



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

CareSource Ohio Inc.

(Name)

NAIC Group Code 03683 (Current Period), 03683 (Prior Period), NAIC Company Code 95201, Employer's ID Number 31-1143265

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States

Licensed as business type: Life, Accident & Health [], Property/Casualty [], Hospital, Medical & Dental Service or Indemnity [], Dental Service Corporation [], Vision Service Corporation [], Health Maintenance Organization [X], Other [], Is HMO, Federally Qualified? Yes [] No [X]

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

Statutory Home Office 230 North Main St., 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, Rachel.Ainslie@caresource.com, 517-331-3100, 937-487-1744

OFFICERS

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

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	21,463,125	67,172,241		23,069,394	21,463,125	19,155,502
2. Claim overpayment receivables				472,074	.0	
3. Loans and advances to providers	9,876	133,663	450,230	3,138,820	460,106	460,106
4. Capitation arrangement receivables			34,220	68,464,857	34,220	69,587,653
5. Risk sharing receivables	12,072,478				12,072,478	12,458,887
6. Other health care receivables0	
7. Totals (Lines 1 through 6)	33,545,479	67,305,904	484,450	95,145,145	34,029,929	101,662,148

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource Ohio Inc.

2.

(LOCATION)

NAIC Group Code 03683

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 95201

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year	1,230,895	70,070						18,747	1,142,078					
2 First quarter	1,199,971	54,366						21,078	1,124,527					
3 Second quarter	1,179,092	45,129						21,524	1,112,439					
4 Third quarter	1,167,015	43,055						21,564	1,102,396					
5 Current year	1,139,839	39,918						21,468	1,078,453					
6 Current year member months	14,156,972	530,375						255,213	13,371,384					
Total Member Ambulatory Encounters for Year:														
7. Physician	7,020,066	238,450						351,549	6,430,067					
8. Non-physician	16,657,045	263,067						609,342	15,784,636					
9. Total	23,677,111	501,517	0	0	0	0	0	960,891	22,214,703	0	0	0	0	0
10. Hospital patient days incurred	556,162	14,242						52,301	489,619					
11. Number of inpatient admissions	104,196	2,745						8,243	93,208					
12. Health premiums written (b).....	8,591,989,086	354,862,643						534,297,135	7,702,829,308					
13. Life premiums direct.....	0													
14. Property/casualty premiums written.....	0													
15. Health premiums earned.....	8,591,989,086	354,862,643						534,297,135	7,702,829,308					
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	7,410,323,486	367,237,814						510,616,328	6,532,469,344					
18. Amount incurred for provision of health care services	7,457,081,065	370,877,913						526,425,500	6,559,777,652					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$534,297,135

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource Ohio Inc.

2.

(LOCATION)

NAIC Group Code	03683	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2025										NAIC Company Code	95201
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health	
		2 Individual	3 Group												
Total Members at end of:															
1. Prior year	1,230,895	70,070	0	0	0	0	0	18,747	1,142,078	0	0	0	0	0	
2 First quarter	1,199,971	54,366	0	0	0	0	0	21,078	1,124,527	0	0	0	0	0	
3 Second quarter	1,179,092	45,129	0	0	0	0	0	21,524	1,112,439	0	0	0	0	0	
4 Third quarter	1,167,015	43,055	0	0	0	0	0	21,564	1,102,396	0	0	0	0	0	
5 Current year	1,139,839	39,918	0	0	0	0	0	21,468	1,078,453	0	0	0	0	0	
6 Current year member months	14,156,972	530,375	0	0	0	0	0	255,213	13,371,384	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician	7,020,066	238,450	0	0	0	0	0	351,549	6,430,067	0	0	0	0	0	
8. Non-physician	16,657,045	263,067	0	0	0	0	0	609,342	15,784,636	0	0	0	0	0	
9. Total	23,677,111	501,517	0	0	0	0	0	960,891	22,214,703	0	0	0	0	0	
10. Hospital patient days incurred	556,162	14,242	0	0	0	0	0	52,301	489,619	0	0	0	0	0	
11. Number of inpatient admissions	104,196	2,745	0	0	0	0	0	8,243	93,208	0	0	0	0	0	
12. Health premiums written (b).....	8,591,989,086	354,862,643	0	0	0	0	0	534,297,135	7,702,829,308	0	0	0	0	0	
13. Life premiums direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/casualty premiums written.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health premiums earned.....	8,591,989,086	354,862,643	0	0	0	0	0	534,297,135	7,702,829,308	0	0	0	0	0	
16. Property/casualty premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount paid for provision of health care services	7,410,323,486	367,237,814	0	0	0	0	0	510,616,328	6,532,469,344	0	0	0	0	0	
18. Amount incurred for provision of health care services	7,457,081,065	370,877,913	0	0	0	0	0	526,425,500	6,559,777,652	0	0	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$534,297,135

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SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type Of Reinsurance Assumed	7 Type Of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than For Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 Totals							0	0	0	0	0	0

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

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance	
										11 Current Year	12 Prior Year			
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
11835	.04-1590940	.01/01/2025	PARTNERRE AMER INS CO	.DE	SSL/I	CMM	6,033,350							
11835	.04-1590940	.03/01/2025	PARTNERRE AMER INS CO	.DE	SSL/I	.MC	30,500,138							
11835	.04-1590940	.03/01/2025	PARTNERRE AMER INS CO	.DE	SSL/I	.MR	23,562,576							
23680	.47-0698507	.07/01/2025	ODYSSEY REINS CO	.CT	SSL/I	.MC	5,717,775							
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							65,813,839	0	0	0	0	0	0	
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							65,813,839	0	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							65,813,839	0	0	0	0	0	0	0
General Account - Unauthorized - Affiliates - U.S. - Captive														
00000	.45-4937120	.01/01/2025	CareSource Reinsurance LLC	.MT	SSL/I	CMM	12,400,809							
1299999 - General Account - Unauthorized - Affiliates - U.S. - Captive							12,400,809	0	0	0	0	0	0	0
1499999 - General Account - Unauthorized - Affiliates - U.S. - Total							12,400,809	0	0	0	0	0	0	0
1899999 - General Account - Unauthorized - Affiliates - Total Unauthorized Affiliates							12,400,809	0	0	0	0	0	0	0
2299999 - General Account - Unauthorized - Total General Account Unauthorized							12,400,809	0	0	0	0	0	0	0
4599999 - General Account - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							78,214,648	0	0	0	0	0	0	0
9199999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							78,214,648	0	0	0	0	0	0	0
9999999 Totals							78,214,648	0	0	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
General Account - Accident and Health - Affiliates - U.S. - Captive														
00000	45-4937120	01/01/2025	CareSource Reinsurance LLC	0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0
1299999 - General Account - Accident and Health - Affiliates - U.S. - Captive				0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0
1499999 - General Account - Accident and Health - Affiliates - U.S. - Total				0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0
1899999 - General Account - Accident and Health - Affiliates - Total Affiliates				0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0
2299999 - General Account - Accident and Health - Total Accident and Health				0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0
2399999 - General Account - Total General Account				0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0
3599999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0
9999999 Totals				0	0	1,857,658	1,857,658	0	XXX	0	0	0	0	0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Collateral			23	24	25	26		
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating(1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col.12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col.8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)	
NONE																										
9999999	Totals							0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	XXX	XXX	0	0

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S – PART 6

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

	1 2025	2 2024	3 2023	4 2022	5 2021
A. OPERATIONS ITEMS					
1. Premiums.....	18,434	30,459	23,299	20,368	15,360
2. Title XVIII-Medicare.....	23,563	18,421	9,345	6,286	5,263
3. Title XIX-Medicaid.....	36,218	45,698	61,912	53,329	38,581
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	74,889	37,692	55,078	60,672	43,277
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....	22,535,412	20,127,297	49,983	41,516	26,899
8. Reinsurance recoverable on paid losses.....	13,522	7,673	4,754	6,186	6,739
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,505,026,202		1,505,026,202
2. Accident and health premiums due and unpaid (Line 15).....	386,787,161		386,787,161
3. Amounts recoverable from reinsurers (Line 16.1).....	13,521,980	(13,521,980)	0
4. Net credit for ceded reinsurance.....	XXX	34,199,734	34,199,734
5. All other admitted assets (Balance).....	210,374,047		210,374,047
6. Total assets (Line 28)	2,115,709,391	20,677,754	2,136,387,145
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	922,098,351	22,535,412	944,633,763
8. Accrued medical incentive pool and bonus payments (Line 2).....	159,856,338		159,856,338
9. Premiums received in advance (Line 8).....	12,560,237		12,560,237
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	1,857,658		1,857,658
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	187,685,176		187,685,176
15. Total liabilities (Line 24).....	1,284,057,761	22,535,412	1,306,593,173
16. Total capital and surplus (Line 33).....	831,651,635	XXX	831,651,635
17. Total liabilities, capital and surplus (Line 34)	2,115,709,396	22,535,412	2,138,244,808
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	22,535,412		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	13,521,980		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	36,057,392		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	1,857,658		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	1,857,658		
31. Total net credit for ceded reinsurance	34,199,734		

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

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

Allocated By States and Territories

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

NONE

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

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

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

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

**SCHEDULE Y
PART 1A – DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	CareSource	00000	02-3305298				Columbus Educational Services LLC	DE	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	30-0975112				Columbus Medical Services Inc	MD	NIA	Columbus Organization Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	88-3042610				CareSource Bayou Holding LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	51.0	CareSource	NO	.0
03683	CareSource	17449	88-3401520				CareSource Bayou Health LLC	TX	IA	CareSource Bayou Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17455	88-3601120				CareSource Florida Co	FL	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	92-3355394				CareSource Holding III LLC	OH	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2512566				CareSource Military & Veterans Holding LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17802	93-2552094				CareSource Military & Veterans Co	OH	NIA	CareSource Military & Veterans Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	92-3877012				HAP Empowered Holding LLC	DE	NIA	CareSource Holding III LLC	Ownership	40.0	CareSource	NO	.0
03683	CareSource	95814	38-3123777				HAP CareSource	MI	IA	HAP Empowered Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	00000	93-3077861				GCRE Protected Cell No. 3 - CS LLC	MT	IA	Gem City Reinsurance LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	00000	99-2726467				GCRE Protected Cell No. 2 - MS LLC	MT	IA	Gem City Reinsurance LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2022078				Tuesday Health Holdco., LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	13.6	CareSource	NO	.0
00000	CareSource	00000	92-2653278				Tuesday Health, LLC	DE	NIA	Tuesday Health Holdco., LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	87-1811106				Caresource Diversity & Social Impact Investment Fund LLC	DE	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	47-1103098				Accelerant Fund I, L.P	OH	NIA	CareSource	Ownership	16.5	CareSource	NO	.0
03683	CareSource	17781	33-3085205				CareSource Nevada Co	NV	IA	CareSource	Board of Directors	100.0	CareSource	NO	.0
03683	CareSource	15061	45-3309488				Common Ground Healthcare Cooperative	WI	IA	CareSource	Board of Directors	100.0	CareSource	NO	.0
00000	CareSource	00000	88-3585337				Caresource Midwest Fund LLC	DE	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	33-3183161				InstED Holdco, LLC	DE	NIA	CareSource	Board of Directors	100.0	CareSource	NO	.0
00000	CareSource	00000	83-1983756				InstED, LLC	DE	NIA	Instead Holdco, LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	33-2709766				CCA Clinical Holding Company, Inc	MA	NIA	CareSource	Board of Directors	100.0	CareSource	NO	.0
00000	CareSource	00000	56-2382058				Commonwealth Clinical Alliance, Inc	MA	NIA	CCA Clinical Holding Company, Inc	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-3780796				Community Intensive Care, Inc	MA	NIA	CCA Clinical Holding Company, Inc	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	26-0100022				Boston's Community Medical Group, Inc	MA	NIA	CCA Clinical Holding Company, Inc	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2767552				CCA Housing Solutions, LLC	DE	NIA	CCA Clinical Holding Company, Inc	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	33-1234263				CCA Innovation Investment Holding Company, LLC	DE	NIA	CareSource	Board of Directors	100.0	CareSource	NO	.0
03683	CareSource	17767	04-3756900				Commonwealth Care Alliance, Inc	MA	IA	CareSource	Board of Directors	100.0	CareSource	NO	.0

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	31-1703371	CareSource Management Services, Inc.					1,262,368,212				1,262,368,212	
00000	85-1588557	CareSource Management Services Holdings	57,550	(499,951)							(442,401)	
95201	31-1143265	CareSource Ohio		100,000,000			(795,876,987)	(2,793,358)			(698,670,345)	
00000	56-2582561	CareSource Foundation									.0	
10142	32-0121856	CareSource Indiana		160,000,000			(143,865,842)	2,632,771			18,766,929	
00000	45-4937120	CareSource Reinsurance	(40,000,000)					1,727,670			(38,272,330)	
00000	31-1703368	CareSource	77,055,000	(736,900,000)	945,000						(658,900,000)	
00000	87-1688130	CareSource Holdings									.0	
00000	84-4431982	CareSource Holdings III LLC									.0	
15479	46-4991603	CareSource Kentucky					(14,182,906)	315,503			(13,867,403)	
15710	47-2408339	CareSource Georgia	(25,000,000)				(153,419,014)	(1,882,586)			(180,301,600)	
15728	47-3028244	CareSource West Virginia	(12,055,000)	(9,000,000)	(945,000)		(18,265,721)				(40,265,721)	
17271	84-4476729	CareSource Arkansas									.0	
17096	86-3112470	CareSource Arkansas PASSE					(23,863,033)				(23,863,033)	
17781	33-3085205	CareSource Nevada Co.		1,700,000							1,700,000	
17023	85-4038326	CareSource Oklahoma									.0	
00000	82-4834822	CareSource Real Estate Holdings									.0	
00000	85-4022039	CareSource Kids Care Alliance									.0	
00000	81-4132842	CareSource The Columbus Organization									.0	
17379	87-3411276	CareSource Kansas LLC									.0	
17284	88-1429834	CareSource Iowa Co.									.0	
00000	87-4254502	CareSource Tennessee Co.									.0	
17366	87-3079479	CareSource North Carolina Co.					(784,795)				(784,795)	
00000	88-3601120	CareSource Florida Co.									.0	
00000	88-3042610	CareSource Bayou Health									.0	
17449	88-3401520	CareSource Bayou Health Holdings									.0	
00000	93-2361419	ImagineCare LLC	(65,600)								(65,600)	
00000	93-2340017	ImagineCare Holdings LLC	8,050	(1,500,049)							(1,491,999)	
00000	93-2552094	CareSource Military & Veterans Co.		7,000,000			(8,000,000)				(1,000,000)	
00000	93-2512566	CareSource Military & Veterans Holding									.0	
15061	45-3309488	Common Ground Healthcare Cooperative		29,000,000			(43,284,396)				(14,284,396)	
17767	04-3756900	Commonwealth Care Alliance, Inc.		440,000,000			58,544,386				498,544,386	
00000	83-1983756	InstED, LLC					(5,743,709)				(5,743,709)	
00000	93-2767552	CCA Housing Solutions, LLC					1,037,701				1,037,701	
00000	56-2382058	Commonwealth Clinical Alliance, Inc.					(53,129,877)				(53,129,877)	
00000	93-3780796	Community Intensive Care, Inc.									.0	
00000	26-0100022	Boston's Community Medical Group, Inc.					(708,500)				(708,500)	
00000	46-4325429	747 Cambridge St., LLC									.0	
00000	80-0517818	ElderServe Health, Inc.									.0	
00000	87-2901879	CareSource Reinsurance II		5,000,000							5,000,000	
00000	87-1242052	CareSource Gem City Reinsurance									.0	
00000	99-2726467	GCRE Protected Cell No. 2 - MS LLC									.0	
00000	93-3077861	Gem City Protected Cell No 3 - NC									.0	
95814	38-3123777	CareSource HAP		5,200,000			(60,825,518)				(55,625,518)	
00000	92-3877012	HAP Empowered Holding General									.0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
												0
9999999 Control Totals			0	0	0	0	1	0	XXX	0	1	0

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

MARCH FILING

Responses

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?YES.....
- 2. Will an Actuarial Opinion be filed by March 1?YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?YES.....

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

JUNE FILING

- 8. Will an Audited Financial Report be filed by June 1?YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?YES.....

SUPPLEMENTAL FILINGS

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

MARCH FILING

- 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?NO.....
- 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....
- 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?SEE EXPLANATION.....
- 19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?YES.....

APRIL FILING

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?YES.....
- 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?YES.....


AUGUST FILING


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


Explanation:


- 16. Not applicable
- 17. Not applicable
- 18. Not applicable

Bar code:

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

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

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

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code 03683.....

NAIC Company Code 95201.....

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