



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

CareSource Ohio Inc.

(Name)

NAIC Group Code 03683, 03683 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., Dayton, OH, US 45402

Main Administrative Office 230 North Main S., Dayton, OH, US 45402, 937-224-3300

Mail Address PO Box 8738, Dayton, OH, US 45401-2208

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

Internet Web Site Address www.caresource.com

Statutory Statement Contact Rachel Ainslie, 517-331-3100, Rachel.Ainslie@caresource.com, 937-487-1744

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

ss

County of Montgomery

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

Edward L. Stubbers
Secretary

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

ANNUAL STATEMENT FOR THE YEAR 2025 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).....	1,005,238,128		1,005,238,128	1,001,550,601
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	1,818,400		1,818,400	1,818,400
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 (\$282,321,677 , Schedule E-Part 1), cash equivalents (\$214,786,214 , Schedule E-Part 2) and short-term investments (\$861,784 , Schedule DA).....	497,969,675		497,969,675	760,343,797
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)	1,505,026,202	0	1,505,026,202	1,763,712,798
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	7,464,058		7,464,058	8,003,828
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	321,896,803	276,480	321,620,323	337,521,634
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 (\$9,893,017) and contracts subject to redetermination (\$55,273,821)	65,166,838		65,166,838	16,067,139
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	13,521,980		13,521,980	7,673,014
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	12,014,818		12,014,818	30,364,898
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	100,681,576	681,576	100,000,000	0
24. Health care (\$90,320,288) and other amounts receivable.....	95,629,594	5,309,307	90,320,287	99,942,218
25. Aggregate write-ins for other-than-invested assets	15,564,808	14,989,923	574,885	36,172
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,136,966,677	21,257,286	2,115,709,391	2,263,321,701
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	2,136,966,677	21,257,286	2,115,709,391	2,263,321,701
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.....	14,989,684	14,989,684	0	0
2502. Other Assets.....	575,124	239	574,885	36,172
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)	15,564,808	14,989,923	574,885	36,172

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$22,535,412 reinsurance ceded)	922,098,351		922,098,351	920,473,286
2. Accrued medical incentive pool and bonus amounts	159,856,338		159,856,338	125,204,860
3. Unpaid claims adjustment expenses	8,434,857		8,434,857	8,762,920
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	37,883,322		37,883,322	170,120,967
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	12,560,237		12,560,237	12,647,163
9. General expenses due or accrued	130,302,567		130,302,567	132,219,189
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	11,064,431		11,064,431	5,037,652
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	1,857,658		1,857,658	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	7,404,163
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	1,284,057,761	0	1,284,057,761	1,381,870,200
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	100,000,000	0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	714,451,635	864,251,505
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	831,651,635	881,451,505
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,115,709,396	2,263,321,705
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	0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	14,156,972	15,424,146
2. Net premium income (including \$0 non-health premium income).....	XXX	8,513,774,438	8,501,089,951
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	8,513,774,438	8,501,089,951
Hospital and Medical:			
9. Hospital/medical benefits		6,646,905,502	6,596,692,021
10. Other professional services		397,893,413	326,170,796
11. Outside referrals			0
12. Emergency room and out-of-area			0
13. Prescription drugs		226,423,978	140,763,504
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		185,858,172	99,971,410
16. Subtotal (Lines 9 to 15)	0	7,457,081,065	7,163,597,731
Less:			
17. Net reinsurance recoveries		74,889,397	37,692,415
18. Total hospital and medical (Lines 16 minus 17)	0	7,382,191,668	7,125,905,316
19. Non-health claims (net).....		0	0
20. Claims adjustment expenses, including \$139,217,229 cost containment expenses.....		157,043,364	169,817,252
21. General administrative expenses.....		1,176,951,142	1,165,341,874
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	8,716,186,174	8,461,064,442
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(202,411,736)	40,025,509
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		59,676,124	57,717,920
26. Net realized capital gains (losses) less capital gains tax of \$		(551,072)	(10,811)
27. Net investment gains (losses) (Lines 25 plus 26)	0	59,125,052	57,707,109
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	38,756	(1,268,771)
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	(143,247,928)	96,463,847
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	(143,247,928)	96,463,847
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		0
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		0
0702.	XXX		0
0703.	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Other Income (Expense).....		38,756	(1,268,771)
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	38,756	(1,268,771)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	881,451,506	865,997,119
34. Net income or (loss) from Line 32	(143,247,928)	96,463,847
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(61,056)	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	(4,633,233)	(1,009,460)
40. Change in unauthorized and certified reinsurance	(1,857,658)	0
41. Change in treasury stock	0	0
42. Change in surplus notes	100,000,000	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (stock dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (stock dividend)	0	0
45.3 Transferred from capital		(80,000,000)
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(49,799,876)	15,454,387
49. Capital and surplus end of reporting year (Line 33 plus 48)	831,651,630	881,451,506
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		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

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	8,348,174,406	8,827,645,892
2. Net investment income	63,217,259	61,870,332
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	8,411,391,664	8,889,516,224
5. Benefit and loss related payments	7,346,191,643	7,012,902,709
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,319,227,740	1,350,104,029
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	8,665,419,383	8,363,006,739
11. Net cash from operations (Line 4 minus Line 10)	(254,027,718)	526,509,485
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	197,068,923	198,252,038
12.2 Stocks	0	335,100
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	6,896	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	197,075,819	198,587,138
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds	204,376,838	171,464,911
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	204,376,838	171,464,911
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)	(7,301,019)	27,122,227
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	(80,000,000)
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)	(1,045,390)	3,559,320
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,045,390)	(76,440,680)
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)	(262,374,127)	477,191,032
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	760,343,802	283,152,769
19.2 End of year (Line 18 plus Line 19.1)	497,969,674	760,343,802

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CareSource Ohio Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit 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. Net premium income	8,513,774,438	336,428,484	0	0	0	0	0	510,734,559	7,666,611,395	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0													
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	8,513,774,438	336,428,484	0	0	0	0	0	510,734,559	7,666,611,395	0	0	0	0	0
8. Hospital/medical benefits	6,646,905,502	260,730,258						366,587,551	6,019,587,693					XXX
9. Other professional services	397,893,413	1,032,032						35,545,049	361,316,332					XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	226,423,978	106,989,769						113,688,531	5,745,678					XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	185,858,171	2,125,853						10,604,369	173,127,949					XXX
15. Subtotal (Lines 8 to 14)	7,457,081,064	370,877,912	0	0	0	0	0	526,425,500	6,559,777,652	0	0	0	0	XXX
16. Net reinsurance recoveries	74,889,397	14,807,251						4,079,515	56,002,631					XXX
17. Total hospital and medical (Lines 15 minus 16)	7,382,191,667	356,070,661	0	0	0	0	0	522,345,985	6,503,775,021	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 \$ 139,217,229 cost containment expenses	157,043,363	5,016,842						4,672,276	147,354,245					
20. General administrative expenses	1,176,951,142	46,930,247						58,398,646	1,073,794,854					(2,172,605)
21. Increase in reserves for accident and health contracts	0													XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	8,716,186,172	408,017,750	0	0	0	0	0	585,416,907	7,724,924,120	0	0	0	0	(2,172,605)
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(202,411,734)	(71,589,266)	0	0	0	0	0	(74,682,347)	(58,312,725)	0	0	0	0	2,172,605
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 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	354,862,643		18,434,159	336,428,484
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	534,297,135		23,562,576	510,734,559
8. Title XIX – Medicaid	7,702,829,308		36,217,913	7,666,611,395
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)	8,591,989,086	.0	78,214,648	8,513,774,438
14. Life .....	.0			.0
15. Property/casualty .....	.0			.0
16. Totals (Lines 13 to 15)	8,591,989,086	0	78,214,648	8,513,774,438

ANNUAL STATEMENT FOR THE YEAR 2025 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	7,259,116,794	365,371,204						504,795,808	6,388,949,782					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	66,632,314	18,186,190						2,622,039	45,824,085					
1.4 Net	7,192,484,480	347,185,014	0	0	0	0	0	502,173,769	6,343,125,697	0	0	0	0	0
2. Paid medical incentive pools and bonuses	151,206,692	1,866,610						5,560,693	143,779,389					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	944,633,763	59,093,310	0	0	0	0	0	57,651,305	827,889,149	0	0	0	0	0
3.2 Reinsurance assumed	0		0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	22,535,411	5,427,103	0	0	0	0	0	9,366,697	7,741,611	0	0	0	0	0
3.4 Net	922,098,352	53,666,207	0	0	0	0	0	48,284,608	820,147,538	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	159,856,340	1,081,452						6,949,453	151,825,435					
6. Net healthcare receivables (a)	(8,072,921)	601,256						4,020,525	(12,694,702)					
7. Amounts recoverable from reinsurers December 31, current year	13,521,980	440,619						69,802	13,011,559					
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	940,600,584	55,111,198	0	0	0	0	0	42,605,457	842,883,929	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	20,127,295	8,520,884	0	0	0	0	0	5,131,543	6,474,868	0	0	0	0	0
8.4 Net	920,473,289	46,590,314	0	0	0	0	0	37,473,914	836,409,061	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	125,204,860	822,208	0	0	0	0	0	1,905,777	122,476,875	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	7,673,013	725,777	0	0	0	0	0	2,847,479	4,099,757	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	7,271,222,894	368,752,060	0	0	0	0	0	515,821,130	6,386,649,704	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	74,889,397	14,807,251	0	0	0	0	0	4,079,516	56,002,630	0	0	0	0	0
12.4 Net	7,196,333,496	353,944,808	0	0	0	0	0	511,741,614	6,330,647,074	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	185,858,172	2,125,854	0	0	0	0	0	10,604,369	173,127,949	0	0	0	0	0

(a) Excludes \$3,589,050 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CareSource Ohio Inc.

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

	1 Total	Comprehensive (Hospital and 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. Reported in Process of Adjustment:														
1.1. Direct	328,238,184	9,183,574						9,180,252	309,874,358					
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net	328,238,184	9,183,574	.0	.0	.0	.0	.0	9,180,252	309,874,358	.0	.0	.0	.0	.0
2. Incurred but Unreported:														
2.1. Direct	616,395,579	49,909,736						48,471,052	518,014,791					
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded	22,535,411	5,427,103						9,366,697	7,741,611					
2.4. Net	593,860,168	44,482,633	.0	.0	.0	.0	.0	39,104,355	510,273,180	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:														
4.1. Direct	944,633,763	59,093,310	.0	.0	.0	.0	.0	57,651,305	827,889,149	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded	22,535,411	5,427,103	.0	.0	.0	.0	.0	9,366,697	7,741,611	.0	.0	.0	.0	.0
4.4. Net	922,098,352	53,666,207	0	0	0	0	0	48,284,608	820,147,538	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	28,450,250	319,019,923	9,405,940	44,260,267	37,856,190	46,590,314
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	17,722,462	471,883,799	(3,151,678)	51,436,285	14,570,784	37,473,914
8. Title XIX - Medicaid	621,431,377	5,728,127,704	60,425,285	759,722,253	681,856,662	836,409,061
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)	667,604,089	6,519,031,426	66,679,547	855,418,805	734,283,636	920,473,289
14. Healthcare receivables (a)		23,541,468			.0	31,641,389
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts	109,863,428	41,343,263	82,121,705	77,734,635	191,985,133	125,204,860
17. Totals (Lines 13-14+15+16)	777,467,517	6,536,833,221	148,801,252	933,153,440	926,268,769	1,014,036,760

(a) Excludes \$ 3,589,050 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	10,206	10,988	10,965	10,965	10,963
2. 2021	235,101	241,217	241,476	241,515	241,518
3. 2022	XXX	246,534	258,436	259,371	259,624
4. 2023	XXX	XXX	229,198	252,488	252,695
5. 2024	XXX	XXX	XXX	311,788	340,631
6. 2025	XXX	XXX	XXX	XXX	310,713

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	(13,515)	(11,480)	(11,502)	(11,502)	(11,504)
2. 2021	264,130	241,026	241,285	241,324	241,577
3. 2022	XXX	260,790	258,523	259,458	259,711
4. 2023	XXX	XXX	250,153	257,124	257,331
5. 2024	XXX	XXX	XXX	359,215	358,527
6. 2025	XXX	XXX	XXX	XXX	356,047

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. 2021.....	282,853	241,518	2,706	1.1	244,224	86.3			244,224	86.3
2. 2022.....	300,212	259,624	5,098	2.0	264,722	88.2			264,722	88.2
3. 2023.....	323,001	252,695	9,389	3.7	262,084	81.1			262,084	81.1
4. 2024.....	473,046	340,631	11,987	3.5	352,618	74.5	9,413	73	362,104	76.5
5. 2025.....	354,863	310,713	5,690	1.8	316,403	89.2	45,335	353	362,091	102.0

12-HM

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 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	25,011	24,820	24,904	24,935	24,932
2. 2021	395,766	402,704	402,759	403,129	403,129
3. 2022	XXX	420,216	442,013	442,725	442,599
4. 2023	XXX	XXX	389,463	436,215	436,966
5. 2024	XXX	XXX	XXX	318,344	336,646
6. 2025	XXX	XXX	XXX	XXX	462,283

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	(3,832)	(5,238)	(5,155)	(5,124)	(5,127)
2. 2021	444,031	402,984	403,038	403,409	403,409
3. 2022	XXX	449,870	442,508	443,219	443,093
4. 2023	XXX	XXX	443,922	421,917	422,668
5. 2024	XXX	XXX	XXX	357,023	343,867
6. 2025	XXX	XXX	XXX	XXX	519,276

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. 2021.....	427,991	403,129	3,825	0.9	406,954	95.1			406,954	95.1
2. 2022.....	439,569	442,599	5,878	1.3	448,477	102.0			448,477	102.0
3. 2023.....	418,638	436,966	13,890	3.2	450,856	107.7			450,856	107.7
4. 2024.....	416,721	336,646	10,195	3.0	346,841	83.2	(1,759)	(14)	345,068	82.8
5. 2025.....	534,297	462,283	8,384	1.8	470,667	88.1	56,993	444	528,104	98.8

ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	539,051	533,653	537,489	537,970	537,980
2. 2021	7,724,572	8,329,847	8,334,208	8,333,847	8,333,797
3. 2022	XXX	7,383,249	7,859,729	7,865,120	7,865,500
4. 2023	XXX	XXX	5,351,491	5,978,638	5,972,554
5. 2024	XXX	XXX	XXX	5,657,137	6,392,121
6. 2025	XXX	XXX	XXX	XXX	5,763,837

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	49,938	10,834	14,670	15,150	15,160
2. 2021	8,489,395	8,446,920	8,451,281	8,450,919	8,450,869
3. 2022	XXX	8,040,337	7,803,358	7,808,749	7,809,129
4. 2023	XXX	XXX	6,135,939	6,060,127	6,054,043
5. 2024	XXX	XXX	XXX	6,492,917	6,423,378
6. 2025	XXX	XXX	XXX	XXX	6,594,663

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. 2021.....	9,497,002	8,333,797	154,951	1.9	8,488,748	89.4			8,488,748	89.4
2. 2022.....	10,027,235	7,865,500	175,210	2.2	8,040,710	80.2			8,040,710	80.2
3. 2023.....	7,801,026	5,972,554	136,820	2.3	6,109,374	78.3			6,109,374	78.3
4. 2024.....	7,705,889	6,392,121	138,673	2.2	6,530,794	84.8	141,147	1,100	6,673,041	86.6
5. 2025.....	7,702,829	5,763,837	128,774	2.2	5,892,611	76.5	830,826	6,477	6,729,914	87.4

ANNUAL STATEMENT FOR THE YEAR 2025 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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	574,268	569,462	573,359	573,870	573,875
2. 2021	8,355,439	8,973,768	8,978,443	8,978,491	8,978,444
3. 2022	XXX	8,049,999	8,560,178	8,567,216	8,567,723
4. 2023	XXX	XXX	5,970,152	6,662,341	6,662,215
5. 2024	XXX	XXX	XXX	6,287,269	7,069,398
6. 2025	XXX	XXX	XXX	XXX	6,536,833

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	32,591	(5,884)	(1,986)	(1,476)	(1,471)
2. 2021	9,197,556	9,090,929	9,095,604	9,095,652	9,095,855
3. 2022	XXX	8,750,997	8,504,389	8,511,426	8,511,933
4. 2023	XXX	XXX	6,830,014	6,739,168	6,734,042
5. 2024	XXX	XXX	XXX	7,209,155	7,125,772
6. 2025	XXX	XXX	XXX	XXX	7,469,986

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	10,207,846	8,978,444	161,482	1.8	9,139,926	89.5	0	0	9,139,926	89.5
2. 2022	10,767,017	8,567,723	186,186	2.2	8,753,909	81.3	0	0	8,753,909	81.3
3. 2023	8,542,665	6,662,215	160,099	2.4	6,822,314	79.9	0	0	6,822,314	79.9
4. 2024	8,595,656	7,069,398	160,855	2.3	7,230,253	84.1	148,801	1,159	7,380,213	85.9
5. 2025	8,591,989	6,536,833	142,848	2.2	6,679,681	77.7	933,154	7,274	7,620,109	88.7

12-GT

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 2025 OF THE CareSource Ohio Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

	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
		2 Individual	3 Group										
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)	35,333,551							27,989,804	7,343,747				
5. Aggregate write-ins for other policy reserves	2,549,771	2,549,771	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	37,883,322	2,549,771	.0	.0	.0	.0	.0	27,989,804	7,343,747	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	37,883,322	2,549,771	0	0	0	0	0	27,989,804	7,343,747	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0												
10. Reserve for future contingent benefits .....	.0												
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0												
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. ACA Risk Adjustment Program.....	2,549,771	2,549,771											
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	2,549,771	2,549,771	0	0	0	0	0	0	0	0	0	0	0
1101. ....	.0												
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			10,248,313		10,248,313
2. Salaries, wages and other benefits	75,147,119	16,585,372	347,832,252		439,564,743
3. Commissions (less \$ceded plus \$assumed)			9,770,568		9,770,568
4. Legal fees and expenses			2,024,105		2,024,105
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			180,045,529		180,045,529
7. Traveling expenses			3,612,375		3,612,375
8. Marketing and advertising			10,207,193		10,207,193
9. Postage, express and telephone			10,413,466		10,413,466
10. Printing and office supplies			14,488,964		14,488,964
11. Occupancy, depreciation and amortization			84,217,409		84,217,409
12. Equipment			69,956		69,956
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	58,927,966	90,416	6,189,937		65,208,319
15. Boards, bureaus and association fees			2,042,830		2,042,830
16. Insurance, except on real estate			5,108,938		5,108,938
17. Collection and bank service charges			1,298,011		1,298,011
18. Group service and administration fees			1,010,873		1,010,873
19. Reimbursements by uninsured plans			(2,172,605)		(2,172,605)
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			439,982,683		439,982,683
23.3 Regulatory authority licenses and fees			7,299,914		7,299,914
23.4 Payroll taxes	5,142,144	1,150,347	20,210,851		26,503,342
23.5 Other (excluding federal income and real estate taxes)	0		3,954		3,954
24. Investment expenses not included elsewhere			48,788	902,072	950,860
25. Aggregate write-ins for expenses	0	0	22,996,838	0	22,996,838
26. Total expenses incurred (Lines 1 to 25)	139,217,229	17,826,135	1,176,951,142	902,072	(a) 1,334,896,578
27. Less expenses unpaid December 31, current year		8,434,857	130,302,567		138,737,423
28. Add expenses unpaid December 31, prior year	0	8,762,920	132,219,189	0	140,982,109
29. Amounts receivable relating to uninsured plans, prior year	0	0	30,364,898	0	30,364,898
30. Amounts receivable relating to uninsured plans, current year			12,014,818		12,014,818
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	139,217,229	18,154,198	1,160,517,684	902,072	1,318,791,183
DETAILS OF WRITE-INS					
2501. Community Reinvestment			22,634,708		22,634,708
2502. Member Assistance Expenses			362,130		362,130
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	22,996,838	0	22,996,838

(a) Includes management fees of \$795,876,987 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 316,037	316,976
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 30,608,135	31,206,395
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	156,706	156,706
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) 29,887,847	28,898,119
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	60,968,725	60,578,196
11. Investment expenses		(g) 902,072
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		902,072
17. Net investment income (Line 10 minus Line 16)		59,676,124
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

- (a) Includes \$ 2,354,764 accrual of discount less \$ 5,356,128 amortization of premium and less \$ 662,743 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 \$ 5,834,076 accrual of discount less \$ 791 amortization of premium and less \$ 10,599 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)	(557,968)		(557,968)	(61,056)	
1.3 Bonds of affiliates			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	6,896		6,896	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)	(551,072)	0	(551,072)	(61,056)	0
DETAILS OF WRITE-INS					
0901.			0		
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	276,480	199,407	(77,073)
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	681,576	322,455	(359,121)
24. Health care and other amounts receivable.....	5,309,307	1,719,930	(3,589,377)
25. Aggregate write-ins for other-than-invested assets	14,989,923	14,382,261	(607,662)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	21,257,286	16,624,053	(4,633,233)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	21,257,286	16,624,053	(4,633,233)
DETAILS OF WRITE-INS			
1101. ....		.0	.0
1102. ....		.0	.0
1103. ....		.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Assets.....	14,989,684	14,382,261	(607,423)
2502. Other Assets.....	239	.0	(239)
2503. ....		.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	14,989,923	14,382,261	(607,662)

ANNUAL STATEMENT FOR THE YEAR 2025 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.....	1,230,895	1,199,971	1,179,092	1,167,015	1,139,839	14,156,972
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	1,230,895	1,199,971	1,179,092	1,167,015	1,139,839	14,156,972
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 2025 OF THE CareSource Ohio Inc.

NOTES TO FINANCIAL STATEMENTS

Note 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 #	2025	2024
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (143,247,928)	\$ 96,463,847
(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	<u>\$ (143,247,928)</u>	<u>\$ 96,463,847</u>
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 831,651,635	\$ 881,451,505
(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	<u>\$ 831,651,635</u>	<u>\$ 881,451,505</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amount of admitted assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short term investments include investments with remaining maturities of one year or less at the time of acquisition and are principally stated at amortized cost.
- (2) Bonds not backed by other loans are principally stated at amortized cost using the interest method. Realized capital gains and losses are determined using the first in, first out method.
- (3) Common stocks are reported at fair value as determined by the SVO and the related net unrealized capital gains (losses) are reported in unassigned surplus. There are no restrictions on common stock.
- (4) CSOH does not hold any preferred stock.
- (5) CSOH does not hold any mortgage loans.
- (6) Single class and multi-class mortgage-backed/asset-backed securities are valued at amortized cost using the interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities.
- (7) CSOH does not invest in any subsidiary, controlled or affiliated entities.
- (8) CSOH does not invest in any joint ventures, partnerships, or limited liability companies.
- (9) CSOH does not hold any derivative instruments.
- (10) CSOH 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) CSOH does not hold any assets requiring capitalization.
- (13) Pharmacy rebates are attained based on agreements between CSOH and a third-party administrator for prescription drugs. Pharmacy rebates are admitted if accrued or invoiced within 90 days of the reporting period. Pharmacy rebates are non-admitted if invoiced and uncollected over 90 days prior to the reporting period.

D. Going Concern

Not Applicable

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) Not Applicable

Note 2 - Accounting Changes and Corrections of Errors

Not Applicable

Note 3 - Business Combinations and Goodwill

Not Applicable

Note 4 - Discontinued Operations

Not Applicable

Note 5 - Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not Applicable
- B. Debt Restructuring
Not Applicable
- C. Reverse Mortgages
Not Applicable
- D. Asset-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 2025 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	\$ 228,862
2. 12 Months or Longer	\$ 19,198,022
 - b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 38,450,069
2. 12 Months or Longer	\$ 170,064,660
 - (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, 2025, CSOH holds \$318.3 million of mortgage or other loan backed securities, none of which met the criteria for impairment. As of December 31, 2024, CSOH held \$317.1 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, 2025 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. Investments in Tax Credit Structures (tax credit investments)
Not Applicable
 - L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7	8	9	10
Restricted Asset Category	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)	Amount Reported in General Interrogatories	Difference from Note and GI	GI Ref
a. Subject to contractual obligation for which liability is not shown	\$	\$ 0	\$ 0	\$	\$ 0	0.0 %	0.0 %	XXX	XXX	XXX
b. Collateral held under security lending agreements		0	0		0	0.0	0.0	0	0	25.04 + 25.05
c. Subject to repurchase agreements		0	0		0	0.0	0.0	0	0	26.21
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0	0	0	26.22
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0	0	0	26.23
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0	0	0	26.24
g. Placed under option contracts		0	0		0	0.0	0.0	0	0	26.25
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0		0	0.0	0.0	0	0	26.26
i. FHLB capital stock	1,818,400	1,818,400	0		1,818,400	0.1	0.1	1,818,400	0	26.27
j. On deposit with states	3,607,601	3,670,290	(62,689)		3,607,601	0.2	0.2	3,500,000	107,601	26.28
k. On deposit with other regulatory bodies		0	0		0	0.0	0.0	0	0	26.29
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0		0	0.0	0.0	0	0	26.31
m. Pledged as collateral not captured in other categories	0	0	0		0	0.0	0.0	0	0	26.30
n. Other restricted assets	0	0	0		0	0.0	0.0	0	0	26.32
o. Collateral assets received and on balance sheet			0		0	0.0	0.0	XXX	XXX	XXX
p. Assets held under modco reinsurance agreements			0		0	0.0	0.0	XXX	XXX	XXX
q. Assets held under funds withheld reinsurance agreements			0		0	0.0	0.0	XXX	XXX	XXX
r. Total restricted assets (Sum of a through q)	\$ 5,426,001	\$ 5,488,690	\$ (62,689)	\$ 0	\$ 5,426,001	0.3 %	0.3 %	XXX	XXX	XXX

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

Reporting entities shall explain the differences between amounts reported in Note 5L(1) and the general interrogatories. This shall include all instances in which an amount is reported in column 9 above.

GI Reference	Difference between Note and GI (Per Column 9 above)	Explanation
25.04 + 25.05	0	
26.21	0	
26.22	0	
26.23	0	
26.24	0	

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26.25	0	
26.26	0	
26.27	0	
26.28	107,601	Variance is interest income earned on state deposit that is an asset of the company.
26.29	0	
26.31	0	
26.30	0	
26.32	0	

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

(5) 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

(1) Number of CUSIPs

(2) Aggregate Amount of Investment Income

General Account

..... 5

..... 49,688

R. Reporting Entity's Share of Cash Pool by Asset type.

Not Applicable

S. Aggregate Collateral Loans by Qualifying Investment Collateral

Not Applicable

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Note 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	\$ 7,464,058
2. Nonadmitted	\$ 0
3. Admitted	\$ 7,464,058

D. Aggregate deferred interest.

Not Applicable

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

Not Applicable

Note 8 - Derivative Instruments

Not Applicable

Note 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.

Note 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, 2025 and 2024, CSOH incurred management fees of \$795.9 million and \$787.3 million to CareSource Management Services (CSMS), respectively. CareSource did not provide CSOH with any capital for the periods ended December 31, 2025 and 2024. CSOH did not pay dividends for the period ending December 31, 2025, and paid \$80 million to CareSource for the period ending December 31, 2024. CS issued a surplus note to CSOH in the amount of \$100,000,000 on December 31, 2025 in order to meet the statutory minimum surplus required by the State of Ohio.

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, 2025 and December 31, 2024, CSOH owed related parties \$11.1 million and \$5 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. As of December 31, 2025, CSOH reported an intercompany receivable of \$100 million for a surplus note due from CS.

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CareSource Ohio Inc.

- 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

Note 11 - Debt

- A. All Other Debt
Not Applicable
- B. FHLB (Federal Home Loan Bank) Agreements

(1) As of December 31, 2025, 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 2025 or 2024. CSOH has determined the actual maximum borrowing capacity as \$0.

(2) FHLB Capital Stock

a. Aggregate Totals

	Total
1. Current Year	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	1,810,657
(c) Activity Stock	0
(d) Excess Stock	7,743
(e) Aggregate Total (a+b+c+d)	1,818,400
(f) Actual or estimated Borrowing Capacity as Determined by the Insurer	0
	Total
2. Prior Year-end	
(a) Membership Stock – Class A	0
(b) Membership Stock – Class B	1,779,710
(c) Activity Stock	0
(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	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

Membership Stock	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	0				
2. Class B	1,810,657	1,810,657				

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

C. Not Applicable

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Not Applicable

Note 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
Not Applicable
- 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

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J. Changes in Unassigned Funds

Not Applicable

K. The Company issued the following surplus debentures or similar obligations:

CSOH entered into a \$100,000,000 surplus note arrangement with its corporate parent CareSource effective December 31, 2025, to ensure capital requirements were maintained. CSOH received approval from the commissioner to admit \$100,000,000 as a surplus note receivable for the period ended December 31, 2025.

The surplus note has the following repayment conditions and restrictions: All or part of the principal of or interest accrued on the surplus note shall be payable by CSOH any time during each calendar year. The amount payable in each calendar year of the term shall be determined by CSOH, subject to the provisions of the surplus note. No repayment of principal or payment of accrued interest shall be made by CSOH except: Out of CSOH's earned surplus in excess of the greater of the minimum surplus required of CSOH in order to transact business as an HMO in Ohio or CSOH's surplus at the time the loan was made, and any such repayment of principal or payment of accrued interest to be made by CSOH must be submitted to, and approved by, the Commissioner prior to CSOH making such payment or repayment. If the Commissioner does not approve CSOH's repayments of principal and/or interest to CareSource, CSOH shall submit a request to the Commissioner to lengthen the term of the note and make other adjustments to the note that are necessary.

The surplus note have the following subordination terms: The surplus note is subordinate to HMO contract holder claims (including claims from subscribers, enrollees, or assignees of any such persons), to other claimant and beneficiary claims and to all other classes of CSOH's creditors other than surplus note holders.

The liquidation preference to the insurer's common and preferred shareholders are not applicable.

The surplus debenture in the amount of \$100,000,000, listed in the below table, are held by CareSource.

The surplus debenture in the amount of \$100,000,000, listed in the below table, was issued pursuant to Rule 144A under the Securities Act of 1933, underwritten by CareSource. CareSource holds 100% ownership percentage.

CSOH has outstanding \$100,000,000 or 100% debenture due in 2035. The carrying amount of the debt on the note is \$100,000,000 with an effective rate of 9.75%. The debenture may be repaid early by Borrower without penalty. CSOH is not required to make annual sinking fund payments that will provide sufficient funds for the retirement of debenture at maturity. Interest paid during 2025 was \$0.

CSOH has an outstanding liability for borrowed money in the amount of \$100,000,000 due to CareSource on December 31, 2035. At the option of CSOH, early repayment may be made. Interest is not required to be paid annually. Interest paid during 2025 was \$0. CSOH is not required to maintain a collateral security deposit with the lender. At December 31, 2025, no assets having an admitted value and a fair value were on deposit with the lender.

1 Item Number	2 Date Issued	3 Interest Rate	4 Original Issue Amount of Note	5 Is Surplus Note Holder a Related Party (Y/N)	6 Carrying Value of Note Prior Year	7 Carrying Value of Note Current Year *	8 Unapproved Interest And/Or Principal
00001	12/31/2025	9.750	100,000,000	YES	0	100,000,000	0
Total	XXX	XXX	\$ 100,000,000	XXX	\$ 0	\$ 100,000,000	\$ 0

* Total should agree with Page 3, Line 29.

1 Item Number	15 Are Surplus Note payments contractually linked? (Y/N)	16 Surplus Note payments subject to administrative offsetting provisions? (Y/N)	17 Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (Y/N)	18 Is Asset Issuer a Related Party (Y/N)	19 Type of Assets Received Upon Issuance
00001	NO	NO	NO	YES	Cash
Total	XXX	XXX	XXX	XXX	XXX

1 Item Number	20 Principal Amount of Assets Received Upon Issuance	21 Book/Adjusted Carry Value of Assets	22 Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
00001	100,000,000	100,000,000	NO
Total	100,000,000	100,000,000	XXX

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

Note 14 - Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable

B. Assessments

Not Applicable

C. Gain Contingencies

The Company is a member to a class-action lawsuit seeking payment for unpaid Cost-Sharing Reduction reimbursements owed by the federal government to certain insurers under the Affordable Care Act pertaining to benefit year 2017. Under the terms of the court-approved settlement agreement, the Company is due approximately \$3.4M in reimbursements. No amounts of the potential gain have been recognized in the financial statements as of the date of issuance.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not Applicable

E. Joint and Several Liabilities

Not Applicable

F. All Other Contingencies

Other Lawsuits and Claims

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Penalties associated with violations of these laws and regulations include significant fines and penalties, exclusion from participating in publicly-funded programs, and the repayment of previously billed and collected revenues.

From time to time we are involved in legal actions in the ordinary course of business, some of which seek monetary damages. Some lawsuits and claims are covered by insurance and others are not. The outcome of such legal actions is inherently uncertain. Nevertheless, we believe that these actions, when finally concluded and determined, are not likely to have a material adverse effect on our financial position, results of operations, or cash flows.

Note 15 - Leases

Not Applicable

Note 16 - Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

Not Applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

Note 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. On July 1, 2025 the Ohio Department of Medicaid terminated the Home and Community Based Waiver program and as December 31, 2025 CSOH did not have any outstanding ASO liabilities. Additionally, the Company has an uninsured portion of partially insured plans for the managed care Medicaid pass-through programs HAP, CMC, CPC, and MRSS. Total funding for these programs was \$5.6 million 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 2025 :

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE CareSource Ohio Inc.

	<u>ASO</u> <u>Uninsured Plans</u>	<u>Uninsured Portion</u> <u>of Partially</u> <u>Insured Plans</u>	<u>Total</u> <u>ASO</u>
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 2,172,605	\$	\$ 2,172,605
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)	\$ 2,172,605	\$ 0	\$ 2,172,605
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, 2025, CSOH had recorded a receivable from CMS of \$11.6 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.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators
Not Applicable

Note 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.

<u>Description for each class of asset or liability</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Net Asset Value</u> <u>(NAV)</u>	<u>Total</u>
a. Assets at fair value					
Bonds (ICO)	\$	\$ 288,593	\$	\$	\$ 288,593
Common Stock	\$	\$	\$ 1,818,400	\$	\$ 1,818,400
Cash Equivalent - Exempt Money Market Mutual Funds	\$ 29,800,469	\$	\$	\$	\$ 29,800,469
Cash Equivalent - Other Money Market Mutual Funds	\$ 35,000,000	\$	\$	\$	\$ 35,000,000
Total assets at fair value/NAV	\$ 64,800,469	\$ 288,593	\$ 1,818,400	\$ 0	\$ 66,907,462

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

Description	Beginning Balance at 01/01/2025	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 12/31/2025
a. Assets:										
Indust. & Misc.	1,818,400									1,818,400
Total Assets	1,818,400	0	0	0	0	0	0	0	0	1,818,400

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

(4) As of December 31, 2025, CareSource has bonds with fair value measurements of \$0.3 million categorized within Level 2. As of December 31, 2025, CareSource has common stock with fair value measurements of \$1.8 million categorized within Level 3.

(5) Not Applicable

B. Other Fair Value Disclosures

Not Applicable

C. Fair Value of Financial Instruments

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Net Asset Value</u> <u>(NAV)</u>	<u>Not Practicable</u> <u>(Carrying Value)</u>
Common Stock	\$ 1,818,400	\$ 1,818,400	\$	\$	\$ 1,818,400	\$	\$
Bonds (ICO)	\$ 673,516,704	\$ 686,919,907	\$	\$ 673,516,704	\$	\$	\$
Bonds (ABS)	\$ 299,886,023	\$ 318,318,220	\$	\$ 299,886,023	\$	\$	\$
Cash, Cash Equivalents, and Short-Term Investments	\$ 497,984,125	\$ 497,969,675	\$ 347,122,146	\$ 150,861,979	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Not Applicable

E. Investments Measured using the NAV as Practical Expedient

Not Applicable

Note 21 - Other Items
Not Applicable

Note 22 - Events Subsequent

A. Type I – Recognized Subsequent Events

On February 9, 2026, CSOH was granted non-disapproval from the ODI for a \$100 million surplus note with parent company CS. On February 10, 2026 CS made a \$100 million surplus note payment to CSOH to satisfy the admitted receivable from parent, approved by the Ohio Insurance Commissioner, as of December 31, 2025. All other subsequent events have been considered through February 27, 2026 for the Statutory Statement issued on February 27, 2026.

B. Type II – Non-recognized Subsequent Events

Subsequent events have been considered through February 27, 2026 for the Statutory Statement issued on February 27, 2026.

Note 23 - Reinsurance

A. Ceded Reinsurance Report

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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

Note 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, 2025 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

AMOUNT

a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 45,580,948
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 106,075
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ 2,549,771
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 31,812,236
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 106,833

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balance	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balances from Prior Years (Col 2 - 4 + 8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premiums adjustments receivable (including high-risk pool payments)	\$ 2,467,045		\$ 2,386,597		\$ 80,448		\$ (17,693)		A	\$ 62,755	
2. Premium adjustments (payable) (including high-risk pool premium)		\$ (3,555,876)		\$ (15,583,311)		\$ 12,027,435		\$ (13,085,873)	B		\$ (1,058,438)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 2,467,045	\$ (3,555,876)	\$ 2,386,597	\$ (15,583,311)	\$ 80,448	\$ 12,027,435	\$ (17,693)	\$ (13,085,873)		\$ 62,755	\$ (1,058,438)

Explanations of Adjustments

- A Adjusted for 2024 final high cost risk pool receivables
- B Adjusted for 2023 and 2024 RADV accrual, Risk Adjustment, and high cost risk pool

Note 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, 2024 were \$1022.8 million, including unpaid claims adjustment expense. As of December 31, 2025, \$786.2 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 \$148.8 million, therefore, there has been a \$87.8 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 decrease, CSOH experienced \$150.9 million favorable prior year claim development, \$3.7 million favorable healthcare receivable development, and \$66.8 million unfavorable provider incentive development.
- B. Information about Significant Changes in Methodologies and Assumptions
Not applicable.

Note 26 - Intercompany Pooling Arrangements

Not Applicable

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Note 27 - Structured Settlements

Health Entities should not complete this Note.

Note 28 - Health Care Receivables

A. Pharmaceutical Rebate Receivables

Pharmacy rebates - As of December 31, 2025 and December 31, 2024, CSOH recorded a pharmacy rebate receivable of \$23.1 million and \$19.2 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 manufactures for reimbursement. CSOH utilizes a third party to administer the program.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2025	\$ 23,069,394	\$ 22,909,583	\$	\$	\$
09/30/2025	\$ 23,137,517	\$ 21,976,403	\$ 21,976,403	\$	\$
06/30/2025	\$ 22,995,111	\$ 23,077,175	\$ 21,617,328	\$ 1,459,847	\$
03/31/2025	\$ 19,310,719	\$ 22,118,663	\$ 19,495,072	\$ 1,956,746	\$ 666,846
12/31/2024	\$ 19,155,502	\$ 21,463,125	\$ 19,122,178	\$ 1,714,068	\$ 626,879
09/30/2024	\$ 17,474,772	\$ 20,578,989	\$ 18,329,781	\$ 1,603,079	\$ 646,129
06/30/2024	\$ 16,369,867	\$ 18,843,070	\$ 17,504,130	\$ 856,681	\$ 482,259
03/31/2024	\$ 15,659,837	\$ 17,293,063	\$ 14,978,739	\$ 2,152,543	\$ 161,780
12/31/2023	\$ 14,531,403	\$ 18,318,044	\$ 16,615,239	\$ 976,295	\$ 726,511
09/30/2023	\$ 14,820,939	\$ 17,689,796	\$ 15,297,759	\$ 2,356,474	\$ 35,563
06/30/2023	\$ 14,436,376	\$ 17,544,900	\$ 15,674,899	\$ 1,711,140	\$ 40,715
03/31/2023	\$ 13,083,408	\$ 16,206,816	\$ 13,028,059	\$ 2,780,994	\$ 208,323

B. Risk Sharing Receivables

As of December 31, 2025 CSOH did not record a risk receivable, and as of December 31, 2024 had a risk receivable of \$2.1 Million.

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
2025	2025	\$	\$	\$	\$	\$	\$	\$	\$
2025	2024	\$ 12,458,887	\$	\$	\$	\$ 1,707,670	\$	\$	\$
2024	2024	\$	\$ 12,458,887	\$	\$ 12,458,887	\$	\$ 10,364,808	\$	\$
2024	2023	\$ 19,019,645	\$ 10,367,711	\$ 21,375,765	\$	\$ 11,008,054	\$	\$	\$
2023	2023	\$	\$ 19,019,645	\$	\$ 19,019,645	\$	\$	\$	\$

C. Medicare Prescription Payment Plan Receivables

Not Applicable

Note 29 - Participating Policies

Not Applicable

Note 30 - Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$ 0
- Date of the most recent evaluation of this liability 12/31/2025
- Was anticipated investment income utilized in the calculation? Yes [X] No []

Note 31 - Anticipated Salvage and Subrogation

Due to the type of business being written, CSOH has no salvage. CSOH took into account estimated recoveries (in the form of coordination of benefits) in its determination of the liability for unpaid claims/losses and reduced such liability by \$12.4 million.

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GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? 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.....
- 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]
- 2.2 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.12/31/2023
- 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).05/27/2025
- 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 [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 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,0.0 %
 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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 2025 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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes 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	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

ANNUAL STATEMENT FOR THE YEAR 2025 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 \$.....3,500,000
- 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 2025 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 NA

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 NA

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 Registered With	4 Investment Management Agreement (IMA) Filed
107105.....	Blackrock Financial Management Inc.....	Securities Exchange Commission.....	DS.....
107038.....	JP Morgan Investment Management Inc.....	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 Issuer Credit Obligations.....	837,767,436	824,378,684	(13,388,752)
31.2 Asset-Backed Securities.....	318,318,220	299,886,023	(18,432,197)
31.3 Preferred Stocks.....	0		0
31.4 Totals	1,156,085,656	1,124,264,707	(31,820,949)

31.5 Describe the sources or methods utilized in determining the fair values:

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instrument, including discount rates, estimates of timing, amount of expected future cash flows, and the credit standing of the issuer.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes 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 2025 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 [X] 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 [X]

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 to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

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 [X]

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 [X] No [] NA []

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

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 [X]

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? \$2,024,105

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
FARUKI IRELAND & COX PLL.....	\$.....570,324

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
	\$
	\$
	\$

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. \$.....0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$.....0
- 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 \$.....0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$.....0
- 1.62 Total incurred claims \$.....0
- 1.63 Number of covered lives0
- All years prior to most current three years:
- 1.64 Total premium earned \$.....0
- 1.65 Total incurred claims \$.....0
- 1.66 Number of covered lives0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$.....0
- 1.72 Total incurred claims \$.....0
- 1.73 Number of covered lives0
- All years prior to most current three years:
- 1.74 Total premium earned \$.....0
- 1.75 Total incurred claims \$.....0
- 1.76 Number of covered lives0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$8,513,774,438	\$	.....8,501,089,950
2.2	Premium Denominator	\$8,513,774,438	\$	.....8,501,089,951
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$1,119,838,014	\$	.....1,215,799,116
2.5	Reserve Denominator	\$1,119,838,014	\$	.....1,215,799,116
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

- 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 \$.....750,000
- 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:
- 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 year173,879
- 8.2 Number of providers at end of reporting year178,814
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- | | | |
|---|---------|-------------|
| 10.21 Maximum amount payable bonuses | \$..... | 140,125,608 |
| 10.22 Amount actually paid for year bonuses | \$..... | 151,206,692 |
| 10.23 Maximum amount payable withholds | \$..... | |
| 10.24 Amount actually paid for year withholds | \$..... | |
- 11.1 Is the reporting entity organized as:
- | | | | |
|---|---------|----------|--|
| 11.12 A Medical Group/Staff Model, | Yes [] | No [X] | |
| 11.13 An Individual Practice Association (IPA), or, | Yes [] | No [X] | |
| 11.14 A Mixed Model (combination of above) ? | Yes [] | No [X] | |
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. State of Ohio.....
- 11.4 If yes, show the amount required. \$.....477,924,814
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Adams.....
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]

FIVE - YEAR HISTORICAL DATA

	1 2025	2 2024	3 2023	4 2022	5 2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,115,709,391	2,263,321,701	2,224,638,042	2,651,665,665	2,636,539,155
2. Total liabilities (Page 3, Line 24)	1,284,057,761	1,381,870,200	1,358,640,923	1,190,193,096	1,494,421,039
3. Statutory minimum capital and surplus requirement	477,924,814	458,676,506	426,603,162	594,737,556	307,593,804
4. Total capital and surplus (Page 3, Line 33)	831,651,635	881,451,505	865,997,119	1,461,472,572	1,142,118,116
Income Statement (Page 4)					
5. Total revenues (Line 8)	8,513,774,438	8,501,089,951	8,448,108,779	10,778,229,595	10,438,946,323
6. Total medical and hospital expenses (Line 18)	7,382,191,668	7,125,905,316	6,591,979,187	8,605,895,207	8,923,776,831
7. Claims adjustment expenses (Line 20)	157,043,364	169,817,252	156,773,609	190,015,478	156,590,753
8. Total administrative expenses (Line 21)	1,176,951,142	1,165,341,874	1,234,417,764	1,405,607,645	1,318,600,444
9. Net underwriting gain (loss) (Line 24)	(202,411,736)	40,025,509	464,938,219	595,637,594	21,051,966
10. Net investment gain (loss) (Line 27)	59,125,052	57,707,109	75,359,781	52,326,962	30,217,379
11. Total other income (Lines 28 plus 29)	38,756	(1,268,771)	(128,480)	0	(7,410,908)
12. Net income or (loss) (Line 32)	(143,247,928)	96,463,847	540,169,520	647,964,556	43,858,437
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(254,027,718)	526,509,485	163,521,985	566,024,627	212,576,608
Risk-Based Capital Analysis					
14. Total adjusted capital	831,651,635	881,451,505	865,997,119	1,461,472,572	1,142,118,116
15. Authorized control level risk-based capital	238,961,355	229,338,253	213,343,006	297,368,778	307,593,804
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,139,839	1,230,895	1,372,332	1,505,327	1,497,859
17. Total members months (Column 6, Line 7)	14,156,972	15,424,146	17,745,613	18,175,305	17,534,686
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)	86.7	83.8	78.0	79.8	87.9
20. Cost containment expenses	1.6	1.7	1.6	1.5	1.4
21. Other claims adjustment expenses	0.2	0.3	0.3	0.3	0.2
22. Total underwriting deductions (Line 23)	102.4	99.5	94.5	94.5	102.6
23. Total underwriting gain (loss) (Line 24)	(2.4)	0.5	5.5	5.5	0.2
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	926,268,769	804,615,514	580,123,364	731,821,407	607,933,016
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	1,014,036,760	887,866,248	818,158,747	875,784,344	881,712,195
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)	0	0	0	0	0
29. Affiliated mortgage loans on real estate	0	0	0	0	0
30. All other affiliated	0	0	0	0	0
31. Total of above Lines 26 to 30	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 above	0	0	0	0	0

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 Corrections of Errors? Yes [] No []

If no, please explain

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	354,862,643	534,297,135	7,366,213,555	336,615,753				8,591,989,087	.0
37. Oklahoma	OK	.N								0	.0
38. Oregon	OR	.N								0	.0
39. Pennsylvania	PA	.N								0	.0
40. Rhode Island	RI	.N								0	.0
41. South Carolina	SC	.N								0	.0
42. South Dakota	SD	.N								0	.0
43. Tennessee	TN	.N								0	.0
44. Texas	TX	.N								0	.0
45. Utah	UT	.N								0	.0
46. Vermont	VT	.N								0	.0
47. Virginia	VA	.N								0	.0
48. Washington	WA	.N								0	.0
49. West Virginia	WV	.N								0	.0
50. Wisconsin	WI	.N								0	.0
51. Wyoming	WY	.N								0	.0
52. American Samoa	AS	.N								0	.0
53. Guam	GU	.N								0	.0
54. Puerto Rico	PR	.N								0	.0
55. U.S. Virgin Islands	VI	.N								0	.0
56. Northern Mariana Islands	MP	.N								0	.0
57. Canada	CAN	.N								0	.0
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	0	.0
59. Subtotal	.XXX	354,862,643	534,297,135	7,366,213,555	336,615,753	.0	.0	.0	8,591,989,087	.0	.0
60. Reporting entity contributions for employee benefit plans	.XXX									0	.0
61. Total (direct business)	.XXX	354,862,643	534,297,135	7,366,213,555	336,615,753	0	0	0	8,591,989,087	0	.0
DETAILS OF WRITE-INS											
58001.	.XXX										
58002.	.XXX										
58003.	.XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	.XXX	0	0	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.

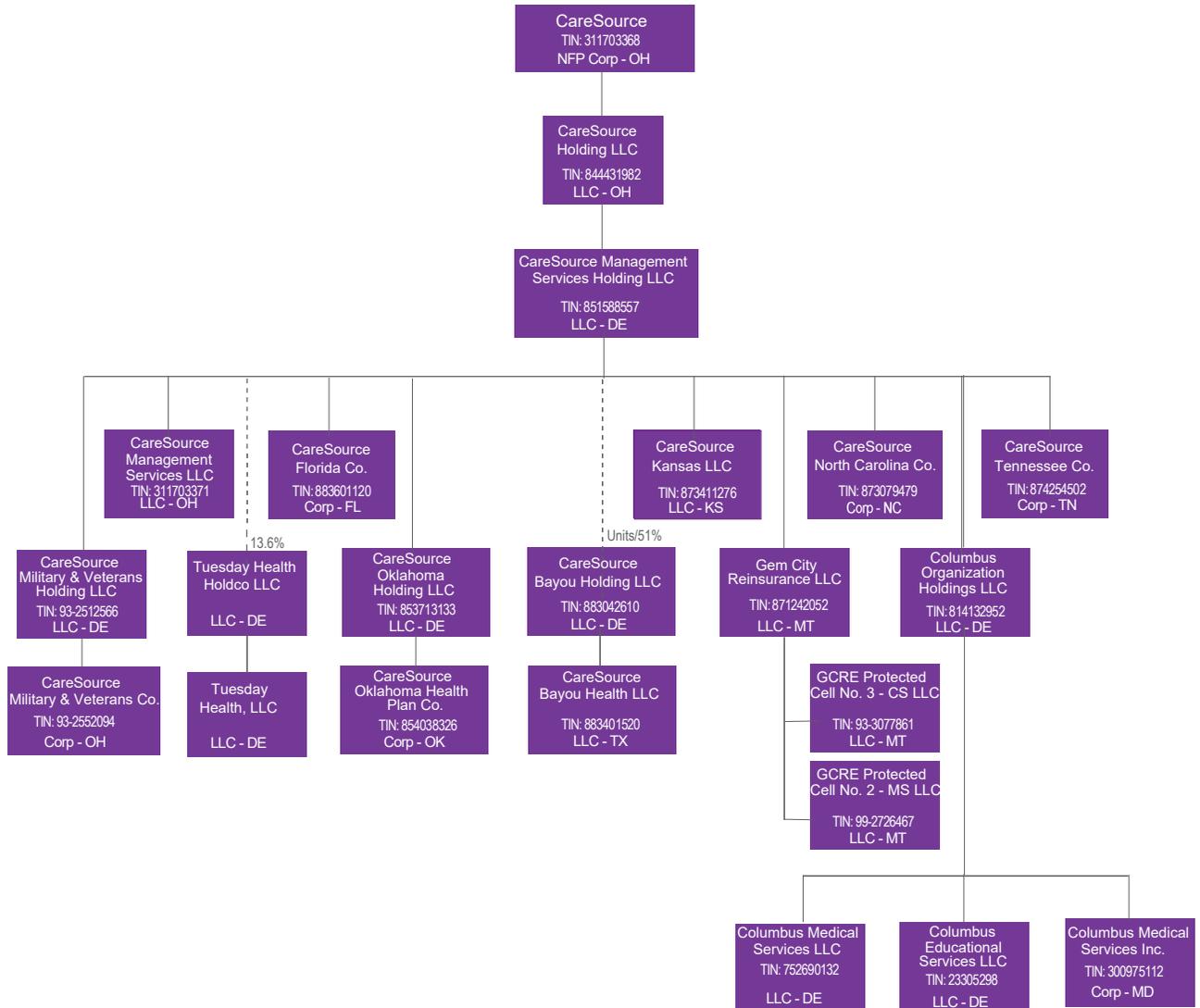
N/A - all premiums are generated in the State of Ohio

STATEMENT AS OF December 31, 2025 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.



Corp = Corporation
 LLC = Limited Liability Company
 NFP Corp = Not-for-Profit Corporation

Confidential & Proprietary