



QUARTERLY STATEMENT

AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

CareSource Military & Veterans Co.

NAIC Group Code	03683	(Current Period)	NAIC Company Code	17802	(Prior Period)	Employer's ID Number	93-2552094
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 [X]		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization []		
	Other []				Is HMO Federally Qualified? Yes [] No []		
Incorporated/Organized	07/12/2023		Commenced Business		06/03/2025		
Statutory Home Office	230 N. Main St.				Dayton, OH, US 45402		
	(Street and Number)				(City or Town, State, Country and Zip Code)		
Main Administrative Office	230 N. Main St.		Dayton, OH, US 45402		937-224-3300		
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	PO Box 2208				Dayton, OH, US 45402		
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	230 N. Main St.		Dayton, OH, US 45402		937-224-3300		
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)		
Internet Web Site Address			N/A				
Statutory Statement Contact	Rachel Ainslie				517-331-3100		
	(Name)				(Area Code) (Telephone Number) (Extension)		
	rachel.ainslie@caresource.com				937-487-1744		
	(E-Mail Address)				(FAX Number)		

OFFICERS

Name	Title	Name	Title
Holly S. Joers #	President	Edward L. Stubbers #	Secretary
Lawrence R. Smart #	Treasurer		

OTHER OFFICERS

Scott R. Markovich	Chair		
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DIRECTORS OR TRUSTEES

Edward L. Stubbers #	Erhardt H. Preitauer #	Lawrence R. Smart #	Scott R. Markovich #
Stephanie A. Williams #			

State ofOhio.....
County ofMontgomery..... ss

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

Holly S. Joers President	Edward L. Stubbers Secretary	Lawrence R. Smart 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 _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	111,128		111,128	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$3,413,560), cash equivalents (\$4) and short-term investments (\$0)	3,413,564		3,413,564	0
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,524,692	0	3,524,692	0
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	1,041		1,041	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0		0	0
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 (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
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			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	6,206		6,206	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			0	0
24. Health care (\$1,200,000) and other amounts receivable	1,200,000		1,200,000	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,731,939	0	4,731,939	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	4,731,939	0	4,731,939	0
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
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.				
2502.				
2503.				
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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	117,983		117,983	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized 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	963,211		963,211	0
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,081,194	0	1,081,194	0
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,500	0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	4,498,500	0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(849,255)	0
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	3,650,745	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	4,731,939	0
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
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		
2502.	XXX	XXX		
2503.	XXX	XXX		
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		
3002.	XXX	XXX		
3003.	XXX	XXX		
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX		.0	.0
2. Net premium income (including \$ non-health premium income).....	XXX		.0	.0
3. Change in unearned premium reserves and reserve for rate credits	XXX		.0	.0
4. Fee-for-service (net of \$ medical expenses)	XXX		.0	.0
5. Risk revenue	XXX		.0	.0
6. Aggregate write-ins for other health care related revenues	XXX	2,400,000	.0	.0
7. Aggregate write-ins for other non-health revenues	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7)	XXX	2,400,000	.0	.0
Hospital and Medical:				
9. Hospital/medical benefits .....			.0	.0
10. Other professional services .....			.0	.0
11. Outside referrals .....			.0	.0
12. Emergency room and out-of-area .....			.0	.0
13. Prescription drugs .....			.0	.0
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....			.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	.0	.0	.0
Less:				
17. Net reinsurance recoveries .....			.0	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	.0	.0	.0
19. Non-health claims (net).....			.0	.0
20. Claims adjustment expenses, including \$ cost containment expenses.....			.0	.0
21. General administrative expenses.....		3,400,959	.0	.0
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	3,400,959	.0	.0
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,000,959)	.0	.0
25. Net investment income earned		52,038	.0	.0
26. Net realized capital gains (losses) less capital gains tax of \$.....			.0	.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	52,038	.0	.0
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	.0	.0	.0
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	(948,921)	.0	.0
31. Federal and foreign income taxes incurred	XXX		.0	.0
32. Net income (loss) (Lines 30 minus 31)	XXX	(948,921)	0	0
DETAILS OF WRITE-INS				
0601. Other Revenue.....	XXX	2,400,000		
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	2,400,000	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	2,599,667	0	0
34. Net income or (loss) from Line 32	(948,921)	0	0
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	0
39. Change in nonadmitted assets		0	0
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in	2,000,000	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	1,051,079	0	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,650,746	0	0
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	To Date	To Date	December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	0	0	0
2. Net investment income	51,175	0	0
3. Miscellaneous income	1,200,000	0	0
4. Total (Lines 1 to 3)	1,251,175	0	0
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	2,319,765	0	0
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	5,700	0	0
10. Total (Lines 5 through 9)	2,325,465	0	0
11. Net cash from operations (Line 4 minus Line 10)	(1,074,291)	0	0
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	111,306	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	111,306	0	0
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(111,306)	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	2,000,000	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	0	0	2,599,161
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	2,000,000	0	2,599,161
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)	814,403	0	2,599,161
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,599,161	0	0
19.2 End of period (Line 18 plus Line 19.1)	3,413,564	0	2,599,161

Prem., Enrollment

NONE

Claims Unpaid

NONE

Underwriting and Investment Exhibit

NONE

STATEMENT AS OF JUNE 30, 2025 OF THE CareSource Military & Veterans Co.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

- A.

Accounting Practices

CareSource Military and Veteran's (CSMV) 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 & 4)	XXX	XXX	XXX	\$(948,921)	\$0
(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	\$(948,921)	\$0
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$3,650,745	\$0
(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	\$3,650,745	\$0

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

Not Applicable

C. Accounting Policy

(1) CSMV does not have any short-term investments.

(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) CSMV does not have any common stock.

(4) CSMV does not hold any preferred stock.

(5) CSMV does not hold any mortgage loans.

(6) CSMV does not hold any Single class and multi-class mortgage-backed/asset-backed securities.

(7) CSMV does not invest in any subsidiary, controlled or affiliated entities.

(8) CSMV does not invest in any joint ventures, partnerships, or limited liability companies.

(9) CSMV does not hold any derivative instruments.

(10) CSMV would utilize anticipated investment income in the computation of the premium deficiency calculation in accordance with NAIC guidelines, but no such reserve is necessary.

(11) CSMV does not have any claims unpaid and claims adjustment expense liabilities.

(12) CSMV does not hold any assets requiring capitalization.

(13) CSMV does not have any pharmacy rebates.

D. Going Concern

Management has determined that there is no doubt about the entity's ability to continue as a going concern.

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

2. Accounting Changes and Corrections of Errors

Not Applicable

3. Business Combinations and Goodwill

Not Applicable

4. Discontinued Operations

Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
- Not Applicable
- B. Debt Restructuring
- Not Applicable
- C. Reverse Mortgages
- Not Applicable
- D. Asset-Backed Securities
- Not Applicable
- 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

STATEMENT AS OF JUNE 30, 2025 OF THE CareSource Military & Veterans Co.

(1) Restricted Assets (Including Pledged)							
Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$ 0	\$ 0	\$	\$ 0	0.0 %	0.0 %
b. Collateral held under security lending agreements		0	0		0	0.0	0.0
c. Subject to repurchase agreements		0	0		0	0.0	0.0
d. Subject to reverse repurchase agreements		0	0		0	0.0	0.0
e. Subject to dollar repurchase agreements		0	0		0	0.0	0.0
f. Subject to dollar reverse repurchase agreements		0	0		0	0.0	0.0
g. Placed under option contracts		0	0		0	0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock		0	0		0	0.0	0.0
i. FHLB capital stock		0	0		0	0.0	0.0
j. On deposit with states	110,000	0	110,000		110,000	2.3	2.3
k. On deposit with other regulatory bodies		0	0		0	0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)		0	0		0	0.0	0.0
m. Pledged as collateral not captured in other categories	0	0	0		0	0.0	0.0
n. Other restricted assets	0	0	0		0	0.0	0.0
o. Total Restricted Assets (Sum of a through n)	\$ 110,000	\$ 0	\$ 110,000	\$ 0	\$ 110,000	2.3 %	2.3 %

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

- 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

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

Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral

Not Applicable
6. Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable
7. Investment Income

A. Due and Accrued Income that was Excluded from Surplus on the following basis

CSMV does not have any investment income receivables excluded from surplus.

B. Total Amount Excluded

CSMV has not excluded any investment income.

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

Not Applicable

D. Aggregate deferred interest.

Not Applicable

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

Not Applicable
8. Derivative Instruments

Not Applicable
9. Income Taxes

A. The components of the net deferred tax asset/(liability) at June 30 are as follows:

1.

6/30/2025		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 199,274	\$ 199,274
(b) Statutory Valuation Allowance Adjustments	\$ 199,274	\$ 199,274
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 0	\$ 0
(d) Deferred Tax Assets Nonadmitted	\$	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 0	\$ 0
(f) Deferred Tax Liabilities	\$	\$ 0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 0	\$ 0

12/31/2024		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	\$ 0	\$ 0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 0	\$ 0
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 0	\$ 0
(f) Deferred Tax Liabilities	\$ 0	\$ 0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 0	\$ 0

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 199,274	\$ 199,274
(b) Statutory Valuation Allowance Adjustments	\$ 199,274	\$ 199,274
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 0	\$ 0
(d) Deferred Tax Assets Nonadmitted	\$ 0	\$ 0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$ 0	\$ 0
(f) Deferred Tax Liabilities	\$ 0	\$ 0
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 0	\$ 0

STATEMENT AS OF JUNE 30, 2025 OF THE CareSource Military & Veterans Co.

2.

6/30/2025			
(1)	(2)	(3)	
Ordinary	Capital	(Col 1+2) Total	
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$	\$	\$ 0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$	\$	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$	\$	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 547,612
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$	\$	\$ 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$	\$	\$ 0
Total (2(a) + 2(b) + 2(c))	\$ 0	\$ 0	\$ 0
12/31/2024			
(4)	(5)	(6)	
Ordinary	Capital	(Col 4+5) Total	
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 0	\$ 0	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 0
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ 0	\$ 0	\$ 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0	\$ 0
Total (2(a) + 2(b) + 2(c))	\$ 0	\$ 0	\$ 0
Change			
(7)	(8)	(9)	
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total	
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 0	\$ 0	\$ 0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 0	\$ 0	\$ 0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 547,612
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ 0	\$ 0	\$ 0
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ 0	\$ 0	\$ 0
Total (2(a) + 2(b) + 2(c))	\$ 0	\$ 0	\$ 0

3.

2025		2024	
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	472.200		0.000
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	\$ 3,650,746.000		\$ 0.000

4.Impact of Tax-Planning Strategies

6/30/2025		12/31/2024		Change	
(1)	(2)	(3)	(4)	(5)	(6)
Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(Col 2-4) Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage					
1. Adjusted Gross DTAs Amount From Note 9A1(c)	0	0	0	0	0
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		0.0	0.0	0.0	0.0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	0	0	0	0	0
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		0.0	0.0	0.0	0.0

B. Deferred Tax Liabilities Not Recognized

Not Applicable

C. Current income taxes incurred consist of the following major components

				(1)	(2)	(3)
				6/30/2025	12/31/2024	(Col 1-2) Change
1.	Current Income Tax					
(a)	Federal			\$ 0	\$ 0	\$ 0
(b)	Foreign			\$ 0	\$ 0	\$ 0
(c)	Subtotal (1a+1b)			\$ 0	\$ 0	\$ 0
(d)	Federal income tax on net capital gains			\$ 0	\$ 0	\$ 0
(e)	Utilization of capital loss carry-forwards			\$ 0	\$ 0	\$ 0
(f)	Other			\$ 0	\$ 0	\$ 0
(g)	Federal and foreign income taxes incurred (1c+1d+1e+1f)			\$ 0	\$ 0	\$ 0
2.	Deferred Tax Assets:					
(a)	Ordinary					
(1)	Discounting of unpaid losses			\$ 0	\$ 0	\$ 0
(2)	Unearned premium reserve			\$ 0	\$ 0	\$ 0
(3)	Policyholder reserves			\$ 0	\$ 0	\$ 0
(4)	Investments			\$ 0	\$ 0	\$ 0
(5)	Deferred acquisition costs			\$ 0	\$ 0	\$ 0
(6)	Policyholder dividends accrual			\$ 0	\$ 0	\$ 0
(7)	Fixed assets			\$ 0	\$ 0	\$ 0
(8)	Compensation and benefits accrual			\$ 0	\$ 0	\$ 0
(9)	Pension accrual			\$ 0	\$ 0	\$ 0
(10)	Receivables – nonadmitted			\$ 0	\$ 0	\$ 0
(11)	Net operating loss carry-forward			\$ 199,274	\$ 0	\$ 199,274
(12)	Tax credit carry-forward			\$ 0	\$ 0	\$ 0
(13)	Other			\$ 0	\$ 0	\$ 0
(99)	Subtotal (sum of 2a1 through 2a13)			\$ 199,274	\$ 0	\$ 199,274
(b)	Statutory valuation allowance adjustment			\$ 199,274	\$ 0	\$ 199,274
(c)	Nonadmitted			\$ 0	\$ 0	\$ 0
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)			\$ 0	\$ 0	\$ 0
(e)	Capital:					
(1)	Investments			\$ 0	\$ 0	\$ 0
(2)	Net capital loss carry-forward			\$ 0	\$ 0	\$ 0
(3)	Real estate			\$ 0	\$ 0	\$ 0
(4)	Other			\$ 0	\$ 0	\$ 0
(99)	Subtotal (2e1+2e2+2e3+2e4)			\$ 0	\$ 0	\$ 0
(f)	Statutory valuation allowance adjustment			\$ 0	\$ 0	\$ 0
(g)	Nonadmitted			\$ 0	\$ 0	\$ 0
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)			\$ 0	\$ 0	\$ 0
(i)	Admitted deferred tax assets (2d + 2h)			\$ 0	\$ 0	\$ 0
3.	Deferred Tax Liabilities:					
(a)	Ordinary					
(1)	Investments			\$ 0	\$ 0	\$ 0
(2)	Fixed assets			\$ 0	\$ 0	\$ 0

STATEMENT AS OF JUNE 30, 2025 OF THE CareSource Military & Veterans Co.

(3)	Deferred and uncollected premium	\$	\$0	\$0
(4)	Policyholder reserves	\$	\$0	\$0
(5)	Other	\$	\$0	\$0
	(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$0	\$0	\$0
(b)	Capital:			
(1)	Investments	\$	\$0	\$0
(2)	Real estate	\$	\$0	\$0
(3)	Other	\$	\$0	\$0
	(99) Subtotal (3b1+3b2+3b3)	\$0	\$0	\$0
(c)	Deferred tax liabilities (3a99 + 3b99)	\$0	\$0	\$0
4.	Net deferred tax assets/liabilities (2i - 3c)	\$0	\$0	\$0

D. Among the more significant book to tax adjustments were the following:

A valuation allowance of \$199,274 was applied to the gross DTA.

E. Operating Loss and Tax Credit Carryforwards

Not Applicable

F. Consolidated Federal Income Tax Return

Not Applicable

G. Federal or Foreign Income Tax Loss Contingencies

Not Applicable

H. Repatriation Transition Tax (RTT)

Not Applicable

I. Alternative Minimum Tax Credit

Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No changes

A. Nature of the Relationship Involved

CSMV's ultimate corporate parent is CareSource (CS). CS owns CareSource Holding LLC (CSH), which subsequently owns CareSource Management Services Holding LLC (CSMSH). CSMSH owns CareSource Military & Veterans Holding LLC (CSMVH), where CSMVH owns 100% of CSMV.

B. Detail of Transactions

CS provided initial capital infusion to CSMV of \$2,500,000 in November 2023 and an additional capital infusion of \$2,000,000 in May 2025.

C. Transactions with related party who are not reported on Schedule Y

Not Applicable

D. Amounts Due From or To Related Parties

Not Applicable

E. Material Management or Service Contracts and Cost-Sharing Arrangements

Not Applicable

F. Guarantees or Undertakings

Not Applicable

G. Nature of the Control Relationship

Not Applicable

H. Amount Deducted for Investment in Upstream Intermediate Entity or Ultimate Parent Owned

Not Applicable

I. Investments in SCA that Exceed 10% of Admitted Assets

Not Applicable

J. Investments in Impaired SCAs

Not Applicable

K. Investment in Foreign Insurance Subsidiary

Not Applicable

L. Investment in Downstream Noninsurance Holding Company

Not Applicable

M. All SCA Investments

Not Applicable

N. Investment in Insurance SCAs

Not Applicable

O. SCA or SSAP No. 48 Entity Loss Tracking

Not Applicable

11. Debt

Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement

Benefit Plans

Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No change

A. Number of Shares of Each Class of Capital Stock, Authorized, Issued and Outstanding and the Par or Stated Value of Each Class

CSMV has 1,000,000 shares of \$1 par value common stock authorized and 1,500 shares outstanding as of June 30, 2025.

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

CSMV has no preferred stock outstanding.

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

J. Changes in Unassigned Funds

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 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 ☐
- 2.2

If yes, date of change:

04/17/2025
- 3.1

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 ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
Commonwealth Care Alliance is a new entity to the holding company system.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☐ NA ☒
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/9999
- 6.2

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.

12/31/9999
- 6.3

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).

12/31/9999
- 6.4

By what department or departments?
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 7.1

Has this 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 ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 | 2 | 3 | 4 | 5 | 6 |
|----------------|---------------------------|-----|-----|------|-----|
| Affiliate Name | Location
(City, State) | FRB | OCC | FDIC | SEC |
| | | | | | |
- 9.1

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.
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☐ No ☒
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes ☐ No ☒

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

13. Amount of real estate and mortgages held in short-term investments:\$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes ☐ No ☒

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$0
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$0	\$0
14.24 Short-Term Investments	\$0	\$0
14.25 Mortgage Loans on Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes ☐ No ☒

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ NA ☐
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
16.3 Total payable for securities lending reported on the liability page\$0

17. 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 ☐

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank.....	38 Fountain Square, Cincinnati, Ohio 45263.....

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes ☐ No ☒

17.4 If yes, give full and complete information relating thereto:

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

17.5 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.....

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 ☒

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes ☐ No ☒

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes ☒ No ☐

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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 ☒

20. 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

GENERAL INTERROGATORIES

- 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]

21. 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]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

0.0 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

0.0 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☐ No ☒

3.1

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 ☒

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories										
States, Etc.	1	Direct Business Only								
	Active Status (a)	2	3	4	5	6	7	8	9	10
		Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama	AL	N							.0	
2. Alaska	AK	N							.0	
3. Arizona	AZ	N							.0	
4. Arkansas	AR	N							.0	
5. California	CA	N							.0	
6. Colorado	CO	N							.0	
7. Connecticut	CT	N							.0	
8. Delaware	DE	N							.0	
9. Dist. Columbia	DC	N							.0	
10. Florida	FL	N							.0	
11. Georgia	GA	N							.0	
12. Hawaii	HI	N							.0	
13. Idaho	ID	N							.0	
14. Illinois	IL	N							.0	
15. Indiana	IN	N							.0	
16. Iowa	IA	N							.0	
17. Kansas	KS	N							.0	
18. Kentucky	KY	N							.0	
19. Louisiana	LA	N							.0	
20. Maine	ME	N							.0	
21. Maryland	MD	N							.0	
22. Massachusetts	MA	N							.0	
23. Michigan	MI	N							.0	
24. Minnesota	MN	N							.0	
25. Mississippi	MS	N							.0	
26. Missouri	MO	N							.0	
27. Montana	MT	N							.0	
28. Nebraska	NE	N							.0	
29. Nevada	NV	N							.0	
30. New Hampshire	NH	N							.0	
31. New Jersey	NJ	N							.0	
32. New Mexico	NM	N							.0	
33. New York	NY	N							.0	
34. North Carolina	NC	N							.0	
35. North Dakota	ND	N							.0	
36. Ohio	OH	N							.0	
37. Oklahoma	OK	N							.0	
38. Oregon	OR	N							.0	
39. Pennsylvania	PA	N							.0	
40. Rhode Island	RI	N							.0	
41. South Carolina	SC	N							.0	
42. South Dakota	SD	N							.0	
43. Tennessee	TN	N							.0	
44. Texas	TX	N							.0	
45. Utah	UT	N							.0	
46. Vermont	VT	N							.0	
47. Virginia	VA	N							.0	
48. Washington	WA	N							.0	
49. West Virginia	WV	N							.0	
50. Wisconsin	WI	N							.0	
51. Wyoming	WY	N							.0	
52. American Samoa	AS	N							.0	
53. Guam	GU	N							.0	
54. Puerto Rico	PR	N							.0	
55. U.S. Virgin Islands	VI	N							.0	
56. Northern Mariana Islands	MP	N							.0	
57. Canada	CAN	N							.0	
58. Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	XXX								.0	
61. Total (Direct Business)	XXX	0	0	0	0	0	0	0	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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1

2. R – Registered – Non-domiciled RRGs0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0

4. Q – Qualified – Qualified or accredited reinsurer0

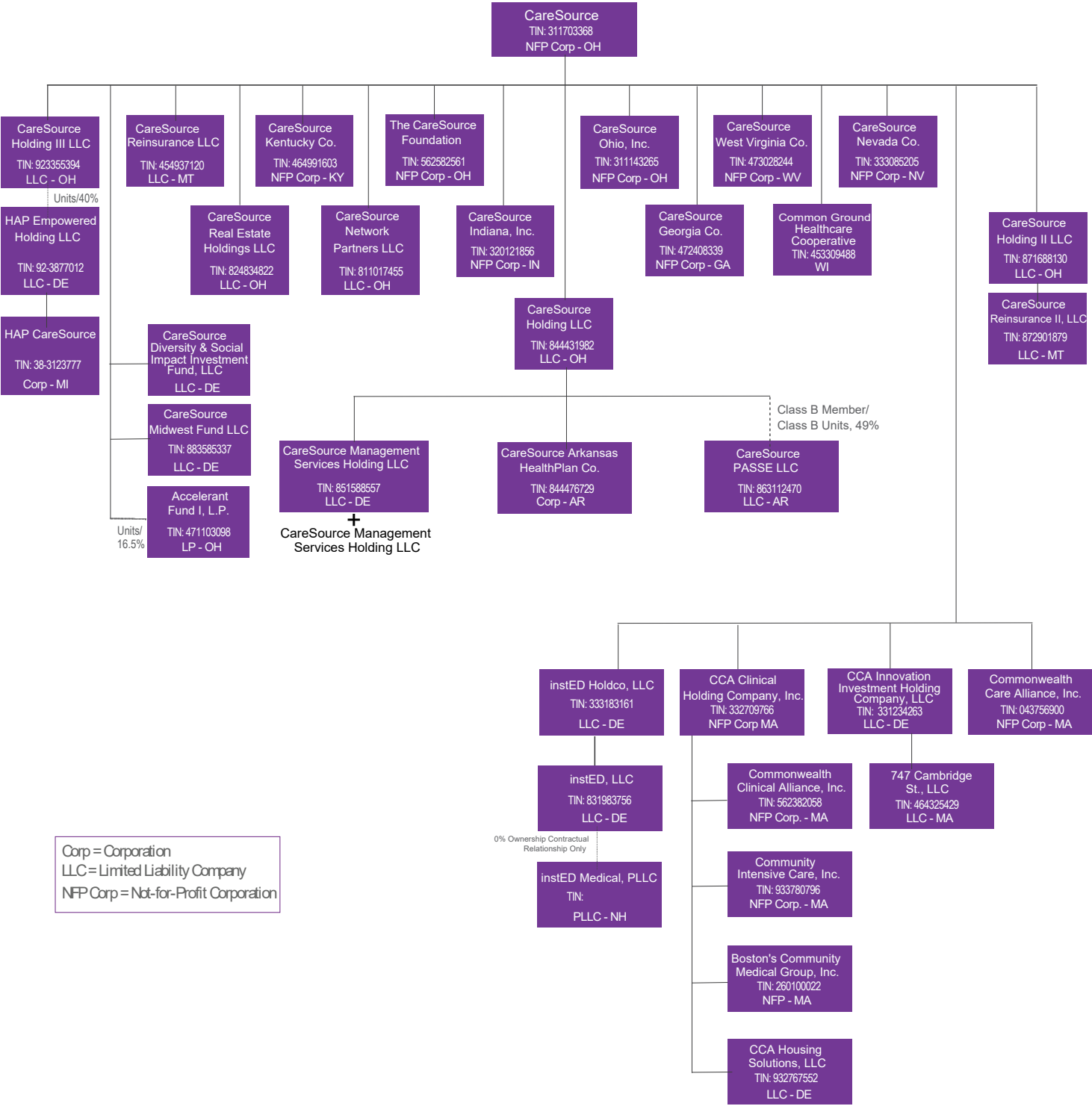
5. N – None of the above – Not allowed to write business in the state.....56

STATEMENT AS OF June 30, 2025 OF THE CareSource Military & Veterans Co.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

CareSource Organization Chart

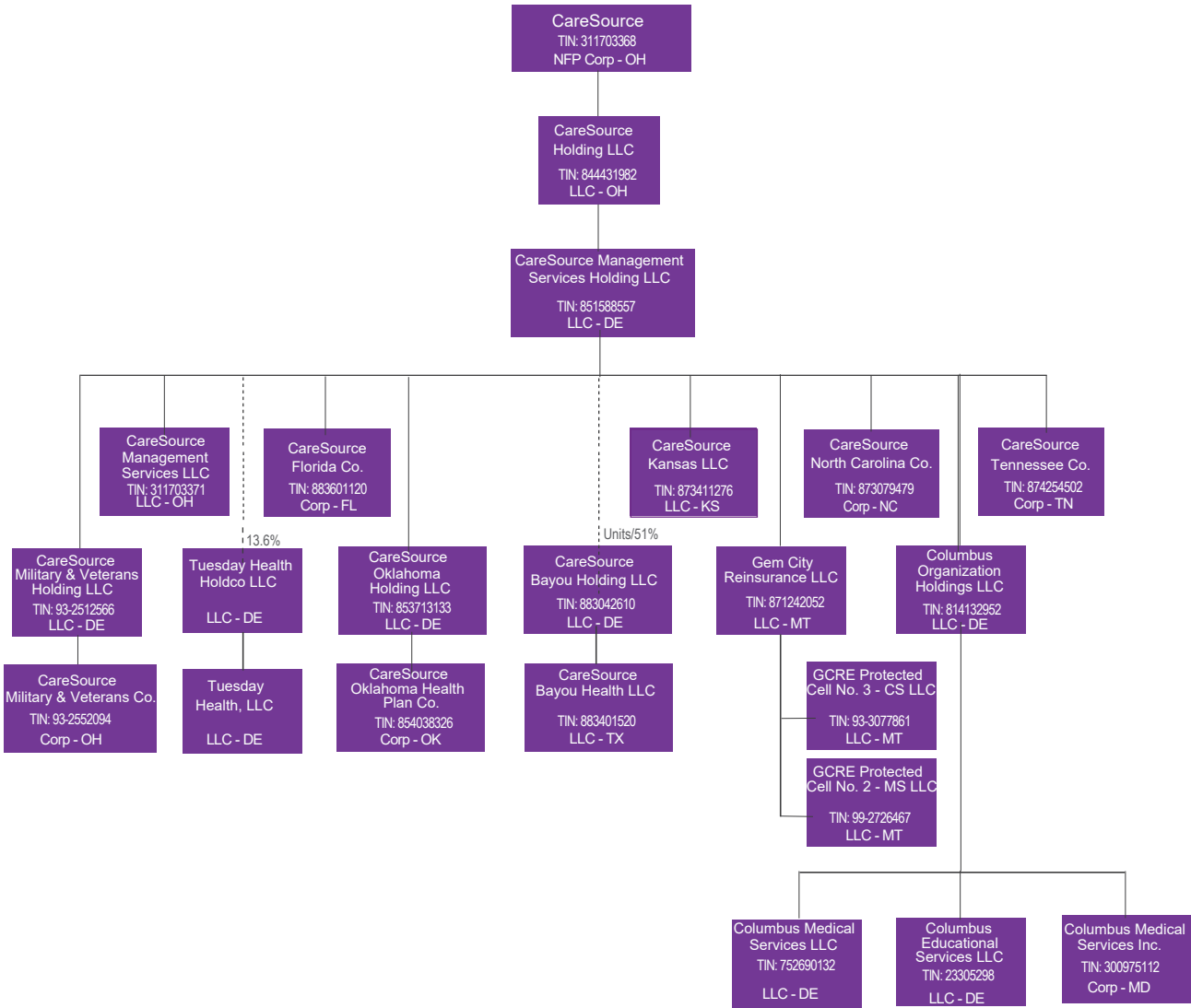
Ownership is 100% unless otherwise indicated.



Confidential & Proprietary

CareSource Organization Chart

Ownership is 100% unless otherwise indicated.



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

Confidential & Proprietary

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.....	UIP.....	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.....	NIA.....	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.....	UIP.....	CareSource.....	Board of Directors.....	0.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	95201.....	31-1143265.....				CareSource Ohio Inc.....	OH.....	IA.....	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.....	UIP.....	CareSource Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	85-3713133.....				CareSource Oklahoma Holding LLC.....	DE.....	NIA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	17023.....	85-4038326.....				CareSource Oklahoma Health Plan Co.....	OK.....	IA.....	CareSource Oklahoma Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	87-1242052.....				Gem City Reinsurance LLC.....	MT.....	IA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	87-1688130.....				CareSource Holding II LLC.....	OH.....	NIA.....	CareSource.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	87-2901879.....				CareSource Reinsurance II, LLC.....	MT.....	IA.....	CareSource Holding II LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	17366.....	87-3079479.....				CareSource North Carolina Co.....	NC.....	IA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	17467.....	87-4254502.....				CareSource Tennessee Co.....	TN.....	IA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
03683.....	CareSource.....	17379.....	87-3411276.....				CareSource Kansas LLC.....	KS.....	IA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	81-4132952.....				Columbus Organization Holdings LLC.....	DE.....	NIA.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....
00000.....	CareSource.....	00000.....	75-2690132.....				Columbus Medical Services LLC.....	DE.....	NIA.....	Columbus Organization Holdings LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	0.....

SCHEDULE Y
PART 1A – 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.....	UDP.....	CareSource Management Services Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....
03683.....	CareSource.....	17802.....	93-2552094.....				CareSource Military & Veterans Co.....	OH.....	RE.....	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.....
00000.....	CareSource.....	95814.....	38-3123777.....				HAP CareSource.....	MI.....	IA.....	HAP Empowered Holding LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....
03683.....	CareSource.....	00000.....	93-3077861.....				GCRE Protected Cell No. 3 - CS LLC.....	MT.....	IA.....	Gem City Reinsurance LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....
00000.....	CareSource.....	00000.....	99-2726467.....				GCRE Protected Cell No. 2 - MS LLC.....	MT.....	IA.....	Gem City Reinsurance LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....
00000.....	CareSource.....	00000.....	93-2022078.....				Tuesday Health Holdco., LLC.....	DE.....	NIA.....	CareSource Management Services Holding LLC.....	Ownership.....	13.6.....	CareSource.....	NO.....	.0.....
00000.....	CareSource.....	00000.....	92-2653278.....				Tuesday Health, LLC.....	DE.....	NIA.....	Tuesday Health Holdco., LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....
00000.....	CareSource.....	00000.....	87-1811106.....				Caresource Diversity & Social Impact Investment Fund LLC.....	DE.....	NIA.....	CareSource.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....
00000.....	CareSource.....	00000.....	47-1103098.....				Accelerant Fund I, L.P.....	OH.....	NIA.....	CareSource.....	Ownership.....	16.5.....	CareSource.....	NO.....	.0.....
00000.....	CareSource.....	00000.....	88-3585337.....				Caresource Midwest Fund LLC.....	DE.....	NIA.....	CareSource.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....
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.....	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.....
00000.....	CareSource.....	00000.....	46-4325429.....				747 Cambridge St., LLC.....	MA.....	NIA.....	CCA Innovation Investment Holding Company, LLC.....	Ownership.....	100.0.....	CareSource.....	NO.....	.0.....

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

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

Response
.....NO.....

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

.....NO.....

Explanation:

2. No audit required - business not written.

Bar Code:

1. 
1 7 8 0 2 2 0 2 5 3 6 5 0 0 0 0 2

2. 
1 7 8 0 2 2 0 2 4 2 2 2 0 0 1 0 0

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....		.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.0
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase/(decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase/(decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium, depreciation and proportional amortization .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	.0	.0
2. Cost of bonds and stocks acquired	111,306	.0
3. Accrual of discount .....		.0
4. Unrealized valuation increase/(decrease) .....		.0
5. Total gain (loss) on disposals .....		.0
6. Deduct consideration for bonds and stocks disposed of .....		.0
7. Deduct amortization of premium	178	.0
8. Total foreign exchange change in book/adjusted carrying value .....		.0
9. Deduct current year's other-than-temporary impairment recognized .....		.0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	111,128	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	111,128	0

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a).....	111,278			(150)	111,278	111,128	0	0
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total ICO	111,278	0	0	(150)	111,278	111,128	0	0
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total ABS.....	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1	0				0	0	0	0
16. NAIC 2	0				0	0	0	0
17. NAIC 3	0				0	0	0	0
18. NAIC 4	0				0	0	0	0
19. NAIC 5	0				0	0	0	0
20. NAIC 6	0				0	0	0	0
21. Total Preferred Stock.....	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	111,278	0	0	(150)	111,278	111,128	0	0

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

Schedule DA - Part 1
NONE

Schedule DA - Verification
NONE

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of cash equivalents acquired	4, 144	0
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals	4, 141	0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	4	0
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	4	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2025 OF THE CareSource Military & Veterans Co.

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14