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2013

Document Code: 201

ANNUAL STATEMENT
For the Year Ending December 31, 2013
OF THE CONDITION AND AFFAIRS OF THE
AultCare Insurance Company

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	77216	Employer's ID Number	341624818
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile						
Licensed as business type:		Life, Accident & Health[X]	Property/Casualty[]	Hospital, Medical & Dental Service or Indemnity[]		
		Dental Service Corporation[]	Vision Service Corporation[]	Health Maintenance Organization[]		
		Other[]	Is HMO Federally Qualified? Yes[X] No[] N/A[]			
Incorporated/Organized		08/15/1989	Commenced Business		11/01/1989	
Statutory Home Office		2600 Sixth Street SW (Street and Number)			Canton, OH, 44710 (City or Town, State, Country and Zip Code)	
Main Administrative Office		2600 Sixth Street SW (Street and Number)			Canton, OH, 44710 (Area Code) (Telephone Number)	
		2600 Sixth Street SW (Street and Number)			Canton, OH, 44710 (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records		2600 Sixth Street SW (Street and Number)			Canton, OH, 44710 (Area Code) (Telephone Number)	
		2600 Sixth Street SW (Street and Number)			Canton, OH, 44710 (Area Code) (Telephone Number)	
Statutory Statement Contact		Jeffrey Alan Scheatzle (Name)			(330)363-4057 (Area Code)(Telephone Number)(Extension)	
		jscheatzle@aultman.com (E-Mail Address)			(330)363-5012 (Fax Number)	

OFFICERS

Name	Title
Rick L. Haines	President
Joseph J. Feltes	Secretary
Mark D. Wright	Treasurer
Edward J. Roth III	Executive Vice President

OTHERS

DIRECTORS OR TRUSTEES

William Wallace M.D.	Gregory A. Haban M.D.
Christopher E. Remark	Edward J. Roth III
Rick L. Haines	Michael A. Rich M.D.
Mark D. Wright	John B. Humphrey Jr., M.D.
Timothy L. Hagen D.O.	Darryl J. Dillenback
Allen Rovner M.D.	Joseph J. Feltes Esq.

State of Ohio
 County of Stark ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

(Signature)
 Rick L. Haines
 (Printed Name)
 1.
 President
 (Title)

(Signature)
 Joseph J. Feltes
 (Printed Name)
 2.
 Secretary
 (Title)

(Signature)
 Mark D. Wright
 (Printed Name)
 3.
 Treasurer
 (Title)

Subscribed and sworn to before me this
 _____ day of _____, 2014

a. Is this an original filing?
 b. If no, 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)
Mark N. Rose M.D.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0299998 Premiums due and unpaid not individually listed	1,554,366	1,105,782	775,546	.....	.....	3,435,693
0299999 Total group	1,554,366	1,105,782	775,546	.....	.....	3,435,693
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,554,366	1,105,782	775,546	.....	.....	3,435,693

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	401,415	.....	.....	.....	.....	401,415
0199999 Subtotal - Pharmaceutical Rebate Receivables	401,415	.....	.....	.....	.....	401,415
0299998 Claim Overpayment Receivables - Not Individually Listed	98,210	.....	.....	.....	.....	98,210
0299999 Subtotal - Claim Overpayment Receivables	98,210	.....	.....	.....	.....	98,210
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed	8,300,000	.....	.....	.....	.....	8,300,000
0499999 Subtotal - Capitation Arrangement Receivables	8,300,000	.....	.....	.....	.....	8,300,000
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables	8,799,625	.....	.....	.....	.....	8,799,625

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	1,220,606	716,158		401,415	1,220,606	
2. Claim overpayment receivables	206,889	116,950		98,210	206,889	
3. Loans and advances to providers						
4. Capitation arrangement receivables				8,300,000		
5. Risk sharing receivables	803,552				803,552	
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	2,231,047	833,108		8,799,625	2,231,047	

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0499999 Subtotals
0599999 Unreported claims and other claim reserves	33,798,990
0799999 Total Claims Unpaid	33,798,990
0899999 Accrued Medical Incentive Pool and Bonus Amounts	2,614,702

22 Exhibit 5 - Amounts Due From Parent **NONE**

23 Exhibit 6 - Amounts Due to Parent **NONE**

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
Capitation Payments:						
1. Medical groups	100,133,439	25.521	87,553	76.840	100,133,439	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments	100,133,439	25.521	87,553	76.840	100,133,439	.....
Other Payments:						
5. Fee-for-service	64,043,989	16.323	XXX	XXX	.....	64,043,989
6. Contractual fee payments	228,172,204	58.155	XXX	XXX	166,430	228,005,775
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	292,216,194	74.479	XXX	XXX	166,430	292,049,764
13. TOTAL (Line 4 plus Line 12)	392,349,633	100.000	XXX	XXX	100,299,869	292,049,764

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
.....
99999999 Totals	XXX	XXX	XXX

N O N E

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						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 77216

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	120,306	6,463	47,700	84		10,482	2,551	22,661		30,365
2. First Quarter	117,258	6,562	46,410	98		11,668	2,633	20,599		29,288
3. Second Quarter	115,497	6,567	46,001	99		11,570	2,619	20,655		27,986
4. Third Quarter	114,800	6,609	46,012	116		11,113	2,590	20,696		27,664
5. Current Year	114,067	6,689	45,882	125		11,316	2,598	20,821		26,636
6. Current Year Member Months	1,389,948	78,976	554,499	1,283		137,111	31,310	247,983		338,786
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	382,723	23,470	186,151	148			14,818	158,136		
8. Non-Physician	1,192,666	59,844	474,665	582			37,142	620,433		
9. TOTAL	1,575,389	83,314	660,816	730			51,960	778,569		
10. Hospital Patient Days Incurred	54,499	1,244	11,748	38			1,368	40,101		
11. Number of Inpatient Admissions	10,238	289	3,021	6			247	6,675		
12. Health Premiums Written (b)	464,167,936	19,045,760	181,062,654	219,382		3,227,147	17,788,865	233,889,450		8,934,679
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	464,167,936	19,045,760	181,062,654	219,382		3,227,147	17,788,865	233,889,450		8,934,679
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	392,349,633	15,740,147	149,765,490	134,967		2,284,219	14,729,592	203,515,848		6,179,369
18. Amount Incurred for Provision of Health Care Services	401,769,105	16,433,369	153,412,556	134,967		2,335,615	14,954,221	203,375,447		11,122,930

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....233,889,450



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 77216

NAIC Group Code 0000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	120,306	6,463	47,700	84		10,482	2,551	22,661		30,365
2. First Quarter	117,258	6,562	46,410	98		11,668	2,633	20,599		29,288
3. Second Quarter	115,497	6,567	46,001	99		11,570	2,619	20,655		27,986
4. Third Quarter	114,800	6,609	46,012	116		11,113	2,590	20,696		27,664
5. Current Year	114,067	6,689	45,882	125		11,316	2,598	20,821		26,636
6. Current Year Member Months	1,389,948	78,976	554,499	1,283		137,111	31,310	247,983		338,786
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	382,723	23,470	186,151	148			14,818	158,136		
8. Non-Physician	1,192,666	59,844	474,665	582			37,142	620,433		
9. TOTAL	1,575,389	83,314	660,816	730			51,960	778,569		
10. Hospital Patient Days Incurred	54,499	1,244	11,748	38			1,368	40,101		
11. Number of Inpatient Admissions	10,238	289	3,021	6			247	6,675		
12. Health Premiums Written (b)	464,167,936	19,045,760	181,062,654	219,382		3,227,147	17,788,865	233,889,450		8,934,679
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	464,167,936	19,045,760	181,062,654	219,382		3,227,147	17,788,865	233,889,450		8,934,679
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	392,349,633	15,740,147	149,765,490	134,967		2,284,219	14,729,592	203,515,848		6,179,369
18. Amount Incurred for Provision of Health Care Services	401,769,105	16,433,369	153,412,556	134,967		2,335,615	14,954,221	203,375,447		11,122,930

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....233,889,450

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 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
			N O N E								
9999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
13647	26-4662908	01/01/2010	PRESIDIO REINS CORP	MT	3,758,549	1,043,800
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					3,758,549	1,043,800
2199999 Total - Accident and Health - Non-Affiliates					3,758,549	1,043,800
2299999 Total - Accident and Health					3,758,549	1,043,800
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					3,758,549	1,043,800
9999999 Total (Sum of 1199999 and 2299999)					3,758,549	1,043,800

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other												
93440	06-1041332	04/01/2008	HM LIFE INS CO	PA	SSL/A/I	753,413	.....	.....	.....	.....	.....	.....
13647	26-4662908	01/01/2009	PRESIDIO REINS CORP	MT	SSL/A/I	11,537,721	.....	1,043,800	.....	.....	.....	.....
0299999	Subtotal - General Account - Authorized - Affiliates - U.S. - Other				.....	12,291,133	.....	1,043,800	.....	.....	.....	.....
0399999	Subtotal - General Account - Authorized - Affiliates - U.S. - Total				.....	12,291,133	.....	1,043,800	.....	.....	.....	.....
0799999	Total - General Account - Authorized - Affiliates .....				.....	12,291,133	.....	1,043,800	.....	.....	.....	.....
1199999	Total - General Account Authorized .....				.....	12,291,133	.....	1,043,800	.....	.....	.....	.....
3499999	Total - General Account - Authorized, Unauthorized and Certified .....				.....	12,291,133	.....	1,043,800	.....	.....	.....	.....
5599999	Total - Separate Accounts - Unauthorized - Non-Affiliates .....				.....	.....	.....	.....	.....	.....	.....	.....
5699999	Total - Separate Accounts - Unauthorized .....				.....	.....	.....	.....	.....	.....	.....	.....
5999999	Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....				.....	.....	.....	.....	.....	.....	.....	.....
6399999	Total - Separate Accounts - Certified - Affiliates .....				.....	.....	.....	.....	.....	.....	.....	.....
6699999	Total - Separate Accounts - Certified - Non-Affiliates .....				.....	.....	.....	.....	.....	.....	.....	.....
6799999	Total - Separate Accounts - Certified .....				.....	.....	.....	.....	.....	.....	.....	.....
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified .....				.....	.....	.....	.....	.....	.....	.....	.....
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) .....				.....	12,291,133	.....	1,043,800	.....	.....	.....	.....
9999999	Total (Sum of 3499999 and 6899999) .....				.....	12,291,133	.....	1,043,800	.....	.....	.....	.....

34 Schedule S - Part 4 **NONE**

35 Schedule S - Part 5 **NONE**

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	11,538	9,786	9,917	10,048	12,952
2. Title XVIII-Medicare	753	816	801	791	740
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	3,759	2,376	1,529	20	1,950
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers			XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			XXX	XXX	XXX
18. Funds deposited by and withheld from (F)			XXX	XXX	XXX
19. Letters of credit (L)			XXX	XXX	XXX
20. Trust agreements (T)			XXX	XXX	XXX
21. Other (O)			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	91,342,634		91,342,634
2. Accident and health premiums due and unpaid (Line 15)	3,510,962		3,510,962
3. Amounts recoverable from reinsurers (Line 16.1)	3,758,549	(3,758,549)	
4. Net credit for ceded reinsurance	X X X	4,802,349	4,802,349
5. All other admitted assets (Balance)	16,589,156		16,589,156
6. TOTAL Assets (Line 28)	115,201,301	1,043,800	116,245,101
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	32,755,190	1,043,800	33,798,990
8. Accrued medical incentive pool and bonus payments (Line 2)	2,614,702		2,614,702
9. Premiums received in advance (Line 8)	6,780,780		6,780,780
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	11,351,729		11,351,729
15. TOTAL Liabilities (Line 24)	53,502,401	1,043,800	54,546,201
16. TOTAL Capital and Surplus (Line 33)	61,698,901	X X X	61,698,901
17. TOTAL Liabilities, Capital and Surplus (Line 34)	115,201,302	1,043,800	116,245,102
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	1,043,800		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	3,758,549		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	4,802,349		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	4,802,349		

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

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
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name 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)	*
41		00000	34-1445390			Aultman Health Foundation	Aultman Health Foundation	US	UDP	Aultman Health Foundation	Board of Directors		Aultman Health Foundation	
		00000	34-0714538			Aultman Hospital	Aultman Health Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		77216	34-1624818			AultCare Insurance Company	Aultman Health Foundation	US	RE	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1488123			AultCare Corporation	Aultman Health Foundation & Stark County Care Physicians, Inc	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Self			
		00000	20-0090246			West Tuscarawas Property Management, LLC	McKinley Life Insurance Company	US	DS	West Tuscarawas Property Management, LLC	Other		Aultman Health Foundation	0000001
		00000	34-1795772			McKinley Life Insurance Agency, Ltd.	McKinley Life Insurance Company	US	DS	McKinley Life Insurance Agency, Ltd.	Ownership	94.0	Aultman Health Foundation	
		00000	20-4951704			Aultra Administrative Group	Aultra Administrative Group	US	DS	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	
		00000	27-4379962			AultComp MCO, Inc.	AultCare Corporation	US	IA	AultComp MCO, Inc.	Management		Aultman Health Foundation	
		00000	34-1853300			Ohio Specialty Physician's Corporation	Aultman Health Foundation	US	NIA	Ohio Specialty Physician's Corporation	Ownership	100.0	Aultman Health Foundation	
		00000	98-0468384			McKinley Assurance Segregated Portfolio Company (SPC)	North Central Medical Resources	US	NIA	McKinley Assurance Segregated Portfolio Company (SPC)	Ownership	100.0	Aultman Health Foundation	
		00000	20-1359433			Aultman College of Nursing and Health Sciences	Aultman Health Foundation	US	NIA	Aultman College of Nursing and Health Sciences	Ownership	100.0	Aultman Health Foundation	
		00000	31-1509904			Aultman MSO, Inc.	Aultman Hospital	US	NIA	Aultman MSO, Inc.	Ownership	100.0	Aultman Hospital	
		00000	20-8090459			The Aultman Foundation	North Central Medical Resources	US	NIA	The Aultman Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	31-1509897			Ohio Physicians Professional Corporation	Aultman Health Foundation	US	NIA	Ohio Physicians Professional Corporation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1610344			North Central Medical Resources	North Central Medical Resources	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	34-1871647			Ohio Hospital Based Physician Corporation	Aultman Health Foundation	US	NIA	Ohio Hospital Based Physician Corporation	Ownership	100.0	Aultman Health Foundation	
		00000	31-1689698			Tuscarawas Valley Regional Cancer Center	North Central Medical Resources	US	NIA	Tuscarawas Valley Regional Cancer Center	Ownership	100.0	Aultman Health Foundation	
		00000	13-4246188			Acute Care Specialty Hospital at Aultman, LLC	Aultman Health Foundation	US	NIA	Acute Care Specialty Hospital at Aultman, LLC	Ownership	50.0	Aultman Health Foundation	0000002
		00000	34-1243260			Canton Medical Education Foundation	Aultman Health Foundation	US	NIA	Canton Medical Education Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	46-3305099			AultCare Health Insuring Corporation	Other	US	NIA	AultCare Health Insuring Corporation	Ownership	50.0	Aultman Hospital	0000003
		00000	34-1088530			Aultman North Canton Medical	Aultman Health Foundation	US	NIA	Aultman North Canton Medical	Ownership	100.0	Aultman Health Foundation	
		00000	34-0733138			The Orville Hospital Foundation	Aultman Health Foundation	US	NIA	The Orville Hospital Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	45-3166014			Aultman Medical Group, Inc	Aultman Health Foundation	US	UDP	Aultman Medical Group, Inc	Ownership	100.0	Aultman Health Foundation	

Asterisk	Explanation
0000001	AultCare Corporation's governance is controlled by Aultman Health Foundation 50% and Stark Quality Care Physicians, Inc 50%, 100% of equity owned by Aultman Health Foundation
0000002	Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50%
0000003	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50%

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
77216	34-1624818	AULTCARE INS CO .....	.....	.....	.....	.....	(29,855,307)	.....	.....	(1,101,014)	(30,956,321)	.....
	34-1445390	Aultman Health Foundation .....	.....	.....	.....	.....	1,426,601	.....	.....	.....	1,426,601	.....
	34-0714538	Aultman Hospital .....	.....	.....	.....	.....	28,428,706	.....	.....	1,101,014	29,529,720	.....
	34-1488123	AultCare Corporation .....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....
9999999 Control Totals												

Schedule Y Part 2 Explanation: Column 8 is expenses incurred by AultCare Insurance Company for management services provided by AultCare Corporation. Column 8 is expenses paid by AultCare Insurance Company for rent and management services provided by Aultman Health Foundation.

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

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

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 it 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?	Yes
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 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?	Yes
18. 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?	No
19. 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?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. 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
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No
--	----

Explanations:

Bar Codes:

Health Life Supplement



7721620132050000

2013

Document Code: 205

Health Property / Casualty Supplement



7721620132070000

2013

Document Code: 207

Schedule SIS



7721620134200000

2013

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



7721620133710000

2013

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



7721620133700000

2013

Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner



7721620132240000

2013

Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



7721620132500000

2013

Document Code: 225

Approval for Relief related to Require. for Audit Committees



7721620132260000

2013

Document Code: 226

LTC Supplemental Interrogatories



7721620133060000

2013

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



7721620132110000

2013

Document Code: 211

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Property/Casualty Supplement - Insurance Expense Exhibit



77216201321300000

2013

Document Code: 213

Management's Report of Internal Control over Financial Reporting



77216201322300000

2013

Document Code: 223

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE **AultCare Insurance Company**
OVERFLOW PAGE FOR WRITE-INS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2013
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code: 0000

NAIC Company Code: 77216

Address (City, State and Zip Code): Canton, OH 44710

Person Completing This Exhibit: Jeffrey Alan Scheatzle

Title: Director of Finance

Telephone Number: (330)363-4057-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013				
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
Total Experience on Individual Policies																		
N/A	A	3,4	Yes	3,4	06/03/2010				PRIMETIME Choices					3,503	2,629	75.1	2	
N/A	F	3,4	Yes	3,4	06/03/2010				PRIMETIME Choices					208,985	127,556	61.0	118	
N/A	M	3,4	Yes	3,4	06/03/2010				PRIMETIME Choices					254	64	25.2		
N/A	N	3,4	Yes	3,4	06/03/2010				PRIMETIME Choices					6,640	4,718	71.1	5	
???	???	???													219,382	134,967	61.5	125
0199999 Total Experience on Individual Policies																		
0299999 Total Experience on Group Policies																		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":



Medicare Part D Coverage Supplement

(Net of Reinsurance)

NAIC Group Code: 0000

(To be Filed By March 1)

NAIC Company Code: 77216

	Individual Coverage				5 Total Cash	
	1 Insured		2 Uninsured			
	3 Insured	4 Uninsured				
1. Premiums Collected						
1.1 Standard Coverage						
1.11 With Reinsurance Coverage	XXX					
1.12 Without Reinsurance Coverage	XXX					
1.13 Risk-Corridor Payment Adjustments	XXX					
1.2 Supplemental Benefits	XXX					
2. Premiums Due and Uncollected - change						
2.1 Standard Coverage						
2.11 With Reinsurance Coverage	XXX					
2.12 Without Reinsurance Coverage	XXX					
2.2 Supplemental Benefits	XXX					
3. Unearned Premium and Advance Premium - change						
3.1 Standard Coverage						
3.11 With Reinsurance Coverage	XXX					
3.12 Without Reinsurance Coverage	XXX					
3.2 Supplemental Benefits	XXX					
4. Risk-Corridor Payment Adjustments - change						
4.1 Receivable	XXX					
4.2 Payable	XXX					
5. Earned Premiums						
5.1 Standard Coverage						
5.11 With Reinsurance Coverage	XXX					
5.12 Without Reinsurance Coverage	XXX					
5.13 Risk-Corridor Payment Adjustments	XXX					
5.2 Supplemental Benefits	XXX					
6. Total Premiums	XXX					
7. Claims Paid						
7.1 Standard Coverage						
7.11 With Reinsurance Coverage	XXX					
7.12 Without Reinsurance Coverage	191,062	XXX			191,062	
7.2 Supplemental Benefits	XXX					
8. Claim Reserves and Liabilities - change						
8.1 Standard Coverage						
8.11 With Reinsurance Coverage	XXX					
8.12 Without Reinsurance Coverage	XXX					
8.2 Supplemental Benefits	XXX					
9. Healthcare Receivables - change						
9.1 Standard Coverage						
9.11 With Reinsurance Coverage	XXX					
9.12 Without Reinsurance Coverage	XXX					
9.2 Supplemental Benefits	XXX					
10. Claims Incurred						
10.1 Standard Coverage						
10.11 With Reinsurance Coverage	XXX					
10.12 Without Reinsurance Coverage	191,062	XXX			191,062	
10.2 Supplemental Benefits	XXX					
11. Total Claims	191,062	XXX			191,062	
12. Reinsurance Coverage and Low Income Cost Sharing						
12.1 Claims Paid - Net of reimbursements applied	XXX	(32)	XXX		(32)	
12.2 Reimbursements Received but Not Applied - change	XXX		XXX			
12.3 Reimbursements Receivable - change	XXX		XXX			
12.4 Healthcare Receivables - change	XXX		XXX			
13. Aggregate Policy Reserves - change						
14. Expenses Paid						
15. Expenses Incurred						
16. Underwriting Gain/Loss	(191,062)	XXX				
17. Cash Flow Result	XXX	XXX	XXX	XXX	(191,030)	

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