	XXX	XXX	443,922

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. 2019.....	405,494	382,604	15,978	4.2	398,582	98.3			398,582	98.3
2. 2020.....	406,033	385,568	4,985	1.3	390,553	96.2			390,553	96.2
3. 2021.....	427,991	402,759	3,821	0.9	406,580	95.0			406,580	95.0
4. 2022.....	439,569	442,013	5,872	1.3	447,885	101.9	774	5	448,664	102.1
5. 2023	418,638	389,463	12,196	3.1	401,659	95.9	54,458	767	456,884	109.1

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	7,044,712	7,050,582	7,048,247	7,048,040	7,048,030
2. 2019.....	6,279,447	6,913,260	6,917,143	6,917,363	6,917,331
3. 2020.....	XXX	6,916,337	7,453,840	7,448,429	7,452,307
4. 2021.....	XXX	XXX	7,724,572	8,329,847	8,334,208
5. 2022.....	XXX	XXX	XXX	7,383,249	7,859,729
6. 2023.....	XXX	XXX	XXX	XXX	5,351,491

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	6,560,101	6,527,764	6,525,428	6,525,221	6,525,211
2. 2019.....	6,884,000	6,940,123	6,917,143	6,917,363	6,917,331
3. 2020.....	XXX	7,720,034	7,487,546	7,448,429	7,452,307
4. 2021.....	XXX	XXX	8,489,395	8,446,920	8,451,281
5. 2022.....	XXX	XXX	XXX	8,040,337	7,803,358
6. 2023.....	XXX	XXX	XXX	XXX	6,135,939

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. 2019.....	7,815,917	6,917,331	151,547	2.2	7,068,878	90.4			7,068,878	90.4
2. 2020.....	9,006,181	7,452,307	157,827	2.1	7,610,134	84.5			7,610,134	84.5
3. 2021.....	9,497,002	8,334,208	154,955	1.9	8,489,163	89.4			8,489,163	89.4
4. 2022.....	10,027,235	7,859,729	175,165	2.2	8,034,894	80.1	60,702	56	8,095,652	80.7
5. 2023.....	7,801,026	5,351,491	116,787	2.2	5,468,278	70.1	784,448	7,427	6,260,153	80.2

ANNUAL STATEMENT FOR THE YEAR 2023 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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	7,781,568	7,792,381	7,789,577	7,789,350	7,789,340
2. 2019.....	6,887,790	7,555,600	7,559,936	7,560,126	7,560,099
3. 2020.....	XXX	7,500,058	8,072,794	8,068,025	8,071,959
4. 2021.....	XXX	XXX	8,355,439	8,973,768	8,978,443
5. 2022.....	XXX	XXX	XXX	8,049,999	8,560,178
6. 2023.....	XXX	XXX	XXX	XXX	5,970,152

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	7,245,645	7,217,039	7,214,233	7,214,005	7,213,995
2. 2019.....	7,535,041	7,582,781	7,559,936	7,560,126	7,560,099
3. 2020.....	XXX	8,354,590	8,106,462	8,068,024	8,071,959
4. 2021.....	XXX	XXX	9,197,556	9,090,929	9,095,604
5. 2022.....	XXX	XXX	XXX	8,750,997	8,504,389
6. 2023.....	XXX	XXX	XXX	XXX	6,830,014

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	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. 2019.....	8,550,214	7,560,099	170,026	2.2	7,730,125	90.4	.0	.0	7,730,125	90.4
2. 2020.....	9,733,675	8,071,959	167,006	2.1	8,238,965	84.6	.0	.0	8,238,965	84.6
3. 2021.....	10,207,846	8,978,443	161,482	1.8	9,139,925	89.5	.0	.0	9,139,925	89.5
4. 2022.....	10,767,017	8,560,178	186,114	2.2	8,746,292	81.2	.61,372	.64	8,807,728	81.8
5. 2023.....	8,542,665	5,970,152	136,788	2.3	6,106,940	71.5	859,861	8,684	6,975,485	81.7

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves	.0												
2. Additional policy reserves (a)	.0												
3. Reserve for future contingent benefits	.0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	236,236,589							22,763,957	213,472,632				
5. Aggregate write-ins for other policy reserves	13,608,657	13,608,657	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	249,845,246	13,608,657	.0	.0	.0	.0	.0	22,763,957	213,472,632	.0	.0	.0	.0
7. Reinsurance ceded	.0												
8. Totals (Net) (Page 3, Line 4)	249,845,246	13,608,657	0	0	0	0	0	22,763,957	213,472,632	0	0	0	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	.0	.0	.0	.0
12. Totals (gross)	.0	.0	.0	.0	.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	0	0	0	0
DETAILS OF WRITE-INS													
0501. ACA Risk Adjustment Program.....	13,608,657	13,608,657											
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	13,608,657	13,608,657	0	0	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	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

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)			12,566,149		12,566,149
2. Salaries, wages and other benefits	69,337,427	12,534,285	360,673,888		442,545,600
3. Commissions (less \$ceded plus \$assumed)			8,040,533		8,040,533
4. Legal fees and expenses			3,429,814		3,429,814
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			5,555,038		5,555,038
7. Traveling expenses			2,485,959		2,485,959
8. Marketing and advertising			21,657,029		21,657,029
9. Postage, express and telephone			9,636,923		9,636,923
10. Printing and office supplies			9,503,397		9,503,397
11. Occupancy, depreciation and amortization			75,004,895		75,004,895
12. Equipment			51,825		51,825
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	59,964,329	9,390,761	143,272,923		212,628,013
15. Boards, bureaus and association fees			1,529,046		1,529,046
16. Insurance, except on real estate			5,048,802		5,048,802
17. Collection and bank service charges			1,289,433		1,289,433
18. Group service and administration fees			2,087,893		2,087,893
19. Reimbursements by uninsured plans			(763,564)		(763,564)
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			540,298,730		540,298,730
23.3 Regulatory authority licenses and fees			9,291,865		9,291,865
23.4 Payroll taxes	4,644,523	902,284	19,826,283		25,373,090
23.5 Other (excluding federal income and real estate taxes)			121,924		121,924
24. Investment expenses not included elsewhere			215,170	1,485,628	1,700,798
25. Aggregate write-ins for expenses	0	0	3,593,808	0	3,593,808
26. Total expenses incurred (Lines 1 to 25)	133,946,279	22,827,330	1,234,417,764	1,485,628	(a) ...1,392,677,001
27. Less expenses unpaid December 31, current year		8,747,876	134,373,734		143,121,610
28. Add expenses unpaid December 31, prior year	0	9,327,360	178,177,986	0	187,505,345
29. Amounts receivable relating to uninsured plans, prior year	0	0	52,550,503	0	52,550,503
30. Amounts receivable relating to uninsured plans, current year			39,827,611		39,827,611
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	133,946,279	23,406,814	1,265,499,123	1,485,628	1,424,337,844
DETAILS OF WRITE-INS					
2501. Community Reinvestment.....			3,283,614		3,283,614
2502. Member Assistance Expenses.....			310,194		310,194
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	3,593,808	0	3,593,808

(a) Includes management fees of \$778,901,435 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....205,570	203,687
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....32,388,068	31,976,649
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated)	2,532,156	2,532,156
2.21	Common stocks of affiliates	0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....33,483,442	32,811,116
7.	Derivative instruments	(f).....	.....
8.	Other invested assets	399,922	406,997
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	69,009,158	67,930,605
11.	Investment expenses		(g).....1,485,628
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).....
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		1,485,628
17.	Net investment income (Line 10 minus Line 16)		66,444,977
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
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$2,527,130 accrual of discount less \$6,027,387 amortization of premium and less \$13,125 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 \$3,456,118 accrual of discount less \$3,331 amortization of premium and less \$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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	(1,646,660)		(1,646,660)		
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)	10,595,140	0	10,595,140	846,918	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
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	(33,675)		(33,675)	0	0
7.	Derivative instruments			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)	8,914,804	0	8,914,804	846,918	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	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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.....	287,277	1,013,043	725,766
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	398,566	1,279,313	880,747
24. Health care and other amounts receivable.....	6,603,565	21,246,608	14,643,043
25. Aggregate write-ins for other-than-invested assets	8,325,185	5,583,739	(2,741,446)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	15,614,593	29,122,703	13,508,110
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	15,614,593	29,122,703	13,508,110
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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Assets.....	8,178,241	4,807,645	(3,370,596)
2502. Other Assets.....	146,944	776,094	629,150
2503.		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)	8,325,185	5,583,739	(2,741,446)

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.....	1,505,327	1,548,642	1,519,551	1,422,219	1,372,332	17,745,613
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	1,505,327	1,548,642	1,519,551	1,422,219	1,372,332	17,745,613
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 2023 OF THE CareSource Ohio Inc.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
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 \$2,138,297 in net income and \$48,382,904 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.

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 540,169,520	\$ 647,964,556
(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	\$ 540,169,520	\$ 647,964,556
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 865,997,119	\$ 1,461,472,572
(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	\$ 0	\$ 20,559,471
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 865,997,119	\$ 1,440,913,101

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) CSOH does not hold any preferred stock.
- (5) CSOH 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) CSOH does not invest in any subsidiary, controlled or affiliated entities.
- (8) CSOH does not invest in any joint ventures, partnerships, or limited liability companies.
- (9) CSOH does not hold any derivative instruments.
- (10) CSOH 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) CSOH does not hold any assets requiring capitalization.
- (13) Pharmacy rebates are attained based on agreements between CSOH 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

Not Applicable

- (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

\$

222,492

2. 12 Months or Longer

\$

30,608,845

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

1. Less than 12 Months

\$

15,649,154

2. 12 Months or Longer

\$

255,779,303

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

(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, 2023, CSOH holds \$306.8 million of loan backed securities, none of which met the criteria for impairment. As of December 31, 2022, CSOH held \$1.18 billion of loan backed securities, none of which met the criteria for impairment.

CSOH does not hold any investments as of December 31, 2023 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
- H. Repurchase Agreements Transactions Accounted for as a Sale
- 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 %
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	2,153,500	2,332,600	(179,100)		2,153,500	0.1	0.1
j. On deposit with states	3,498,261	3,500,000	(1,739)		3,498,261	0.2	0.2
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 in 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 (Sum of a through n)	\$ 5,651,761	\$ 5,832,600	\$ (180,839)	\$ 0	\$ 5,651,761	0.3 %	0.3 %

(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	\$	\$ 20,599,471	\$	\$ 20,599,471
(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)	0	4	\$ 0	\$ 20,599,471	\$ 0	\$ 20,599,471

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
- R. Reporting Entity's Share of Cash Pool by Asset type.
- Not Applicable

General Account 2
12,470

6. Joint Ventures, Partnerships and Limited Liability Companies
- Not Applicable
7. Investment Income
- All investment income admitted is due within 90 days.

- A. Due and Accrued Income that was Excluded from Surplus on the following basis
- Not Applicable
- B. Total Amount Excluded

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

Not Applicable

C. Gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 7,506,348
2. Nonadmitted	\$ 0
3. Admitted	\$ 7,506,348

D. Aggregate deferred interest.

Not Applicable

E. Cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Not Applicable

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.

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

A. Nature of the Relationship Involved

CSOH's corporate parent is CareSource.

B. Detail of Transactions

For the years ended December 31, 2023 and 2022, CSOH incurred management fees of \$778.9 million and \$859.8 million to CareSource Management Services (CSMS), respectively. CareSource did not provide CSOH with any capital for the periods ended December 31, 2023 and 2022. CSOH paid dividends of \$1.15 billion and \$275 million to CareSource for the periods ended December 31, 2023 and 2022, respectively.

C. Transactions with related party who are not reported on Schedule Y

Not Applicable

D. Amounts Due From or To Related Parties

As of December 31, 2023 and December 31, 2022, CSOH owed related parties \$33.1 million and \$21.9 million, for employee compensation and other administrative expenses incurred by the related party on behalf of CSOH. The terms of the agreement require that these amounts be settled within 30 days.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

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. Guarantees or Undertakings

Not Applicable

G. Nature of the Control Relationship

Not Applicable

H. Amount Deducted for Investment in Upstream Intermediate Entity or Ultimate Parent Owned

Not Applicable

I. Investments in SCA that Exceed 10% of Admitted Assets

Not Applicable

J. Investments in Impaired SCAs

Not Applicable

K. Investment in Foreign Insurance Subsidiary

Not Applicable

L. Investment in Downstream Noninsurance Holding Company

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

A. All Other Debt

Not Applicable

B. FHLB (Federal Home Loan Bank) Agreements

(1) As of December 31, 2023, CSOH is a member of the Federal Home Loan Bank (FHLB) of Cincinnati. Through its membership, CSOH is permitted to conduct business activity (borrowings) with the FHLB. CSOH did not engage in borrowing activity with FHLB in either 2023 or 2022. CSOH has determined the actual maximum borrowing capacity as \$0.

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	2,121,333
(c) Activity Stock	
(d) Excess Stock	32,167
(e) Aggregate Total (a+b+c+d)	2,153,500
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	

2. Prior Year-end

	Total
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	2,109,231
(c) Activity Stock	0
(d) Excess Stock	223,369
(e) Aggregate Total (a+b+c+d)	2,332,600
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)

11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

	1	2	Eligible for Redemption			
Membership Stock	Current Year Total (2+3+4+5+6)	Not Eligible for Redemption	3 Less Than 6 Months	4 6 months to Less Than 1 year	5 1 to Less Than 3 Years	6 3 to 5 Years
1. Class A	0					
2. Class B	2,121,333	2,121,333				

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)

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11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

- (3) Collateral Pledged to FHLB
- Not Applicable
- (4) Borrowing from FHLB
- 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. Number of Shares of Each Class of Capital Stock, Authorized, Issued and Outstanding and the Par or Stated Value of Each Class
- Not Applicable
- B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
- Not Applicable
- C. Dividend Restrictions
- Not Applicable
- D. Dates and Amounts of Dividends Paid
- CSOH paid CareSource dividends of \$1.15 billion, of which \$647,964,556 was ordinary and \$502,035,444 was extraordinary for the period ending December 31, 2023. For the months ended March 31, 2023, June 30, 2023, September 30, 2023, and December 31, 2023, CSOH paid dividends of \$300M, \$300M, \$300M, and \$250M, respectively.
- E. Profits that may be Paid as Ordinary Dividends to Stockholders
- Not Applicable
- F. Restrictions on Unassigned Funds (Surplus)
- Not Applicable
- G. Mutual Reciprocal Amounts of Advances to Surplus not Repaid
- Not Applicable
- H. Amount of Stock Held for Special Purposes
- Not Applicable
- I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period
- Not Applicable
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$
- 846,918
- K. Surplus Notes
- Not Applicable
- L. The Impact of any Restatement Due to Prior Quasi-Reorganizations
- Not Applicable
- M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
- Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments
- Not Applicable
- B. Assessments
- Not Applicable
- C. Gain Contingencies
- Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
- 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

Not Applicable

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

- A. ASO 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. Additionally, the Company has an uninsured portion of partially insured plans for the managed care Medicaid pass-through programs HAP, ARPA, CMC, and CPC. Total funding for these programs was \$1.2 billion which was subsequently paid out in total, resulting in no gain or loss from operations.
- The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2023 :
- | | 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 | \$ 771,509 | \$ | \$ 771,509 |
| b. Total net other income or expenses (including interest paid to or received from plans) | \$ | \$ | \$ 0 |
| c. Net gain or (loss) from operations (a+b) | \$ 771,509 | \$ 0 | \$ 771,509 |
| d. Total claim payment volume | \$ | \$ | \$ 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, 2023, CSOH had recorded a receivable from CMS of \$35.2 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.

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19. Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators
- Not Applicable
20. Fair Value Measurements

A. Assets and Liabilities Measured at Fair Value

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.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock	\$	\$	\$	\$	\$ 0
Cash Equivalent	\$	\$	2,153,500	\$	\$ 2,153,500
Total assets at fair value/NAV	\$ 79,476,580	\$	\$	\$	\$ 79,476,580
	\$ 79,476,580	\$ 0	\$ 2,153,500	\$ 0	\$ 81,630,080

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Description	Beginning Balance at 01/01/2023	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains And (losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2023
a. Assets:										
Indust. & Misc.	2,332,600							179,100		2,153,500
Total Assets	2,332,600	0	0	0	0	0	0	179,100	0	2,153,500

(3) CSOH recognizes transfers between fair value levels at the end of the reporting period.

(4) CSOH does not have any assets with fair value measurements categorized within Level 2. As of December 31, 2023 CareSource has common stock with fair value measurements of \$2.2 million categorized within Level 3.

(5) Not Applicable

B. Other Fair Value Disclosures

Not Applicable

C. Fair Value of Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 956,131,327	\$ 1,032,998,431	\$ 3,423,560	\$ 952,707,767	\$	\$	
Common Stock	\$ 2,153,500	\$ 2,153,500	\$	\$	\$ 2,153,500	\$	\$
Cash, Cash Equivalents and ST Investments	\$ 283,152,770	\$ 283,152,770	\$ 283,152,770	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not Applicable

E. Investments Measured using the NAV as Practical Expedient

Not Applicable

21. Other Items
- Not Applicable

22. Events Subsequent

- A. Type I - Recognized Subsequent Events
- Subsequent events have been considered through February 27, 2024 for the Statutory Statement issued on February 27, 2024.
- B. Type II - Nonrecognized Subsequent Events
- Subsequent events have been considered through February 27, 2024 for the Statutory Statement issued on February 27, 2024.

23. Reinsurance

A. Ceded Reinsurance Report

- (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 \$94,556,043.
- (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

- b. Not Applicable
- E. Reinsurance Credit

Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

CSOH estimates accrued retrospective premium adjustments for its individual health insurance and Medicare Business through a mathematical approach using an algorithm of CSOH's

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underwriting rules and experience rating practices.

B. Accrued Retrospective Premiums Recorded Through Written Premium or as an Adjustment to Earned Premium

CSOH records accrued retrospective premiums as an adjustment to earned premiums.

C. Amount of Net Premiums Written Subject to Retrospective Rating Features

The amounts of net premiums written by CareSource at December 31, 2023 that are subject to retrospective rating features was \$8.5 billion that represented 100% of the total net premiums written. No other net premiums written by CareSource are subject to retrospective redetermination.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

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

AMOUNT

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments) \$

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 135,263

3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium) \$ 13,608,657

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (7,553,475)

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 135,951

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 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)	\$ 1,230,816	\$	\$ 4,459,746	\$	\$ (3,228,930)	\$ 0	\$ 3,292,997	\$	A	\$ 64,067	\$ 0
2. Premium adjustments (payable) (including high-risk pool premium)	\$	\$ (2,120,325)	\$ 1,851,628	\$ (1,148,635)	\$ (1,851,628)	\$ (971,690)	\$ 1,851,628	\$ 960,000	B	\$ 0	\$ (11,690)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 1,230,816	\$ (2,120,325)	\$ 6,311,374	\$ (1,148,635)	\$ (5,080,558)	\$ (971,690)	\$ 5,144,625	\$ 960,000		\$ 64,067	\$ (11,690)
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											

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	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)
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	\$ 1,230,816	\$ (2,120,325)	\$ 6,311,374	\$ (1,148,635)	\$ (5,080,558)	\$ (971,690)	\$ 5,144,625	\$ 960,000		\$ 64,067	\$ (11,690)

- Explanations of Adjustments
- Adjusted for 2022 High cost risk pool receivable and 2021 RADV audit
- Adjusted for 2022 Risk adjustment and high cost risk pool contribution, and RADV estimate for 2022.
-
-
-
-
-
-
-
-
- (4) Not Applicable
- (5) Not Applicable

25. Changes in Incurred Claims and Claim Adjustment Expenses

- Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses
- Reserves as of December 31, 2022 were \$827.5 million, including unpaid claims adjustment expense. As of December 31, 2023, \$528.1 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$61.4 million, therefore, there has been a \$238 million favorable prior-year development. The change is generally the result of ongoing analysis of recent development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Included in this increase, CSOH experienced \$225.2 million favorable prior year claim development, \$20.1 million favorable healthcare receivable development, and \$7.3 million unfavorable provider incentive development.
- Information about Significant Changes in Methodologies and Assumptions

Not Applicable

26. Intercompany Pooling Arrangements

Not Applicable

27. Structured Settlements

Health Entities should not complete this Note.

28. Health Care Receivables

- Pharmaceutical Rebate Receivables
- Pharmacy rebates - As of December 31, 2023 and December 31, 2022, CSOH recorded a pharmacy rebate receivable of \$14.2 million and \$12.6 million, of which \$0 million and \$0 million and was non-admitted, respectively. The receivable is estimated using invoiced prescriptions and rebate dollars sent to drug manufactures for reimbursement. CSOH 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
12/31/2023	\$ 14,235,321	\$ 16,587,621	\$	\$	\$
09/30/2023	\$ 14,618,449	\$ 15,297,759	\$ 15,297,759	\$	\$
06/30/2023	\$ 14,135,810	\$ 17,686,606	\$ 15,674,899	\$ 1,711,140	\$ 300,567
03/31/2023	\$ 12,841,453	\$ 16,202,757	\$ 13,028,059	\$ 2,780,994	\$ 393,704
12/31/2022	\$ 12,637,763	\$ 16,707,293	\$ 15,457,757	\$ 902,345	\$ 347,192
09/30/2022	\$ 13,307,534	\$ 16,477,360	\$ 13,259,857	\$ 2,942,008	\$ 275,496
06/30/2022	\$ 15,077,049	\$ 16,285,064	\$ 13,047,926	\$ 3,063,117	\$ 174,021
03/31/2022	\$ 14,449,798	\$ 13,364,052	\$ 10,646,724	\$ 2,365,775	\$ 351,553
12/31/2021	\$ 10,169,401	\$ 17,103,992	\$ 15,122,098	\$ 2,050,000	\$ (68,106)
09/30/2021	\$ 13,244,601	\$ 15,819,821	\$ 13,441,768	\$ 2,379,195	\$ (1,142)
06/30/2021	\$ 14,717,384	\$ 15,072,753	\$ 13,131,121	\$ 1,923,158	\$ 18,474
03/31/2021	\$ 13,001,768	\$ 13,393,697	\$ 11,804,325	\$ 1,604,999	\$ (15,626)

- Risk Sharing Receivables
- As of December 31,2023 and December 31,2022, CSOH recorded a risk sharing receivable of \$19m and \$16.8m.

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received – All Other
2023	2023	\$	\$ 19,019,645	\$	\$	\$	\$	\$	\$
2023	2022	\$ 16,753,445	\$ 21,751,916	\$ 21,751,916	\$	\$	\$ 21,751,916	\$	\$
2022	2022	\$	\$ 16,753,445	\$	\$ 16,753,445	\$	\$	\$	\$

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserves

- Liability carried for premium deficiency reserves
- \$ 0
- Date of the most recent evaluation of this liability
- 12/31/2023
- 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 \$13.1 million.

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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?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [X] No []
- 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 [X] 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 [X]
- 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 [X] No []
- 2.2

If yes, date of change:

03/10/2023
- 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.

12/31/2020
- 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).

02/04/2022
- 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 [X] No [] N/A []
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] 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?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]
- 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?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]
- 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 [X]
- 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 [X]
- 7.2

If yes,
7.21 State the percentage of foreign control
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).

0.0 %

1 Nationality	2 Type of Entity

- 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 depository institution holding company?

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 theFederal 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]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 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
- 12.13 Total book/adjusted carrying value \$.....
- 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 [X]
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 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?
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.
Yes [X] No []
- 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).
Code of Conduct is updated and approved by Board of Directors annually.....
- 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).
- 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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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 [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....398,566
- 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	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 ☒] No ☐]
- 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 ☒]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes ☐] No ☐] NA ☒]
- 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 ☒] 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 ☒] No ☐]
- 26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements

\$0

26.22 Subject to reverse repurchase agreements

\$0

26.23 Subject to dollar repurchase agreements

\$0

26.24 Subject to reverse dollar repurchase agreements

\$0

26.25 Placed under option agreements

\$0

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

\$2,153,500

26.27 FHLB Capital Stock

\$3,498,261

26.28 On deposit with states

\$0

26.29 On deposit with other regulatory bodies

\$0

26.30 Pledged as collateral – excluding collateral pledged to an FHLB

\$0

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

\$0

26.32 Other

\$0

26.3 For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ☐] No ☒]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes ☐] No ☐] N/A ☐]
- 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 ☒]
- 28.2 If yes, state the amount thereof at December 31 of the current year.

\$0
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 ☒] No ☐]
- 29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
Fifth Third Bank.....	38 Fountain Square, Cincinnati, Ohio 45263.....
Huntington Bank.....	41 S. High Street. Columbus, Ohio 43215.....
Principal Bank IRT - Iowa.....	510 N Valley Mills Drive, Suite 400 Waco, TX 76710.....
Federal Home Loan Bank of Cincinnati.....	221 East Fourth Street 600 Atrium Two Cincinnati, OH 45202.....

- 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	2	3
Name(s)	Location(s)	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 ☐]
- 29.04 If yes, give full and complete information relating thereto:

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
Principal Bank IRT - Iowa.....	Fifth Third Bank.....	.02/15/2023..	Transferred assets from Principal to new custody account for fixed income investing.....

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	2
Name of Firm or Individual	Affiliation
Justin Bell.....	I.....
Jared Hillenbrand.....	I.....
Blackrock.....	U.....
JP Morgan.....	U.....
Allspring Global Investments.....	U.....

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 [X] No []

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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107105.....	Blackrock Financial Management Inc.....	549300LVXYIVJKE13M84.....	Securities Exchange Commission.....	DS.....
107038.....	JP Morgan Investment Management Inc.....	549300W78QHV4XMM6K69.....	Securities Exchange Commission.....	DS.....
104973.....	AllSpring Global Investments..	549300B3H2I002L85I90.....	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 [] No [X]

30.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2001		
30.2002		
30.2003		
30.2004		
30.2005		
30.2006		
30.2007		
30.2008		
30.2009		
30.2010		
30.2011		
30.2012		
30.2013		
30.2014		
30.2015		
30.2016		
30.2017		
30.2018		
30.2019		
30.2020		
30.2021		
30.2022		
30.2023		
30.2024		
30.2025		
30.2026		
30.2027		
30.2028		
30.2029		
30.2030		
30.2999 TOTAL		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....			
.....			
.....			

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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	1,032,998,431.....	956,131,327.....	(76,867,103).....
31.2 Preferred Stocks.....	0.....		0.....
31.3 Totals	1,032,998,431	956,131,327	(76,867,103)

31.4 Describe the sources or methods utilized in determining the fair values:
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.....

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 []

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 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?

Yes ☒ No ☐
- 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 ☒ 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 ☒ 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 ☒
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 ☒
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 ☒ No ☐ NA ☐
- 38.1

Does the reporting entity directly hold cryptocurrencies?

Yes ☐ No ☒
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?
- 39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes ☐ No ☒
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
- 39.21

Held directly

Yes ☐ No ☐
- 39.22

Immediately converted to U.S. dollars

Yes ☐ No ☐
- 39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

- 40.1

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

\$0
- 40.2

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
.....	\$.....
.....	\$.....
.....	\$.....

- 41.1

Amount of payments for legal expenses, if any?

\$3,429,814
- 41.2

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
.....	\$.....
.....	\$.....
.....	\$.....

- 42.1

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

\$132,027
- 42.2

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 lives0
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 lives0
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 lives0
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 lives0

2. Health Test:

Table with 3 columns: Item, 1 Current Year, 2 Prior Year. Rows include Premium Numerator, Premium Denominator, Premium Ratio, Reserve Numerator, Reserve Denominator, and Reserve Ratio.

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 \$1,450,000
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:
The Company protects subscribers and their dependents against the risk of insolvency through the reinsurance contract with PartnerRe America Insurance Company, as well as a parental guarantee from CareSource, the Company's parent.
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 year103,452
8.2 Number of providers at end of reporting year166,049
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 [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....226,557,043

10.22 Amount actually paid for year bonuses

\$.....114,105,768

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?

Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

State of Ohio.....

11.4 If yes, show the amount required.

\$.....426,603,162

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

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.....
Al len.....
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.....
Mar ion.....
Medina.....
Meigs.....
Mercer.....
Miami.....
Monroe.....
Montgomery.....
Morgan.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

Table with 1 column: Name of Service Area. Rows include 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:

Table with 7 columns: 1 Company Name, 2 NAIC Company Code, 3 Domiciliary Jurisdiction, 4 Reserve Credit, 5 Letters of Credit, 6 Trust Agreements, 7 Other. Subheader: Assets Supporting Reserve Credit.

- 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

Table with 1 column: *Ordinary Life Insurance Includes. Rows include 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]

FIVE - YEAR HISTORICAL DATA

	1 2023	2 2022	3 2021	4 2020	5 2019
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,224,638,042	2,651,665,665	2,636,539,155	2,440,022,329	1,898,022,537
2. Total liabilities (Page 3, Line 24)	1,358,640,923	1,190,193,096	1,494,421,039	1,380,194,686	1,056,016,667
3. Statutory minimum capital and surplus requirement	426,603,162	594,737,556	307,593,804	508,453,341	523,056,910
4. Total capital and surplus (Page 3, Line 33)	865,997,119	1,461,472,572	1,142,118,116	1,059,827,643	842,005,868
Income Statement (Page 4)					
5. Total revenues (Line 8)	8,448,108,779	10,778,229,595	10,438,946,323	9,938,236,701	8,701,345,692
6. Total medical and hospital expenses (Line 18)	6,591,979,187	8,605,895,207	8,923,776,831	8,373,723,564	7,502,716,004
7. Claims adjustment expenses (Line 20)	156,773,609	190,015,478	156,590,753	169,027,598	164,860,380
8. Total administrative expenses (Line 21)	1,234,417,764	1,405,607,645	1,318,600,444	1,258,286,048	1,026,077,216
9. Net underwriting gain (loss) (Line 24)	464,938,219	595,637,594	21,051,966	137,199,491	7,692,092
10. Net investment gain (loss) (Line 27)	75,359,781	52,326,962	30,217,379	24,568,387	47,966,079
11. Total other income (Lines 28 plus 29)	(128,480)	0	(7,410,908)	5,114,177	0
12. Net income or (loss) (Line 32)	540,169,520	647,964,556	43,858,437	166,882,055	55,658,170
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	163,521,985	566,024,627	212,576,608	530,966,504	89,665,360
Risk-Based Capital Analysis					
14. Total adjusted capital.....	865,997,119	1,461,472,572	1,142,118,116	1,059,827,643	842,005,868
15. Authorized control level risk-based capital.....	213,343,006	297,368,778	307,593,804	305,967,146	279,658,241
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,372,332	1,505,327	1,497,859	1,421,451	1,261,151
17. Total members months (Column 6, Line 7)	17,745,613	18,175,305	17,534,686	16,171,802	15,476,380
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)	78.0	79.8	87.9	86.7	87.7
20. Cost containment expenses	1.6	1.5	1.4	1.5	1.7
21. Other claims adjustment expenses	0.3	0.3	0.2	0.3	0.2
22. Total underwriting deductions (Line 23)	94.5	94.5	102.6	101.4	101.6
23. Total underwriting gain (loss) (Line 24)	5.5	5.5	0.2	1.4	0.1
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	580,123,364	731,821,407	607,933,016	705,805,530	569,006,984
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	818,158,747	875,784,344	881,712,195	686,671,734	601,331,787
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					

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

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
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	323,001,104	418,637,889	7,508,626,147	292,399,683				8,542,664,822	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	0
59.	Subtotal		XXX	323,001,104	418,637,889	7,508,626,147	292,399,683	0	0	0	8,542,664,822	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX								0	
61.	Total (Direct Business)		XXX	323,001,104	418,637,889	7,508,626,147	292,399,683	0	0	0	8,542,664,822	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	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1

2. R – Registered – Non-domiciled RRGs0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0

4. Q – Qualified – Qualified or accredited reinsurer0

5. N – None of the above – Not allowed to write business in the state.....56

(b) Explanation of basis of allocation by states, premiums by states, etc.

N/A - all premiums are generated in the State of Ohio

STATEMENT AS OF December 31, 2023 OF THE CareSource Ohio Co.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL
CHART

CareSource Organization Chart

Ownership is 100% unless otherwise indicated.

