



77216201420100100

2014

Document Code: 201

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)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed	337,011	1,398,895	853,054	.....	.....	2,588,960
0299999 TOTAL Group	337,011	1,398,895	853,054	.....	.....	2,588,960
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	337,011	1,398,895	853,054	.....	.....	2,588,960

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	1,949,144	.....	.....	.....	1,949,144	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,949,144	.....	.....	.....	1,949,144	.....
0299998 Claim Overpayment Receivables - Not Individually Listed	101,537	.....	.....	.....	.....	101,537
0299999 Subtotal - Claim Overpayment Receivables	101,537	.....	.....	.....	.....	101,537
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed	8,300,000	.....	.....	.....	.....	8,300,000
0499999 Subtotal - Capitation Arrangement Receivables	8,300,000	.....	.....	.....	.....	8,300,000
0599998 Risk Sharing Receivables - Not Individually Listed	40,752	.....	.....	.....	.....	40,752
0599999 Subtotal - Risk Sharing Receivables	40,752	.....	.....	.....	.....	40,752
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables	10,391,433	.....	.....	.....	1,949,144	8,442,289

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	913,797	1,468,157	1,949,144	913,797	401,415	
2. Claim overpayment receivables	98,210	61,285	101,537	98,210	98,210	
3. Loans and advances to providers						
4. Capitation arrangement receivables			8,300,000		8,300,000	
5. Risk sharing receivables			40,752			
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	1,012,007	1,529,442	10,391,433	1,012,007	8,799,625	

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						33,481,859
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						33,481,859
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,544,402

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

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	101,925,688	25.450	87,668	78.079	101,925,688	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments	101,925,688	25.450	87,668	78.079	101,925,688	.....
Other Payments:						
5. Fee-for-service	59,353,720	14.820	XXX	XXX	.....	59,353,720
6. Contractual fee payments	239,209,513	59.729	XXX	XXX	.....	(823) 239,210,336
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	298,563,233	74.550	XXX	XXX	.....	(823) 298,564,056
13. TOTAL (Line 4 plus Line 12)	400,488,921	100.000	XXX	XXX	101,924,865	298,564,056

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



2014

Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4805

NAIC Company Code 77216

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	114,067	6,689	45,882	125		11,316	2,598	20,821		26,636
2. First Quarter	114,425	7,428	46,212	142		11,295	2,597	20,202		26,549
3. Second Quarter	115,079	8,548	46,206	154		11,258	2,576	20,178		26,159
4. Third Quarter	114,359	8,439	46,119	178		10,797	2,548	20,191		26,087
5. Current Year	112,281	8,180	45,668	191		10,795	2,554	20,280		24,613
6. Current Year Member Months	1,376,530	96,483	554,227	1,925		133,717	30,934	242,741		316,503
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	354,010	28,338	164,332	211			13,912	147,217		
8. Non-Physician	2,333,815	148,184	804,183	1,865			76,653	1,302,930		
9. TOTAL	2,687,825	176,522	968,515	2,076			90,565	1,450,147		
10. Hospital Patient Days Incurred	39,394	1,799	10,421	38			678	26,458		
11. Number of Inpatient Admissions	8,788	409	2,832	8			197	5,342		
12. Health Premiums Written (b)	474,895,889	27,114,468	192,769,746	323,458		3,234,776	16,551,018	227,049,935		7,852,488
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	474,895,889	27,114,468	192,769,746	323,458		3,234,776	16,551,018	227,049,935		7,852,488
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	400,488,921	22,392,569	155,169,464	201,262		2,322,573	15,513,761	201,229,405		3,659,886
18. Amount Incurred for Provision of Health Care Services	413,879,817	24,869,304	163,406,261	201,262		2,296,397	15,611,466	197,316,365		10,178,762

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....227,049,935



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 77216

NAIC Group Code 4805

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	114,067	6,689	45,882	125		11,316	2,598	20,821		26,636
2. First Quarter	114,425	7,428	46,212	142		11,295	2,597	20,202		26,549
3. Second Quarter	115,079	8,548	46,206	154		11,258	2,576	20,178		26,159
4. Third Quarter	114,359	8,439	46,119	178		10,797	2,548	20,191		26,087
5. Current Year	112,281	8,180	45,668	191		10,795	2,554	20,280		24,613
6. Current Year Member Months	1,376,530	96,483	554,227	1,925		133,717	30,934	242,741		316,503
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	354,010	28,338	164,332	211			13,912	147,217		
8. Non-Physician	2,333,815	148,184	804,183	1,865			76,653	1,302,930		
9. TOTAL	2,687,825	176,522	968,515	2,076			90,565	1,450,147		
10. Hospital Patient Days Incurred	39,394	1,799	10,421	38			678	26,458		
11. Number of Inpatient Admissions	8,788	409	2,832	8			197	5,342		
12. Health Premiums Written (b)	474,895,889	27,114,468	192,769,746	323,458		3,234,776	16,551,018	227,049,935		7,852,488
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	474,895,889	27,114,468	192,769,746	323,458		3,234,776	16,551,018	227,049,935		7,852,488
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	400,488,921	22,392,569	155,169,464	201,262		2,322,573	15,513,761	201,229,405		3,659,886
18. Amount Incurred for Provision of Health Care Services	413,879,817	24,869,304	163,406,261	201,262		2,296,397	15,611,466	197,316,365		10,178,762

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....227,049,935

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			N O N E								
9999999 Total (Sum of 0799999 and 1099999)											

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
38636 13-3031176 ... 01/01/2010	PARTNER REINS CO OF THE US			NY	4,264,333	1,068,400
00000 AA-9990032 ... 01/01/2014	US Dept of Hlth & Human Serv			DC	1,534,438	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					5,798,771	1,068,400
2199999 Total - Accident and Health - Non-Affiliates					5,798,771	1,068,400
2299999 Total - Accident and Health					5,798,771	1,068,400
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					5,798,771	1,068,400
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)					5,798,771	1,068,400

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
38636	13-3031176	04/01/2008	PARTNER REINS CO OF THE US	NY	SSL/A/I	0	9,240,789						
0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other							9,240,789						
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total							9,240,789						
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates							9,240,789						
1199999 Total - General Account Authorized							9,240,789						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							9,240,789						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							9,240,789						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							9,240,789						

34 Schedule S - Part 4 **NONE**

35 Schedule S - Part 5 **NONE**

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

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums	8,966	11,538	9,786	9,917	10,048
2. Title XVIII-Medicare	275	753	816	801	791
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	5,799	3,759	2,376	1,529	20
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				XXX	XXX
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust				XXX	XXX
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	92,468,354		92,468,354
2. Accident and health premiums due and unpaid (Line 15)	4,226,372		4,226,372
3. Amounts recoverable from reinsurers (Line 16.1)	5,798,768	10,387,429	16,186,197
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	13,490,862		13,490,862
6. TOTAL Assets (Line 28)	115,984,356	10,387,429	126,371,785
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	32,413,459		32,413,459
8. Accrued medical incentive pool and bonus payments (Line 2)	2,544,402		2,544,402
9. Premiums received in advance (Line 8)	7,350,744		7,350,744
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	11,234,096		11,234,096
15. TOTAL Liabilities (Line 24)	53,542,702		53,542,702
16. TOTAL Capital and Surplus (Line 33)	62,441,652	X X X	62,441,652
17. TOTAL Liabilities, Capital and Surplus (Line 34)	115,984,354		115,984,354
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	34-1445390			Aultman Health Foundation		US	UDP	Aultman Health Foundation	Board of Directors		Aultman Health Foundation	
		00000	34-0714538			Aultman Hospital		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		77216	34-1624818			AultCare Insurance Company		US	RE	AultCare Health Insuring Corp	Ownership	100.0	Aultman Health Foundation	
		00000	34-1488123			AultCare Corporation		US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc				
		00000	20-0090246			West Tuscarawas Property Management, LLC		US	DS	AultCare Insurance Company	Ownership	94.0	Aultman Health Foundation	
		00000	34-1795772			McKinley Life Insurance Agency, Ltd.		US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	
		00000	20-4951704			Aultra Administrative Group		US	IA	AultCare Holding Company	Management		Aultman Health Foundation	
		00000	27-4379962			AultComp MCO, Inc.		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1853300			Ohio Specialty Physician's Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	98-0468384			McKinley Assurance Segregated Portfolio Company (SPC)		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	20-1359433			Aultman College of Nursing and Health Sciences		US	NIA	Aultman Hospital	Ownership	100.0	Aultman Health Foundation	
		00000	31-1509904			Aultman MSO, Inc.		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Hospital	
		00000	20-8090459			The Aultman Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	31-1509897			Ohio Physicians Professional Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	34-1610344			North Central Medical Resources		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	34-1871647			Ohio Hospital Based Physician Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	31-1689698			Tuscarawas Valley Regional Cancer Center		US	NIA	Aultman Hospital	Ownership	50.0	Aultman Health Foundation	
		00000	13-4246188			Acute Care Specialty Hospital at Aultman, LLC		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		00000	34-1243260			Canton Medical Education Foundation		US	NIA	Aultman Health Foundation	Ownership	50.0	Aultman Hospital	
		15461	46-3305099			AultCare Health Insuring Corporation		US	UDP	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	
		00000	34-1088530			Aultman North Canton Medical		US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	
		00000	34-0733138			The Orville Hospital Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	45-3166014			Aultman Medical Group, Inc		US	UDP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		00000	47-1165287			AultCare Holding Company		US	UDP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 77216 ..	34-1624818 ..	AULTCARE INS CO .....	.....	163,817	.....	.....	(28,697,350)	.....	.....	(2,789,952)	(31,323,485)	.....
.....	34-1445390 ..	Aultman Health Foundation .....	.....	1,700,000	.....	.....	1,279,792	.....	.....	2,790,291	2,979,792	.....
.....	34-1488123 ..	AultCare Corporation .....	.....	(1,863,817)	.....	.....	27,417,558	.....	.....	(339)	30,207,849	.....
.. 15461 ..	46-3305099 ..	AULTCARE HLTH INSURING CORP .....	.....	.....	.....	.....	.....	.....	XXX	0	0	(1,864,156)
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

AUGUST FILING

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

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

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING

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

AUGUST FILING

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

Explanations:

Bar Codes:

Health Life Supplement



7721620142050000

2014

Document Code: 205

Schedule SIS



7721620144200000

2014

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



7721620143700000

2014

Document Code: 370

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



77216201422400000

2014

Document Code: 224

Approval for Relief related to Require. for Audit Committees



77216201422600000

2014

Document Code: 226

Health Property / Casualty Supplement



7721620142070000

2014

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



7721620143710000

2014

Document Code: 371

Medicare Part D Coverage Supplement



77216201436500000

2014

Document Code: 365

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



77216201422500000

2014

Document Code: 225

LTC Supplemental Interrogatories



77216201430600000

2014

Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



2014

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



2014

Document Code: 213

Management's Report of Internal Control over Financial Reporting



2014

Document Code: 223

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **AultCare Insurance Company**
OVERFLOW PAGE FOR WRITE-INS



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2014
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code: 4805

NAIC Company Code: 77216

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

Person Completing This Exhibit: Jeffrey Alan Scheatzle

Title: Director of Finance

Telephone Number: (330)363-4057-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
Total Experience on Individual Policies																		
N/A	A	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	PRIMETIME Choices					3,677	3,245	88.3	2	
N/A	F			Yes	3,4	06/03/2010			PRIMETIME Choices					310,195	192,081	61.9	180	
N/A	M			Yes	3,4	06/03/2010			PRIMETIME Choices					1,526	75	4.9	1	
N/A	N			Yes	3,4	06/03/2010			PRIMETIME Choices					8,430	5,861	69.5	5	
???	???			???														
0199999 Total Experience on Individual Policies															323,828	201,262	62.2	188
0299999 Total Experience on Group Policies																		

GENERAL INTERROGATORIES

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

Supp12 Ohio

INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14