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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 [X]
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [X]

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

Statutory Home Office 230 North Main St. (Street and Number), Dayton, OH, US 45402 (City or Town, State, Country and Zip Code)

Main Administrative Office 230 North Main S. (Street and Number)
Dayton, OH, US 45402 (City or Town, State, Country and Zip Code) 937-224-3300 (Area Code) (Telephone Number)

Mail Address PO Box 2208 (Street and Number or P.O. Box), Dayton, OH, US 45401-2208 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 230 North Main St. (Street and Number)
Dayton, OH, US 45402 (City or Town, State, Country and Zip Code), 937-224-3300 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.caresource.com

Statutory Statement Contact Andrea Watroba (Name), 937-531-2670 (Area Code) (Telephone Number) (Extension)
andrea.watroba@caresource.com (E-Mail Address) 937-487-1744 (Fax Number)

OFFICERS

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

OTHER OFFICERS

Erhardt H. Preitauer #	Chair		

DIRECTORS OR TRUSTEES

Erhardt H. Preitauer	Lawrence R. Smart	Edward L. Stubbers #	

State of .....Ohio.....
County of .....Montgomery..... ss

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

Stephen L. Ringel President	Lawrence R. Smart Chief Financial Officer/Treasurer	Stephanie A. Williams Assistant Treasurer

Subscribed and sworn to before me this
_____ day of _____, _____

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	73,602	241,829	77,954	193,179	192,301	394,264
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities	761,870	710,671	810,643	19,412,405	7,106	21,688,482
0499999 Premiums due and unpaid from Medicaid entities	22,939,283	19,884,789	22,334,262	250,280,555		315,438,888
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	23,774,755	20,837,289	23,222,859	269,886,139	199,407	337,521,634

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts	5,920,686	5,729,292	6,245,701	1,259,824	1,259,824	17,895,678
0199999 - Pharmaceutical Rebate Receivables	5,920,686	5,729,292	6,245,701	1,259,824	1,259,824	17,895,678
0399998 - Aggregate of amounts not individually listed above.				460,106	460,106	
0399999 - Loans and Advances to Providers	0	0	0	460,106	460,106	0
Capitation Arrangement Receivables						
Partners for Kids	26,907,537	9,205,331	5,649,196	13,011,385		54,773,448
Akron Childrens Health Collaborative	8,611,888	2,843,308	1,059,357	2,299,652		14,814,205
0499999 - Capitation Arrangement Receivables	35,519,425	12,048,639	6,708,552	15,311,037	0	69,587,653
Risk sharing Receivables						
DentaQuest	10,367,711					10,367,711
Absolute Care	2,091,176					2,091,176
0599999 - Risk sharing Receivables	12,458,887	0	0	0	0	12,458,887
0799999 Gross Health Care Receivables	53,898,998	17,777,931	12,954,253	17,030,967	1,719,930	99,942,218

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	20,255,327	49,514,888		19,155,502	20,255,327	14,235,321
2. Claim overpayment receivables					0	
3. Loans and advances to providers	5,505,089		360,106	100,000	5,865,195	6,603,565
4. Capitation arrangement receivables			1,034,603	68,553,050	1,034,603	62,745,144
5. Risk sharing receivables	11,008,054		10,367,711	2,091,176	21,375,765	19,019,645
6. Other health care receivables	146,944				146,944	112,672
7. Totals (Lines 1 through 6)	36,915,414	49,514,888	11,762,420	89,899,728	48,677,834	102,716,347

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	132,406,198	96,544	4,864		526	132,508,132
0499999 Subtotals	132,406,198	96,544	4,864	0	526	132,508,132
0599999 Unreported claims and other claim reserves						808,092,453
0699999 Total amounts withheld						
0799999 Total claims unpaid						940,600,585
0899999 Accrued medical incentive pool and bonus amounts						125,204,860

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
CareSource Indiana, Inc	149,485				149,485		
CareSource Kentucky Co	36,280				36,280		
CareSource Georgia Co	126,974				126,974		
CareSource West Virginia Co	8,766				8,766		
CareSource PASSE LLC	710				710		
CareSource Bayou Health	240	0			240		
0199999 Individually listed receivables	322,456	0	0	0	322,456	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	322,456	0	0	0	322,456	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
CareSource Management Services LLC	Mgmt Fee Expense	5,035,606	5,035,606	
CareSource Management Group	Various Admin Expenses	536	536	
CareSource North Carolina Co	Various Admin Expenses	1,510	1,510	
0199999 Individually listed payables		5,037,652	5,037,652	0
0299999 Payables not individually listed				
0399999 Total gross payables		5,037,652	5,037,652	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	1,221,305,506	17.3	434,307	35.3		1,221,305,506
3. All other providers	312,373,834	4.4	1,156,313	93.9		312,373,834
4. Total capitation payments	1,533,679,340	21.7	1,590,620	129.2	0	1,533,679,340
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	5,446,103,451	77.1	XXX	XXX		5,446,103,451
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	87,473,078	1.2	XXX	XXX		87,473,078
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	5,533,576,529	78.3	XXX	XXX	0	5,533,576,529
13. Total (Line 4 plus Line 12)	7,067,255,869	100 %	XXX	XXX	0	7,067,255,869

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	Partners for Kids	740,058,715	61,671,560		
	Cincinnati Children's Hospital	257,226,221	21,435,518		
	Akron Childrens Health Collaborative	224,020,570	74,673,523		
9999999 Totals		1,221,305,506	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 03683 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 95201

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,372,332	58,380						20,171	1,293,781					
2 First Quarter	1,333,470	70,481						19,586	1,243,403					
3 Second Quarter	1,278,159	69,936						19,119	1,189,104					
4. Third Quarter	1,249,756	71,071						18,912	1,159,773					
5. Current Year	1,230,895	70,070						18,747	1,142,078					
6 Current Year Member Months	15,424,146	821,712						230,093	14,372,341					
Total Member Ambulatory Encounters for Year:														
7. Physician	8,060,890	311,924						367,978	7,380,988					
8. Non-Physician	16,005,540	334,848						560,179	15,110,513					
9. Total	24,066,430	646,772	0	0	0	0	0	928,157	22,491,501	0	0	0	0	0
10. Hospital Patient Days Incurred	597,319	15,843						50,846	530,630					
11. Number of Inpatient Admissions	112,758	2,996						8,043	101,719					
12. Health Premiums Written (b)	8,595,667,367	473,057,891						416,720,813	7,705,888,663					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	8,595,667,367	473,057,891						416,720,813	7,705,888,663					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	7,067,255,868	355,508,136						367,008,402	6,344,739,330					
18. Amount Incurred for Provision of Health Care Services	7,163,597,732	369,707,328						352,664,198	6,441,226,206					

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 416,720,813

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 03683 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2024 NAIC Company Code 95201

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	1,372,332	58,380	0	0	0	0	0	20,171	1,293,781	0	0	0	0	0
2 First Quarter	1,333,470	70,481	0	0	0	0	0	19,586	1,243,403	0	0	0	0	0
3 Second Quarter	1,278,159	69,936	0	0	0	0	0	19,119	1,189,104	0	0	0	0	0
4. Third Quarter	1,249,756	71,071	0	0	0	0	0	18,912	1,159,773	0	0	0	0	0
5. Current Year	1,230,895	70,070	0	0	0	0	0	18,747	1,142,078	0	0	0	0	0
6 Current Year Member Months	15,424,146	821,712	0	0	0	0	0	230,093	14,372,341	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	8,060,890	311,924	0	0	0	0	0	367,978	7,380,988	0	0	0	0	0
8. Non-Physician	16,005,540	334,848	0	0	0	0	0	560,179	15,110,513	0	0	0	0	0
9. Total	24,066,430	646,772	0	0	0	0	0	928,157	22,491,501	0	0	0	0	0
10. Hospital Patient Days Incurred	597,319	15,843	0	0	0	0	0	50,846	530,630	0	0	0	0	0
11. Number of Inpatient Admissions	112,758	2,996	0	0	0	0	0	8,043	101,719	0	0	0	0	0
12. Health Premiums Written (b)	8,595,667,367	473,057,891	0	0	0	0	0	416,720,813	7,705,888,663	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	8,595,667,367	473,057,891	0	0	0	0	0	416,720,813	7,705,888,663	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	7,067,255,868	355,508,136	0	0	0	0	0	367,008,402	6,344,739,330	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	7,163,597,732	369,707,328	0	0	0	0	0	352,664,198	6,441,226,206	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 416,720,813

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 Totals							0	0	0	0	0	0

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940	03/01/2024	PARTNERRE AMER INS CO	DE	4,333,531	11,873,338
11835	04-1590940	01/01/2024	PARTNERRE AMER INS CO	DE	203,170	2,022,567
23680	47-0698507	10/01/2021	ODYSSEY REINS CO	CT	680,658	310,413
23680	47-0698507	07/01/2024	ODYSSEY REINS CO	CT	2,455,655	3,469,071
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					7,673,013	17,675,389
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates					7,673,013	17,675,389
2299999 - Accident and Health - Total Accident and Health					7,673,013	17,675,389
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					7,673,013	17,675,389
9999999 Totals—Life, Annuity and Accident and Health					7,673,013	17,675,389

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 11 Current Year	 12 Prior Year	13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Other													
11835	04-1590940	01/01/2024	PARTNERRE AMER INS CO	DE	SSL/I	CMM	30,458,975						
11835	04-1590940	03/01/2024	PARTNERRE AMER INS CO	DE	SSL/I	MC	39,112,700						
11835	04-1590940	03/01/2024	PARTNERRE AMER INS CO	DE	SSL/I	MR	18,420,527						
23680	47-0698507	07/01/2024	ODYSSEY REINS CO	CT	SSL/I	MC	6,585,214						
8099999 - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Other							94,577,416	0	0	0	0	0	0
8199999 - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total							94,577,416	0	0	0	0	0	0
8599999 - Separate Accounts - Reciprocal Jurisdiction - Affiliates - Total Reciprocal Jurisdiction Affiliates							94,577,416	0	0	0	0	0	0
8999999 - Separate Accounts - Reciprocal Jurisdiction - Total Separate Accounts Reciprocal Jurisdiction							94,577,416	0	0	0	0	0	0
9099999 - Separate Accounts - Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							94,577,416	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							94,577,416	0	0	0	0	0	0
9999999 Totals							94,577,416	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	30,459	23,299	20,368	15,360	28,311
2. Title XVIII-Medicare	18,421	9,345	6,286	5,263	5,797
3. Title XIX-Medicaid	45,698	61,912	53,329	38,581	43,405
4. Commissions and reinsurance expense allowance		0	0	0	0
5. Total hospital and medical expenses	37,692	55,078	60,672	43,277	72,585
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	20,127,297	49,983	41,516	26,899	53,214
8. Reinsurance recoverable on paid losses	7,673	4,754	6,186	6,739	0
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,763,712,798		1,763,712,798
2.	Accident and health premiums due and unpaid (Line 15)	353,588,773		353,588,773
3.	Amounts recoverable from reinsurers (Line 16.1)	7,673,014	(7,673,014)	0
4.	Net credit for ceded reinsurance	XXX	25,348,403	25,348,403
5.	All other admitted assets (Balance)	138,347,116		138,347,116
6.	Total assets (Line 28)	2,263,321,701	17,675,389	2,280,997,090
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	920,473,286	17,675,389	938,148,675
8.	Accrued medical incentive pool and bonus payments (Line 2)	125,204,860		125,204,860
9.	Premiums received in advance (Line 8)	12,647,163		12,647,163
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	323,544,890		323,544,890
15.	Total liabilities (Line 24)	1,381,870,200	17,675,389	1,399,545,589
16.	Total capital and surplus (Line 33)	881,451,505	XXX	881,451,505
17.	Total liabilities, capital and surplus (Line 34)	2,263,321,705	17,675,389	2,280,997,094
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	17,675,389		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	7,673,014		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	25,348,403		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	25,348,403		

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

Allocated By States and Territories

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

NONE

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00000	CareSource	00000	84-4431982				CareSource Holding LLC	OH	NIA	CareSource	Ownership	100.0	CareSource	NO	0
03683	CareSource	17271	84-4476729				CareSource Arkansas Health Plan Co.	AR	IA	CareSource Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	56-2582561				The CareSource Foundation	OH	NIA	CareSource	Board of Trustees	0.0	CareSource	NO	0
03683	CareSource	10142	32-0121856				CareSource Indiana, Inc.	IN	IA	CareSource	Board of Directors	0.0	CareSource	NO	0
00000	CareSource	00000	31-1703371				CareSource Management Services LLC	OH	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	31-1703368				CareSource	OH	UDP	CareSource	Board of Directors	0.0	CareSource	NO	0
03683	CareSource	95201	31-1143265				CareSource Ohio Inc.	OH	RE	CareSource	Board of Directors	0.0	CareSource	NO	0
03683	CareSource	15479	46-4991603				CareSource Kentucky Co.	KY	IA	CareSource	Board of Directors	0.0	CareSource	NO	0
03683	CareSource	15710	47-2408339				CareSource Georgia Co.	GA	IA	CareSource	Board of Directors	0.0	CareSource	NO	0
03683	CareSource	15728	47-3028244				CareSource West Virginia Co.	WV	IA	CareSource	Board of Directors	0.0	CareSource	NO	0
03683	CareSource	00000	45-4937120				CareSource Reinsurance, LLC	MT	IA	CareSource	Board of Managing Directors	0.0	CareSource	NO	0
00000	CareSource	00000	81-1017455				CareSource Network Partners LLC	OH	NIA	CareSource	Board of Directors	0.0	CareSource	NO	0
03683	CareSource	17096	86-3112470				CareSource PASSE LLC	AR	IA	CareSource Holding LLC	Ownership	49.0	CareSource	NO	0
00000	CareSource	00000	82-4834822				CareSource Real Estate Holdings LLC	OH	NIA	CareSource	Board of Directors	0.0	CareSource	NO	0
00000	CareSource	00000	85-1588557				CareSource Management Services Holding LLC	DE	NIA	CareSource Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	85-3713133				CareSource Oklahoma Holding LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
03683	CareSource	17023	85-4038326				CareSource Oklahoma Health Plan Co.	OK	IA	CareSource Oklahoma Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	87-1242052				Gem City Reinsurance LLC	MT	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	87-1688130				CareSource Holding II LLC	OH	NIA	CareSource	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	87-2901879				CareSource Reinsurance II, LLC	MT	IA	CareSource Holding II LLC	Ownership	100.0	CareSource	NO	0
03683	CareSource	17366	87-3079479				CareSource North Carolina Co.	NC	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
03683	CareSource	17467	87-4254502				CareSource Tennessee Co.	TN	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
03683	CareSource	17379	87-3411276				CareSource Kansas LLC	KS	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	81-4132952				Columbus Organization Holdings LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	75-2690132				Columbus Medical Services LLC	DE	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	0

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
00000	CareSource	00000	02-3305298				Columbus Educational Services LLC	DE	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	30-0975112				Columbus Medical Services Inc.	MD	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	88-3042610				CareSource Bayou Holding LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	51.0	CareSource	NO	0
03683	CareSource	17449	88-3401520				CareSource Bayou Health LLC	TX	IA	CareSource Bayou Holding LLC	Ownership	100.0	CareSource	NO	0
03683	CareSource	17455	88-3601120				CareSource Florida Co.	FL	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	92-3355394				CareSource Holding III LLC	OH	NIA	CareSource	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	93-2512566				CareSource Military & Veterans Holding LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	93-2552094				CareSource Military & Veterans Co.	OH	NIA	CareSource Military & Veterans Holding LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	93-2340017				ImagineCare Holdings LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	49.0	CareSource	NO	0
00000	CareSource	00000	93-2361419				ImagineCare LLC	FL	NIA	ImagineCare Holdings LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	92-3877012				HAP Empowered Holding LLC	DE	NIA	CareSource Holding III LLC	Ownership	40.0	CareSource	NO	0
00000	CareSource	95814	38-3123777				HAP CareSource	MI	IA	HAP Empowered Holding LLC	Ownership	100.0	CareSource	NO	0
03683	CareSource	00000	93-3077861				GCRE Protected Cell No. 3 - CS LLC	MT	IA	Gem City Reinsurance LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	99-2726467				GCRE Protected Cell No. 2 - MS LLC	MT	IA	Gem City Reinsurance LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	93-2022078				Tuesday Health Holdco., LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	13.6	CareSource	NO	0
00000	CareSource	00000	92-2653278				Tuesday Health, LLC	DE	NIA	Tuesday Health Holdco., LLC	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	87-1811106				Caresource Diversity & Social Impact Investment Fund LLC	DE	NIA	CareSource	Ownership	100.0	CareSource	NO	0
00000	CareSource	00000	47-1103098				Accelerant Fund I, L.P.	OH	NIA	CareSource	Ownership	16.5	CareSource	NO	0
00000	CareSource	00000	88-3585337				Caresource Midwest Fund LLC	DE	NIA	CareSource	Ownership	100.0	CareSource	NO	0

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	31-1703371	CareSource Management Services, Inc.					1,188,921,866				1,188,921,866	
00000	85-1588557	CareSource Management Services Holdings	80,783	(4,200,000)							(4,119,217)	
95201	31-1143265	CareSource Ohio	(80,000,000)				(788,180,224)				(868,180,224)	
00000	56-2582561	CareSource Foundation									0	
10142	32-0121856	CareSource Indiana	(25,000,000)				(153,448,382)				(178,448,382)	
00000	45-4937120	CareSource Reinsurance	(80,000,000)								(80,000,000)	
00000	31-1703368	CareSource	185,000,000	(56,800,000)							128,200,000	
00000	87-1688130	CareSource Holdings									0	
00000	84-4431982	CareSource Holdings III LLC									0	
15479	46-4991603	CareSource Kentucky		31,000,000			(19,831,763)				11,168,237	
15710	47-2408339	CareSource Georgia					(153,720,035)				(153,720,035)	
15728	47-3028244	CareSource West Virginia		9,000,000			(24,828,705)				(15,828,705)	
17271	84-4476729	CareSource Arkansas									0	
17096	86-3112470	CareSource Arkansas PASSE					(14,406,079)	15,762			(14,390,317)	
17023	85-4038326	CareSource Oklahoma									0	
00000	82-4834822	CareSource Real Estate Holdings									0	
00000	85-4022039	CareSource Kids Care Alliance									0	
00000	81-4132842	CareSource The Columbus Organization					850,815				850,815	
17379	87-3411276	CareSource Kansas LLC									0	
17284	88-1429834	CareSource Iowa Co.	(80,783)	(1,000,000)							(1,080,783)	
00000	87-4254502	CareSource Tennessee Co.									0	
17366	87-3079479	CareSource North Carolina Co.		5,200,000			(4,507,055)				692,945	
00000	88-3601120	CareSource Florida Co.									0	
00000	88-3042610	CareSource Bayou Health									0	
17449	88-3401520	CareSource Bayou Health Holdings									0	
00000	93-2361419	ImagineCare LLC		100,100							100,100	
00000	93-2340017	ImagineCare Holdings LLC		(100,100)							(100,100)	
00000	93-2552094	CareSource Military & Veterans Co									0	
00000	93-2512566	CareSource Military & Veterans Holding									0	
00000	87-2901879	CareSource Reinsurance II						(15,762)			(15,762)	
00000	87-1242052	CareSource Gem City Reinsurance									0	
00000	99-2726467	GCRE Protected Cell No. 2 - MS LLC		15,000,000							15,000,000	
00000	93-3077861	Gem City Protected Cell No 3 - NC									0	
95814	38-3123777	CareSource HAP		1,800,000			(30,850,438)				(29,050,438)	
00000	92-3877012	HAP Empowered Holding General									0	
											0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

16. Not applicable

17. Not applicable

18. Not applicable

Bar code:

10. 9 5 2 0 1 2 0 2 4 3 6 0 5 9 0 0 0

11. 9 5 2 0 1 2 0 2 4 2 0 5 5 9 0 0 0

12. 9 5 2 0 1 2 0 2 4 4 2 0 0 0 0 0 0

13. 9 5 2 0 1 2 0 2 4 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14. 9 5 2 0 1 2 0 2 4 3 7 0 0 0 0 0 0

15. 9 5 2 0 1 2 0 2 4 3 6 5 0 0 0 0 0

20. 9 5 2 0 1 2 0 2 4 3 0 6 0 0 0 0 0

21. 9 5 2 0 1 2 0 2 4 2 1 1 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code 03683 NAIC Company Code 95201

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