

ANNUAL STATEMENT

For the Year Ending December 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

AultCare Insurance Company

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

Gregory A. Haban M.D.  
Edward J. Roth III  
Michael A. Rich M.D.  
John B. Humphrey Jr., M.D.  
Darryl J. Dillenback  
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)	(Signature)	(Signature)
Rick L. Haines	Joseph J. Feltes	Mark D. Wright
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	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

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
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	
<b>Other Payments:</b>							
5.	Fee-for-service .....	64,043,989	16.323	X X X	X X X		64,043,989
6.	Contractual fee payments .....	228,172,204	58.155	X X X	X X X	166,430	228,005,775
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	TOTAL Other Payments .....	292,216,194	74.479	X X X	X X X	166,430	292,049,764
13.	TOTAL (Line 4 plus Line 12) .....	392,349,633	100.000	X X X	X X X	100,299,869	292,049,764

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 Totals .....			X X X	X X X	X X X



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
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  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							
<b>TOTAL Members at end of:</b>										
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
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
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 products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....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 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 products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....233,889,450

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
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 .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
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	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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
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35	Schedule S - Part 5 .....	NONE
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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 .....			X X X	X X X	X X X
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 .....			X X X	X X X	X X X
18. Funds deposited by and withheld from (F) .....			X X X	X X X	X X X
19. Letters of credit (L) .....			X X X	X X X	X X X
20. Trust agreements (T) .....			X X X	X X X	X X X
21. Other (O) .....			X X X	X X X	X X X



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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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

Direct Business only						
States, Etc.		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 .....					

NONE

## 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	Federal	FEDERAL	CIK	Name of	Name of	Domiciliary	Relationship to	Directly	Type of Control	If Control	Ultimate	
		Company Code	ID Number	RSSD		Securities Exchange if Publicly Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Location	Reporting Entity	Controlled by (Name of Entity / Person)	(Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	is Ownership Provide Percentage	Controlling Entity(ies) / Person(s)	*
		00000	34-1445390				Aultman Health Foundation	US	UDP	Aultman Health Foundation	Board of Directors		Aultman Health Foundation	
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	0000004
		77216	34-1624818				AultCare Insurance Company	US	RE	Self	Ownership	100.0	Aultman Health Foundation	
		00000	34-1488123				AultCare Corporation	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc				
										McKinley Life Insurance Company	Other		Aultman Health Foundation	0000001
		00000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	McKinley Life Insurance Company	Ownership	94.0	Aultman Health Foundation	
		00000	34-1795772				McKinley Life Insurance Agency, Ltd.	US	DS	McKinley Life Insurance Company	Ownership	100.0	Aultman Health Foundation	
		00000	20-4951704				Aultra Administrative Group	US	IA	AultCare Corporation	Management		Aultman Health Foundation	
		00000	27-4379962				AultComp MCO, Inc.	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1853300				Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	20-1359433				Aultman College of Nursing and Health Sciences	US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	
		00000	31-1509904				Aultman MSO, Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	20-8090459				The Aultman Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	31-1509897				Ohio Physicians Professional Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	34-1610344				North Central Medical Resources	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1871647				Ohio Hospital Based Physician Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	31-1689698				Tuscarawas Valley Regional Cancer Center	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	0000002
		00000	13-4246188				Acute Care Specialty Hospital at Aultman, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1243260				Canton Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	0000003
		00000	46-3305099				AultCare Health Insuring Corporation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1088530				Aultman North Canton Medical	US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	
		00000	34-0733138				The Orville Hospital Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	45-3166014				Aultman Medical Group, Inc	US	UDP	Aultman Health Foundation	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	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/(Disburse- ments) 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)
.. 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 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.. 34-1488123 ..	AultCare Corporation .....	.....	.....	.....	.....	..... 28,428,706	.....	.....	..... 1,101,014	..... 29,529,720	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

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 file 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

77216201320500000 2013 Document Code: 205

Health Property / Casualty Supplement

77216201320700000 2013 Document Code: 207

Schedule SIS

77216201342000000 2013 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

77216201337100000 2013 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

77216201337000000 2013 Document Code: 370

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

77216201322400000 2013 Document Code: 224

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

77216201322500000 2013 Document Code: 225

Approval for Relief related to Require. for Audit Committees

77216201322600000 2013 Document Code: 226

LTC Supplemental Interrogatories

77216201330600000 2013 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation

77216201321100000 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

**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  
Address (City, State and Zip Code): Canton, OH 44710  
Person Completing This Exhibit: Jeffrey Alan Scheatzle

NAIC Company Code: 77216

Title: Director of Finance Telephone Number: (330)363-4057-

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

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- 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.
  - Address:
  - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - Address:
  - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O":

Supp12 Ohio





Medicare Part D Coverage Supplement  
(Net of Reinsurance)

NAIC Group Code: 0000 (To be Filed By March 1) NAIC Company Code: 77216

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

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