



# QUARTERLY STATEMENT

AS OF MARCH 31, 2022  
OF THE CONDITION AND AFFAIRS OF THE

## CareSource PASSE LLC

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

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 25 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 230 N. Main St. Dayton, OH, US 45419  
(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 Demetri Inempolidis 937-531-3614  
(Name) (Area Code) (Telephone Number) (Extension)  
demetri.inempolidis@caresource.com 937-487-1744  
(E-Mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
<u>Jason M. Bearden</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>Joshua P. Boynton</u>	<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>Turkesia C. Robertson-Jones #</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 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 \_\_\_\_\_

STATEMENT AS OF MARCH 31, 2022 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 .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 12,354,025 ), cash equivalents (\$ ..... 0 ) and short-term investments (\$ ..... 0 ) .....	12,354,025		12,354,025	10,999,671
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	12,354,025	0	12,354,025	10,999,671
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	81,955		81,955	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	1,000,000		1,000,000	0
24. Health care (\$ ..... ) and other amounts receivable .....	279	279	0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	13,436,259	279	13,435,980	10,999,671
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	13,436,259	279	13,435,980	10,999,671
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	0		0	0
2. Accrued medical incentive pool and bonus amounts .....	0		0	0
3. Unpaid claims adjustment expenses .....	0		0	0
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	3,720,446		3,720,446	4,960,595
5. Aggregate life policy reserves .....	0		0	0
6. Property/casualty unearned premium reserve .....	0		0	0
7. Aggregate health claim reserves .....	0		0	0
8. Premiums received in advance .....	0		0	0
9. General expenses due or accrued .....	587,491		587,491	23
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	473		473	473
10.2 Net deferred tax liability.....	0		0	0
11. Ceded reinsurance premiums payable .....	0		0	0
12. Amounts withheld or retained for the account of others .....	0		0	0
13. Remittances and items not allocated .....	0		0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....	0		0	0
15. Amounts due to parent, subsidiaries and affiliates .....	500,185		500,185	0
16. Derivatives.....	0		0	0
17. Payable for securities .....	0		0	0
18. Payable for securities lending .....	0		0	0
19. Funds held under reinsurance treaties (with \$ ..... 2,198,291 authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....	2,198,291		2,198,291	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0		0	0
22. Liability for amounts held under uninsured plans .....	0		0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	7,006,886	0	7,006,886	4,961,091
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	11,000,898	11,000,694
29. Surplus notes .....	XXX	XXX	1,000,000	0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(5,571,805)	(4,962,114)
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	6,429,093	6,038,580
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	13,435,979	10,999,671
<b>DETAILS OF WRITE-INS</b>				
2301. ....			0	0
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,573	.0	.0
2. Net premium income (including \$ non-health premium income).....	XXX	.0	.0	.0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	.0	.0	.0
4. Fee-for-service (net of \$ medical expenses) .....	XXX	.0	.0	.0
5. Risk revenue .....	XXX	.0	.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	.0	.0	.0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		.0	.0	.0
10. Other professional services .....		.0	.0	.0
11. Outside referrals .....		.0	.0	.0
12. Emergency room and out-of-area .....		.0	.0	.0
13. Prescription drugs .....		.0	.0	.0
14. Aggregate write-ins for other hospital and medical.....	.0	.0	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts.....		.0	.0	.0
16. Subtotal (Lines 9 to 15) .....	.0	.0	.0	.0
<b>Less:</b>				
17. Net reinsurance recoveries .....		.0	.0	.0
18. Total hospital and medical (Lines 16 minus 17) .....	.0	.0	.0	.0
19. Non-health claims (net).....		.0	.0	.0
20. Claims adjustment expenses, including \$ cost containment expenses.....		.0	.0	.0
21. General administrative expenses.....		25,426	.0	4,964,333
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		.0	.0	.0
23. Total underwriting deductions (Lines 18 through 22) .....	.0	25,426	.0	4,964,333
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(25,426)	.0	(4,964,333)
25. Net investment income earned .....		(583,986)	.0	2,692
26. Net realized capital gains (losses) less capital gains tax of \$.....		.0	.0	.0
27. Net investment gains (losses) (Lines 25 plus 26) .....	.0	(583,986)	.0	2,692
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....		.0	.0	.0
29. Aggregate write-ins for other income or expenses .....	.0	.0	.0	.0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(609,412)	.0	(4,961,641)
31. Federal and foreign income taxes incurred .....	XXX		.0	473
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(609,412)	0	(4,962,114)
<b>DETAILS OF WRITE-INS</b>				
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. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	6,038,580	0	0
34. Net income or (loss) from Line 32 .....	(609,412)	0	(4,962,114)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	(279)	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 .....	1,000,000	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 .....	204	0	11,000,694
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	390,513	0	6,038,580
49. Capital and surplus end of reporting period (Line 33 plus 48)	6,429,093	0	6,038,580
<b>DETAILS OF WRITE-INS</b>			
4701. ....	0		
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	(81,955)	0	0
2. Net investment income .....	(583,986)	0	2,692
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	(665,941)	0	2,692
5. Benefit and loss related payments .....	279	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 .....	177,922	0	3,715
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	0
10. Total (Lines 5 through 9) .....	178,201	0	3,715
11. Net cash from operations (Line 4 minus Line 10) .....	(844,142)	0	(1,023)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	0
14. Net increase (or 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) .....	0	0	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	204	0	11,000,694
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).....	2,198,291	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	2,198,495	0	11,000,694
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,354,353	0	10,999,671
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	10,999,671	0	0
19.2 End of period (Line 18 plus Line 19.1) .....	12,354,024	0	10,999,671

STATEMENT AS OF MARCH 31, 2022 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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. First Quarter .....	.899	.0	.0	.0	.0	.0	.0	.0	.899	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0									
6. Current Year Member Months	1,573	0							1,573	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	.0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a).....	3,066,001								3,066,001	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	.0									
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	.0									
18. Amount Incurred for Provision of Health Care Services	0									

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



STATEMENT AS OF MARCH 31, 2022 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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	0	0	0	0	.0	.0
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	0	0	0	0	0	0

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

# STATEMENT AS OF MARCH 31, 2022 OF THE CareSource PASSE LLC

## NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

**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).

The effects of the foregoing variances from GAAP on the accompanying statutory-basis financial statements total (\$3,720,446) in net income and (\$279) in net statutory surplus.

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.

	SSAP #	F/S Page	F/S Line #	2022	2021
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (609,412)	\$ (4,962,114)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (609,412)</u>	<u>\$ (4,962,114)</u>
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 6,429,093	\$ 6,038,580
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 6,429,093</u>	<u>\$ 6,038,580</u>

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

Not Applicable

**C. Accounting Policy**

(2) Not Applicable

(6) Not Applicable

**D. Going Concern**

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

(1) Not Applicable

(2) Not Applicable

(3) Not Applicable

(4) Not Applicable

**2. Accounting Changes and Corrections of Errors**

Not Applicable

**3. Business Combinations and Goodwill**

Not Applicable

**E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill**

	Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
(1) Capital & Surplus		XXX
Less:		
(2) Admitted Positive Goodwill		XXX
(3) Admitted EDP Equipment & Operating System Software		XXX
(4) Admitted Net Deferred Taxes		XXX
(5) Adjusted Capital and Surplus (Line 1-2-3-4)	0	XXX
(6) Limitation on amount of goodwill (adjusted capital and surplus times 10% goodwill limitation [Line 5*10%])	0	XXX
(7) Current period reported Admitted Goodwill	XXX	
(8) Current Period Admitted Goodwill as a % of prior period Adjusted Capital and Surplus (Line 7/Line 5)	XXX	0.000 %

**4. Discontinued Operations**

Not Applicable

**5. Investments**

Not Applicable

**A. Mortgage Loans, including Mezzanine Real Estate Loans**

Not Applicable

**(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:**

	Residential			Commercial		Mezzanine	Total
	Farm	Insured	All Other	Insured	All Other		
<b>a. Current Year</b>							
1. With Allowance for Credit Losses	\$	\$	\$	\$	\$	\$	0
2. No Allowance for Credit Losses							0
3. Total (1+2)	0	0	0	0	0	0	0
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan							0
<b>b. Prior Year</b>							
1. With Allowance for Credit Losses	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0
2. No Allowance for Credit Losses		0	0	0	0	0	0
3. Total (1+2)	0	0	0	0	0	0	0
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan		0	0	0	0	0	0

**(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:**

	Residential			Commercial		Mezzanine	Total
	Farm	Insured	All Other	Insured	All Other		
<b>a. Current Year</b>							
1. Average Recorded Investment	\$	\$	\$	\$	\$	\$	0
2. Interest Income Recognized							0
3. Recorded Investments on Nonaccrual							0

# STATEMENT AS OF MARCH 31, 2022 OF THE CareSource PASSE LLC

	Residential			Commercial		Mezzanine	Total
	Farm	Insured	All Other	Insured	All Other		
Status							
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							0
b. Prior Year							
1. Average Recorded Investment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
2. Interest Income Recognized	0	0	0	0	0	0	0
3. Recorded Investments on Nonaccrual Status	0	0	0	0	0	0	0
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting	0	0	0	0	0	0	0
B. Debt Restructuring							
Not Applicable							
C. Reverse Mortgages							
Not Applicable							
D. Loan-Backed Securities							
Not Applicable							
E. Dollar Repurchase Agreements and/or Securities Lending Transactions							
Not Applicable							
F. Repurchase Agreements Transactions Accounted for as Secured Borrowing							
Not Applicable							
G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing							
Not Applicable							
H. Repurchase Agreements Transactions Accounted for as a Sale							
Not Applicable							
I. Reverse Repurchase Agreements Transactions Accounted for as a Sale							
Not Applicable							
J. Real Estate							
Not Applicable							
K. Low-Income Housing Tax Credits (LIHTC)							
Not Applicable							
L. Restricted Assets							
Not Applicable							
M. Working Capital Finance Investments							
Not Applicable							
N. Offsetting and Netting of Assets and Liabilities							
Not Applicable							
O. 5GI Securities							
Not Applicable							
P. Short Sales							
Not Applicable							
Q. Prepayment Penalty and Acceleration Fees							
Not Applicable							
R. Reporting Entity's Share of Cash Pool by Asset type.							
Not Applicable							
6. <b>Joint Ventures, Partnerships and Limited Liability Companies</b>							
Not Applicable							
7. <b>Investment Income</b>							
Not Applicable							
A. The company non-admits any investment income that is more than 90 days past due, except for investment income related to mortgage loans that is more than 180 days past due.							
B. The company has not excluded any investment income.							
8. <b>Derivative Instruments</b>							
Not Applicable							
9. <b>Income Taxes</b>							
Not Applicable							
10. <b>Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties</b>							
Not Applicable							
A. CSPASSE's ultimate corporate parent is CareSource (CS). CS owns CareSource Holding LLC (CSH), CSH entered into a joint-venture ownership agreement with Acadia Healthcare Company, Inc. (AHC), Crossett Health Foundation dba Ashley County Medical Center (ACME), James E. Zini D.O., P.A. (Zini), Rehabilitation Network Outpatient Services, LLC (RNOS), Chenal Family Therapy, PLC (CFT), where CSH owns 49% and AHC, ACME, Zini, RNOS, and CFT each own 10.2% each.							
B. CS Holdings, LLC. provided initial capital infusion to CSPASSE of \$6,000,490 in June 2021 and additional capital infusion to CSPASSE of \$5,000,000 in December 2021.							
C. Transactions with related party who are not reported on Schedule Y							
Effective January 1, 2022 CSPASSE entered into a 100% ceded reinsurance agreement with 4.Hannover Life Reassurance Company of America whereby CareSource Reinsurance II (CSRE II) serves as a direct reinsurer to Hannover Life Reassurance Company of America and no premiums are paid directly to CSRE II.							
D. Not Applicable							
E. Effective January 1, 2022 CSPASSE entered into an Administrative Services Agreement (ASA) with CareSource Management Services LLC (CSMS). Management fees are paid by CSPASSE to CSMS at the proportion of the total capitation rate set by the Medicaid Agency for the administrative and care management costs associated with the provision of covered services plus fifty percent of the target margin set by the Medicaid Agency for the Medicaid PASSE program.							
F. Not Applicable							
G. Not Applicable							
H. Not Applicable							
I. Not Applicable							
J. Not Applicable							
K. Not Applicable							
L. Not Applicable							
M. All SCA Investments							
Not Applicable							
N. Investment in Insurance SCAs							
Not Applicable							
O. SCA or SSAP No. 48 Entity Loss Tracking							
Not Applicable							
11. <b>Debt</b>							
Not Applicable							
12. <b>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans</b>							
Not Applicable							

# STATEMENT AS OF MARCH 31, 2022 OF THE CareSource PASSE LLC

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost

	Pension Benefits			Postretirement Benefits		
	2022	2021	2020	2022	2021	2020
a. Net transition asset or obligation	\$	\$	\$	\$	\$	\$
b. Net prior service cost or credit	\$	\$	\$	\$	\$	\$
c. Net recognized gains and losses	\$	\$	\$	\$	\$	\$

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

Not Applicable

- A. CSPASSE has no shares outstanding
- B. CSPASSE has no preferred stock outstanding
- C. Not Applicable
- D. Not Applicable
- E. Not Applicable
- F. Not Applicable
- G. Not Applicable
- H. Not Applicable
- I. Not Applicable
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$ CSPASSE has no cumulative unrealized gains or losses.
- K. The Company issued the following surplus debentures or similar obligations:  
CSPASSE entered into a \$1,000,000 surplus note arrangement with its corporate parent CSH effective May 09, 2022 to ensure capital requirements were maintained.

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year *	Unapproved Interest And/Or Principal
00001	03/31/2022	6.500	1,000,000	YES	1,000,000	1,000,000	0
<b>Total</b>	XXX	XXX	\$ 1,000,000	XXX	\$ 1,000,000	\$ 1,000,000	\$ 0

\* Total should agree with Page 3, Line 29.

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

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

The surplus note, in the amount of \$1,000,000, listed in the above table, was issued pursuant to Rule 144A under the Securities Act of 1933 in the form of cash, underwritten by CSH.

The surplus note has the following repayment conditions and restrictions: All or part of the principal of or interest accrued on this surplus note shall be payable by CSPASSE any time during each calendar year. The amount payable in each calendar year of the term shall be determined by CSPASSE, subject to the provisions of this surplus note. No repayment of principal or payment of accrued interest shall be made by CSPASSE except: Out of CSPASSE's earned surplus in excess of the greater of the minimum surplus required of CSPASSE in order to transact business as an HMO in Arkansas or CSPASSE's surplus at the time the loan was made, and any such repayment of principal or payment of accrued interest to be made by CSPASSE must be submitted to, and approved by, the Commissioner prior to CSPASSE making such payment or repayment. If the Commissioner does not approve CSPASSE's repayments of principal and/or interest to CSH, CSPASSE shall submit a request to the Commissioner to lengthen the term of the note and make other adjustments to this surplus note that are necessary and, with the written approval of the Commissioner, CSPASSE and CSH shall lengthen the term of this surplus note and make other adjustments that are necessary. The surplus note has the following subordination terms: The surplus note dated May 09, 2022 is subordinate to HMO contract holder claims (including claims from subscribers, enrollees or assignees of any such persons), to other claimant and beneficiary claims and to all other classes of CSPASSE's creditors other than surplus note holders.

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

The surplus debenture in the amount of \$1,000,000, listed as Item 1 in above table, is held by CSH.

The surplus debenture in the amount of \$1,000,000, listed as Item 1 in above table, was issued pursuant to Rule 144A under the Securities Act of 1933, and is held by CSH in the following ownership percentage 100%.

CSH holds 100% of the surplus debenture listed in the above table.

CSPASSE has outstanding \$1,000,000 or 100% debentures due in 2032 issued on 05/29/2022. The carrying amount of the debt is \$1,000,000 with an effective rate of 6.5%. The debentures may be repaid early by Borrower without penalty. CSPASSE is not required to make annual sinking fund payments that will provide sufficient funds for the retirement of debentures at maturity. Interest paid during 2022 was \$0.

CSPASSE has an outstanding liability for borrowed money in the amount of \$1,000,000 due to CSH on 3/31/2032. The principal amount is due 2032. At the option of CSPASSE, early repayment may be made. Interest at 6.5% is not required to be paid annually. Interest paid during 2022 was \$0. CSPASSE is not required to maintain a collateral security deposit with the lender. At March 31, 2022, no assets having an admitted value and a fair value were on deposit with the lender.

- L. Not Applicable
- M. Not Applicable

**14. Liabilities, Contingencies and Assessments**

Not Applicable

- A. Not Applicable
- B. Assessments
- C. Gain Contingencies
- D. Not Applicable
- E. Joint and Several Liabilities
- F. All Other Contingencies

**15. Leases**

Not Applicable

- A. Lessee Operating Lease
- B. Not Applicable
- C. The components of the investment in leveraged leases at December 31, current year and prior year were as shown below:

	2022	2021
1. Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$
2. Estimated residual value of leased assets	\$	\$
3. Unearned and deferred income	\$	\$
4. Investment in leveraged leases	\$	\$
5. Deferred income taxes related to leveraged leases	\$	\$
6. Net investment in leveraged leases	\$	\$

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

Not Applicable

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not Applicable

- A. Transfers of Receivables Reported as Sales
- Not Applicable

# STATEMENT AS OF MARCH 31, 2022 OF THE CareSource PASSE LLC

- B. Transfer and Servicing of Financial Assets  
Not Applicable
- C. Wash Sales  
Not Applicable
- 18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**  
Not Applicable
  - A. ASO Plans  
Not Applicable
  - B. ASC Plans  
Not Applicable
  - C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:  
Not Applicable
- 19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**  
Not Applicable
- 20. **Fair Value Measurements**  
Not Applicable
  - A. CSPASSE had cash of \$12,354,025 and \$0, respectively, as of March 31, 2022 and March 31, 2021.  
  
(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, 2022.  
  
(5) Not Applicable
  - B. Not Applicable
  - D. Not Practicable to Estimate Fair Value  
  
Not Applicable
  - E. Not Applicable
- 21. **Other Items**  
Not Applicable
  - A. Unusual or Infrequent Items  
Not Applicable
  - B. Troubled Debt Restructuring: Debtors  
Not Applicable
  - C. Other Disclosures  
Not Applicable
  - D. Business Interruption Insurance Recoveries  
Not Applicable
  - E. State Transferable and Non-transferable Tax Credits  
Not Applicable
  - F. Subprime-Mortgage-Related Risk Exposure  
Not Applicable
  - G. Retained Assets  
Not Applicable
  - H. Insurance-Linked Securities (ILS) Contracts  
Not Applicable
  - I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy  
Not Applicable
- 22. **Events Subsequent**  
Events Subsequent - Subsequent events have been considered through May 13, 2022 for the statutory statements issued on May 13, 2022.
- 23. **Reinsurance**  
Not Applicable
- 24. **Retrospectively Rated Contracts & Contracts Subject to Redetermination**  
Not Applicable
  - A. Not Applicable
  - B. Not Applicable
  - C. Not Applicable
  - D. Not Applicable
  - E. Risk-Sharing Provisions of the Affordable Care Act (ACA)  
  
Not Applicable  
(1) Not Applicable  
(2) Not Applicable  
(3) Not Applicable  
(4) Not Applicable  
(5) Not Applicable
- 25. **Changes in Incurred Claims and Claim Adjustment Expenses**  
Not Applicable
- 26. **Intercompany Pooling Arrangements**  
Not Applicable
- 27. **Structured Settlements**  
Health Entities should not complete this Note.
- 28. **Health Care Receivables**  
Not Applicable
- 29. **Participating Policies**  
Not Applicable
- 30. **Premium Deficiency Reserves**  
  
CSPASSE evaluated the need for premium deficiency reserves as of March 31, 2022 and deemed them necessary.
 

1. Liability carried for premium deficiency reserves	\$	3,720,446
2. Date of the most recent evaluation of this liability		03/31/2022
3. Was anticipated investment income utilized in the calculation?		Yes [ ] No [ X ]
- 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 [X]
- 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 [X]
- 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 [X] 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 [X] No [ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
CareSource family companies created the Caresource Iowa Entity.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [X]
- 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 [X]
- 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 [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/9999
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/9999
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....12/31/9999
- 6.4 By what department or departments?  
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] NA [X]
- 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 [X]
- 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 [X]
- 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 [X]
- 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 [X] 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 [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

**GENERAL INTERROGATORIES**

**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:.....\$ .....1,000,000

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes  No
- 11.2 If yes, give full and complete information relating thereto:  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....0
13. Amount of real estate and mortgages held in short-term investments: .....\$ .....0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No  NA

If no, attach a description with this statement.

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

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes  No

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

1 Name of Custodian(s)	2 Custodian Address

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

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

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

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? ..... Yes  No

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

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

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

## GENERAL INTERROGATORIES

19. 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
  - a. PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?.....

Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was 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 held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....

Yes [ ] No [X]



**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH**

1. Operating Percentages:
- 1.1 A&H loss percent ..... 0.0 %
- 1.2 A&H cost containment percent ..... 0.0 %
- 1.3 A&H expense percent excluding cost containment expenses ..... %
- 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 T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

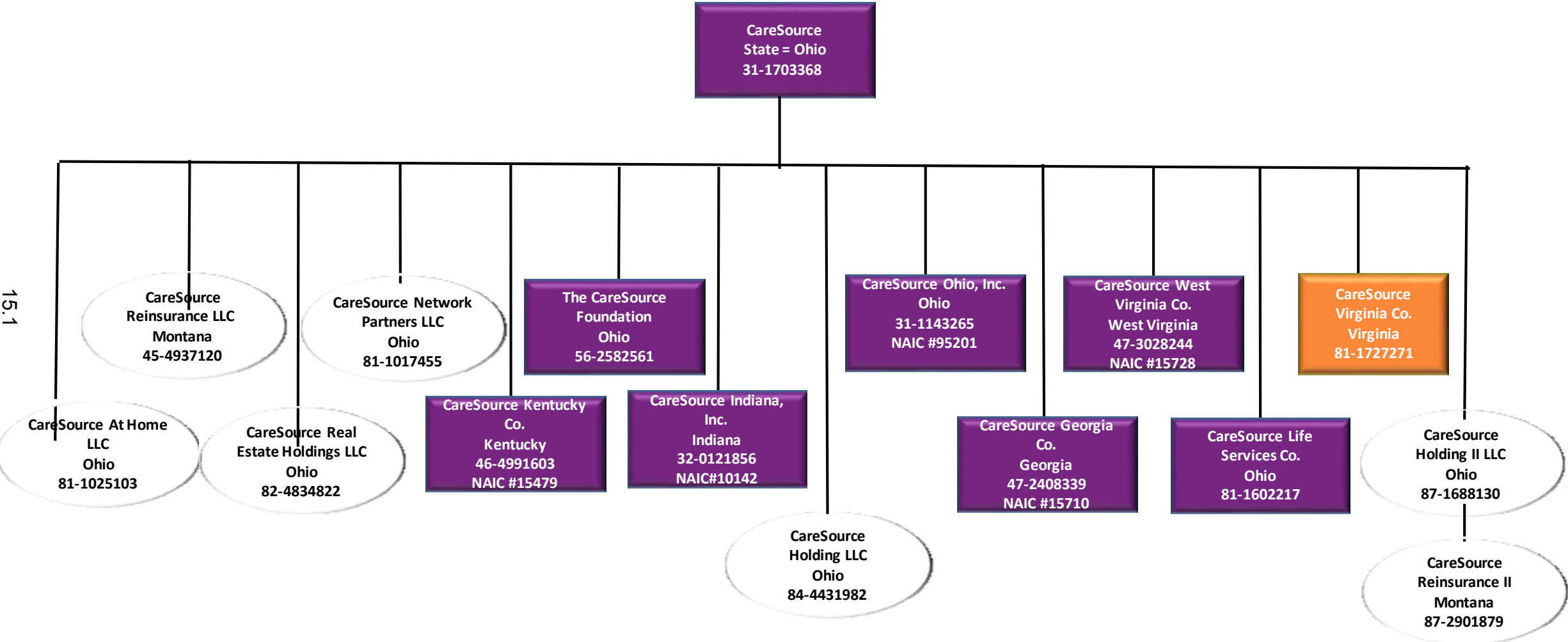
States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								.0
2. Alaska	AK	N								.0
3. Arizona	AZ	N								.0
4. Arkansas	AR	L		3,066,001						3,066,001
5. California	CA	N								.0
6. Colorado	CO	N								.0
7. Connecticut	CT	N								.0
8. Delaware	DE	N								.0
9. Dist. Columbia	DC	N								.0
10. Florida	FL	N								.0
11. Georgia	GA	N								.0
12. Hawaii	HI	N								.0
13. Idaho	ID	N								.0
14. Illinois	IL	N								.0
15. Indiana	IN	N								.0
16. Iowa	IA	N								.0
17. Kansas	KS	N								.0
18. Kentucky	KY	N								.0
19. Louisiana	LA	N								.0
20. Maine	ME	N								.0
21. Maryland	MD	N								.0
22. Massachusetts	MA	N								.0
23. Michigan	MI	N								.0
24. Minnesota	MN	N								.0
25. Mississippi	MS	N								.0
26. Missouri	MO	N								.0
27. Montana	MT	N								.0
28. Nebraska	NE	N								.0
29. Nevada	NV	N								.0
30. New Hampshire	NH	N								.0
31. New Jersey	NJ	N								.0
32. New Mexico	NM	N								.0
33. New York	NY	N								.0
34. North Carolina	NC	N								.0
35. North Dakota	ND	N								.0
36. Ohio	OH	N								.0
37. Oklahoma	OK	N								.0
38. Oregon	OR	N								.0
39. Pennsylvania	PA	N								.0
40. Rhode Island	RI	N								.0
41. South Carolina	SC	N								.0
42. South Dakota	SD	N								.0
43. Tennessee	TN	N								.0
44. Texas	TX	N								.0
45. Utah	UT	N								.0
46. Vermont	VT	N								.0
47. Virginia	VA	N								.0
48. Washington	WA	N								.0
49. West Virginia	WV	N								.0
50. Wisconsin	WI	N								.0
51. Wyoming	WY	N								.0
52. American Samoa	AS	N								.0
53. Guam	GU	N								.0
54. Puerto Rico	PR	N								.0
55. U.S. Virgin Islands	VI	N								.0
56. Northern Mariana Islands	MP	N								.0
57. Canada	CAN	N								.0
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal		.XXX	.0	3,066,001	.0	.0	.0	.0	3,066,001	.0
60. Reporting entity contributions for Employee Benefit Plans		.XXX							.0	
61. Total (Direct Business)		.XXX	0	3,066,001	0	0	0	0	3,066,001	0
<b>DETAILS OF WRITE-INS</b>										
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
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		.XXX	0	0	0	0	0	0	0	.0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....1 R – Registered – Non-domiciled RRGs .....0  
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0 Q – Qualified – Qualified or accredited reinsurer .....0  
 N – None of the above – Not allowed to write business in the state .....56

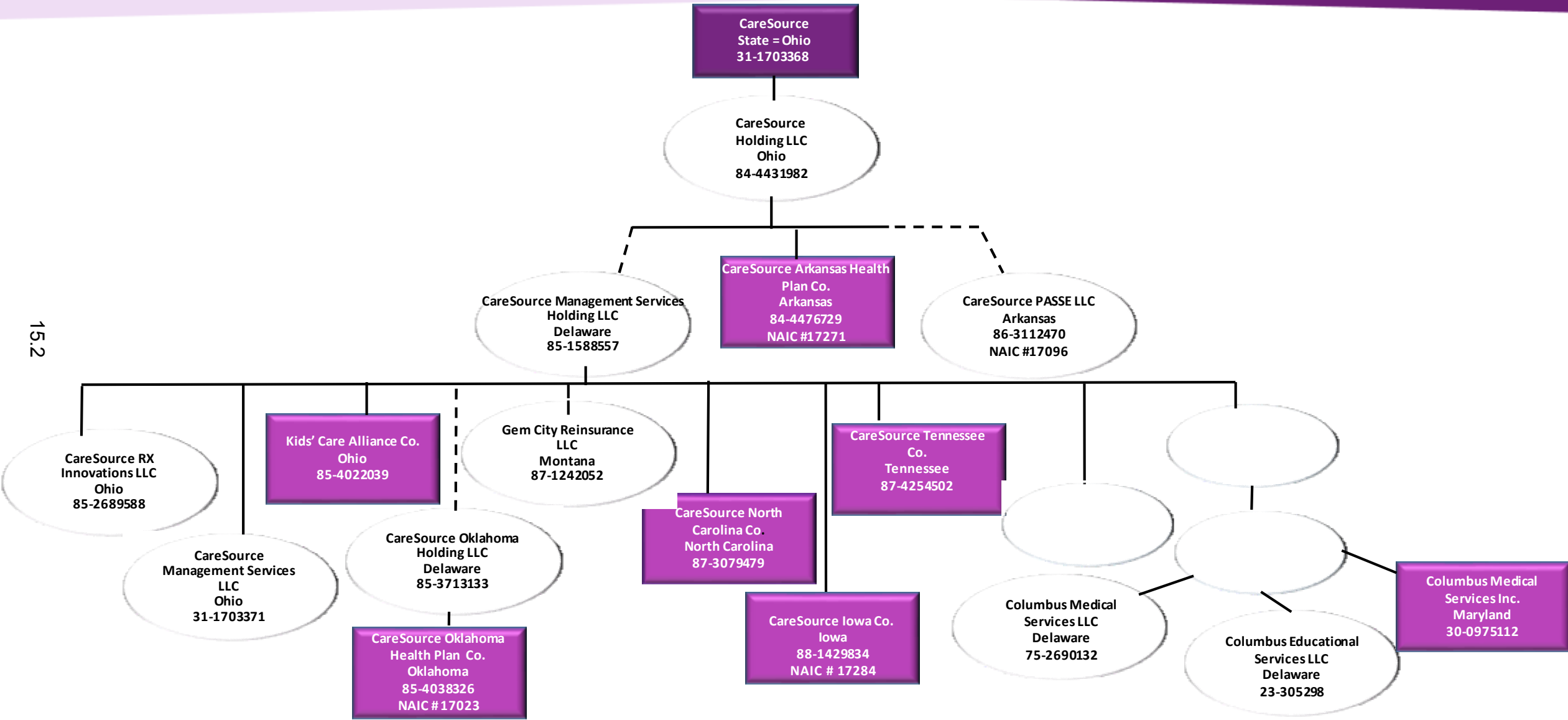
STATEMENT AS OF MARCH 31, 2022 OF THE CareSource PASSE LLC.  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF  
A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

# CareSource Structure



# CareSource Structure

15.2



STATEMENT AS OF MARCH 31, 2022 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	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17271	84-4476729				CareSource Arkansas Health Plan Co.	AR	IA	CareSource Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	81-1727271				CareSource Virginia Co.	VA	NIA	CareSource	Board of Directors	.0.0	CareSource	NO	.0
00000	CareSource	00000	56-2582561				The CareSource Foundation	OH	NIA	CareSource	Board of Trustees	.0.0	CareSource	NO	.0
03683	CareSource	10142	32-0121856				CareSource Indiana, Inc.	IN	IA	CareSource	Board of Directors	.0.0	CareSource	NO	.0
00000	CareSource	00000	31-1703371				CareSource Management Services LLC	OH	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	31-1703368				CareSource	OH	UDP	CareSource	Board of Directors	.0.0	CareSource	NO	.0
03683	CareSource	95201	31-1143265				CareSource Ohio Inc.	OH	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	Directors	.0.0	CareSource	NO	.0
03683	CareSource	00000	45-4937120				CareSource Reinsurance, LLC	MT	IA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	81-1025103				CareSource at Home LLC	OH	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	81-1017455				CareSource Network Partners LLC	OH	NIA	CareSource	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	81-1602217				CareSource Life Services Co.	OH	NIA	CareSource	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	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	85-1588557				CareSource Management Services Holding LLC	DE	NIA	CareSource Holding LLC	Ownership	87.0	CareSource	NO	.0
00000	CareSource	00000	85-2689588				CareSource Rx Innovations LLC	OH	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	85-4022039				Kids' CareAlliance Co.	OH	NIA	CareSource Management Services 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	80.0	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
00000	CareSource	00000	87-3079479				CareSource North Carolina Co.	NC	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	87-4254502				CareSource Tennessee Co.	TN	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0

STATEMENT AS OF MARCH 31, 2022 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	87-3411276				CareSource Kansas LLC	KS	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	81-4132842				HealthEdge Columbus Holdings LLC	DE	NIA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	81-4132952				Columbus Holdings LLC	DE	NIA	HealthEdge Columbus Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	75-2690132				Columbus Medical Services LLC	DE	NIA	Columbus Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	02-3305298				Columbus Educational Services LLC	DE	NIA	Columbus Holdings LLC	Ownership	100.0	CareSource	NO	.0
00000	CareSource	00000	30-0975112				Columbus Medical Services Inc	MD	NIA	Columbus Holdings LLC	Ownership	100.0	CareSource	NO	.0
03683	CareSource	17284	88-1429834				CareSource Iowa Co	IA	IA	CareSource Management Services Holding LLC	Ownership	100.0	CareSource	NO	

16.1

Asterisk	Explanation
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# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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 2 3 6 5 0 0 0 0 1

**OVERFLOW PAGE FOR WRITE-INS**

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Schedule A - Verification

**NONE**

Schedule B - Verification

**NONE**

Schedule BA - Verification

**NONE**

Schedule D - Verification

**NONE**

Schedule D - Part 1B

**NONE**

Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Part 2 - Verification

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

Schedule D - Part 3

**NONE**

Schedule D - Part 4

**NONE**

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DB - Part E

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



STATEMENT AS OF MARCH 31, 2022 OF THE CareSource PASSE LLC

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>NONE</b>								
8609999999 Total Cash Equivalents						0	0	0