



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
 OF THE CONDITION AND AFFAIRS OF THE

CareSource Michigan

NAIC Group Code 3683 , 0000 NAIC Company Code 95562 Employer's ID Number 38-3252216
(Current Period) (Prior Period)

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

Country of Domicile United States

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

Incorporated/Organized 05/24/1995 Commenced Business 08/01/1996

Statutory Home Office 2900 West Road, Suite 201 , East Lansing, MI 48823-6386
(Street and Number) (City, State and Zip Code)

Main Administrative Office 2900 West Road, Suite 201
(Street and Number)
East Lansing, MI 48823-6386 517-349-9922
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 2900 West Road, Suite 201 , East Lansing, MI 48864-6386
(Street and Number or P.O. Box) (City, State and Zip Code)

Primary Location of Books and Records 2900 West Road, Suite 201
(Street and Number)
East Lansing, MI 48823-6386 937-531-2159
(City, State and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.caresource.com

Statutory Statement Contact L Tarlton Thomas III , 937-531-2159
(Name) (Area Code) (Telephone Number) (Extension)
tarlton.thomas@caresource.com 937-531-2676
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Sharon R. Williams</u>	<u>Plan President</u>	<u>Craig Thiele M.D.</u>	<u>Chief Medical Officer</u>
<u>Bobby Jones</u>	<u>Chief Operating Officer</u>	<u>L. Tarlton Thomas III</u>	<u>Chief Financial Officer</u>

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Pamela B. Morris</u>	<u>Margaret Marchak</u>	<u>Evonne Williams</u>	<u>Karen Hamilton</u>
<u>J. Thomas Maultsby</u>	<u>John M. Rockwood</u>		

State of _____ **ss**
 County of _____

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.

Sharon R. Williams
Plan President

L. Tarlton Thomas III
Chief Financial Officer

Bobby Jones
Chief Operating Officer

Subscribed and sworn to before me this _____
 day of _____ ,

- a. Is this an original filing? Yes [X] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareSource Michigan

2.

(LOCATION)

NAIC Group Code	3683	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2010						NAIC Company Code	95562
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	41,557							190	41,367		
2. First Quarter	39,318							231	39,087		
3. Second Quarter	39,228							289	38,939		
4. Third Quarter	37,582							322	37,260		
5. Current Year	37,737							363	37,374		
6. Current Year Member Months	469,844							3,416	466,428		
Total Member Ambulatory Encounters for Year:											
7. Physician	192,255							2,171	190,084		
8. Non-Physician	132,479							2,676	129,803		
9. Total	324,734	0	0	0	0	0	0	4,847	319,887	0	
10. Hospital Patient Days Incurred	16,055							577	15,478		
11. Number of Inpatient Admissions	4,445							127	4,318		
12. Health Premiums Written (b)	130,490,522							3,357,184	127,133,338		
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	130,490,522							3,357,184	127,133,338		
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	102,623,890							2,462,054	100,161,836		
18. Amount Incurred for Provision of Health Care Services	103,773,521							2,721,280	101,052,241		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,357,184

29.MI



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	41,557	0	0	0	0	0	0	190	41,367	0	
2. First Quarter	39,318	0	0	0	0	0	0	231	39,087	0	
3. Second Quarter	39,228	0	0	0	0	0	0	289	38,939	0	
4. Third Quarter	37,582	0	0	0	0	0	0	322	37,260	0	
5. Current Year	37,737	0	0	0	0	0	0	363	37,374	0	
6. Current Year Member Months	469,844	0	0	0	0	0	0	3,416	466,428	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	192,255	0	0	0	0	0	0	2,171	190,084	0	
8. Non-Physician	132,479	0	0	0	0	0	0	2,676	129,803	0	
9. Total	324,734	0	0	0	0	0	0	4,847	319,887	0	
10. Hospital Patient Days Incurred	16,055	0	0	0	0	0	0	577	15,478	0	
11. Number of Inpatient Admissions	4,445	0	0	0	0	0	0	127	4,318	0	
12. Health Premiums Written (b)	130,490,522	0	0	0	0	0	0	3,357,184	127,133,338	0	
13. Life Premiums Direct	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	
15. Health Premiums Earned	130,490,522	0	0	0	0	0	0	3,357,184	127,133,338	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	102,623,890	0	0	0	0	0	0	2,462,054	100,161,836	0	
18. Amount Incurred for Provision of Health Care Services	103,773,521	0	0	0	0	0	0	2,721,280	101,052,241	0	

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

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

29.GT

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

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 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 Totals						0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Total				0	0	0	0	0	0	0	0	0	0

Schedule S - Part 5

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

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	16	4	1	0	0
3. Title XIX-Medicaid.....	364	507	288	304	310
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....	29	30	48	0	0
8. Reinsurance recoverable on paid losses.....	60	246	57	100	132
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	36,298,394		36,298,394
2. Accident and health premiums due and unpaid (Line 15).....	492,634		492,634
3. Amounts recoverable from reinsurers (Line 16.1).....	59,754	(59,754)	0
4. Net credit for ceded reinsurance.....	XXX	88,737	88,737
5. All other admitted assets (Balance).....	1,028,565		1,028,565
6. Total assets (Line 28)	37,879,347	28,983	37,908,330
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	13,955,472	28,983	13,984,455
8. Accrued medical incentive pool and bonus payments (Line 2).....	513,091		513,091
9. Premiums received in advance (Line 8).....	226,162		226,162
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	1,406,383		1,406,383
13. Total liabilities (Line 24).....	16,101,108	28,983	16,130,091
14. Total capital and surplus (Line 33).....	21,778,240	XXX	21,778,240
15. Total liabilities, capital and surplus (Line 34)	37,879,347	28,983	37,908,330
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	28,983		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance.....	0		
19. Reinsurance recoverable on paid losses.....	59,754		
20. Other ceded reinsurance recoverables.....	0		
21. Total ceded reinsurance recoverables.....	88,737		
22. Premiums receivable.....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
24. Unauthorized reinsurance.....	0		
25. Other ceded reinsurance payables/offsets.....	0		
26. Total ceded reinsurance payables/offsets.....	0		
27. Total net credit for ceded reinsurance	88,737		

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

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

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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 CN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE CareSource Michigan

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95562	38-3252216	CareSource Michigan	(18,000,000)				(8,668,437)				(26,668,437)	
	31-1703368	CareSource Management Group	18,000,000				8,062,818				26,062,818	
	31-1703371	CareSource Management Services					492,208				492,208	
	56-2582561	The CareSource Foundation					113,411				113,411	
											.0	
											.0	
											.0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.....

AUGUST FILING

- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?YES.....

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.

MARCH FILING

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?SEE EXPLANATION.....
- 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 15. 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.....
- 16. 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.....
- 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?SEE EXPLANATION.....

APRIL FILING

- 18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?NO.....
- 21. Will the Supplemental Health Care Exhibit be filed the state of domicile and the NAIC by April 1?NO.....
- 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the NAIC by April 1?NO.....

AUGUST FILING











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

Explanation:

- 11. Coverage provided through Medicare Advantage Program
- 12.
- 13.
- 14.
- 15.
- 16.
- 17. Coverage provided through Medicare Advantage Program
- 18.
- 19.
- 20.
- 21.
- 22.
- 23. Premiums wirtten are under threshold under

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

12.	 9 5 5 6 2 2 0 1 0 2 0 5 0 0 0 0 0
13.	 9 5 5 6 2 2 0 1 0 2 0 7 0 0 0 0 0
14.	 9 5 5 6 2 2 0 1 0 4 2 0 0 0 0 0 0
15.	 9 5 5 6 2 2 0 1 0 3 7 1 0 0 0 0 0
16.	 9 5 5 6 2 2 0 1 0 3 7 0 0 0 0 0 0
18.	 9 5 5 6 2 2 0 1 0 3 0 6 0 0 0 0 0
19.	 9 5 5 6 2 2 0 1 0 2 1 1 5 9 0 0 0
20.	 9 5 5 6 2 2 0 1 0 2 1 3 0 0 0 0 0
21.	 9 5 5 6 2 2 0 1 0 2 1 6 5 9 0 0 0
22.	 9 5 5 6 2 2 0 1 0 2 1 7 0 0 0 0 0

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