



QUARTERLY STATEMENT

AS OF MARCH 31, 2026
OF THE CONDITION AND AFFAIRS OF THE

CareSource PASSE LLC

NAIC Group Code 03683 (Current Period), 03683 (Prior Period) NAIC Company Code 17096 Employer's ID Number 86-3112470

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

Country of Domicile United States

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

Incorporated/Organized 04/07/2021 Commenced Business 09/14/2021

Statutory Home Office 425 West Capitol Ave., Suite 3000, Little Rock, AR, US 72201
(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 45401-2208
(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 45419 937-224-3300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.caresource.com

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
<u>Eric Van Allen #</u>	<u>President</u>	<u>Edward L. Stubbers</u>	<u>Secretary</u>
<u>Stephanie A. Williams</u>	<u>Treasurer</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Phillip K. Gilmore</u>	<u>James E. Zini, DO</u>	<u>Matthew S. Wiltshire</u>	<u>Kenneth A. Clark II</u>
<u>Gabe M. Freyaldenhoven</u>	<u>Jessica M. Lawson</u>		

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.

Stephanie Williams
Treasurer

Edward L. Stubbers
Secretary

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 _____

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

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	8,630,788		8,630,788	8,664,075
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 (\$ 4,174,544), cash equivalents (\$ 17,929,080) and short-term investments (\$ 8,295,604)	30,399,228		30,399,228	23,429,372
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	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets		0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	39,030,016	0	39,030,016	32,093,447
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	89,566		89,566	81,833
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			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	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			0	0
18.2 Net deferred tax asset	31,119		31,119	24,671
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	15,762		15,762	15,762
24. Health care (\$) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other-than-invested assets	88,572	0	88,572	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	39,255,034	0	39,255,034	32,215,714
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	39,255,034	0	39,255,034	32,215,714
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. ESI Performance Guarantee	88,572		88,572	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	88,572	0	88,572	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$19,717,326 reinsurance ceded).....	0		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.....	2,002,411		2,002,411	484,846
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	337,699		337,699	297,336
9. General expenses due or accrued	1,750,756		1,750,756	1,648,285
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	100,589		100,589	19,996
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	2,141,344		2,141,344	2,216,947
16. Derivatives.....			0	0
17. Payable for securities	119,657		119,657	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$18,696,273 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....	18,696,273		18,696,273	13,720,935
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 \$4,986,022 current)	4,986,022	0	4,986,022	4,711,022
24. Total liabilities (Lines 1 to 23).....	30,134,751	0	30,134,751	23,099,367
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	11,001,000	11,001,000
29. Surplus notes	XXX	XXX	1,000,000	1,000,000
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(2,880,716)	(2,884,653)
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	9,120,284	9,116,347
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	39,255,035	32,215,714
DETAILS OF WRITE-INS				
2301. Dividend payable to CareSource Holding LLC.....	4,986,022		4,986,022	4,711,022
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)	4,986,022	0	4,986,022	4,711,022
2501.	XXX	XXX		0
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		0
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	18,179	15,486	65,878
2. Net premium income (including \$ non-health premium income).....	XXX	1,346,586	1,172,625	4,920,597
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	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,346,586	1,172,625	4,920,597
Hospital and Medical:				
9. Hospital/medical benefits		42,102,620	37,895,863	155,688,164
10. Other professional services		7	48,094	198,214
11. Outside referrals			0	0
12. Emergency room and out-of-area			0	0
13. Prescription drugs		4,100,989	2,554,601	11,779,599
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		40,316	16,049	226,999
16. Subtotal (Lines 9 to 15)	0	46,243,932	40,514,608	167,892,976
Less:				
17. Net reinsurance recoveries		46,243,932	40,514,608	167,892,976
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 \$ 952 cost containment expenses.....		1,057	11,905	65,108
21. General administrative expenses.....		1,316,492	1,212,759	5,105,656
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	1,317,549	1,224,664	5,170,764
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	29,037	(52,039)	(250,167)
25. Net investment income earned		323,966	336,384	1,462,647
26. Net realized capital gains (losses) less capital gains tax of \$.....		79	463	1,706
27. Net investment gains (losses) (Lines 25 plus 26)	0	324,045	336,848	1,464,354
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	(102,325)	(235,858)
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	353,082	182,484	978,329
31. Federal and foreign income taxes incurred	XXX	80,527	41,004	225,343
32. Net income (loss) (Lines 30 minus 31)	XXX	272,555	141,480	752,986
DETAILS OF WRITE-INS				
0601.	XXX			
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	0	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. Funds withheld investment expense.....		0	(102,325)	(235,858)
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	(102,325)	(235,858)

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.....	9,116,347	9,443,468	9,443,468
34. Net income or (loss) from Line 32	272,555	141,480	752,986
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	6,382	2,615	19,893
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	0	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	(275,000)	(275,000)	(1,100,000)
48. Net change in capital and surplus (Lines 34 to 47)	3,937	(130,905)	(327,121)
49. Capital and surplus end of reporting period (Line 33 plus 48)	9,120,284	9,312,563	9,116,347
DETAILS OF WRITE-INS			
4701. Dividend payable to CareSource Holdings LLC.....	(275,000)	(275,000)	(1,100,000)
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)	(275,000)	(275,000)	(1,100,000)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	2,904,514	271,312	5,531,283
2. Net investment income	303,878	305,194	1,391,721
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	3,208,392	576,507	6,923,005
5. Benefit and loss related payments	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,303,650	339,996	3,603,203
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	151,000
10. Total (Lines 5 through 9)	1,303,650	339,996	3,754,203
11. Net cash from operations (Line 4 minus Line 10)	1,904,742	236,510	3,168,802
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	436,285	522,095	2,118,702
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	126	26
12.7 Miscellaneous proceeds	119,657	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	555,941	522,222	2,118,729
13. Cost of investments acquired (long-term only):			
13.1 Bonds	390,563	2,043,304	5,815,035
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)	390,563	2,043,304	5,815,035
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)	165,378	(1,521,083)	(3,696,306)
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.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	4,899,736	6,856,231	6,786,970
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	4,899,736	6,856,231	6,786,970
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)	6,969,856	5,571,658	6,259,465
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	23,429,372	17,169,907	17,169,907
19.2 End of period (Line 18 plus Line 19.1)	30,399,228	22,741,565	23,429,372

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	5,970	.0	.0	.0	.0	.0	.0	.0	5,970	.0	.0	.0	.0	.0
2. First quarter	6,119	.0	.0	.0	.0	.0	.0	.0	6,119	.0	.0	.0	.0	.0
3. Second quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current year	6,119								6,119					
6. Current year member months	18,179								18,179					
Total Member Ambulatory Encounters for Period:														
7. Physician	47,334								47,334					
8. Non-physician	595,688								595,688					
9. Total	643,022	0	0	0	0	0	0	0	643,022	0	0	0	0	0
10. Hospital patient days incurred	27,217								27,217					
11. Number of inpatient admissions	2,017								2,017					
12. Health premiums written (a).....	54,015,554								54,015,554					
13. Life premiums direct.....	.0													
14. Property/casualty premiums written .....	.0													
15. Health premiums earned	54,015,554								54,015,554					
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services	41,702,388								41,702,388					
18. Amount incurred for provision of health care services	46,243,932								46,243,932					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare Supplement .....					.0	.0
4. Vision only .....					.0	.0
5. Dental only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid .....					.0	.0
9. Credit A&H .....					.0	.0
10. Disability income .....					.0	.0
11. Long-term care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12).....	.0	.0	.0	.0	.0	.0
14. Health care receivables (a) .....					.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts0	.0
17. Totals (Lines 13-14+15+16)	0	0	0	0	0	0

NONE

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

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies and Going Concern

Basis of Presentation – CareSource PASSE (CSPASSE) statutory-basis financial statements are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department (AID). The AID requires that insurance companies domiciled in the State of Arkansas (state) 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 AID.

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 Arkansas and NAIC AP&P which materially affect the statutory basis net income or capital and surplus, as illustrated in the table below.

A. Accounting Practices

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2026</u>	<u>2025</u>
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 272,555	\$ 752,986
(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	\$ 272,555	\$ 752,986
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 9,120,284	\$ 9,116,347
(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	\$ 9,120,284	\$ 9,116,347

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

No Significant Change

C. Accounting Policy

- (1) Short term investments include investments with remaining maturities of one year or less at the time of acquisition and are principally stated at amortized cost
- (2) Bonds not backed by other loans are principally stated at amortized cost using the interest method. Realized capital gains and losses are determined using the first in, first out method.
- (6) Single class and multi-class mortgage-backed/asset-backed securities are valued at amortized cost using the interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities.

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

Note 2 - Accounting Changes and Corrections of Errors

Not Applicable

Note 3 - Business Combinations and Goodwill

Not Applicable

Note 4 - Discontinued Operations

Not Applicable

Note 5 - Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

D. Asset-Backed Securities

- (1) Not Applicable
- (2) Not Applicable
- (3) Not Applicable
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
 - a. The aggregate amount of unrealized losses:

	1. Less than 12 Months ..	\$ 1,407
	2. 12 Months or Longer ..	\$ 0
 - b. The aggregate related fair value of securities with unrealized losses:

	1. Less than 12 Months ..	\$ 256,053
	2. 12 Months or Longer ..	\$ 0

(5) Management regularly reviews the value of CSPASSE's investments. If the value of any investment falls below its cost basis, the decline in value is analyzed to determine whether it is other-than-temporary impairment. The decision to record an impairment loss incorporates both quantitative criteria and qualitative information. CSPASSE considers a number of factors including, but not limited to: (a) the length of time and the extent to which the fair value has been less than book value, (b) the financial condition and near term prospects of the issuer, (c.i.) for non-interest-related declines in corporate and government bonds, the intent and ability of CSPASSE to retain its investment for a period of time sufficient to allow for any anticipated recovery in value, (c.ii.) for interest related declines in corporate and government bonds, the intent of CSPASSE to sell the investment at the reporting date, (c.iii.) for mortgage-backed securities, whether CSPASSE expects to recover the entire amortized cost basis of the security and whether CSPASSE has the intent to sell or intent and ability to hold the investments for a period of time sufficient to allow for any anticipated recovery in value, (d) whether the debtor is current on interest and principal payments, and (e) general market conditions and industry or sector specific factors.

CSPASSE does not hold any investments as of March 31, 2026 that are subject to redemption restrictions or penalties therefore all holdings can be liquidated immediately upon request, without penalty.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

- 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
Not Applicable
- M. Working Capital Finance Investments
Not Applicable
- N. Offsetting and Netting of Assets and Liabilities
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

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Note 7 - Investment Income

No Significant Change

Note 8 - Derivative Instruments

Not Applicable

Note 9 - Income Taxes

No Significant Change

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No Significant Change

Note 11 - Debt

Not Applicable

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

Benefit Plans
Not Applicable

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

No Significant Change

Note 14 - Liabilities, Contingencies and Assessments

Not Applicable

Note 15 - Leases

Not Applicable

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

Not Applicable

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

Not Applicable

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators

Not Applicable

Note 20 - Fair Value Measurements

- A. Assets and Liabilities Measured at Fair Value

(1) Fair Value Measurements at Reporting Date

CSPASSE uses fair value measurements to record the fair value of certain assets and to estimate the fair value of financial instruments not recorded at fair value but required to be disclosed at fair value.

Fair value is defined as the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. CSPASSE's financial assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three levels.

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities. CSPASSE's Level 1 assets and liabilities primarily include exchange-traded equity securities.

- Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads, and yield curves.

- Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect CSPASSE's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The following discussion described the valuation methodologies utilized by CSPASSE for assets measured or disclosed at fair value. Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instrument, including discount rates, estimates of timing, amount of expected future cash flows, and the credit standing of the issuer.

Debt and Equity Securities

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

The fair values of actively traded debt and equity securities are determined through the use of third-party pricing services utilizing market observable inputs. Certain mortgage-backed securities for which CSPASSE does not receive public quotations or for which CSPASSE believes market activity to reflect distressed sales are valued using current market-consistent rates applicable to yield, credit quality and maturity of each security. When available, market observable inputs are used to estimate the fair values of these securities.

Cash, Cash Equivalents, and Short-Term Investments

The fair values of cash and cash equivalents are based on quoted market prices. Short term investments are stated at amortized cost, which approximates fair value.

Fair Value Measurements at Reporting Date

There were no significant transfer between Level 1 and Level 2 securities for the period ended March 31, 2026.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalent - Exempt MM Mutual Fund	\$ 5,717,293	\$	\$	\$	\$ 5,717,293
Total assets at fair value/NAV	\$ 5,717,293	\$ 0	\$ 0	\$ 0	\$ 5,717,293

(2) Not Applicable

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

(4) Level 2 securities – values determined through the use of third-party pricing services utilizing market observable inputs. CSPASSE does not have any investments with fair value measurements categorized within Level 3 as of March 31, 2026.

(5) Not Applicable

B. Other Fair Value Disclosures

Not Applicable

C. Fair Value of Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds - Issuer Credit Obligations	\$ 6,983,440	\$ 6,970,183	\$	\$ 6,983,440	\$	\$	\$
Bonds - Asset Backed Securities	\$ 1,665,818	\$ 1,660,605	\$	\$ 1,665,818	\$	\$	\$
Cash, Cash Equivalents, and Short Term Investments	\$ 30,397,784	\$ 30,399,228	\$ 9,891,837	\$ 20,505,947	\$	\$	\$

E. Investments Measured using the NAV as Practical Expedient

Not Applicable

Note 21 - Other Items

Not Applicable

Note 22 - Events Subsequent

Not Applicable

Note 23 - Reinsurance

No Significant Change

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Significant Change

Note 25 - Changes in Incurred Claims and Claim Adjustment Expenses

Not Applicable

Note 26 - Intercompany Pooling Arrangements

Not Applicable

Note 27 - Structured Settlements

Health Entities should not complete this Note.

Note 28 - Health Care Receivables

No Significant Change

Note 29 - Participating Policies

Not Applicable

Note 30 - Premium Deficiency Reserves

- Liability carried for premium deficiency reserves \$ 0
- Date of the most recent evaluation of this liability 03/31/2026
- Was anticipated investment income utilized in the calculation? Yes [X] No []

Note 31 - Anticipated Salvage and Subrogation

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:
- 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.
- 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 Name of Entity	² NAIC Company Code	³ 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.12/31/2025
- 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?
N/A.....
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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).
Additional language added on Responsible Use of Artificial Intelligence (AI).....
- 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 [X]

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

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
13.21 Bonds	\$	\$
13.22 Preferred Stock	\$0	\$0
13.23 Common Stock	\$0	\$0
13.24 Short-Term Investments	\$	\$
13.25 Mortgage Loans on Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$0	\$0
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$	\$

14.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 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.

15. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

15.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$0
15.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$0
15.3 Total payable for securities lending reported on the liability page	\$0

16. 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 [X] No []

16.1 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
Argent Institutional Trust.....	4343 Easton Commons Ste 120 Columbus, OH 43219.....

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [X] No []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Huntington Bank.....	Argent Institutional Trust.....	.03/02/2026.....	Acquisition of Huntington National Banks Custody business by Argent Institutional Trust.....

16.5 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.....
Blackrock.....	U.....

16.5097 For those firms/individuals listed in the table for Question 16.5, 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 [X] No [] NA []

16.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 16.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X] NA []

16.6 For those firms or individuals listed in the table for 16.5 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 Registered With	4 Investment Management Agreement (IMA) Filed
107105.....	Blackrock Financial Management Inc.....	Securities Exchange Commission.....	DS.....

17.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

17.2 If no, list exceptions:
.....

18. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... Yes [] No [X]

19. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and

GENERAL INTERROGATORIES

Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a 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]

20. 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..... | 0.1 % |
| 1.2 A&H cost containment percent | 0.1 % |
| 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 [X] |
| 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 [X] |
| 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 [X] |
| 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 [X] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
NONE									

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								10 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	L		54,015,554						54,015,554	
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	.0
59. Subtotal	XXX	.0	.0	54,015,554	.0	.0	.0	.0	54,015,554	.0	.0
60. Reporting entity contributions for employee benefit plans	XXX									.0	
61. Total (direct business)	XXX	0	0	54,015,554	0	0	0	0	54,015,554	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

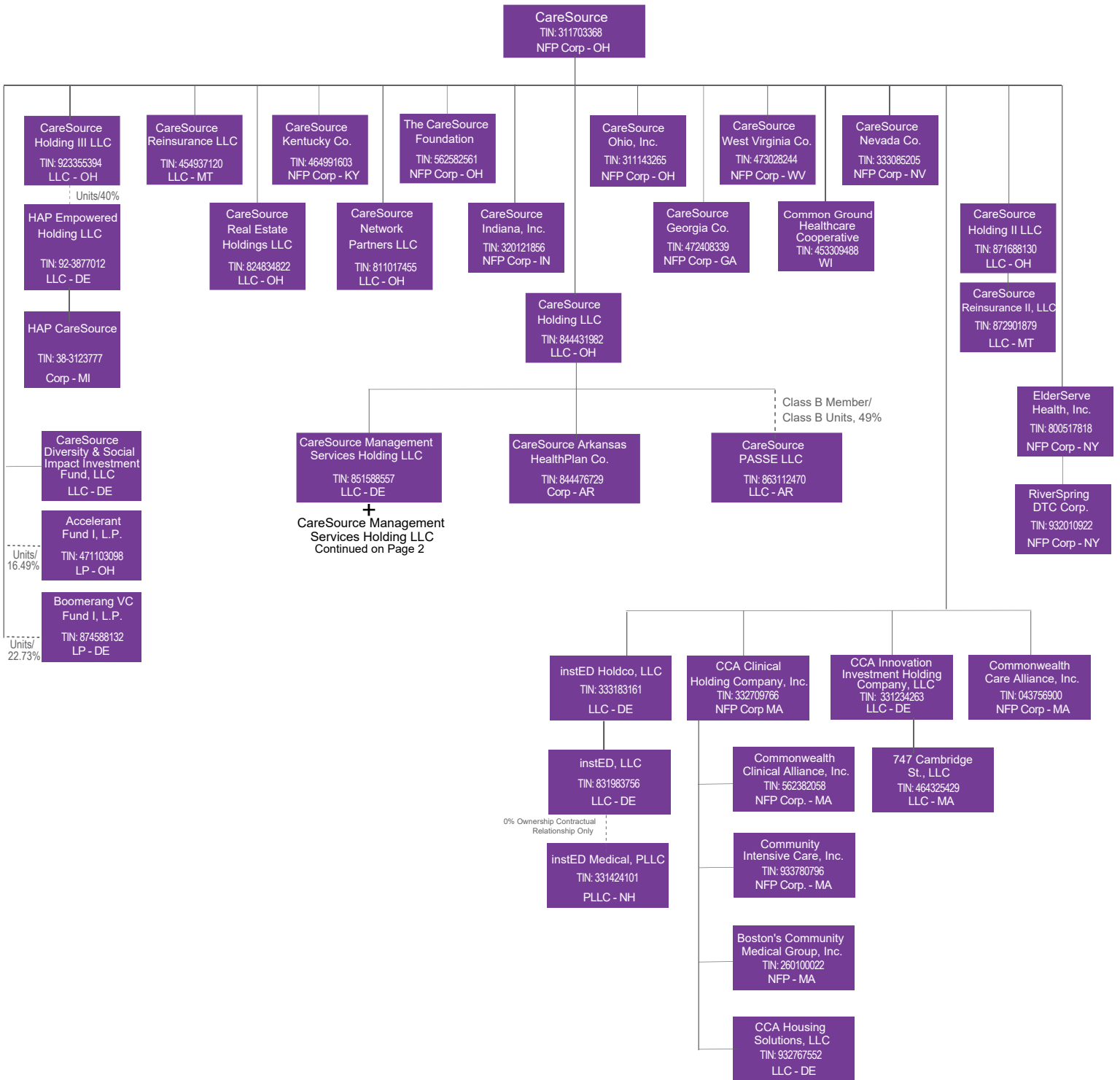
- 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1
- 2. R – Registered – Non-domiciled RRGs0
- 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0
- 4. Q – Qualified – Qualified or accredited reinsurer0
- 5. N – None of the above – Not allowed to write business in the state56

STATEMENT AS OF March 31, 2026 OF THE CareSource PASSE LLC.

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

CareSource Organization Chart

Ownership is 100% unless otherwise indicated.

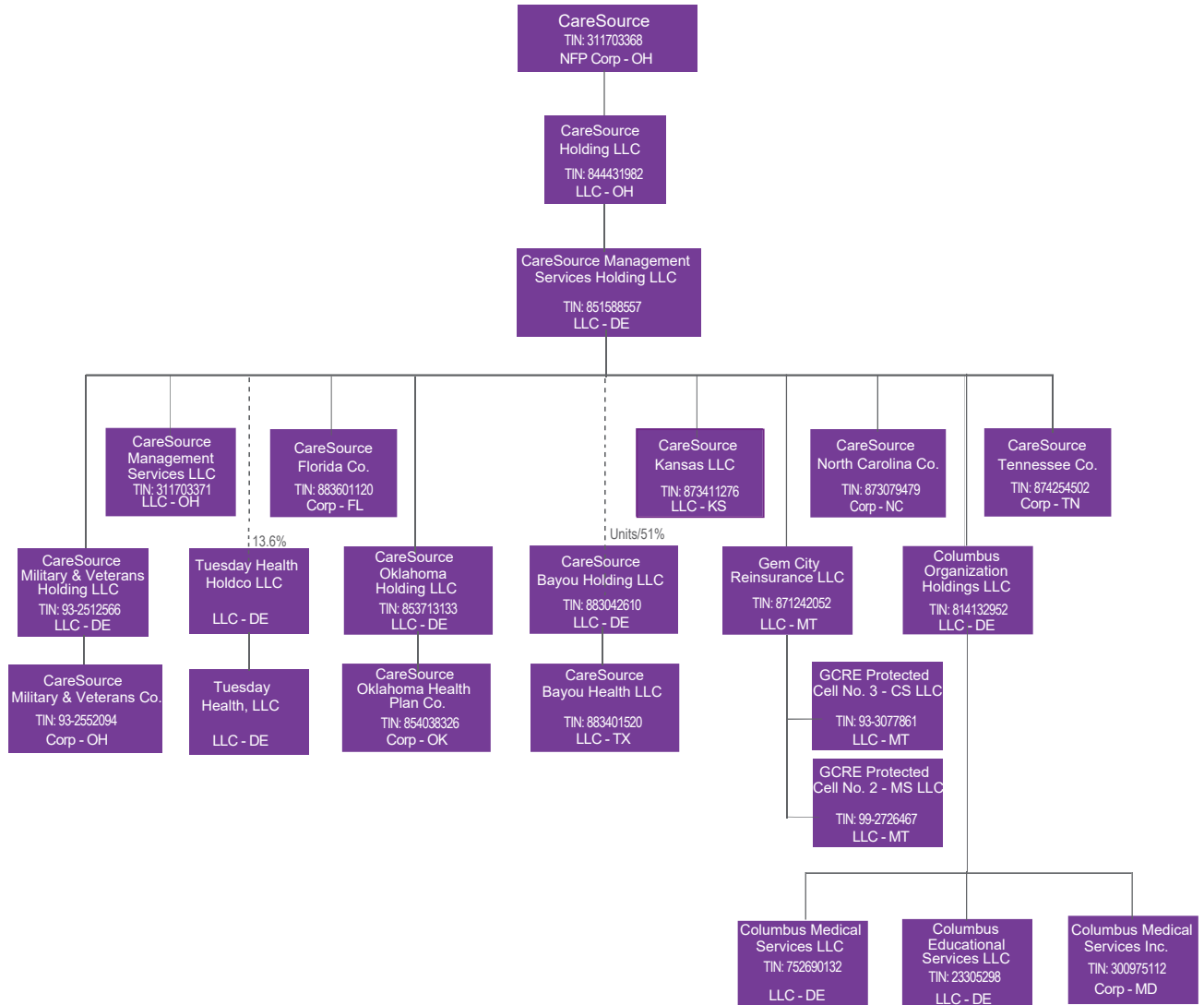


Corp = Corporation
 LLC = Limited Liability Company
 NFP Corp = Not-for-Profit Corporation

Confidential & Proprietary

CareSource Organization Chart

Ownership is 100% unless otherwise indicated.



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

Confidential & Proprietary

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

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	UDP	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	DIP	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	RE	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

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

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
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
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	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

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

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?NO.....

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.N/A.....

Explanation:

Bar Code:

1. 
1 7 0 9 6 2 0 2 6 3 6 5 0 0 0 0 1

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	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 acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other-than-temporary impairment recognized	0	0
8. Deduct current year's depreciation	0	0
9. Book/adjusted carrying value at 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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase/(decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	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	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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	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 acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase/(decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium, depreciation and proportional amortization	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other-than-temporary impairment recognized	0	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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	8,664,075	4,910,895
2. Cost of bonds and stocks acquired	390,563	5,815,035
3. Accrual of discount	14,465	61,255
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	79	1,679
6. Deduct consideration for bonds and stocks disposed of	436,285	2,118,752
7. Deduct amortization of premium	2,110	6,087
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	50
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	8,630,788	8,664,075
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	8,630,788	8,664,075

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

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).....	26,167,741	40,621,808	40,267,966	166,211	26,687,793	0	0	26,167,741
2. NAIC 2 (a).....	1,010,448		223,955	3,287	789,780	0	0	1,010,448
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	27,178,189	40,621,808	40,491,921	169,498	27,477,573	0	0	27,178,189
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1.....	1,652,136	53,253	44,285	(498)	1,660,605	0	0	1,652,136
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.....	1,652,136	53,253	44,285	(498)	1,660,605	0	0	1,652,136
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	28,830,324	40,675,061	40,536,206	169,000	29,138,179	0	0	28,830,324

(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 \$20,507,391 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals	8,295,604	XXX	8,270,516		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	68,338	10,955,267
2. Cost of short-term investments acquired	8,202,931	12,005,827
3. Accrual of discount	24,335	224,292
4. Unrealized valuation increase/(decrease).....	.0	.0
5. Total gain (loss) on disposals .....	.0	27
6. Deduct consideration received on disposals .....	.0	23,117,075
7. Deduct amortization of premium.....	.0	.0
8. Total foreign exchange change in book/adjusted carrying value.....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized.....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	8,295,604	68,338
11. Deduct total nonadmitted amounts.....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	8,295,604	68,338

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.....	21,642,751	4,003,498
2. Cost of cash equivalents acquired	103,147,662	228,830,864
3. Accrual of discount	132,309	242,285
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals	106,993,643	211,433,895
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	17,929,080	21,642,751
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	17,929,080	21,642,751

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

STATEMENT AS OF MARCH 31, 2026 OF THE CareSource PASSE LLC

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change in Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (10+11-12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)																				
91282C-JV-4	UNITED STATES TREASURY	01/31/2026	Maturity @ 100.00	XXX	25,000	25,000	24,941	24,998		2		2		25,000			0	531	01/31/2026	1 A
0019999999 - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					25,000	25,000	24,941	24,998	0	2	0	2	0	25,000	0	0	0	531	XXX	XXX
Issuer Credit Obligations - Corporate Bonds (Unaffiliated)																				
00206R-ML-3	AT&T INC.	03/25/2026	Maturity @ 100.00	XXX	29,000	29,000	27,478	28,788		212		212		29,000			0	247	03/25/2026	2 B FE
036752-AR-4	ELEVANCE HEALTH INC.	03/15/2026	Maturity @ 100.00	XXX	61,000	61,000	57,671	60,590		410		410		61,000			0	458	03/15/2026	2 A FE
20030N-BS-9	COMCAST CORP	01/15/2026	Call @ 100.00	XXX	20,000	20,000	19,448	19,955		11		11		19,966		34	34	235	03/01/2026	1 G FE
ENTERPRISE PRODUCTS																				
29379V-BH-5	OPERATING LLC	02/15/2026	Maturity @ 100.00	XXX	10,000	10,000	9,753	9,981		19		19		10,000			0	185	02/15/2026	1 G FE
ENTERPRISE PRODUCTS																				
29379V-CC-5	OPERATING LLC	01/10/2026	Maturity @ 100.00	XXX	20,000	20,000	20,151	20,002		(2)		(2)		20,000			0	505	01/10/2026	1 G FE
375558-BF-9	GILEAD SCIENCES INC.	03/01/2026	Maturity @ 100.00	XXX	6,000	6,000	5,929	5,992		8		8		6,000			0	110	03/01/2026	1 G FE
512807-AS-7	LAM RESEARCH CORP	03/15/2026	Maturity @ 100.00	XXX	24,000	24,000	23,488	23,943		57		57		24,000			0	450	03/15/2026	1 G FE
55336V-BR-0	MPLX LP	03/01/2026	Maturity @ 100.00	XXX	26,000	26,000	24,855	25,878		122		122		26,000			0	228	03/01/2026	2 B FE
MARSH & MCLENNAN COMPANIES																				
571748-AZ-5	INC.	03/14/2026	Maturity @ 100.00	XXX	15,000	15,000	14,712	14,973		27		27		15,000			0	281	03/14/2026	1 G FE
68217F-AA-0	OMNICOM GROUP INC.	03/13/2026	Call @ 100.00	XXX	34,000	34,000	33,157	33,859		96		96		33,955		45	45	503	04/15/2026	2 A FE
68389X-CC-7	ORACLE CORP.	03/25/2026	Maturity @ 100.00	XXX	10,000	10,000	9,552	9,936		64		64		10,000			0	83	03/25/2026	2 B FE
PIONEER NATURAL RESOURCES																				
723787-AT-4	CO.	01/15/2026	Maturity @ 100.00	XXX	14,000	14,000	13,340	13,982		18		18		14,000			0	79	01/15/2026	1 D FE
817826-AC-4	7-ELEVEN INC.	02/10/2026	Maturity @ 100.00	XXX	15,000	15,000	13,972	14,928		72		72		15,000			0	71	02/10/2026	2 B FE
828807-CW-5	SIMON PROPERTY GROUP LP	01/15/2026	Maturity @ 100.00	XXX	10,000	10,000	9,697	9,992		8		8		10,000			0	165	01/15/2026	1 G FE
87264A-BR-5	T-MOBILE USA INC.	02/15/2026	Maturity @ 100.00	XXX	20,000	20,000	19,007	19,923		77		77		20,000			0	225	02/15/2026	2 A FE
907818-EH-7	UNION PACIFIC CORP.	03/01/2026	Maturity @ 100.00	XXX	24,000	24,000	23,349	23,938		62		62		24,000			0	330	03/01/2026	1 G FE
92277G-AG-2	VENTAS REALTY LP	01/15/2026	Maturity @ 100.00	XXX	24,000	24,000	23,774	23,994		6		6		24,000			0	495	01/15/2026	2 A FE
927804-FU-3	POWER CO.	01/15/2026	Maturity @ 100.00	XXX	5,000	5,000	4,848	4,997		3		3		5,000			0	79	01/15/2026	2 A FE
0089999999 - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					367,000	367,000	354,181	365,651	0	1,270	0	1,270	0	366,921	0	79	79	4,726	XXX	XXX
0489999999 - Subtotal - Issuer Credit Obligations (Unaffiliated)					392,000	392,000	379,122	390,649	0	1,272	0	1,272	0	391,921	0	79	79	5,257	XXX	XXX
0509999997 - Subtotals - Issuer Credit Obligations - Part 4					392,000	392,000	379,122	390,649	0	1,272	0	1,272	0	391,921	0	79	79	5,257	XXX	XXX
0509999999 - Subtotals - Issuer Credit Obligations					392,000	392,000	379,122	390,649	0	1,272	0	1,272	0	391,921	0	79	79	5,257	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)																				
3132D6-FR-6	FH SB8276 - RMBS	03/01/2026	Paydown	XXX	4,810	4,810	4,768	4,771		39		39		4,810			0	25	01/01/2039	1 A
1039999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					4,810	4,810	4,768	4,771	0	39	0	39	0	4,810	0	0	0	25	XXX	XXX
Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)																				
14043N-AB-5	COPAR 2024-1 A2A - ABS	03/15/2026	Paydown	XXX	9,303	9,303	9,302	9,303		0		0		9,303			0	70	10/15/2027	1 A FE
34535V-AB-0	FORDO 2024-D A2A - ABS	03/15/2026	Paydown	XXX	4,503	4,503	4,503	4,503		0		0		4,503			0	33	10/15/2027	1 A FE
36267K-AD-9	GMCAR 2023-3 A3 - ABS	03/16/2026	Paydown	XXX	2,861	2,861	2,861	2,861		0		0		2,861			0	26	06/16/2028	1 A FE
55376Y-AB-1	MTLRF 24LEA1 A2 - ABS	03/16/2026	Paydown	XXX	6,046	6,046	6,045	6,042		3		3		6,046			0	49	08/18/2031	1 A FE
64032B-AA-1	NSLT 25B A1A - ABS	03/15/2026	Paydown	XXX	5,462	5,462	5,461	5,461		1		1		5,462			0	43	05/15/2055	1 A FE
78450X-AB-4	SMB 24E A1B - ABS	03/15/2026	Paydown	XXX	2,877	2,877	2,877	2,877		0		0		2,877			0	18	10/16/2056	1 A FE
1119999999 - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					31,052	31,052	31,049	31,048	0	5	0	5	0	31,052	0	0	0	239	XXX	XXX
Asset-Backed Securities - Non-Financial Asset-Backed Securities - Practical Expedient - Lease-Backed Securities - Practical Expedient (Unaffiliated)																				
29390H-AB-5	EFF 251 A2 - ABS	03/20/2026	Paydown	XXX	8,423	8,423	8,422	8,423		0		0		8,423			0	64	10/20/2027	1 A FE
1519999999 - Asset-Backed Securities - Non-Financial Asset-Backed Securities - Practical Expedient - Lease-Backed Securities - Practical Expedient (Unaffiliated)					8,423	8,423	8,422	8,423	0	0	0	0	0	8,423	0	0	0	64	XXX	XXX
1889999999 - Subtotal - Asset-Backed Securities (Unaffiliated)					44,285	44,285	44,240	44,241	0	44	0	44	0	44,285	0	0	0	328	XXX	XXX
1909999997 - Subtotals - Asset-Backed Securities - Part 4					44,285	44,285	44,240	44,241	0	44	0	44	0	44,285	0	0	0	328	XXX	XXX
1909999999 - Subtotals - Asset-Backed Securities					44,285	44,285	44,240	44,241	0	44	0	44	0	44,285	0	0	0	328	XXX	XXX
2009999999 - Subtotals - Issuer Credit Obligations and Asset-Backed Securities					436,285	436,285	423,362	434,890	0	1,316	0	1,316	0	436,206	0	79	79	5,586	XXX	XXX
6089999999 Totals					436,285	XXX	423,362	434,890	0	1,316	0	1,316	0	436,206	0	79	79	5,586	XXX	XXX

EOS

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

