



**ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2024
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
 Other Is HMO, Federally Qualified? Yes No

Incorporated/Organized 06/12/1985 Commenced Business 10/01/1988

Main Administrative Office _____ 230 North Main S.
(Street and Number)
Dayton, OH, US 45402 937-224-3300

(City or Town, State, County and Zip Code) (Area Code) (Telephone Number)

PO BOX 2200 _____, Dayton, OH, US 45401-2200
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records _____ 230 North Main St.
(Street and Number)
Dayton, OH, US 45402 _____, _____ 937-224-3300

(City or Town, State, County and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

OFFICERS

Name	Title	Name	Title
Stephen L. Ringel	President	Lawrence R. Smart	Chief Financial Officer/Treasurer
Stephanie A. Williams	Assistant Treasurer	Edward L. Stubbs, Jr.	Secretary

OTHER OFFICERS

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Erhardt H. Preitauer **DIRECTORS OR TRUSTEES** Lawrence R. Smart **Edward L. Stubbers #**

State of Ohio

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the *NAIC Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Stephen L. Ringel
President

Lawrence R. Smart
Chief Financial Officer/Treasurer

Stephanie A. Williams
Assistant Treasurer

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	1,001,550,601		1,001,550,601	1,032,998,431
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks		1,818,400	1,818,400	2,153,500
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 (\$ 226,487,035 , Schedule E-Part 1), cash equivalents (\$ 449,166,238 , Schedule E-Part 2) and short-term investments (\$ 84,690,523 , Schedule DA).....		760,343,797	760,343,797	283,152,770
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
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)	1,763,712,798	0	1,763,712,798	1,318,304,701
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	8,003,828		8,003,828	7,506,348
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	337,721,041	199,407	337,521,634	741,167,198
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 (\$ 16,067,139) and contracts subject to redetermination (\$)	16,067,139		16,067,139	16,965,782
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	7,673,014		7,673,014	4,753,619
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	30,364,898		30,364,898	39,827,611
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	322,455	322,455	0	0
24. Health care (\$ 99,942,219) and other amounts receivable.....	101,662,148	1,719,930	99,942,218	96,112,783
25. Aggregate write-ins for other-than-invested assets	14,418,432	14,382,261	36,172	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,279,945,753	16,624,053	2,263,321,701	2,224,638,042
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	2,279,945,753	16,624,053	2,263,321,701	2,224,638,042
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.....	14,382,261	14,382,261	0	0
2502. Other Assets.....	36,172		36,172	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)	14,418,432	14,382,261	36,172	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 17,675,389 reinsurance ceded)	920,473,286		920,473,286	808,527,360
2. Accrued medical incentive pool and bonus amounts	125,204,860		125,204,860	112,706,527
3. Unpaid claims adjustment expenses	8,762,920		8,762,920	8,747,876
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	170,120,967		170,120,967	249,845,246
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	12,647,163		12,647,163	10,999,020
9. General expenses due or accrued	132,219,189		132,219,189	134,373,734
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	0
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	5,037,652		5,037,652	33,100,388
16. Derivatives		0	0	0
17. Payable for securities	0		0	0
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	7,404,163		7,404,163	340,772
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	1,381,870,200		1,381,870,200	1,358,640,923
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	864,251,505	848,797,119
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	881,451,505	865,997,119
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,263,321,705	2,224,638,042
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	.15,424,146	17,745,613
2. Net premium income (including \$0 non-health premium income).....	XXX	8,501,089,951	8,448,108,779
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
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	8,501,089,951	8,448,108,779
Hospital and Medical:			
9. Hospital/medical benefits .....		.6,596,692,021	6,218,867,906
10. Other professional services .....		.326,170,796	218,621,007
11. Outside referrals			0
12. Emergency room and out-of-area			0
13. Prescription drugs		140,763,504	78,671,404
14. Aggregate write-ins for other hospital and medical.....	.0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		.99,971,410	.130,896,620
16. Subtotal (Lines 9 to 15).....	.0	.7,163,597,731	.6,647,056,937
Less:			
17. Net reinsurance recoveries .....		.37,692,415	.55,077,750
18. Total hospital and medical (Lines 16 minus 17) .....	.0	.7,125,905,316	.6,591,979,187
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$146,874,825 cost containment expenses.....		169,817,252	.156,773,609
21. General administrative expenses.....		.1,165,341,874	.1,234,417,764
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		.0	0
23. Total underwriting deductions (Lines 18 through 22).....	.0	.8,461,064,442	.7,983,170,560
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	.40,025,509	.464,938,219
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		.57,717,920	.66,444,977
26. Net realized capital gains (losses) less capital gains tax of \$(10,811).....			.8,914,804
27. Net investment gains (losses) (Lines 25 plus 26).....	.0	.57,707,109	.75,359,781
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	-(1,268,771)	-(128,480)
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	.96,463,847	.540,169,520
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31).....	XXX	.96,463,847	.540,169,520
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 Expense.....		-(1,268,771)	-(128,480)
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	(1,268,771)	(128,480)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	865,997,119	1,461,472,571
34. Net income or (loss) from Line 32	96,463,847	540,169,520
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	846,918	846,918
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	(1,009,460)	13,508,110
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	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	(80,000,000)	(1,150,000,000)
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	15,454,387	(595,475,452)
49. Capital and surplus end of reporting year (Line 33 plus 48)	881,451,506	865,997,119
DETAILS OF WRITE-INS		
4701.	0	0
4702.	0	0
4703.	0	0
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		8,827,645,892	8,139,231,932
2. Net investment income		61,870,332	71,101,600
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		8,889,516,224	8,210,333,532
5. Benefit and loss related payments		7,012,902,709	6,583,508,688
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		1,350,104,029	1,463,302,859
7. Commissions, expenses paid and aggregate write-ins for deductions		0	0
8. Dividends paid to policyholders		526,509,485	163,521,985
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		8,363,006,739	8,046,811,547
10. Total (Lines 5 through 9)		0	0
11. Net cash from operations (Line 4 minus Line 10)		526,509,485	163,521,985
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:		198,252,038	155,884,243
12.1 Bonds		335,100	258,922,277
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	23,597,000
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	(33,675)
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		198,587,138	438,369,844
13. Cost of investments acquired (long-term only):		171,464,911	4,872,097
13.1 Bonds		0	75,993,642
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	2,997,529
13.6 Miscellaneous applications		0	1,317,643
13.7 Total investments acquired (Lines 13.1 to 13.6)		171,464,911	85,180,912
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)		27,122,227	353,188,932
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):		0	0
16.1 Surplus notes, capital notes		(80,000,000)	(1,150,000,000)
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		3,559,320	(5,293,697)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(76,440,680)	(1,155,293,697)
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)		477,191,032	(638,582,780)
19. Cash, cash equivalents and short-term investments:		283,152,769	921,735,549
19.1 Beginning of year		760,343,802	283,152,769
19.2 End of year (Line 18 plus Line 19.1)		0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Total	Individual	Group										
1. Net premium income	8,501,089,951	442,598,916	0		0	0	0	398,300,286	7,660,190,749	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													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)	8,501,089,951	442,598,916	0		0	0	0	398,300,286	7,660,190,749	0	0	0	0	0
8. Hospital/medical benefits	6,596,692,023	263,049,108						302,453,888	6,031,189,027					XXX
9. Other professional services	326,170,795	2,388,834						15,850,330	307,931,631					XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	140,763,504	102,497,484						31,290,175	6,975,846					XXX
13. Aggregate write-ins for other hospital and medical	0	0	0		0	0	0	0	0	0	0	0		XXX
14. Incentive pool, withhold adjustments and bonus amounts	99,971,411	1,771,902						3,069,805	95,129,704					XXX
15. Subtotal (Lines 8 to 14)	7,163,597,733	369,707,328	0		0	0	0	352,664,198	6,441,226,208	0	0	0	0	XXX
16. Net reinsurance recoveries	37,692,415	2,547,304						16,533,124	18,611,987					XXX
17. Total hospital and medical (Lines 15 minus 16)	7,125,905,318	367,160,024	0		0	0	0	336,131,074	6,422,614,220	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 \$ 146,874,825 cost containment expenses	169,817,252	5,997,635						4,354,051	159,465,566					XXX
20. General administrative expenses	1,165,341,874	64,311,435						41,395,183	1,059,912,878					(277,622)
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	XXX
23. Total underwriting deductions (Lines 17 to 22)	8,461,064,444	437,469,094	0		0	0	0	381,880,308	7,641,992,664	0	0	0	0	(277,622)
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	40,025,507	5,129,822	0		0	0	0	16,419,978	18,198,085	0	0	0	0	277,622
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	XXX
0602.		XXX	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	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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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	473,057,891		30,458,975	442,598,916
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			0
7. Title XVIII - Medicare	416,720,813		18,420,527	398,300,286
8. Title XIX – Medicaid	7,705,888,663		45,697,914	7,660,190,749
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)	8,595,667,367	0	94,577,416	8,501,089,951
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	8,595,667,367	0	94,577,416	8,501,089,951

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	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											
1. Payments during the year:														
1.1 Direct	6,979,782,791	353,567,880						364,447,157	6,261,767,754					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	64,628,669	10,013,001						12,075,633	42,540,035					
1.4 Net	6,915,154,122	343,554,879	0	0	0	0	0	352,371,524	6,219,227,719	0	0	0	0	0
2. Paid medical incentive pools and bonuses	87,473,078	1,940,256						2,561,245	82,971,577					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	940,600,584	55,111,198	0	0	0	0	0	42,605,457	842,883,929	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	20,127,295	8,520,884	0	0	0	0	0	5,131,543	6,474,868	0	0	0	0	0
3.4 Net	920,473,289	46,590,314	0	0	0	0	0	37,473,914	836,409,061	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	125,204,860	822,208						1,905,777	122,476,875					
6. Net healthcare receivables (a)	(1,753,250)	4,170,462						203,306	(6,127,018)					
7. Amounts recoverable from reinsurers December 31, current year	7,673,013	725,777						2,847,479	4,099,757					
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	858,510,303	36,573,190	0	0	0	0	0	57,254,916	764,682,197	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	49,982,943	16,712,359	0	0	0	0	0	3,419,737	29,850,847	0	0	0	0	0
8.4 Net	808,527,360	19,860,831	0	0	0	0	0	53,835,179	734,831,350	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	112,706,527	990,562	0	0	0	0	0	1,397,217	110,318,748	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	4,753,619	0	0	0	0	0	0	101,794	4,651,825	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	7,063,626,322	367,935,426	0	0	0	0	0	349,594,392	6,346,096,504	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	37,692,415	2,547,303	0	0	0	0	0	16,533,124	18,611,988	0	0	0	0	0
12.4 Net	7,025,933,908	365,388,123	0	0	0	0	0	333,061,268	6,327,484,516	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	99,971,411	1,771,902	0	0	0	0	0	3,069,805	95,129,704	0	0	0	0	0

(a) Excludes \$460,106 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
1. Reported in Process of Adjustment:														
1.1. Direct	300,353,053	11,030,088							3,963,654	285,359,311				
1.2. Reinsurance assumed	0													
1.3. Reinsurance ceded	0													
1.4. Net	300,353,053	11,030,088	0	0	0	0	0	0	3,963,654	285,359,311	0	0	0	0
2. Incurred but Unreported:														
2.1. Direct	640,247,531	44,081,110							38,641,803	557,524,618				
2.2. Reinsurance assumed	0													
2.3. Reinsurance ceded	20,127,295	8,520,884							5,131,543	6,474,868				
2.4. Net	620,120,237	35,560,227	0	0	0	0	0	0	33,510,260	551,049,750	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	940,600,584	55,111,198	0	0	0	0	0	0	42,605,457	842,883,929	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	20,127,295	8,520,884	0	0	0	0	0	0	5,131,543	6,474,868	0	0	0	0
4.4. Net	920,473,289	46,590,314	0	0	0	0	0	0	37,473,914	836,409,061	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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	6
	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	22,625,118	320,203,983	(14,022)	46,604,336	22,611,096	19,860,831
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	24,936,068	324,689,771	(525,831)	37,999,745	24,410,237	53,835,178
8. Title XIX - Medicaid	575,044,520	5,644,735,267	75,896,439	760,512,622	650,940,959	734,831,350
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)	622,605,706	6,289,629,021	75,356,586	845,116,703	697,962,292	808,527,359
14. Healthcare receivables (a)	10,367,711	21,246,678			10,367,711	33,367,638
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	69,706,647	17,766,431	47,314,286	77,890,574	117,020,933	112,706,527
17. Totals (Lines 13-14+15+16)	681,944,642	6,286,148,774	122,670,872	923,007,277	804,615,514	887,866,248

(a) Excludes \$ 460,106 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2024 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 - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	20,263	20,363	20,337	20,336	20,336
2. 2020.....	223,192	233,298	234,106	234,084	234,084
3. 2021.....	XXX.....	235,101	241,217	241,476	241,515
4. 2022.....	XXX.....	XXX.....	246,534	258,436	259,371
5. 2023.....	XXX.....	XXX.....	XXX.....	229,198	252,488
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	311,788

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	(2,336)	(2,104)	(2,131)	(2,131)	(2,131)
2. 2020.....	237,847	232,044	234,106	234,084	234,084
3. 2021.....	XXX.....	264,130	241,026	241,285	241,324
4. 2022.....	XXX.....	XXX.....	260,790	258,523	259,458
5. 2023.....	XXX.....	XXX.....	XXX.....	250,153	257,124
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	359,215

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. 2020.....	321,461	234,084	4,194	1.8	238,278	74.1			238,278	74.1
2. 2021.....	282,853	241,515	2,706	1.1	244,221	86.3			244,221	86.3
3. 2022.....	300,212	259,371	5,091	2.0	264,462	88.1			264,462	88.1
4. 2023.....	323,001	252,488	9,383	3.7	261,871	81.1	(14)	15	261,872	81.1
5. 2024.....	473,046	311,788	10,758	3.5	322,546	68.2	47,427	622	370,595	78.3

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 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	18,678	18,562	18,537	18,543	18,543
2. 2020.....	360,529	385,656	385,490	385,568	385,599
3. 2021.....	XXX.....	395,766	402,704	402,759	403,129
4. 2022.....	XXX.....	XXX.....	420,216	442,013	442,725
5. 2023.....	XXX.....	XXX.....	XXX.....	389,463	436,215
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	318,344

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	(10,929)	(11,497)	(11,521)	(11,516)	(11,516)
2. 2020.....	396,709	386,872	385,490	385,568	385,599
3. 2021.....	XXX.....	444,031	402,984	403,038	403,409
4. 2022.....	XXX.....	XXX.....	449,870	442,508	443,219
5. 2023.....	XXX.....	XXX.....	XXX.....	443,922	421,917
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	357,023

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. 2020.....	406,033	385,599	4,986	1.3	390,585	96.2			390,585	96.2
2. 2021.....	427,991	403,129	3,825	0.9	406,954	95.1			406,954	95.1
3. 2022.....	439,569	442,725	5,881	1.3	448,606	102.1			448,606	102.1
4. 2023.....	418,638	436,215	13,870	3.2	450,085	107.5	(421)	4	449,668	107.4
5. 2024.....	416,721	318,344	9,393	3.0	327,737	78.6	39,800	568	368,105	88.3

ANNUAL STATEMENT FOR THE YEAR 2024 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 - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	639,683	641,231	641,244	641,202	641,193
2. 2020.....	6,916,337	7,453,840	7,448,429	7,452,307	7,452,797
3. 2021.....	XXX.....	7,724,572	8,329,847	8,334,208	8,333,847
4. 2022.....	XXX.....	XXX.....	7,383,249	7,859,729	7,865,120
5. 2023.....	XXX.....	XXX.....	XXX.....	5,351,491	5,978,638
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	5,657,137

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	143,728	118,412	118,426	118,383	118,373
2. 2020.....	7,720,034	7,487,546	7,448,429	7,452,307	7,452,797
3. 2021.....	XXX.....	8,489,395	8,446,920	8,451,281	8,450,919
4. 2022.....	XXX.....	XXX.....	8,040,337	7,803,358	7,808,749
5. 2023.....	XXX.....	XXX.....	XXX.....	6,135,939	6,060,127
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	6,492,917

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. 2020.....	9,006,181	7,452,797	157,831	2.1	7,610,628	84.5			7,610,628	84.5
2. 2021.....	9,497,002	8,333,847	154,952	1.9	8,488,799	89.4			8,488,799	89.4
3. 2022.....	10,027,235	7,865,120	175,200	2.2	8,040,320	80.2			8,040,320	80.2
4. 2023.....	7,801,026	5,978,638	136,983	2.3	6,115,621	78.4	123,105	.87	6,238,813	80.0
5. 2024.....	7,705,889	5,657,137	126,056	2.2	5,783,193	75.0	835,780	7,466	6,626,439	86.0

ANNUAL STATEMENT FOR THE YEAR 2024 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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	678,624	680,156	680,118	680,081	680,072
2. 2020.....	7,500,058	8,072,794	8,068,025	8,071,959	8,072,480
3. 2021.....	XXX.....	8,355,439	8,973,768	8,978,443	8,978,491
4. 2022.....	XXX.....	XXX.....	8,049,999	8,560,178	8,567,216
5. 2023.....	XXX.....	XXX.....	XXX.....	5,970,152	6,667,341
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	6,287,269

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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior	130,462	104,811	104,774	104,736	104,726
2. 2020.....	8,354,590	8,106,462	8,068,024	8,071,959	8,072,480
3. 2021.....	XXX.....	9,197,556	9,090,929	9,095,604	9,095,652
4. 2022.....	XXX.....	XXX.....	8,750,997	8,504,389	8,511,426
5. 2023.....	XXX.....	XXX.....	XXX.....	6,830,014	6,739,168
6. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	7,209,155

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2020.....	9,733,675	8,072,480	167,011	2.1	8,239,491	84.6	0	0	8,239,491	84.6
2. 2021.....	10,207,846	8,978,491	161,483	1.8	9,139,974	89.5	0	0	9,139,974	89.5
3. 2022.....	10,767,017	8,567,216	186,172	2.2	8,753,388	81.3	0	0	8,753,388	81.3
4. 2023.....	8,542,665	6,667,341	160,236	2.4	6,827,577	79.9	122,670	106	6,950,353	81.4
5. 2024.....	8,595,656	6,287,269	146,207	2.3	6,433,476	74.8	923,007	8,656	7,365,139	85.7

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	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
		2 Individual	3 Group										
	1	Total											
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)		169,032,136						32,896,242	136,135,894				
5. Aggregate write-ins for other policy reserves		1,088,831	1,088,831	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)		170,120,967	1,088,831	0	0	0	0	32,896,242	136,135,894	0	0	0	0
7. Reinsurance ceded		0											
8. Totals (Net) (Page 3, Line 4)		170,120,967	1,088,831	0	0	0	0	32,896,242	136,135,894	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
12. Totals (gross)		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
DETAILS OF WRITE-INS													
0501. ACA Risk Adjustment Program		1,088,831	1,088,831										
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
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		1,088,831	1,088,831	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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)		0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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)			11,519,009		11,519,009
2. Salaries, wages and other benefits	78,334,089	15,423,827	360,045,061		453,802,976
3. Commissions (less \$ ceded plus \$ assumed)			12,466,259		12,466,259
4. Legal fees and expenses			2,065,132		2,065,132
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			10,767,966		10,767,966
7. Traveling expenses			3,482,122		3,482,122
8. Marketing and advertising			7,774,277		7,774,277
9. Postage, express and telephone			9,835,810		9,835,810
10. Printing and office supplies			10,438,367		10,438,367
11. Occupancy, depreciation and amortization			87,007,271		87,007,271
12. Equipment			59,912		59,912
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	63,407,851	6,485,878	135,055,424		204,949,153
15. Boards, bureaus and association fees			2,026,916		2,026,916
16. Insurance, except on real estate			5,029,897		5,029,897
17. Collection and bank service charges			1,566,073		1,566,073
18. Group service and administration fees			1,546,687		1,546,687
19. Reimbursements by uninsured plans			(277,622)		(277,622)
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			473,327,175		473,327,175
23.3 Regulatory authority licenses and fees			10,433,603		10,433,603
23.4 Payroll taxes	5,132,885	1,032,722	20,756,254		26,921,861
23.5 Other (excluding federal income and real estate taxes)			374,496		374,496
24. Investment expenses not included elsewhere			205,086	922,345	1,127,430
25. Aggregate write-ins for expenses	0	0	(163,300)	0	(163,300)
26. Total expenses incurred (Lines 1 to 25)	146,874,825	22,942,427	1,165,341,874	922,345	(a) 1,336,081,470
27. Less expenses unpaid December 31, current year		8,762,920	132,219,189		140,982,109
28. Add expenses unpaid December 31, prior year	0	8,747,876	134,373,734	0	143,121,610
29. Amounts receivable relating to uninsured plans, prior year	0	0	39,827,611	0	39,827,611
30. Amounts receivable relating to uninsured plans, current year			30,364,898		30,364,898
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	146,874,825	22,927,382	1,158,033,706	922,345	1,328,758,258
DETAILS OF WRITE-INS					
2501. Community Reinvestment			(481,957)		(481,957)
2502. Member Assistance Expenses			318,657		318,657
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	(163,300)	0	(163,300)

(a) Includes management fees of \$ 787,329,409 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 188,545	270,862
1.1 Bonds exempt from U.S. tax	(a) .....	.....
1.2 Other bonds (unaffiliated)	(a) 27,533,386	27,061,188
1.3 Bonds of affiliates	(a) 0	.....
2.1 Preferred stocks (unaffiliated)	(b) 0	.....
2.11 Preferred stocks of affiliates	(b) .....	.....
2.2 Common stocks (unaffiliated)	183,711	183,711
2.21 Common stocks of affiliates	0	.....
3. Mortgage loans	(c) .....	.....
4. Real estate	(d)	0
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 30,136,617	31,124,553
7. Derivative instruments	(f) .....	.....
8. Other invested assets	50,454	(50)
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	58,092,713	58,640,264
11. Investment expenses		(g) 922,344
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) 0
15. Aggregate write-ins for deductions from investment income .....		.....
16. Total deductions (Lines 11 through 15)		922,344
17. Net investment income (Line 10 minus Line 16)		57,717,920
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	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ 1,955,141 accrual of discount less \$ 6,605,033 amortization of premium and less \$ 1,013,416 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 \$ 3,044,198 accrual of discount less \$ 160 amortization of premium and less \$ 46,664 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 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0		0		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(10,811)		(10,811)		
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)	0	0	0	0	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	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0	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)	(10,811)	0	(10,811)	0	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 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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.....	199,407	287,277	.87,870
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	322,455	398,566	.76,111
24. Health care and other amounts receivable.....	1,719,930	.6,603,565	4,883,635
25. Aggregate write-ins for other-than-invested assets	14,382,261	.8,325,185	(6,057,076)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	16,624,053	15,614,593	(1,009,460)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	16,624,053	15,614,593	(1,009,460)
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.	0	0	0
1103.	0	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.....	14,382,261	.8,178,241	(6,204,020)
2502. Other Assets.....	0	146,944	146,944
2503.	0	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)	14,382,261	.8,325,185	(6,057,076)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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.....	1,372,332	1,333,470	1,278,159	1,249,756	1,230,895	15,424,146
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	1,372,332	1,333,470	1,278,159	1,249,756	1,230,895	15,424,146
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 2024 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).

No significant differences exist between prescribed or permitted practices by the State of Ohio and NAIC SAP which materially affect the statutory basis net income or capital and surplus, as illustrated in the table below.

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	.....XXX ....	.....XXX ....	.....XXX	\$ 96,463,847	\$ 540,169,520
(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	\$ 96,463,847	\$ 540,169,520
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	.....XXX ....	.....XXX ....	.....XXX	\$ 881,451,505	\$ 865,997,119
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	.....XXX ....	.....XXX ....	.....XXX	\$ 881,451,505	\$ 865,997,119

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

(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	\$ 856,563
2. 12 Months or Longer	\$ 26,817,553

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

1. Less than 12 Months	\$ 45,955,632
2. 12 Months or Longer	\$ 194,274,551

(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, 2024, CSOH holds \$317.1 million of mortgage or other loan backed securities, none of which met the criteria for impairment. As of December 31, 2023, CSOH held \$306.8 million of mortgage or other loan backed securities, none of which met the criteria for impairment.

CSOH does not hold any investments as of December 31, 2024 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 %	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	1,818,400	2,153,500	(335,100)		1,818,400	0.1	0.1
j. On deposit with states	3,670,290	3,498,261	172,029		3,670,290	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)	\$ 5,488,690	\$ 5,651,761	\$ (163,071)	\$ 0	\$ 5,488,690	0.2 %	0.2 %

(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

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

General Account

(1) Number of CUSIPs

.....0

(2) Aggregate Amount of Investment Income

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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

S. Aggregate Collateral Loans by Qualifying Investment Collateral
Not Applicable

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
Not Applicable

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

Interest Income Due and Accrued	Amount
1. Gross	\$ 8,003,828
2. Nonadmitted	\$ 0
3. Admitted	\$ 8,003,828

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, 2024 and 2023, CSOH incurred management fees of \$787.3 million and \$778.9 million to CareSource Management Services (CSMS), respectively. CareSource did not provide CSOH with any capital for the periods ended December 31, 2024 and 2023. CSOH paid dividends of \$80 million and \$1.15 billion to CareSource for the periods ended December 31, 2024 and 2023, 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, 2024 and December 31, 2023, CSOH owed related parties \$5 million and \$33.1 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 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, 2024, 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 2024 or 2023. CSOH has determined the actual maximum borrowing capacity as \$0.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	1,779,710
(c) Activity Stock	.....
(d) Excess Stock	38,690
(e) Aggregate Total (a+b+c+d)	1,818,400
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	.....
	Total
2. Prior Year-end	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	2,121,333
(c) Activity Stock	0
(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	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 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	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	1,779,710	1,779,710	.....	.....	.....	.....

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)
 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 ordinary dividends of \$80 million in December 2024.

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. Changes in Unassigned Funds

Not Applicable

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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, CMC, and CPC. Total funding for these programs was \$1.0 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 2024 :

	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)	\$ 277,622	\$	\$ 277,622
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)	\$ 277,622	\$0	\$ 277,622
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, 2024, CSOH had recorded a receivable from CMS of \$23.9 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.

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-Exempt Money Market Mutual Funds, 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 - Exempt Money Market Mutual Funds	\$ 79,407,567	\$	\$ 1,818,400	\$	\$ 1,818,400
Total assets at fair value/NAV	\$ 79,407,567	\$ 0	\$ 1,818,400	\$ 0	\$ 79,407,567
(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy					

Description	Beginning Balance at 01/01/2024	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 12/31/2024
a. Assets:										
Indust. & Misc.	2,153,500							335,100		1,818,400
Total Assets	2,153,500	0	0	0	0	0	0	335,100	0	1,818,400

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

(4) CSOH does not have any assets with fair value measurements categorized within Level 2. As of December 31, 2024, CareSource has common stock with fair value measurements of \$1.8 million categorized within Level 3.

(5) Not Applicable

B. Other Fair Value Disclosures

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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.....	\$ 938,240,256	\$ 1,001,550,601	\$ 3,685,255	\$ 934,555,001	\$ 0	\$	\$
Common Stock.....	\$ 1,818,400	\$ 1,818,400	\$ 0	\$ 0	\$ 1,818,400	\$	\$
Cash, Cash Equivalents and ST Investments.....	\$ 760,414,620	\$ 760,343,797	\$ 750,340,851	\$ 10,073,769	\$ 0	\$	\$

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 28, 2025 for the Statutory Statement issued on February 28, 2025.

B. Type II – Non-recognized Subsequent Events

Subsequent events have been considered through February 28, 2025 for the Statutory Statement issued on February 28, 2025

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

(1) Not Applicable

(2) Not Applicable

Section 2 - Ceded Reinsurance Report - Part A

(1) Not Applicable

(2) Not Applicable

Section 3 - Ceded Reinsurance Report - Part B

(1) The estimated amount of the aggregate reduction in surplus is \$27,800,311.

(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

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 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 CSOH at December 31, 2024 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 CSOH 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

	<u>AMOUNT</u>
a. Permanent ACA Risk Adjustment Program Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$,2,466,867
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$,172,560
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$,3,555,699
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$,16,290,378
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$,173,204

(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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

	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	Ref	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)	Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 64,067	\$ 4,982,795	\$ (4,918,728)	\$ 0	\$ 4,984,445	\$ A	\$ 65,717	\$ 0			
2. Premium adjustments (payable) (including high-risk pool premium)	\$ (13,672,724)	\$ (1,212,244)	\$ 0	\$ (12,460,480)	\$ 12,448,765	B	\$ 0	\$ (11,715)			
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 64,067	\$ (13,672,724)	\$ 4,982,795	\$ (1,212,244)	\$ (4,918,728)	\$ (12,460,480)	\$ 4,984,445	\$ 12,448,765	\$ 65,717	\$ (11,715)	

Explanations of Adjustments

A Adjusted for final 2023 Risk Adjustment, HCRP Payment, 2022 RAD-V and 2023 RAD

B Adjusted for final 2023 Risk Adjustment, HCRP Premium, 2022 RAD-V, estimated 2023 RAD-V and additional 2022 HCRP Premium

25. Changes in Incurred Claims and Claim Adjustment Expenses

A. Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses

Reserves as of December 31, 2023 were \$896.6 million, including unpaid claims adjustment expense. As of December 31, 2024, \$690.7 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 \$122.7 million, therefore, there has been a \$83.3 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, CSH experienced \$79.3 million favorable prior year claim development, \$8.3 million favorable healthcare receivable development, and \$4.3 million unfavorable provider incentive development.

B. 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

A. Pharmaceutical Rebate Receivables

As of December 31, 2024 and December 31, 2023, CSH recorded a pharmacy rebate receivable of \$19.2 million and \$14.2 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 manufacturers for reimbursement. CSH 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
12/31/2024	\$ 19,155,502	\$ 20,292,121	\$	\$	\$
09/30/2024	\$ 17,474,772	\$ 18,329,781	\$ 18,329,781	\$	\$
06/30/2024	\$ 16,369,867	\$ 18,360,811	\$ 17,504,130	\$ 856,681	\$
03/31/2024	\$ 15,659,837	\$ 17,269,794	\$ 14,978,739	\$ 2,152,543	\$ 138,511
12/31/2023	\$ 14,531,403	\$ 18,314,807	\$ 16,615,239	\$ 976,295	\$ 723,273
09/30/2023	\$ 14,820,939	\$ 17,691,934	\$ 15,297,759	\$ 2,356,474	\$ 37,701
06/30/2023	\$ 14,436,376	\$ 17,426,567	\$ 15,674,899	\$ 1,711,140	\$ 40,527
03/31/2023	\$ 13,083,408	\$ 15,885,820	\$ 13,028,059	\$ 2,780,994	\$ 76,767
12/31/2022	\$ 12,992,504	\$ 16,691,323	\$ 15,457,757	\$ 902,345	\$ 331,221
09/30/2022	\$ 13,665,973	\$ 16,467,117	\$ 13,259,857	\$ 2,942,008	\$ 265,252
06/30/2022	\$ 15,495,761	\$ 16,277,745	\$ 13,047,926	\$ 3,063,117	\$ 166,702
03/31/2022	\$ 14,881,192	\$ 13,365,138	\$ 10,646,724	\$ 2,365,775	\$ 352,639

B. Risk Sharing Receivables

As of December 31, 2024 and December 31, 2023, CSH recorded a risk sharing receivable of \$2.1m and \$19m.

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
2024	2024	\$ 2,091,176	\$ 2,091,176	\$ 2,091,176	\$	\$	\$	\$	\$
2024	2023	\$ 19,019,645	\$ 10,367,711	\$ 21,375,765	\$	\$ 11,008,054	\$	\$	\$
2023	2023	\$ 19,019,645	\$	\$ 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 12/31/2024
- Was anticipated investment income utilized in the calculation? Yes [X] No []

31. Anticipated Salvage and Subrogation

Due to the type of business being written, CSH has no salvage. CSH 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 \$13.2 million.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

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? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

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..... Yes [] No [X]

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 [] No [X]
If yes, date of change:
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2023
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? Yes [] No [X]
4.12 renewals? 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? Yes [] No [X]
4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.

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 control0.0 %
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).

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 the Federal 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, 111 Monument Circle, Suite 4000, Indianapolis, Indiana, 46204.....
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 2024 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 [] 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 []
12.11 Name of real estate holding company
12.12 Number of parcels involved 0
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 []
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

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? Yes [] No []
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.

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 [] 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 []

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 []
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 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 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 [] 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 [] 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 [] 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 []

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 []

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 []

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 [] No []
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

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 []

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 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....

ANNUAL STATEMENT FOR THE YEAR 2024 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	\$
26.22 Subject to reverse repurchase agreements	\$
26.23 Subject to dollar repurchase agreements	\$
26.24 Subject to reverse dollar repurchase agreements	\$
26.25 Placed under option agreements	\$
26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
26.27 FHLB Capital Stock	\$ 1,818,400
26.28 On deposit with states	\$ 3,670,290
26.29 On deposit with other regulatory bodies	\$
26.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
26.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
26.32 Other	\$

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 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? If no, attach a description with this statement. Yes [] No [] N/A []

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. \$

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 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank.....	38 Fountain Square, Cincinnati, Ohio 45263.....
Huntington Bank.....	41 S. High Street, Columbus, Ohio 43215.....
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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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. This includes both primary and sub-advisors. 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 Name of Firm or Individual	2 Affiliation
Justin Bell.....	I.....
Jared Hillenbrand.....	I.....
Blackrock.....	U.....
JP Morgan.....	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 [] 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 [] 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 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.....

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 []

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 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 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds.....	1,455,999,797	1,392,760,274	(63,239,523)
31.2 Preferred Stocks.....	0		0
31.3 Totals.....	1,455,999,797	1,392,760,274	(63,239,523)

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.....

Yes [] No []

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 [] No []

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:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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 its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
 a. The security was either:
 i. Issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 ii. Issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
 b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
 c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
 d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
 Has the reporting entity self-designated PLGI securities, all of which meet the above requirement and as specified in the P&P Manual? 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? \$

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? \$ 1,745,188

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? \$

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

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GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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.	\$.....
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 lives	..... 0
	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 lives	..... 0
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 lives	..... 0
	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 lives	..... 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 8,501,089,950	\$ 8,458,108,779
2.2	Premium Denominator	\$ 8,501,089,951	\$ 8,448,108,779
2.3	Premium Ratio (2.1/2.2)	..... 1.000	..... 1.001
2.4	Reserve Numerator	\$ 1,215,799,116	\$ 1,167,499,191
2.5	Reserve Denominator	\$ 1,215,799,116	\$ 1,171,079,133
2.6	Reserve Ratio (2.4/2.5)	..... 1.000	..... 0.997

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 year	..... 166,049
		8.2 Number of providers at end of reporting year	..... 173,879
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 [] No []
 10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....119,873,995
10.22 Amount actually paid for year bonuses	\$.....75,799,398
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
11.13 An Individual Practice Association (IPA), or,	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
11.14 A Mixed Model (combination of above) ?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.
 11.4 If yes, show the amount required.
 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?
 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.....
	Allen.....
	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.....
	Marion.....
	Medina.....
	Meigs.....
	Mercer.....
	Miami.....
	Monroe.....
	Montgomery.....
	Morgan.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
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:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

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

*Ordinary Life Insurance Includes
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]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

FIVE - YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,263,321,701	2,224,638,042	2,651,665,665	2,636,539,155	2,440,022,329
2. Total liabilities (Page 3, Line 24)	1,381,870,200	1,358,640,923	1,190,193,096	1,494,421,039	1,380,194,686
3. Statutory minimum capital and surplus requirement	458,676,506	426,603,162	594,737,556	307,593,804	508,453,341
4. Total capital and surplus (Page 3, Line 33)	881,451,505	865,997,119	1,461,472,572	1,142,118,116	1,059,827,643
Income Statement (Page 4)					
5. Total revenues (Line 8)	8,501,089,951	8,448,108,779	10,778,229,595	10,438,946,323	9,938,236,701
6. Total medical and hospital expenses (Line 18)	7,125,905,316	6,591,979,187	8,605,895,207	8,923,776,831	8,373,723,564
7. Claims adjustment expenses (Line 20)	169,817,252	156,773,609	190,015,478	156,590,753	169,027,598
8. Total administrative expenses (Line 21)	1,165,341,874	1,234,417,764	1,405,607,645	1,318,600,444	1,258,286,048
9. Net underwriting gain (loss) (Line 24)	40,025,509	464,938,219	595,637,594	21,051,966	137,199,491
10. Net investment gain (loss) (Line 27)	57,707,109	75,359,781	52,326,962	30,217,379	24,568,387
11. Total other income (Lines 28 plus 29)	(1,268,771)	(128,480)	0	(7,410,908)	5,114,177
12. Net income or (loss) (Line 32)	96,463,847	540,169,520	647,964,556	43,858,437	166,882,055
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	526,509,485	163,521,985	566,024,627	212,576,608	530,966,504
Risk-Based Capital Analysis					
14. Total adjusted capital	881,451,505	865,997,119	1,461,472,572	1,142,118,116	1,059,827,643
15. Authorized control level risk-based capital	229,338,253	213,343,006	297,368,778	307,593,804	305,967,146
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,230,895	1,372,332	1,505,327	1,497,859	1,421,451
17. Total members months (Column 6, Line 7)	15,424,146	17,745,613	18,175,305	17,534,686	16,171,802
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)	83.8	78.0	79.8	87.9	86.7
20. Cost containment expenses	1.7	1.6	1.5	1.4	1.5
21. Other claims adjustment expenses	0.3	0.3	0.3	0.2	0.3
22. Total underwriting deductions (Line 23)	99.5	94.5	94.5	102.6	101.4
23. Total underwriting gain (loss) (Line 24)	0.5	5.5	5.5	0.2	1.4
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	804,615,514	580,123,364	731,821,407	607,933,016	705,805,530
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	887,866,248	818,158,747	875,784,344	881,712,195	686,671,734
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					
31. All other affiliated					
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource Ohio Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
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	473,057,891	416,720,813	7,373,859,658	332,029,005			8,595,667,367	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	
59. Subtotal		XXX	473,057,891	416,720,813	7,373,859,658	332,029,005	0	0	8,595,667,367	0	
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	0	
61. Total (Direct Business)		XXX	473,057,891	416,720,813	7,373,859,658	332,029,005	0	0	8,595,667,367	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	
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 4. Q – Qualified – Qualified or accredited reinsurer 0
 2. R – Registered – Non-domiciled RRGs 0 5. N – None of the above – Not allowed to write business in the state 56
 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0

(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, 2024 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.

