



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

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EXHIBIT 3 - HEALTH CARE RECEIVABLES

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	20,985,534	49,049,708		14,235,321	20,985,534	12,637,763
2. Claim overpayment receivables	24,760,595				24,760,595	18,000,000
3. Loans and advances to providers	998,912	728,243	2,247,845	4,355,720	3,246,757	3,246,608
4. Capitation arrangement receivables			1,226,657	61,518,487	1,226,657	50,453,155
5. Risk sharing receivables	21,751,916			19,019,645	21,751,916	16,866,117
6. Other health care receivables			112,672		112,672	
7. Totals (Lines 1 through 6)	68,496,957	49,777,951	3,587,174	99,129,173	72,084,131	101,203,643

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

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

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Individual	Group											
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,505,327	48,230						23,505	1,433,592					
2 First Quarter	1,548,642	48,343						21,283	1,479,016					
3 Second Quarter	1,519,551	50,920						21,054	1,447,577					
4. Third Quarter	1,422,219	54,833						20,784	1,346,602					
5. Current Year	1,372,332	58,380						20,171	1,293,781					
6 Current Year Member Months	17,745,613	623,620						251,699	16,870,294					
Total Member Ambulatory Encounters for Year:														
7. Physician	9,169,610	244,851						426,858	8,497,901					
8. Non-Physician	16,252,630	220,907						612,693	15,419,030					
9. Total	25,422,240	465,758	0	0	0	0	0	1,039,551	23,916,931	0	0	0	0	0
10. Hospital Patient Days Incurred	698,509	13,037						55,609	629,863					
11. Number of Inpatient Admissions	135,397	2,331						8,407	124,659					
12. Health Premiums Written (b).....	8,542,664,822	323,001,104						418,637,889	7,801,025,829					
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	8,542,664,822	323,001,104						418,637,889	7,801,025,829					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	6,568,882,436	254,408,452						425,983,031	5,888,490,953					
18. Amount Incurred for Provision of Health Care Services	6,647,056,937	260,886,285						441,224,885	5,944,945,767					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$418,637,889



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code	03683	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2023							NAIC Company Code		95201
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	1,505,327	48,230	0	0	0	0	0	23,505	1,433,592	0	0	0	0	0
2 First Quarter	1,548,642	48,343	0	0	0	0	0	21,283	1,479,016	0	0	0	0	0
3 Second Quarter	1,519,551	50,920	0	0	0	0	0	21,054	1,447,577	0	0	0	0	0
4. Third Quarter	1,422,219	54,833	0	0	0	0	0	20,784	1,346,602	0	0	0	0	0
5. Current Year	1,372,332	58,380	0	0	0	0	0	20,171	1,293,781	0	0	0	0	0
6 Current Year Member Months	17,745,613	623,620	0	0	0	0	0	251,699	16,870,294	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	9,169,610	244,851	0	0	0	0	0	426,858	8,497,901	0	0	0	0	0
8. Non-Physician	16,252,630	220,907	0	0	0	0	0	612,693	15,419,030	0	0	0	0	0
9. Total	25,422,240	465,758	0	0	0	0	0	1,039,551	23,916,931	0	0	0	0	0
10. Hospital Patient Days Incurred	698,509	13,037	0	0	0	0	0	55,609	629,863	0	0	0	0	0
11. Number of Inpatient Admissions	135,397	2,331	0	0	0	0	0	8,407	124,659	0	0	0	0	0
12. Health Premiums Written (b).....	8,542,664,822	323,001,104	0	0	0	0	0	418,637,889	7,801,025,829	0	0	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	8,542,664,822	323,001,104	0	0	0	0	0	418,637,889	7,801,025,829	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	6,568,882,436	254,408,452	0	0	0	0	0	425,983,031	5,888,490,953	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,647,056,937	260,886,285	0	0	0	0	0	441,224,885	5,944,945,767	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$418,637,889

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

SCHEDULE S - PART 2

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

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums.....	23,299	20,368	15,360	28,311	12,649
2. Title XVIII-Medicare.....	9,345	6,286	5,263	5,797	1,780
3. Title XIX-Medicaid.....	61,912	53,329	38,581	43,405	25,017
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	55,078	60,672	43,277	72,585	44,413
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	49,983	41,516	26,899	53,214	24,990
8. Reinsurance recoverable on paid losses.....	4,754	6,186	6,739	0	12,693
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,318,304,701		1,318,304,701
2. Accident and health premiums due and unpaid (Line 15).....	758,132,980		758,132,980
3. Amounts recoverable from reinsurers (Line 16.1).....	4,753,619	(4,753,619)	0
4. Net credit for ceded reinsurance.....	XXX	54,736,562	54,736,562
5. All other admitted assets (Balance).....	143,446,742		143,446,742
6. Total assets (Line 28)	2,224,638,042	49,982,943	2,274,620,985
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	808,527,360	49,982,943	858,510,303
8. Accrued medical incentive pool and bonus payments (Line 2).....	112,706,527		112,706,527
9. Premiums received in advance (Line 8).....	10,999,020		10,999,020
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	426,408,016		426,408,016
15. Total liabilities (Line 24).....	1,358,640,923	49,982,943	1,408,623,866
16. Total capital and surplus (Line 33).....	865,997,119	XXX	865,997,119
17. Total liabilities, capital and surplus (Line 34)	2,224,638,042	49,982,943	2,274,620,985
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	49,982,943		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	4,753,619		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	54,736,562		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	54,736,562		

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

Allocated By States and Territories

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

NONE

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000.....	CareSource.....	00000.....	84-4431982.....				CareSource Holding LLC.....	OH.....	NIA.....	CareSource.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	17271.....	84-4476729.....				CareSource Arkansas Health Plan Co.....	AR.....	IA.....	CareSource Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	81-1727271.....				CareSource Virginia Co.....	VA.....	NIA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	56-2582561.....				The CareSource Foundation.....	OH.....	NIA.....	CareSource.....	Board of Trustees.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	10142.....	32-0121856.....				CareSource Indiana, Inc.....	IN.....	IA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	31-1703371.....				CareSource Management Services LLC.....	OH.....	NIA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	31-1703368.....				CareSource.....	OH.....	UDP.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	95201.....	31-1143265.....				CareSource Ohio Inc.....	OH.....	RE.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	15479.....	46-4991603.....				CareSource Kentucky Co.....	KY.....	IA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	15710.....	47-2408339.....				CareSource Georgia Co.....	GA.....	IA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	15728.....	47-3028244.....				CareSource West Virginia Co.....	WV.....	IA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	00000.....	45-4937120.....				CareSource Reinsurance, LLC.....	MT.....	IA.....	CareSource.....	Board of Managing Directors.....	0.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	81-1025103.....				CareSource at Home LLC.....	OH.....	NIA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	81-1017455.....				CareSource Network Partners LLC.....	OH.....	NIA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	81-1602217.....				CareSource Life Services Co.....	OH.....	NIA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	17096.....	86-3112470.....				CareSource PASSE LLC.....	AR.....	IA.....	CareSource Holding LLC.....	Ownership.....	49.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	82-4834822.....				CareSource Real Estate Holdings LLC.....	OH.....	NIA.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	85-1588557.....				CareSource Management Services Holding LLC.....	DE.....	NIA.....	CareSource Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	85-2689588.....				CareSource Rx Innovations LLC.....	OH.....	NIA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	85-4022039.....				Kids' CareAlliance Co.....	OH.....	NIA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	85-3713133.....				CareSource Oklahoma Holding LLC.....	DE.....	NIA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	17023.....	85-4038326.....				CareSource Oklahoma Health Plan Co.....	OK.....	IA.....	CareSource Oklahoma Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	87-1242052.....				Gem City Reinsurance LLC.....	MT.....	IA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	87-1688130.....				CareSource Holding II LLC.....	OH.....	NIA.....	CareSource.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	87-2901879.....				CareSource Reinsurance II, LLC.....	MT.....	IA.....	CareSource Holding II LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
03683	CareSource	17366	87-3079479				CareSource North Carolina Co.	NC	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17467	87-4254502				CareSource Tennessee Co.	TN	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17379	87-3411276				CareSource Kansas LLC	KS	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	81-4132952				Columbus Organization Holdings LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	75-2690132				Columbus Medical Services LLC	DE	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	02-3305298				Columbus Educational Services LLC	DE	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	30-0975112				Columbus Medical Services Inc.	MD	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17284	88-1429834				CareSource Iowa Co.	IA	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	88-3042610				CareSource Bayou Holding LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	51.0	CareSource	NO	.0
03683	CareSource	17449	88-3401520				CareSource Bayou Health LLC	TX	IA	CareSource Bayou Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17455	88-3601120				CareSource Florida Co.	FL	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	92-3355394				CareSource Holding III LLC	OH	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2512566				CareSource Military & Veterans Holding LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2552094				CareSource Military & Veterans Co.	OH	NIA	CareSource Military & Veterans Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2340017				ImagineCare Holdings LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	49.0	CareSource	NO	.0
00000	CareSource	00000	93-2361419				ImagineCare LLC	FL	NIA	ImagineCare Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	92-3877012				HAP Empowered Holding LLC	DE	NIA	CareSource Holding III LLC	Ownership	40.0	CareSource	NO	.0
00000	CareSource	95814	38-3123777				HAP CareSource	MI	IA	HAP Empowered Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	00000	93-3077861				GCRE Protected Cell No. 3 - CS LLC	MT	IA	Gem City Reinsurance LLC	Ownership	100.0	CareSource	NO	.0

Asterisk	Explanation

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000.....	31-1703371.....	CareSource Management Services, Inc.....					1,132,217,860				1,132,217,860	
00000.....	85-1588557.....	CareSource Management Services Holdings.....	8,088	(7,470,049)							(7,461,961)	
95201.....	31-1143265.....	CareSource Ohio.....	(1,150,000,000)				(778,901,435)				(1,928,901,435)	
00000.....	56-2582561.....	CareSource Foundation.....		3,500,000							3,500,000	
10142.....	32-0121856.....	CareSource Indiana.....	(18,442,056)	(50,000,000)	(6,556,944)		(134,304,756)				(209,303,756)	
00000.....	45-4937120.....	CareSource Reinsurance.....	(40,000,000)				(103)				(40,000,103)	
00000.....	31-1703368.....	CareSource.....	1,233,565,558	97,391,074	26,342,485		(1,239,833)				1,356,059,284	
00000.....	87-1688130.....	CareSource Holdings.....									.0	
15479.....	46-4991603.....	CareSource Kentucky.....					(21,480,464)				(21,480,464)	
15710.....	47-2408339.....	CareSource Georgia.....	(25,123,502)	(97,730,952)	(17,145,546)		(171,095,018)				(311,095,018)	
15728.....	47-3028244.....	CareSource West Virginia.....		(6,000,000)	(2,639,995)		(12,159,699)				(20,799,694)	
00000.....	81-1727271.....	CareSource Virginia.....									.0	
17271.....	84-4476729.....	CareSource Arkansas.....									.0	
17096.....	86-3112470.....	CareSource Arkansas PASSE.....					(8,553,597)			1,015,090	(7,538,507)	
17023.....	85-4038326.....	CareSource Oklahoma.....									.0	
00000.....	82-4834822.....	CareSource Real Estate Holdings.....									.0	
00000.....	85-4022039.....	CareSource Kids Care Alliance.....	(8,088)	(400,000)							(408,088)	
00000.....	81-1025103.....	CareSource At Home.....									.0	
00000.....	81-4132842.....	CareSource The Columbus Organization.....									.0	
17379.....	87-3411276.....	CareSource Kansas LLC.....									.0	
17284.....	88-1429834.....	CareSource Iowa Co.....									.0	
00000.....	87-4254502.....	CareSource Tennessee Co.....		1,000,000							1,000,000	
17366.....	87-3079479.....	CareSource North Carolina Co.....					(214,469)				(214,469)	
00000.....	88-3601120.....	CareSource Florida Co.....									.0	
00000.....	87-2901879.....	CareSource Reinsurance II.....								(1,015,090)	(1,015,090)	
00000.....	87-1242052.....	CareSource Gem City Reinsurance.....		350,000							350,000	
00000.....	93-3077861.....	Gem City Protected Cell No 3 - NC.....		1,500,000							1,500,000	
95814.....	38-3123777.....	CareSource HAP.....					(4,268,486)				(4,268,486)	
00000.....	92-3877012.....	HAP Empowered Holding General.....									.0	
00000.....	88-3042610.....	CareSource Bayou Health.....		1,020,000							1,020,000	
17449.....	88-3401520.....	CareSource Bayou Health Holdings.....									.0	
00000.....	93-2361419.....	ImagineCare LLC.....									.0	
00000.....	93-2340017.....	ImagineCare Holdings LLC.....									.0	
00000.....	93-2552094.....	CareSource Military & Veterans Co.....		1,500,049							1,500,049	
00000.....	93-2512566.....	CareSource Military & Veterans Holding.....		2,500,000							2,500,000	
00000.....	84-4431982.....	CareSource Holdings III LLC.....		52,839,878							52,839,878	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

MARCH FILING

Responses

1.

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

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

Will an actuarial opinion be filed by March 1?

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

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

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

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

.....YES.....

APRIL FILING

5.

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

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

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

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

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

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

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

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

.....YES.....

SUPPLEMENTAL FILINGS

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

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?

.....YES.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

24.

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

.....YES.....

Explanation:

16. Not Applicable

17. Not Applicable

18. Not Applicable

20. Business not written

21. Business not written

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

13.



14.



15.



20.



21.



OVERFLOW PAGE FOR WRITE-INS



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

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT
FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code 03683.....

NAIC Company Code 95201.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	.NO.
2. Health.....	.YES.
3. Homeowners.....	.NO.
4. Individual annuity.....	.NO.
5. Individual life.....	.NO.
6. Lender-placed home and auto.....	.NO.
7. Long-term care.....	.NO.
8. Other health.....	.NO.
9. Private flood.....	.NO.
10. Private passenger auto.....	.NO.
11. Short-term limited duration health plans.....	.NO.
12. Travel	NO