



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

CareSource PASSE LLC

(Name)

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 [ X ]

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

Statutory Home Office 425 West Capitol Ave., Suite 3000 (Street and Number), Little Rock, AR, US 72201 (City or Town, State, Country and Zip Code)

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

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

Primary Location of Books and Records 230 N. Main St. (Street and Number), Dayton, OH, US 45419 (City or Town, State, Country and Zip Code), 937-224-3300 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.caresource.com

Statutory Statement Contact Andrea Watroba (Name), 937-224-3300 (Area Code) (Telephone Number) (Extension), andrea.watroba@caresource.com (E-Mail Address), 937-487-1744 (Fax Number)

OFFICERS

Name Title Name Title
David M. Donohue President Edward L. Stubbers Secretary
Stephanie A. Williams Treasurer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Joshua P. Boynton Phillip K. Gilmore James E. Zini, DO Matthew S. Wiltshire
Kenneth A. Clark II Gabe M. Freyaldenhoven Jessica M. Lawson

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 A. 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

Exhibit 2 - A&H Premiums Due and Unpaid

**NONE**

Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Analysis of HC Receivables

**NONE**







**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource PASSE LLC**

**EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	0	.0.0	0	0
<b>Other Payments:</b>						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments .....	80,632,731	100.0	XXX	XXX	80,632,731	
7. Bonus/withhold arrangements - fee-for-service .....	6,666	.0.0	XXX	XXX	6,666	
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments .....	80,639,397	100.0	XXX	XXX	80,639,397	0
13. Total (Line 4 plus Line 12)	80,639,397	100 %	XXX	XXX	80,639,397	0

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource PASSE LLC

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CareSource PASSE LLC

2.

(LOCATION)

NAIC Group Code 03683

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2024

NAIC Company Code 17096

	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 .....	3,058								3,058					
2. First Quarter .....	3,331								3,331					
3. Second Quarter .....	3,801								3,801					
4. Third Quarter .....	4,149								4,149					
5. Current Year	4,591								4,591					
6. Current Year Member Months	46,224								46,224					
Total Member Ambulatory Encounters for Year:														
7. Physician .....	28,812								28,812					
8. Non-Physician .....	286,274								286,274					
9. Total	315,086	0	0	0	0	0	0	0	315,086	0	0	0	0	0
10. Hospital Patient Days Incurred	19,223								19,223					
11. Number of Inpatient Admissions	1,491								1,491					
12. Health Premiums Written (b).....	97,519,849								97,519,849					
13. Life Premiums Direct.....	0								0					
14. Property/Casualty Premiums Written.....	0								0					
15. Health Premiums Earned.....	0								0					
16. Property/Casualty Premiums Earned	0								0					
17. Amount Paid for Provision of Health Care Services .....	80,632,731								80,632,731					
18. Amount Incurred for Provision of Health Care Services	79,729,974								79,729,974					

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.AR



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource PASSE LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource PASSE LLC

2.

(LOCATION)

NAIC Group Code 03683

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2024

NAIC Company Code 17096

	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 .....	3,058	.0	.0	.0	.0	.0	.0	.0	3,058	.0	.0	.0	.0	.0
2. First Quarter .....	3,331	.0	.0	.0	.0	.0	.0	.0	3,331	.0	.0	.0	.0	.0
3. Second Quarter .....	3,801	.0	.0	.0	.0	.0	.0	.0	3,801	.0	.0	.0	.0	.0
4. Third Quarter .....	4,149	.0	.0	.0	.0	.0	.0	.0	4,149	.0	.0	.0	.0	.0
5. Current Year	4,591	0	0	0	0	0	0	0	4,591	0	0	0	0	0
6. Current Year Member Months	46,224	0	0	0	0	0	0	0	46,224	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician .....	28,812	.0	.0	.0	.0	.0	.0	.0	28,812	.0	.0	.0	.0	.0
8. Non-Physician .....	286,274	.0	.0	.0	.0	.0	.0	.0	286,274	.0	.0	.0	.0	.0
9. Total	315,086	0	0	0	0	0	0	0	315,086	0	0	0	0	0
10. Hospital Patient Days Incurred	19,223	0	0	0	0	0	0	0	19,223	0	0	0	0	0
11. Number of Inpatient Admissions	1,491	0	0	0	0	0	0	0	1,491	0	0	0	0	0
12. Health Premiums Written (b).....	97,519,849	.0	.0	.0	.0	.0	.0	.0	97,519,849	.0	.0	.0	.0	.0
13. Life Premiums Direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	80,632,731	.0	.0	.0	.0	.0	.0	.0	80,632,731	.0	.0	.0	.0	.0
18. Amount Incurred for Provision of Health Care Services	79,729,974	0	0	0	0	0	0	0	79,729,974	0	0	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30.GT

**SCHEDULE S - PART 1 - SECTION 2**

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

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





Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**SCHEDULE S – PART 6**

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

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	95,109	71,910	34,017	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....	8,870	9,787	7,292	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	22,080,802		22,080,802
2. Accident and health premiums due and unpaid (Line 15).....	1,091,825		1,091,825
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	8,870,007	8,870,007
5. All other admitted assets (Balance).....	1,156,052		1,156,052
6. Total assets (Line 28)	24,328,679	8,870,007	33,198,686
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	0	8,870,007	8,870,007
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	1,263,321		1,263,321
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	7,713,198		7,713,198
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	5,908,692		5,908,692
15. Total liabilities (Line 24).....	14,885,211	8,870,007	23,755,218
16. Total capital and surplus (Line 33).....	9,443,468	XXX	9,443,468
17. Total liabilities, capital and surplus (Line 34)	24,328,679	8,870,007	33,198,686
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	8,870,007		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	8,870,007		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	8,870,007		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource PASSE LLC

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

Allocated By States and Territories

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

NONE

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource PASSE LLC**

**SCHEDULE Y  
PART 1A – DETAIL 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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource PASSE LLC**

**SCHEDULE Y  
PART 1A – DETAIL 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
00000	CareSource	00000	93-2552094				CareSource Military & Veterans Co	OH	NIA	CareSource Military & Veterans Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2340017				ImagineCare Holdings LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	49.0	CareSource	NO	.0
00000	CareSource	00000	93-2361419				ImagineCare LLC	FL	NIA	ImagineCare Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	92-3877012				HAP Empowered Holding LLC	DE	NIA	CareSource Holding III LLC	Ownership	40.0	CareSource	NO	.0
00000	CareSource	95814	38-3123777				HAP CareSource	MI	IA	HAP Empowered Holding LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	00000	93-3077861				GCRE Protected Cell No. 3 - CS LLC	MT	IA	Gem City Reinsurance LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	99-2726467				GCRE Protected Cell No. 2 - MS LLC	MT	IA	Gem City Reinsurance LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	93-2022078				Tuesday Health Holdco., LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	13.6	CareSource	NO	.0
00000	CareSource	00000	92-2653278				Tuesday Health, LLC	DE	NIA	Tuesday Health Holdco., LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	87-1811106				Caresource Diversity & Social Impact Investment Fund LLC	DE	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	47-1103098				Accelerant Fund I, L.P	OH	NIA	CareSource	Ownership	16.5	CareSource	NO	.0
00000	CareSource	00000	88-3585337				Caresource Midwest Fund LLC	DE	NIA	CareSource	Ownership	100.0	CareSource	NO	.0

41.1

Asterisk	Explanation
----------	-------------



**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CareSource PASSE LLC**

**SCHEDULE Y**

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**REQUIRED FILINGS**

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

**MARCH FILING**

**Responses**

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

**APRIL FILING**

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

**JUNE FILING**

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

**SUPPLEMENTAL FILINGS**

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

**MARCH FILING**

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

**APRIL FILING**

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


**AUGUST FILING**


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


**Explanation:**


- 16. Not Applicable
- 17. Not Applicable
- 18. Not Applicable

**Bar code:**

10.  1 7 0 9 6 2 0 2 4 3 6 0 5 9 0 0 0

11.  1 7 0 9 6 2 0 2 4 2 0 5 5 9 0 0 0

12.  1 7 0 9 6 2 0 2 4 4 2 0 0 0 0 0 0

13.  1 7 0 9 6 2 0 2 4 3 7 1 0 0 0 0 0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.   
1 7 0 9 6 2 0 2 4 3 7 0 0 0 0 0 0

15.   
1 7 0 9 6 2 0 2 4 3 6 5 0 0 0 0 0 0

19.   
1 7 0 9 6 2 0 2 4 6 0 0 0 0 0 0 0 0

20.   
1 7 0 9 6 2 0 2 4 3 0 6 0 0 0 0 0 0

21.   
1 7 0 9 6 2 0 2 4 2 1 1 0 0 0 0 0 0

22.   
1 7 0 9 6 2 0 2 4 2 1 6 5 9 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

---