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2014

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**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2014**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**AultCare Insurance Company**

NAIC Group Code	4805 (Current Period)	4805 (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	United States of America					
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 Canton, OH, 44710 (Street and Number)		(330)363-4057 (Area Code) (Telephone Number)			
Primary Location of Books and Records	2600 Sixth Street SW Canton, OH, 44710 (Street and Number)		(330)363-4057 (Area Code) (Telephone Number)			
Internet Website Address	www.aultcare.com		(330)363-4057 (Area Code) (Telephone Number)			
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name) jscheatzle@aultman.com (E-Mail Address)		(330)363-4057 (Area Code)(Telephone Number)(Extension) (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.
Darryl J. Dillenback	Allen Rovner M.D.
Joseph J. Feltes Esq.	Mark N. Rose M.D.

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                   , 2015

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)**

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	49,196,807		49,196,807	45,131,703
2. Stocks (Schedule D)				
2.1 Preferred stocks .....				
2.2 Common Stocks .....	13,819,129		13,819,129	14,881,302
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....15,372,382, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....414,974, Schedule DA) .....	15,787,355		15,787,355	19,105,183
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....	13,665,062		13,665,062	12,224,446
9. Receivables for securities .....				
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	92,468,354		92,468,354	91,342,634
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	354,055		354,055	331,539
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	4,226,372		4,226,372	3,510,962
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	5,798,768		5,798,768	3,758,549
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....	3,084,919		3,084,919	2,558,803
18.1 Current federal and foreign income tax recoverable and interest thereon .....				575,000
18.2 Net deferred tax asset .....	744,011		744,011	3,444,011
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	865,588		865,588	880,179
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....8,442,289) and other amounts receivable .....	10,622,253	2,179,964	8,442,289	8,799,625
25. Aggregate write-ins for other than invested assets .....				
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	118,164,319	2,179,964	115,984,356	115,201,302
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	118,164,319	2,179,964	115,984,356	115,201,302
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....1,068,400 reinsurance ceded) .....	32,413,459		32,413,459	32,755,190
2. Accrued medical incentive pool and bonus amounts .....	2,544,402		2,544,402	2,614,702
3. Unpaid claims adjustment expenses .....	623,400		623,400	600,700
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				798,851
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	7,350,744		7,350,744	6,780,780
9. General expenses due or accrued .....	8,779,312		8,779,312	5,105,267
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	135,403		135,403	
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....	851,840		851,840	2,418,575
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....				1,700,000
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....0) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....	844,140		844,140	728,336
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	53,542,702		53,542,702	53,502,401
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	50,739,551	48,875,734
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	10,702,102	11,823,167
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	62,441,652	61,698,901
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	XXX	XXX	115,984,354	115,201,302
<b>DETAILS OF WRITE-INS</b>				
2301. 0 .....				
2302. .....				
2303. .....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501. .....	XXX	XXX		
2502. .....	XXX	XXX		
2503. .....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX		
3001. .....	XXX	XXX		
3002. .....	XXX	XXX		
3003. .....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX		

# STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	X X X	1,378,455	1,389,948
1. Member Months .....			
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	465,655,101	454,121,147
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X		
5. Risk revenue .....	X X X		
6. Aggregate write-ins for other health care related revenues .....	X X X		
7. Aggregate write-ins for other non-health revenues .....	X X X		
8. TOTAL Revenues (Lines 2 to 7) .....	X X X	465,655,101	454,121,147
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		280,753,814	275,812,994
10. Other professional services .....			
11. Outside referrals .....		40,801,964	43,466,118
12. Emergency room and out-of-area .....		8,974,397	8,739,688
13. Prescription drugs .....		68,104,369	57,469,108
14. Aggregate write-ins for other hospital and medical .....		10,178,762	11,122,930
15. Incentive pool, withhold adjustments and bonus amounts .....	5,066,510	5,066,510	5,158,267
16. Subtotal (Lines 9 to 15) .....	5,066,510	413,879,817	401,769,105
<b>Less:</b>			
17. Net reinsurance recoveries .....		13,802,927	8,154,694
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....	5,066,510	400,076,890	393,614,410
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....8,292,883 cost containment expenses .....		10,733,034	11,244,428
21. General administrative expenses .....		48,942,405	47,407,786
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			
23. TOTAL Underwriting Deductions (Lines 18 through 22) .....	5,066,510	459,752,329	452,266,624
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	5,902,771	1,854,524
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		1,529,145	1,464,745
26. Net realized capital gains (losses) less capital gains tax of \$.....319,247 .....		1,809,069	769,837
27. Net investment gains (losses) (Lines 25 plus 26) .....		3,338,213	2,234,582
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			
29. Aggregate write-ins for other income or expenses .....			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	9,240,985	4,089,106
31. Federal and foreign income taxes incurred .....	X X X	3,854,570	(658,843)
32. Net income (loss) (Lines 30 minus 31) .....	X X X	5,386,415	4,747,949
<b>DETAILS OF WRITE-INS</b>			
0601. .....	X X X		
0602. .....	X X X		
0603. .....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X		
0701. .....	X X X		
0702. .....	X X X		
0703. .....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X		
1401. Reinsurance Claims .....		10,178,762	11,122,930
1402. .....			
1403. .....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		10,178,762	11,122,930
2901. .....			
2902. .....			
2903. .....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	61,698,901	58,364,264
34. Net income or (loss) from Line 32 .....	5,386,415	4,747,949
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(1,406,792)	1,214,854
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	(2,700,000)	(1,249,989)
39. Change in nonadmitted assets .....	(2,151,254)	321,824
40. Change in unauthorized and certified reinsurance .....		
41. Change in treasury stock .....		
42. Change in surplus notes .....		
43. Cumulative effect of changes in accounting principles .....		
44. Capital Changes:		
44.1 Paid in .....		
44.2 Transferred from surplus (Stock Dividend) .....		
44.3 Transferred to surplus .....		
45. Surplus adjustments:		
45.1 Paid in .....	1,863,817	
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		(1,700,000)
47. Aggregate write-ins for gains or (losses) in surplus .....		
48. Net change in capital and surplus (Lines 34 to 47) .....	992,186	3,334,637
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	62,691,087	61,698,901
<b>DETAILS OF WRITE-INS</b>		
4701. 0 .....		
4702. 0 .....		
4703. .....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **AultCare Insurance Company**  
**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	463,144,070	449,090,234
2.	Net investment income .....	1,801,528	1,953,450
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	464,945,598	451,043,684
5.	Benefit and loss related payments .....	404,323,057	396,844,529
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	58,089,004	54,796,301
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	3,463,414	(614,884)
10.	TOTAL (Lines 5 through 9) .....	465,875,475	451,025,947
11.	Net cash from operations (Line 4 minus Line 10) .....	(929,877)	17,737
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	10,093,767	25,984,190
12.2	Stocks .....	8,335,691	5,250,000
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		(1,764)
12.7	Miscellaneous proceeds .....	0	6,650,660
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	18,429,457	37,883,086
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	14,400,872	23,552,800
13.2	Stocks .....	6,604,863	346,925
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....	1,688,015	2,600,000
13.6	Miscellaneous applications .....		2,066
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	22,695,817	26,499,725
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(4,266,359)	11,383,360
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....	1,863,817	
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		1,700,000
16.6	Other cash provided (applied) .....	14,591	459,736
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	1,878,408	(1,240,264)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(3,317,829)	10,160,834
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	19,105,183	8,944,349
19.2	End of year (Line 18 plus Line 19.1) .....	15,787,355	19,105,183

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

20.0001	Cumulative effect of changes in accounting principles .....		
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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income .....	465,655,101	211,936,654	323,458	3,234,776		16,271,587	229,085,465		4,803,161	
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$.....0 medical expenses) .....									XXX	
4. Risk revenue .....									XXX	
5. Aggregate write-ins for other health care related revenues .....									XXX	
6. Aggregate write-ins for other non-health care related revenues .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6) .....	465,655,101	211,936,654	323,458	3,234,776		16,271,587	229,085,465		4,803,161	
8. Hospital/medical benefits .....	280,753,814	119,144,177	196,300	2,296,397		9,814,544	149,302,396			
9. Other professional services .....									XXX	
10. Outside referrals .....	40,801,964	28,178,897				1,905,533	10,717,533		XXX	
11. Emergency room and out-of-area .....	8,974,397	5,106,256	4,962			361,424	3,501,755		XXX	
12. Prescription drugs .....	68,104,369	34,903,029				3,463,886	29,737,454		XXX	
13. Aggregate write-ins for other hospital and medical .....	10,178,762								10,178,762	
14. Incentive pool, withhold adjustments and bonus amounts .....	5,066,510	943,205				66,079	4,057,226		XXX	
15. Subtotal (Lines 8 to 14) .....	413,879,817	188,275,565	201,262	2,296,397		15,611,466	197,316,365		10,178,762	
16. Net reinsurance recoveries .....	13,802,927	6,639,732				19,879	164,441		6,978,875	
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	400,076,890	181,635,834	201,262	2,296,397		15,591,587	197,151,924		3,199,886	
18. Non-health claims (net) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....8,292,883 cost containment expenses .....	10,733,034	6,344,183	5,297			458,016	3,737,853		187,685	
20. General administrative expenses .....	48,942,405	25,733,981	41,892	637,420		1,048,612	19,731,274		1,749,226	
21. Increase in reserves for accident and health contracts .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22. Increase in reserves for life contracts .....										
23. TOTAL Underwriting Deductions (Lines 17 to 22) .....	459,752,329	213,713,998	248,451	2,933,817		17,098,215	220,621,051		5,136,797	
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	5,902,771	(1,777,344)	75,007	300,959		(826,628)	8,464,414		(333,637)	

## DETAILS OF WRITE-INS

0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										XXX
0601.		XXX								
0602.		XXX								
0603.		XXX								
0698. Summary of remaining write-ins for Line 6 from overflow page .....		XXX								
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		XXX								
1301. Reinsurance Claims .....	10,178,762								10,178,762	
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page .....										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	10,178,762								10,178,762	

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	217,573,857	.....	5,637,204	211,936,654
2. Medicare Supplement .....	323,458	.....	.....	323,458
3. Dental only .....	3,234,776	.....	.....	3,234,776
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	16,551,018	.....	279,431	16,271,587
6. Title XVIII - Medicare .....	229,360,292	.....	274,827	229,085,465
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	7,852,488	.....	3,049,327	4,803,161
9. Health subtotal (Lines 1 through 8) .....	474,895,889	.....	9,240,789	465,655,101
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11) .....	474,895,889	.....	9,240,789	465,655,101

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	410,682,094	184,557,349	201,262	2,322,573		15,532,945	201,438,246		6,629,719	
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	9,769,884	6,572,027				19,184	208,841		2,969,832	
1.4 Net	400,912,210	177,985,322	201,262	2,322,573		15,513,761	201,229,405		3,659,886	
2. Paid medical incentive pools and bonuses	5,136,810	956,682				67,023	4,113,105			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	33,481,859	17,784,291		280,389		919,331	13,237,849		1,260,000	
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	1,068,400	607,383				30,217	430,800			
3.4 Net	32,413,459	17,176,908		280,389		889,114	12,807,049		1,260,000	
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	2,544,403	505,014				40,519	1,998,870			
6. Net healthcare receivables (a)	1,551,056	1,551,056								
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	33,799,590	13,572,486		306,564		840,809	17,359,730		1,720,000	
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	1,044,498	539,777				29,521	475,200			
8.4 Net	32,755,092	13,032,709		306,564		811,288	16,884,530		1,720,000	
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	2,614,703	518,491				41,463	2,054,748			
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	408,813,307	187,218,098	201,262	2,296,397		15,611,466	197,316,365		6,169,719	
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	9,793,786	6,639,633				19,879	164,441		2,969,832	
12.4 Net	399,019,521	180,578,464	201,262	2,296,397		15,591,587	197,151,924		3,199,886	
13. Incurred medical incentive pools and bonuses	5,066,510	943,205				66,079	4,057,226			

(a) Excludes \$.....8,300,000 loans or advances to providers not yet expensed.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct .....	33,481,859	17,784,291	.....	280,389	.....	919,331	13,237,849	.....	1,260,000	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	1,068,400	607,383	.....	.....	.....	30,217	430,800	.....	.....	.....
2.4 Net .....	32,413,459	17,176,908	.....	280,389	.....	889,114	12,807,049	.....	1,260,000	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct .....	33,481,859	17,784,291	.....	280,389	.....	919,331	13,237,849	.....	1,260,000	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	1,068,400	607,383	.....	.....	.....	30,217	430,800	.....	.....	.....
4.4 Net .....	32,413,459	17,176,908	.....	280,389	.....	889,114	12,807,049	.....	1,260,000	.....

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	14,973,590	159,002,689		17,176,908	14,973,590	13,032,807
2. Medicare Supplement .....		201,262				
3. Dental only .....		2,322,573		280,389		306,564
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....	985,927	14,527,834		889,114	985,927	811,288
6. Title XVIII - Medicare .....	12,009,193	189,220,211		12,807,049	12,009,193	16,884,530
7. Title XIX - Medicaid .....						
8. Other health .....	1,234,800	2,425,086		1,260,000	1,234,800	1,720,000
9. Health subtotal (Lines 1 to 8) .....	29,203,510	367,699,657		32,413,460	29,203,510	32,755,190
10. Healthcare receivables (a) .....	2,050,681				2,050,681	499,625
11. Other non-health .....						
12. Medical incentive pool and bonus amounts .....	3,336,810	1,800,000	(722,108)	3,266,510	2,614,702	2,377,535
13. TOTALS (Lines 9 - 10 + 11 + 12) .....	30,489,640	369,499,657	(722,108)	35,679,970	29,767,531	34,633,100

(a) Excludes \$.....8,300,000 loans or advances to providers not yet expensed.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

### Grand Total

#### Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	31,462	31,462	31,462	31,462	31,462
2. 2010 .....	340,505	376,472	376,472	376,472	376,472
3. 2011 .....	XXX	354,846	394,153	394,153	394,153
4. 2012 .....	XXX	XXX	388,655	388,655	388,655
5. 2013 .....	XXX	XXX	XXX	359,142	359,142
6. 2014 .....	XXX	XXX	XXX	XXX	367,803

#### Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	31,462	31,462	31,462	31,462	31,462
2. 2010 .....	378,054	376,472	376,472	376,472	376,472
3. 2011 .....	XXX	397,314	394,153	394,153	394,153
4. 2012 .....	XXX	XXX	422,760	388,655	388,655
5. 2013 .....	XXX	XXX	XXX	394,512	359,142
6. 2014 .....	XXX	XXX	XXX	XXX	402,761

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments (Col. 3/2) Percent	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	417,361	376,472	6,316	1.678	382,788	91.716			382,788	91.716
2. 2011 .....	440,529	394,153	9,712	2.464	403,865	91.677			403,865	91.677
3. 2012 .....	468,468	388,655	7,811	2.010	396,466	84.630			396,466	84.630
4. 2013 .....	454,121	359,142	11,139	3.102	370,281	81.538			370,281	81.538
5. 2014 .....	465,655	367,803	9,618	2.615	377,421	81.052	34,958	623	413,002	88.693

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Hospital and Medical**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	12,275	12,275	12,275	12,275	12,275
2. 2010 .....	144,255	157,172	157,172	157,172	157,172
3. 2011 .....	XXX	144,974	157,440	157,440	157,440
4. 2012 .....	XXX	XXX	149,961	149,961	149,961
5. 2013 .....	XXX	XXX	XXX	148,974	148,974
6. 2014 .....	XXX	XXX	XXX	XXX	159,106

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	12,275	12,275	12,275	12,275	12,275
2. 2010 .....	160,692	157,172	157,172	157,172	157,172
3. 2011 .....	XXX	161,162	157,440	157,440	157,440
4. 2012 .....	XXX	XXX	164,208	149,961	149,961
5. 2013 .....	XXX	XXX	XXX	164,622	148,974
6. 2014 .....	XXX	XXX	XXX	XXX	178,827

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	180,231	157,172	4,738	3.014	161,910	89.835			161,910	89.835
2. 2011 .....	181,169	157,440	6,955	4.418	164,395	90.741			164,395	90.741
3. 2012 .....	188,390	149,961	4,694	3.130	154,655	82.093			154,655	82.093
4. 2013 .....	194,485	148,974	6,491	4.357	155,465	79.937			155,465	79.937
5. 2014 .....	214,247	159,106	5,673	3.566	164,779	76.911	19,721	368	184,869	86.288

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Medicare Supplement**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011 .....	XXX .....	38 .....	38 .....	38 .....	38 .....
4. 2012 .....	XXX .....	XXX .....	109 .....	109 .....	109 .....
5. 2013 .....	XXX .....	XXX .....	XXX .....	135 .....	135 .....
6. 2014 .....	XXX .....	XXX .....	XXX .....	XXX .....	201 .....

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011 .....	XXX .....	38 .....	38 .....	38 .....	38 .....
4. 2012 .....	XXX .....	XXX .....	109 .....	109 .....	109 .....
5. 2013 .....	XXX .....	XXX .....	XXX .....	135 .....	135 .....
6. 2014 .....	XXX .....	XXX .....	XXX .....	XXX .....	201 .....

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011 .....	55 .....	38 .....	.....	.....	38 .....	69.681 .....	.....	.....	38 .....	69.681 .....
3. 2012 .....	143 .....	109 .....	.....	.....	109 .....	76.138 .....	.....	.....	109 .....	76.138 .....
4. 2013 .....	219 .....	135 .....	.....	.....	135 .....	61.523 .....	.....	.....	135 .....	61.523 .....
5. 2014 .....	323 .....	201 .....	.....	.....	201 .....	62.221 .....	.....	.....	201 .....	62.221 .....

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Dental Only**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	..... 331	..... 331	..... 331	..... 331	..... 331
3. 2011 .....	..... XXX	..... 1,508	..... 1,508	..... 1,508	..... 1,508
4. 2012 .....	..... XXX	..... XXX	..... 1,884	..... 1,884	..... 1,884
5. 2013 .....	..... XXX	..... XXX	..... XXX	..... 2,284	..... 2,284
6. 2014 .....	..... XXX	..... XXX	..... XXX	..... XXX	..... 2,323

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	..... 331	..... 331	..... 331	..... 331	..... 331
3. 2011 .....	..... XXX	..... 1,508	..... 1,508	..... 1,508	..... 1,508
4. 2012 .....	..... XXX	..... XXX	..... 2,139	..... 1,884	..... 1,884
5. 2013 .....	..... XXX	..... XXX	..... XXX	..... 2,591	..... 2,284
6. 2014 .....	..... XXX	..... XXX	..... XXX	..... XXX	..... 2,603

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	..... 441	..... 331	.....	.....	..... 331	..... 75.101	.....	.....	..... 331	..... 75.101
2. 2011 .....	..... 2,115	..... 1,508	.....	.....	..... 1,508	..... 71.298	.....	.....	..... 1,508	..... 71.298
3. 2012 .....	..... 2,725	..... 1,884	.....	.....	..... 1,884	..... 69.127	.....	.....	..... 1,884	..... 69.127
4. 2013 .....	..... 3,227	..... 2,284	.....	.....	..... 2,284	..... 70.781	.....	.....	..... 2,284	..... 70.781
5. 2014 .....	..... 3,235	..... 2,323	.....	.....	..... 2,323	..... 71.800	..... 280	.....	..... 2,603	..... 80.468

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Vision Only**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011 .....	XXX	.....	.....	.....	.....
4. 2012 .....	XXX	XXX	.....	.....	.....
5. 2013 .....	XXX	XXX	XXX	.....	.....
6. 2014 .....	XXX	XXX	XXX	XXX	XXX

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011 .....	XXX	.....	.....	.....	.....
4. 2012 .....	XXX	XXX	.....	.....	.....
5. 2013 .....	XXX	XXX	XXX	.....	.....
6. 2014 .....	XXX	XXX	XXX	XXX	XXX

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Federal Employees Health Benefits Plan Premiums**

**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	1,055	1,055	1,055	1,055	1,055
2. 2010 .....	11,647	12,811	12,811	12,811	12,811
3. 2011 .....	XXX	13,572	14,169	14,169	14,169
4. 2012 .....	XXX	XXX	13,246	13,246	13,246
5. 2013 .....	XXX	XXX	XXX	14,043	14,043
6. 2014 .....	XXX	XXX	XXX	XXX	14,528

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	1,055	1,055	1,055	1,055	1,055
2. 2010 .....	12,211	12,811	12,811	12,811	12,811
3. 2011 .....	XXX	14,168	14,169	14,169	14,169
4. 2012 .....	XXX	XXX	13,832	13,246	13,246
5. 2013 .....	XXX	XXX	XXX	14,854	14,043
6. 2014 .....	XXX	XXX	XXX	XXX	15,417

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	10,627	12,811	343	2.676	13,154	123.780			13,154	123.780
2. 2011 .....	14,944	14,169	286	2.019	14,455	96.730			14,455	96.730
3. 2012 .....	14,173	13,246	299	2.257	13,545	95.569			13,545	95.569
4. 2013 .....	17,506	14,043	456	3.244	14,499	82.823			14,499	82.823
5. 2014 .....	16,272	14,528	409	2.814	14,937	91.795	889	27	15,852	97.423

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)**  
**Title XVIII - Medicare**  
**Section A - Paid Health Claims**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	16,298	16,298	16,298	16,298	16,298
2. 2010 .....	178,880	199,228	199,228	199,228	199,228
3. 2011 .....	XXX	189,393	213,952	213,952	213,952
4. 2012 .....	XXX	XXX	209,169	209,169	209,169
5. 2013 .....	XXX	XXX	XXX	189,211	189,211
6. 2014 .....	XXX	XXX	XXX	XXX	189,220

**Section B - Incurred Health Claims**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	16,298	16,298	16,298	16,298	16,298
2. 2010 .....	197,858	199,228	199,228	199,228	199,228
3. 2011 .....	XXX	213,506	213,952	213,952	213,952
4. 2012 .....	XXX	XXX	226,465	209,169	209,169
5. 2013 .....	XXX	XXX	XXX	206,096	189,211
6. 2014 .....	XXX	XXX	XXX	XXX	202,027

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	220,605	199,228	1,214	0.609	200,441	90.860			200,441	90.860
2. 2011 .....	236,512	213,952	2,402	1.122	216,353	91.477			216,353	91.477
3. 2012 .....	251,049	209,169	2,718	1.299	211,887	84.401			211,887	84.401
4. 2013 .....	233,136	189,211	4,016	2.122	193,227	82.882			193,227	82.882
5. 2014 .....	226,775	189,220	3,370	1.781	192,590	84.926	12,807	217	205,615	90.669

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## Title XIX - Medicaid

## Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011 .....	XXX	.....	.....	.....	.....
4. 2012 .....	XXX	XXX	.....	.....	.....
5. 2013 .....	XXX	XXX	XXX	.....	.....
6. 2014 .....	XXX	XXX	XXX	XXX	XXX

## Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011 .....	XXX	.....	.....	.....	.....
4. 2012 .....	XXX	XXX	.....	.....	.....
5. 2013 .....	XXX	XXX	XXX	.....	.....
6. 2014 .....	XXX	XXX	XXX	XXX	XXX

## Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

### Other

#### Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	1,833	1,833	1,833	1,833	1,833
2. 2010 .....	5,391	6,930	6,930	6,930	6,930
3. 2011 .....	XXX	5,361	7,046	7,046	7,046
4. 2012 .....	XXX	XXX	14,287	14,287	14,287
5. 2013 .....	XXX	XXX	XXX	4,494	4,494
6. 2014 .....	XXX	XXX	XXX	XXX	2,425

#### Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	1,833	1,833	1,833	1,833	1,833
2. 2010 .....	6,961	6,930	6,930	6,930	6,930
3. 2011 .....	XXX	6,931	7,046	7,046	7,046
4. 2012 .....	XXX	XXX	16,007	14,287	14,287
5. 2013 .....	XXX	XXX	XXX	6,214	4,494
6. 2014 .....	XXX	XXX	XXX	XXX	3,685

#### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2010 .....	5,457	6,930	21	0.304	6,951	127.373			6,951	127.373
2. 2011 .....	5,735	7,046	69	0.978	7,115	124.080			7,115	124.080
3. 2012 .....	11,989	14,287	100	0.701	14,387	120.005			14,387	120.005
4. 2013 .....	5,548	4,494	177	3.944	4,671	84.188			4,671	84.188
5. 2014 .....	4,803	2,425	166	6.836	2,591	53.941	1,260	11	3,862	80.400

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Additional policy reserves (a) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Reserve for future contingent benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Reserve for rate credits or experience rating refunds (including \$##### for investment income) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Aggregate write-ins for other policy reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. TOTALS (Gross) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. TOTALS (Net) (Page 3, Line 4) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. Present value of amounts not yet due on claims .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Reserve for future contingent benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. Aggregate write-ins for other claim reserves .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. TOTALS (Gross) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. TOTALS (Net) (Page 3, Line 7) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>									
0501. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0502. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0503. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1101. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1102. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1103. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....

(a) Includes \$.....0 premium deficiency reserve.

**N O N E**

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building) .....	62,279	32,854	447,727		542,860
2. Salaries, wages and other benefits .....	4,583,132	2,032,447	14,784,983		21,400,562
3. Commissions (less \$.....0 ceded plus \$.....0 assumed) .....			8,149,664		8,149,664
4. Legal fees and expenses .....	395,447	23,111	(36,686)		381,871
5. Certifications and accreditation fees .....					
6. Auditing, actuarial and other consulting services .....	698,410	206,813	2,666,046		3,571,269
7. Traveling expenses .....	195,691		198,249		393,940
8. Marketing and advertising .....	5,445		1,683,621		1,689,066
9. Postage, express and telephone .....	101,786	48,427	800,245		950,459
10. Printing and office supplies .....	146,068	7,055	1,444,255		1,597,377
11. Occupancy, depreciation and amortization .....	106,996	56,443	401,965		565,404
12. Equipment .....	12,215	2,715	364,382		379,312
13. Cost or depreciation of EDP equipment and software .....	611,672		1,844,686		2,456,358
14. Outsourced services including EDP, claims, and other services .....	54,712		1,290,293		1,345,005
15. Boards, bureaus and association fees .....	440,442	30,286	912,017		1,382,746
16. Insurance, except on real estate .....					
17. Collection and bank service charges .....			305,444		305,444
18. Group service and administration fees .....	878,588		162,222		1,040,810
19. Reimbursements by uninsured plans .....					
20. Reimbursements from fiscal intermediaries .....					
21. Real estate expenses .....					
22. Real estate taxes .....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					
23.2 State premium taxes .....			3,681,908		3,681,908
23.3 Regulatory authority licenses and fees .....					
23.4 Payroll taxes .....					
23.5 Other (excluding federal income and real estate taxes) .....			9,841,384		9,841,384
24. Investment expenses not included elsewhere .....					
25. Aggregate write-ins for expenses .....					
26. TOTAL Expenses Incurred (Lines 1 to 25) .....	8,292,883	2,440,151	48,942,405		(a) 59,675,439
27. Less expenses unpaid December 31, current year .....	481,670	141,730	8,779,314		9,402,714
28. Add expenses unpaid December 31, prior year .....	401,890	198,810	5,105,267		5,705,967
29. Amounts receivable relating to uninsured plans, prior year .....					
30. Amounts receivable relating to uninsured plans, current year .....					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	8,213,103	2,497,231	45,268,358		55,978,692

**DETAILS OF WRITE-INS**

2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....					

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	1,492,155	1,234,584
1.1 Bonds exempt from U.S. tax .....	(a) .....	.....	.....
1.2 Other bonds (unaffiliated) .....	(a) .....	.....	.....
1.3 Bonds of affiliates .....	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	.....	.....
2.11 Preferred stocks of affiliates .....	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	270,780	270,780
2.21 Common stocks of affiliates .....	.....	.....	.....
3. Mortgage loans .....	(c) .....	.....	.....
4. Real estate .....	(d) .....	.....	.....
5. Contract loans .....	.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e) .....	.....	.....
7. Derivative instruments .....	(f) .....	.....	.....
8. Other invested assets .....	.....	23,781	23,781
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL Gross investment income .....	1,786,715	.....	1,529,145
11. Investment expenses .....	.....	.....	(g) .....
12. Investment taxes, licenses and fees, excluding federal income taxes .....	.....	.....	(g) .....
13. Interest expense .....	.....	.....	(h) .....
14. Depreciation on real estate and other invested assets .....	.....	.....	(i) .....
15. Aggregate write-ins for deductions from investment income .....	.....	.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....	.....	.....	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	1,529,145

## DETAILS OF WRITE-INS

0901. ....	.....	.....	.....
0902. ....	.....	.....	.....
0903. ....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....
1501. ....	.....	.....	.....
1502. ....	.....	.....	.....
1503. ....	.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....	.....
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....	.....

(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	60,055	.....	60,055	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2 Other bonds (unaffiliated) .....	(5,120)	.....	(5,120)	.....	.....
1.3 Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11 Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2 Common stocks (unaffiliated) .....	2,075,447	.....	2,075,447	(1,406,792)	.....
2.21 Common stocks of affiliates .....	.....	.....	.....	.....	.....
3. Mortgage loans .....	.....	.....	.....	.....	.....
4. Real estate .....	.....	.....	.....	.....	.....
5. Contract loans .....	.....	.....	.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(2,066)	.....	(2,066)	.....	.....
7. Derivative instruments .....	.....	.....	.....	.....	.....
8. Other invested assets .....	.....	.....	.....	.....	.....
9. Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10. TOTAL Capital gains (losses) .....	2,128,316	.....	2,128,316	(1,406,792)	.....

## DETAILS OF WRITE-INS

0901. ....	.....	.....	.....	.....
0902. ....	.....	.....	.....	.....
0903. ....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....

**AultCare Insurance Company**  
**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	.....
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	.....
2.2 Common stocks .....	.....	.....	.....
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	.....
3.2 Other than first liens .....	.....	.....	.....
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	.....
4.2 Properties held for the production of income .....	.....	.....	.....
4.3 Properties held for sale .....	.....	.....	.....
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....	.....	.....	.....
6. Contract loans .....	.....	.....	.....
7. Derivatives (Schedule DB) .....	.....	.....	.....
8. Other invested assets (Schedule BA) .....	.....	.....	.....
9. Receivables for securities .....	.....	.....	.....
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	.....
11. Aggregate write-ins for invested assets .....	.....	.....	.....
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.....	.....	.....
13. Title plants (for Title insurers only) .....	.....	.....	.....
14. Invested income due and accrued .....	.....	.....	.....
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	.....	.....	.....
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.....	.....	.....
15.3 Accrued retrospective premiums .....	.....	.....	.....
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.....	.....	.....
16.2 Funds held by or deposited with reinsured companies .....	.....	.....	.....
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	.....
17. Amounts receivable relating to uninsured plans .....	.....	.....	.....
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	.....
18.2 Net deferred tax asset .....	.....	.....	.....
19. Guaranty funds receivable or on deposit .....	.....	.....	.....
20. Electronic data processing equipment and software .....	.....	.....	.....
21. Furniture and equipment, including health care delivery assets .....	.....	.....	.....
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	.....
23. Receivables from parent, subsidiaries and affiliates .....	.....	.....	.....
24. Health care and other amounts receivable .....	2,179,964	28,710	(2,151,254)
25. Aggregate write-ins for other than invested assets .....	.....	.....	.....
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,179,964	28,710	(2,151,254)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
28. TOTAL (Lines 26 and 27) .....	2,179,964	28,710	(2,151,254)
<b>DETAILS OF WRITE-INS</b>			
1101. .....	.....	.....	.....
1102. .....	.....	.....	.....
1103. .....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.....	.....	.....
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.....	.....	.....
2501. Prepaid Expense .....	.....	.....	.....
2502. .....	.....	.....	.....
2503. .....	.....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....	.....	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	.....	.....	.....

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	23,444	22,815	22,770	22,754	22,849	275,788
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	63,862	64,919	65,996	65,340	64,628	784,239
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....	26,761	26,691	26,313	26,265	24,804	318,428
7. TOTAL .....	114,067	114,425	115,079	114,359	112,281	1,378,455
<b>DETAILS OF WRITE-INS</b>						
0601. Reinsurance .....	26,636	26,549	26,159	26,087	24,613	316,503
0602. Medicare Supplement .....	125	142	154	178	191	1,925
0603. .....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	26,761	26,691	26,313	26,265	24,804	318,428

# Notes to Financial Statements

## SECTION A

### 1. Summary of Significant Accounting Policies

A. The accompanying financial statements of AultCare Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

B. The preparation of financial statement in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans.
- (6) The Company had no loan backed securities.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$13,665,063. Of this amount, \$118,962 is invested in McKinley Life Agency, Ltd. \$2,671,777 is invested in AultCare Corporation. The remaining \$10,874,323 is invested in West Tuscarawas Property Management.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies.
- (9) The Company had no derivatives.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) The Company estimated the liabilities for losses based on independent actuary calculations received quarterly.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84

### 2. Accounting Changes and Corrections of Errors

A. The Company had no change in accounting principles and/or correction of errors in 2014.

### 3. Business Combinations and Goodwill

A. The Company had no business combinations accounted for under the statutory purchase method.

B. The Company was not part of any merger.

C. The Company had no assumption of reinsurance.

D. An impairment loss was not recognized.

### 4. Discontinued Operations

A. The Company did not discontinue any operations.

### 5. Investments

A. The Company had no mortgage Loan Investments.

B. The Company had no recorded investments in Restructured Loans.

C. The Company had no recorded investments in Reverse Mortgages.

D. The Company had no recorded investments in Loan-Backed Securities.

E. The Company had no recorded investments in Repurchase Agreements.

F. The Company owns \$10,874,323 worth of shares in West Tuscarawas Property Management, an affiliate company.

G. The Company has no investments in Low-Income Housing Tax Credits.

H. The Company has no investments in Restricted Assets.

## Notes to Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company had no investments in joint ventures, partnerships or limited liability companies.

B. The Company had no impaired investments in joint ventures, partnerships or limited liability companies.

7. Investment Income

A. The Company did not exclude any investment income due and accrued.

8. Derivative Instruments

A. The Company had no derivative instruments.

9. Income Taxes

A. The components of the net deferred tax asset/ (liability) at December 31, 2014 are as follows:

1. (reported in thousands)		12/31/2014			12/31/2013			Change		
		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 744	\$ -	\$ 744	\$3,444	\$ -	\$3,444	\$ -2700	\$ -	\$ -2700
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 744	\$ -	\$ 744	\$3,444	\$ -	\$3,444	\$ -2700	\$ -	\$ -2700
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 744	\$ -	\$ 744	\$3,444	\$ -	\$3,444	\$ -2700	\$ -	\$ -2700
(f)	Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 744	\$ -	\$ 744	\$3,444	\$ -	\$3,444	\$ -2700	\$ -	\$ -2700
2. (reported in thousands)		12/31/2014			12/31/2013			Change		
Admission Calculation Components SSAP No. 101		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$744	\$ -	\$744	\$3,444	\$ -	\$3,444	\$ -2700	\$ -	\$ -2700
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lessor of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

### Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	\$ -					
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$744	\$ -	\$744	\$3,444	\$ -	\$3,444	\$ -2700	\$ -	\$ -2700					
3. (reported in thousands)		2014		2013											
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	15%		15%											
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$61,697		\$58,670											
4. (reported in thousands)		12/31/2014			12/31/2013			Change							
Impact of Tax Planning Strategies		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total					
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No	X											

### B. Not Applicable

### C. Current Income Taxes Incurred consist of the following major components:

1. Current Income Tax	(1) 12/31/2014	(2) 12/13/2013	(3) (Col 1-2) Change
( a ) Federal	\$4,173,817	\$(522,989)	\$4,696,806
( b ) Foreign	\$ -	\$ -	\$ -
( c ) Subtotal	\$4,173,817	\$(522,989)	\$4,696,806
( d ) Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -

## Notes to Financial Statements

(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$4,173,817	\$(522,989)	\$4,696,806
2.	Deferred Tax Assets			
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$118,361	\$152,577	\$ (34,216)
(2)	Unearned Premium Reserve	\$461,093	\$444,618	\$ 16,475
(3)	Policyholder Reserves	\$155,720	\$2,295,000	\$ (2,139,280)
(4)	Investments	\$ -	\$ -	\$ -
(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$1,412,811	\$364,018	\$ 1,048,793
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$43,787	\$77,787	\$ (34,000)
(11)	Net Operating Loss Carry-Forward	\$1,136,350	\$ 1,360,000	\$ (233,650)
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
	Other (including items <5% of total ordinary tax assets)	\$ 115,889	\$ -	\$ 115,889

Cont. Note 9 C 2

(14)	Subtotal	\$3,444,011	\$4,694,000	\$ (1,249,989)
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$3,444,011	\$4,694,000	\$ (1,249,989)
(e)	Capital			
(1)	Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -
(2)	Subtotal	\$ -	\$ -	\$ -
(f)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g)	Nonadmitted	\$ -	\$ -	\$ -
(h)	Admitted capital deferred tax assets (2e2 - 2f - 2g)	\$ -	\$ -	\$ -
(i)	Admitted deferred tax assets (2d + 2h)	\$3,444,011	\$4,694,000	\$ (1,249,989)
3.	Deferred Tax Liabilities			
(a)	Ordinary			
(1)	Investments	\$ -	\$ -	\$ -
(2)	Subtotal	\$ -	\$ -	\$ -
(b)	Capital			
(1)	Investments	\$ -	\$ -	\$ -
(2)	Subtotal	\$ -	\$ -	\$ -
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ -	\$ -	\$ -
4.	Net deferred tax assets/liabilities (2i - 3c)	\$3,444,011	\$4,694,000	\$ (1,249,989)

D. Among the more significant book to tax adjustments were the following:

	12/31/2013	Effective Tax Rate
Provision computed at statutory rate	\$1,436,486	34.0%
Change in nonadmitted assets	\$(321,824)	-7.6%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$27,200	0.6%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$19,269	0.5%
Other	\$ -	0.0%
Total statutory income tax expense (benefit)	\$1,161,131	27.5%
	12/31/2012	Effective Tax Rate
Federal and foreign income taxes incurred	\$727,000	17.2%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (1,249,989)	-29.6%
Total statutory income tax expense (benefit)	\$ (522,989)	-12.4%

E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits

- (1) At December 31, 2013, the Company had no net operating loss carry forwards available to offset against future taxable income.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
  - (a) 2012 \$0
  - (b) 2011 \$1,751,011

## Notes to Financial Statements

- (c) 2010 \$3,382,964
- F. Not Applicable.
- Cont. Note 9
- G. Federal or Foreign Income Tax Loss Contingencies
  - (1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- 10. Information Concerning Parent, Subsidiaries and Affiliates
  - A, B, C, The following transactions are all as of December 31, 2014; The Company has a capitation arrangement with Aultman Hospital and has paid \$37,282,208 in capitated claims for its commercial enrollees under the terms of the existing agreement. Effective May 1, 2012, the Company entered into a capitation arrangement with Aultman Hospital for their Medicare enrollees and has paid \$64,643,480 in capitated claims for its Medicare enrollees under the terms of the new agreement. The Company has paid a total of \$101,925,688 in capitated claims to Aultman Hospital for its enrollees.
  - The Company has a management services agreement with Aultman Health Foundation, the ultimate controlling entity and AultCare Corporation, an affiliate that allows various administrative, marketing, and claims processing services to be completed on behalf of the Company. The Company paid \$736,933 to Aultman Health Foundation for management services that were provided and paid \$27,417,558 of expense from AultCare Corporation for management services. The Company has an operating lease for office space and paid \$542,860 to Aultman Health Foundation for rent.
  - D. At December 31, 2014, the Company reported \$0 due from the parent company, AultCare Health Insuring Corporation. The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows AultCare to borrow and repay operating funds. As of December 31, 2014, AultCare owes \$2,671,777 under the terms of the agreement. The Company also has capitation arrangement with the parent company for anticipation of future services. As of December 31, 2014, the Company has paid \$8,300,000 Aultman Health Foundation for these future services.
  - E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities.
  - F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.
  - G. All outstanding shares of the Company were owned by the parent company, AultCare Health Insuring Corporation, a not-for-profit corporation domiciled in the State of Ohio.
  - H. The Company has an investment in West Tuscarawas Property Management with an admitted asset value of \$10,874,323. The Company also had an investment in a subsidiary, McKinley Life Agency, Ltd. of \$118,962. Also, the Company had an investment in an affiliate, AultCare Corporation of \$2,671,777.
  - I. The Company did not have an investment in an SCA entity that exceeds 10% of admitted assets of the insurer.
  - J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
  - K. The Company does not have an investment in a foreign insurance subsidiary.
  - L. The Company did not hold an investment in a downstream non insurance holding company.
- 11. Debt
  - A. The Company did not have any debt including capital notes.
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
  - A. The Company had no defined benefit plans.
  - B. Contributions of 3% of each employee's compensation are made each year. The Company's contribution for the defined contribution plan was \$482,353 and \$395,687 for 2014 and 2013 respectively.
  - C – F The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans.
- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
  - (1) The Company has \$1,000,000 in common stock outstanding, which is owned by the parent, AultCare Health Insuring Corporation.
  - (2) The Company had no preferred stock outstanding.

## Notes to Financial Statements

- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- (4) The Company paid \$1,700,000 dividends in 2014 to Aultman Health Foundation.
- (5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
  - For conversion of preferred stock: 0 shares.
    - A. For employee stock options: 0 shares.
    - B. For stock purchase warrants: 0 shares.
- (9) The Company did not have changes in the balances of any special surplus funds.
- (10) The Company did not have any surplus funds represented that were reduced
- (11) The Company had no outstanding surplus debentures of similar obligations.
- (12) The Company had no restatements due to prior quasi-reorganizations.
- (13) The Company was not involved in quasi-reorganization.

14. Contingencies

- A. The Company is not aware of any material contingent commitments.
- B. The Company was not aware of any assessments that could have a material financial effect.
- C. The Company had no Gain Contingencies.
- D. Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.
- E. During 2008, the Company underwent a Medicare Risk Adjustment Validation ("RADV") audit by the Centers for Medicare and Medicaid Services on the Company's 2006 Medicare Advantage data. Based on current available information obtained from the preliminary results of the Medicare RADV audit, the Company has established a reserve of \$0 as of December 31, 2014, which represents Management's best estimate of potential liability. Final audit results are pending Centers for Medicare & Medicaid Services review and pronouncement of findings.

15. Leases

- A. Lessee Operating Lease
  - (1) The Company leases office space in buildings from Aultman Health Foundation through operating lease agreements that will expire December 31, 2014. In 2014 and 2013 respectively, the company paid \$542,860 and \$716,403 to Aultman Health Foundation for rent expense. Certain rental commitments have renewal options extending through the year 2019. Some of these renewals are subject to adjustments in future periods.
  - (2) At January 1, 2015, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2015	\$ 542,860
- B. Leasing is not a significant part of the lessor's business activities in terms of revenue, net income, or assets.

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

- A. The Company had no financial instruments with off-balance sheet risk.

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

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfers of financial assets.
- C. The Company had no wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (N/A – Title)

- A. The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (N/A – Title)

## Notes to Financial Statements

A. The Company had no direct premium written or produced by managing general agents or third party administrators.

20. Fair Value Measurement

A. The Company has assets that are measured at fair value on a recurring basis.

(1) **Fair Value Measurements at Reporting Date**

(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Common Stock	\$ 13,819,129	\$ -	\$ -	\$ -
Total assets at fair value	\$ 13,819,129	\$ -	\$ -	\$ -

(2) The Company had no assets with fair value measurements using significant unobservable inputs.

(3) The Company uses the valuation technique that is based on the quoted prices in the active markets.

21. Other Items

A. The Company did not experience an extraordinary event or transaction that resulted in a gain or loss.

B. The Company had no troubled debt to restructure.

C. There are no other disclosures.

Cont. Note 21

D. At December 31, 2014 the Company had admitted assets of \$4,226,372 in accounts receivable and amounts due from agents. The Company routinely assesses the collectability of these receivables. Based upon Company experience, less than 1% of the balance may become uncollectible and the potential loss is not material to the Company's financial condition.

E. The Company did not have any Business Interruption Insurance Recoveries.

F. The Company did not have any State Transferable Tax Credits.

G. The Company had no Subprime Mortgage Related Risk Exposure.

H. The Company had no offsetting and netting of assets and liabilities.

22. Events Subsequent

A. As of March 1, 2015, there have been no Type I events subsequent to December 31, 2014, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2015.

B. Subsequent events have been considered through March 1, 2015 for the statement issued on March 1, 2015. On Jan 1, 2014, AultCare Insurance Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after Jan 1, 2014. On Sept. 30, 2014 the Company paid \$6,000,000 for the health insurance industry fee for health insurance business conducted in 2014. As of Dec. 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the health insurance industry fee to be payable Sept. 30, 2015 to be \$8,000,000. This assessment is expected to impact risk based capital by 54%. Effective Jan 1, 2015, the Company's Medicare line of business was transferred to AultCare Health Insurance Corporation. The transfer was approved by the Ohio Department of Insurance and the Centers for Medicare & Medicaid Services. The transfer will allow the group to take advantage of certain tax exclusions included within the Affordable Care Act. All transactions related to the Medicare line of business, including all claim liabilities, incurring prior to Jan 1, 2015 will be accounted for by AultCare Insurance Company.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the company?

Yes ( )      No (X)

## Notes to Financial Statements

## Cont. Note 23 A, Section 1

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

## Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

(2) Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurers exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

## Section 3 – Ceded Reinsurance Report – part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year this statement, to included policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B. The Company did not write off any uncollectible reinsurance during the year.  
C. The Company did not have any commutation of ceded reinsurance during the year.

## 24. Retrospectively Rated Contracts &amp; Contracts Subject to Redetermination (N/A –Title)

A. The Company has one contract with Federal Employees Health Benefit Plan that is subject to redetermination upon audits performed by the Office of Personnel Management.  
B. The Company records accrued retrospective premiums as an adjustment to earned premiums.  
C. The Company has accrued \$0 of net premiums written as of December 31, 2014 for the group health plan. No other net premiums written by the Company are subject to retrospective rating features.

## 25. Change in Incurred Claims and Claims Adjustment Expenses

A. The Company did not make any changes in the provision for incurred loss and loss adjustment expenses attributable to insured events of prior years.

## 26. Intercompany Pooling Arrangements

A. The Company had no intercompany pooling arrangements.

## 27. Structured Settlements

A. The Company had no structured settlements.

## 28. Health Care Receivables

A.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2014	\$1,949,144	\$366.86	\$ -	\$ -	\$ -
9/30/2014	\$577,770	\$13,645	\$ -	\$ -	\$ -
6/30/2014	\$578,596	\$12,818	\$ -	\$752,127	\$ -
3/31/2014	\$576,220	\$15,195	\$ -	\$716,029	\$ -
12/31/2013	\$393,033	\$8,382	\$ -	\$424,532	\$ -
9/30/2013	\$1,019,786	\$16,629	\$ -	\$489,265	\$ -
6/30/2013	\$1,328,765	\$7,650	\$6,261	\$348,887	\$ -
3/31/2013	\$1,385,627	\$6,788	\$ -	\$361,010	\$ -

## Notes to Financial Statements

12/31/2012	\$1,383,510	\$8,905	\$ -	\$686,934	\$ -
9/30/2012	\$1,565,867	\$14,048	\$ -	\$520,891	\$12,781
6/30/2012	\$1,849,809	\$11,356	\$2,214	\$847,167	\$ -
3/31/2012	\$2,079,769	\$24,451	\$3,674	\$1,334,531	\$194,358

B. The Company does not estimate risk sharing receivables.

29. Participating Policies

A. The Company does not have participating policies or policyholder dividends.

30. Premium Deficiency Reserves

A. The Company does not have Premium Deficiency Reserves.

31. Anticipated Salvage and Subrogation

A. The Company did not have anticipated salvage and subrogation included as a reduction of loss reserves.

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[ ] N/A[ ]  
Ohio

1.3 State Regulating? .....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[X] No[ ]  
09/19/2014

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/21/2011

3.4 By what department or departments?  
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[ ] No[ ] N/A[X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? Yes[ ] No[X]  
4.12 renewals? Yes[ ] No[X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? Yes[ ] No[X]  
4.22 renewals? Yes[ ] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. .....

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[ ] No[X]

7.2 If yes,  
7.21 State the percentage of foreign control ..... 0.000%  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact) .....

1 Nationality	2 Type of Entity
.....	.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]

8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator. .....

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	..... Yes[ ] No[X] ..			

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Bruner-Cox, 4505 Stephen Circle NW, Suite 200, Canton, OH 44718

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[ ] No[X]

10.2 If response to 10.1 is "yes," provide information related to this exemption: .....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes[ ] No[X]

10.4 If response to 10.3 is "yes," provide information related to this exemption: .....

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[ ] N/A[ ]

10.6 If the response to 10.5 is "NO" or "N/A" please explain: .....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Lee Benefits Consulting, 702 Saxony Drive, Seven Fields, PA 16046 - Actuary - Mr. Duane P. Lee

**GENERAL INTERROGATORIES (Continued)**

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[X] No[ ]  
 12.11 Name of real estate holding company  
 West Tuscarawas Property Management  
 12.12 Number of parcels involved  
 12.13 Total book/adjusted carrying value 4  
\$ 10,874,323

12.2 If yes, provide explanation  
 AultCare Insurance Company owns \$10,874323.28 worth of shares of West Tusc. Property Management, which is a for profit real estate holding company located in Canton OH.

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes[ ] No[ ] N/A[X]  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes[ ] No[ ] N/A[X]  
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes[ ] No[ ] N/A[X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]  
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 c. Compliance with applicable governmental laws, rules and regulations;  
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes[ ] No[X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
	15.2001 .....	.....	.....	.....

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No[ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes[X] No[ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No[ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[ ] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.11 To directors or other officers  
 20.12 To stockholders not officers  
 20.13 Trustees, supreme or grand (Fraternal only) \$ ..... 0

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):  
 20.21 To directors or other officers  
 20.22 To stockholders not officers  
 20.23 Trustees, supreme or grand (Fraternal only) \$ ..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[ ] No[X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others  
 21.22 Borrowed from others  
 21.23 Leased from others  
 21.24 Other \$ ..... 0  
\$ ..... 0  
\$ ..... 0  
\$ ..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[ ] No[X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment  
 22.22 Amount paid as expenses  
 22.23 Other amounts paid \$ ..... 0  
\$ ..... 0  
\$ ..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 0

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes[X] No[ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ ..... 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ ..... 0

## GENERAL INTERROGATORIES (Continued)

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?  Yes [ ]  No [ ]  N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?  Yes [ ]  No [ ]  N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?  Yes [ ]  No [ ]  N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:  
 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.  \$ ..... 0  
 24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.  \$ ..... 0  
 24.103 Total payable for securities lending reported on the liability page.  \$ ..... 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).  Yes [ ]  No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$ ..... 0
25.22	Subject to reverse repurchase agreements	\$ ..... 0
25.23	Subject to dollar repurchase agreements	\$ ..... 0
25.24	Subject to reverse dollar repurchase agreements	\$ ..... 0
25.25	Placed under option agreements	\$ ..... 0
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ ..... 0
25.27	FHLB Capital Stock	\$ ..... 0
25.28	On deposit with states	\$ ..... 0
25.29	On deposit with other regulatory bodies	\$ ..... 0
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$ ..... 0
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$ ..... 0
25.32	Other	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?  Yes [ ]  No [X]  
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  Yes [ ]  No [ ]  N/A [X]  
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?  Yes [ ]  No [X]  
 27.2 If yes, state the amount thereof at December 31 of the current year.  \$ ..... 0

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

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
FirstMerit Trust Company ..... The Vanguard Group .....	4481 Munson St. NW #200, Canton, OH 44718 ..... P.O. Box 2600 Valley Forge, PA 19482 .....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?  Yes [ ]  No [X]  
 28.04 If yes, give full and complete information relating thereto:

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

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?  Yes [ ]  No [X]  
 29.2 If yes, complete the following schedule:

## GENERAL INTERROGATORIES (Continued)

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total .....		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	44,306,807	45,346,046	1,039,239
30.2 Preferred stocks .....			
30.3 Totals .....	44,306,807	45,346,046	1,039,239

30.4 Describe the sources or methods utilized in determining the fair values

The market value of the bonds reported on the FirstMerit Investment statements are used to report Fair Value.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[ ] No[X] N/A[ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[ ]

32.2 If no, list exceptions:

### OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ ..... 500,438

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

34.1 Amount of payments for legal expenses, if any?

\$ ..... 381,871

34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$ ..... 26,816

35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
American Health Insurance Plans .....	18,176

## GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes[X] No[ ]
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 323,828
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding: No policy greater than 3 years and no mass market group policies	
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 201,262
1.6 Individual policies - Most current three years: 1.61 TOTAL Premium earned	\$..... 323,828
1.62 TOTAL Incurred claims	\$..... 201,262
1.63 Number of covered lives	..... 188
All years prior to most current three years: 1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	..... 0
1.7 Group policies - Most current three years: 1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	..... 0
All years prior to most current three years: 1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	..... 0

## 2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	465,655,101	454,121,147
2.2 Premium Denominator .....	465,655,101	454,121,147
2.3 Premium Ratio (2.1 / 2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	34,957,862	36,168,743
2.5 Reserve Denominator .....	34,957,862	36,168,743
2.6 Reserve Ratio (2.4 / 2.5) .....	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[ ] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[ ]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[ ] No[X] N/A[ ]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 450,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
N/A

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 1,902
8.2 Number of providers at end of reporting year	..... 3,874

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[ ] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 0
9.22 Business with rate guarantees over 36 months	..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[ ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 5,066,510
10.22 Amount actually paid for year bonuses	\$..... 5,136,810
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes[ ] No[X]

- 11.12 A Medical Group/Staff Model,
- 11.13 An Individual Practice Association (IPA), or,
- 11.14 A Mixed Model (combination of above)?

Yes[ ] No[X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes[ ] No[X]

11.3 If yes, show the name of the state requiring such net worth.

Ohio

Yes[ ] No[X]

11.4 If yes, show the amount required.

\$..... 1,500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[ ] No[X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Ohio .....

13.1 Do you act as a custodian for health savings accounts?

Yes[ ] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

13.3 Do you act as an administrator for health savings accounts?

Yes[ ] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes[ ] No[ ] N/A[X]

**GENERAL INTERROGATORIES (Continued)**

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written

\$ ..... 0

15.2 Total incurred claims

\$ ..... 0

15.2 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

## FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	115,984,356	115,201,302	112,832,900	122,133,875	118,783,783
2. TOTAL Liabilities (Page 3, Line 24) .....	53,542,702	53,502,401	54,468,637	64,697,779	59,209,217
3. Statutory surplus .....	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	62,441,652	61,698,901	58,364,264	57,436,096	59,574,566
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	465,655,101	454,121,147	468,467,855	438,117,371	417,360,736
6. TOTAL Medical and Hospital Expenses (Line 18) .....	400,076,890	393,614,410	421,829,062	397,252,309	371,546,129
7. Claims adjustment expenses (Line 20) .....	10,733,034	11,244,428	7,415,839	6,837,553	6,317,250
8. TOTAL Administrative Expenses (Line 21) .....	48,942,405	47,407,786	41,618,594	38,119,722	35,872,539
9. Net underwriting gain (loss) (Line 24) .....	5,902,771	1,854,524	(2,395,640)	(4,092,214)	3,624,818
10. Net investment gain (loss) (Line 27) .....	3,338,213	2,234,582	2,279,160	1,388,809	2,367,187
11. TOTAL Other Income (Lines 28 plus 29) .....					
12. Net income or (loss) (Line 32) .....	5,386,415	4,747,949	(312,711)	(3,110,984)	2,494,361
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	(929,877)	17,737	(15,260,611)	(2,086,019)	9,001,488
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	62,441,652	61,698,901	58,364,264	57,436,096	59,574,566
15. Authorized control level risk-based capital .....	14,882,715	14,948,649	16,301,478	16,383,118	15,397,121
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	112,281	113,942	120,222	121,075	110,584
17. TOTAL Members Months (Column 6, Line 7) .....	1,378,455	1,389,948	1,424,534	1,393,715	1,293,750
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	85.9	86.7	90.0	90.7	89.0
20. Cost containment expenses .....	1.8	1.8	1.0	1.0	0.9
21. Other claims adjustment expenses .....	0.5	0.6	0.5	0.6	0.6
22. TOTAL Underwriting Deductions (Line 23) .....	98.7	99.6	100.5	100.9	99.1
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	1.3	0.4	(0.5)	(0.9)	0.9
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	29,767,531	30,865,052	38,802,301	35,783,073	31,544,657
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	34,633,100	32,505,810	40,172,593	36,028,285	37,969,363
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....	13,665,063	12,224,446	16,478,301	18,067,146	15,630,026
32. TOTAL of Above Lines 26 to 31 .....	13,665,063	12,224,446	16,478,301	18,067,146	15,630,026
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ] N/A [X]

If no, please explain::

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status	Direct Business Only							9 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama (AL) .....	N .....								
2. Alaska (AK) .....	N .....								
3. Arizona (AZ) .....	N .....								
4. Arkansas (AR) .....	N .....								
5. California (CA) .....	N .....								
6. Colorado (CO) .....	N .....								
7. Connecticut (CT) .....	N .....								
8. Delaware (DE) .....	N .....								
9. District of Columbia (DC) .....	N .....								
10. Florida (FL) .....	N .....								
11. Georgia (GA) .....	N .....								
12. Hawaii (HI) .....	N .....								
13. Idaho (ID) .....	N .....								
14. Illinois (IL) .....	N .....								
15. Indiana (IN) .....	N .....								
16. Iowa (IA) .....	N .....								
17. Kansas (KS) .....	N .....								
18. Kentucky (KY) .....	N .....								
19. Louisiana (LA) .....	N .....								
20. Maine (ME) .....	N .....								
21. Maryland (MD) .....	N .....								
22. Massachusetts (MA) .....	N .....								
23. Michigan (MI) .....	N .....								
24. Minnesota (MN) .....	N .....								
25. Mississippi (MS) .....	N .....								
26. Missouri (MO) .....	N .....								
27. Montana (MT) .....	N .....								
28. Nebraska (NE) .....	N .....								
29. Nevada (NV) .....	N .....								
30. New Hampshire (NH) .....	N .....								
31. New Jersey (NJ) .....	N .....								
32. New Mexico (NM) .....	N .....								
33. New York (NY) .....	N .....								
34. North Carolina (NC) .....	N .....								
35. North Dakota (ND) .....	N .....								
36. Ohio (OH) .....	L .. 228,984,579	229,360,292		16,551,018			474,895,889		
37. Oklahoma (OK) .....	N .....								
38. Oregon (OR) .....	N .....								
39. Pennsylvania (PA) .....	N .....								
40. Rhode Island (RI) .....	N .....								
41. South Carolina (SC) .....	N .....								
42. South Dakota (SD) .....	N .....								
43. Tennessee (TN) .....	N .....								
44. Texas (TX) .....	N .....								
45. Utah (UT) .....	N .....								
46. Vermont (VT) .....	N .....								
47. Virginia (VA) .....	N .....								
48. Washington (WA) .....	N .....								
49. West Virginia (WV) .....	N .....								
50. Wisconsin (WI) .....	N .....								
51. Wyoming (WY) .....	N .....								
52. American Samoa (AS) .....	N .....								
53. Guam (GU) .....	N .....								
54. Puerto Rico (PR) .....	N .....								
55. U.S. Virgin Islands (VI) .....	N .....								
56. Northern Mariana Islands (MP) .....	N .....								
57. Canada (CAN) .....	N .....								
58. Aggregate other alien (OT) .....	X X X .....								
59. Subtotal .....	X X X .. 228,984,579	229,360,292		16,551,018			474,895,889		
60. Reporting entity contributions for Employee Benefit Plans .....	X X X .....								
61. TOTAL (Direct Business) .....	(a) .. 1 .. 228,984,579	229,360,292		16,551,018			474,895,889		

**DETAILS OF WRITE-INS**

58001 .....	X X X .....								
58002 .....	X X X .....								
58003 .....	X X X .....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....	X X X .....								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X .....								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

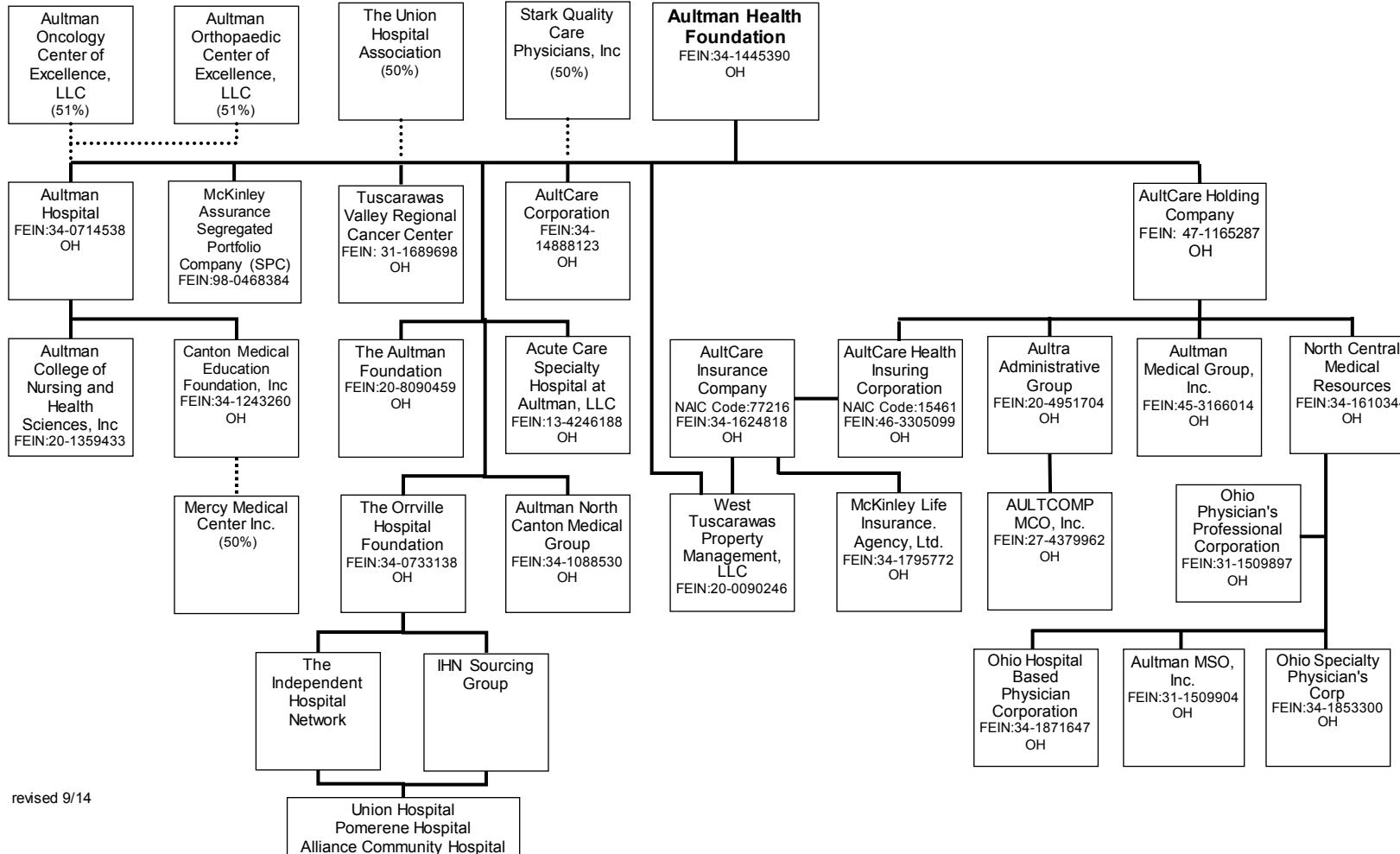
Explanation of basis of allocation of premiums by states, etc.: The company only has business in the State of Ohio.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

#### Aultman Organization Structure by Legal Entity



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