



**QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2015
OF THE CONDITION AND AFFAIRS OF THE
AultCare Insurance Company**

NAIC Group Code 4805 , 4805 NAIC Company Code 77216 Employer's ID Number 341624818
(Current Period) (Prior Period)

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[X] 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 , Canton, OH, 44710
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2600 Sixth Street SW
(Street and Number)

Canton, OH, 44710 (330)363-4057
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2600 Sixth Street SW , Canton, OH, 44710
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2600 Sixth Street SW
(Street and Number)

Canton, OH, 44710 (330)363-4057
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.aultcare.com

Statutory Statement Contact Jeffrey Alan Scheatzle (330)363-4057
(Name) (Area Code)(Telephone Number)(Extension)

jscheatzle@aultman.com (330)363-5012
(E-Mail Address) (Fax Number)

OFFICERS

<u>Name</u>	<u>Title</u>
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.

<u>(Signature)</u> Rick L. Haines <u>(Printed Name)</u> 1. President <u>(Title)</u>	<u>(Signature)</u> Joseph J. Feltes <u>(Printed Name)</u> 2. Secretary <u>(Title)</u>	<u>(Signature)</u> Mark D. Wright <u>(Printed Name)</u> 3. Treasurer <u>(Title)</u>
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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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	25,696,941		25,696,941	49,196,807
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	6,720,386		6,720,386	13,819,129
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
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 (\$.....24,551,167), cash equivalents (\$.....0) and short-term investments (\$.....278,986)	24,830,153		24,830,153	15,787,355
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	13,939,441		13,939,441	13,665,062
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	71,186,921		71,186,921	92,468,354
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	168,483		168,483	354,055
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,965,446		1,965,446	4,226,372
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	2,133,010		2,133,010	5,798,768
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	350,348		350,348	3,084,919
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	320,011		320,011	744,011
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	648,865		648,865	865,588
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....3,032,238) and other amounts receivable	4,736,483	1,704,245	3,032,238	8,442,289
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)	81,509,568	1,704,245	79,805,323	115,984,356
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	81,509,568	1,704,245	79,805,323	115,984,356
DETAILS OF WRITE-INS				
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 Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....1,068,400 reinsurance ceded)	22,629,628		22,629,628	32,413,459
2. Accrued medical incentive pool and bonus amounts	854,215		854,215	2,544,402
3. Unpaid claims adjustment expenses	590,100		590,100	623,400
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	11,449,790		11,449,790	7,350,744
9. General expenses due or accrued	6,798,583		6,798,583	8,779,312
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	421,368		421,368	135,403
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	3,384,033		3,384,033	851,842
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				
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
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	46,127,717		46,127,717	53,542,703
25. Aggregate write-ins for special surplus funds	X X X	X X X	8,225,723	
26. Common capital stock	X X X	X X X	1,000,000	1,000,000
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	18,274,832	50,739,551
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	6,177,051	10,702,102
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	33,677,606	62,441,652
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	79,805,323	115,984,356
DETAILS OF WRITE-INS				
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. Health Insurance Tax	X X X	X X X	8,225,723	
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	8,225,723	
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	813,341	1,036,272	1,376,530
2. Net premium income (including \$.....0 non-health premium income)	X X X	184,345,811	349,072,241	465,655,101
3. Change in unearned premium reserves and reserves 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	184,345,811	349,072,241	465,655,101
Hospital and Medical:				
9. Hospital/medical benefits		99,782,591	209,207,890	280,753,814
10. Other professional services				
11. Outside referrals		20,971,906	31,868,182	40,801,964
12. Emergency room and out-of-area		4,509,847	7,247,779	8,974,397
13. Prescription drugs		22,273,220	47,433,396	68,104,369
14. Aggregate write-ins for other hospital and medical		6,745,986	6,980,208	10,178,762
15. Incentive pool, withhold adjustments and bonus amounts		756,963	3,802,318	5,066,510
16. Subtotal (Lines 9 to 15)		155,040,512	306,539,773	413,879,817
Less:				
17. Net reinsurance recoveries		8,364,557	6,590,001	13,802,927
18. Total hospital and medical (Lines 16 minus 17)		146,675,955	299,949,772	400,076,890
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....4,029,974 cost containment expenses		5,895,514	9,914,805	10,733,034
21. General administrative expenses		28,275,647	36,805,734	48,942,405
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)		180,847,116	346,670,311	459,752,329
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	3,498,695	2,401,930	5,902,771
25. Net investment income earned		350,019	981,946	1,529,145
26. Net realized capital gains (losses) less capital gains tax of \$.....285,965		1,906,436	684,267	1,809,069
27. Net investment gains or (losses) (Lines 25 plus 26)		2,256,455	1,666,213	3,338,213
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	5,755,150	4,068,143	9,240,985
31. Federal and foreign income taxes incurred	X X X	285,965	584,247	3,854,570
32. Net income (loss) (Lines 30 minus 31)	X X X	5,469,184	3,483,896	5,386,415
DETAILS OF WRITE-INS				
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 (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401. Reinsurance Claims		6,745,986	6,980,208	10,178,762
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)		6,745,986	6,980,208	10,178,762
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	62,441,652	61,698,901	61,698,901
34. Net income or (loss) from Line 32	5,469,184	3,483,896	5,386,415
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	(1,820,231)	(405,975)	(1,656,227)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(424,000)	(1,800,000)	(2,700,000)
39. Change in nonadmitted assets	475,719	(186,909)	(2,151,254)
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	(32,464,718)		1,863,817
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(28,764,046)	1,091,012	742,751
49. Capital and surplus end of reporting period (Line 33 plus 48)	33,677,606	62,789,913	62,441,652
DETAILS OF WRITE-INS			
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)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	193,237,977	346,288,782	463,144,070
2.	Net investment income	812,091	1,165,303	1,801,528
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	194,050,067	347,454,085	464,945,598
5.	Benefit and loss related payments	148,598,446	300,656,389	404,323,057
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	34,294,762	46,364,534	58,089,004
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		554,247	3,463,414
10.	TOTAL (Lines 5 through 9)	182,893,208	347,575,170	465,875,475
11.	Net cash from operations (Line 4 minus Line 10)	11,156,859	(121,085)	(929,877)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	4,362,940	4,011,425	10,093,767
12.2	Stocks	3,239,940	2,000,000	8,335,691
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		(1,619)	
12.7	Miscellaneous proceeds	247,618	170,015	0
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	7,850,498	6,179,821	18,429,457
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	4,596,060	8,132,912	14,400,872
13.2	Stocks	3,376,630	181,910	6,604,863
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets	521,997	1,180,898	1,688,015
13.6	Miscellaneous applications	104,081	120,753	2,066
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	8,598,768	9,616,473	22,695,817
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(748,270)	(3,436,652)	(4,266,359)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	(32,464,718)		1,863,817
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders	(30,882,205)		
16.6	Other cash provided (applied)	216,723	41,651	14,591
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(1,365,791)	41,651	1,878,408
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	9,042,798	(3,516,087)	(3,317,829)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	15,787,355	19,105,183	19,105,183
19.2	End of period (Line 18 plus Line 19.1)	24,830,153	15,589,097	15,787,355

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

20.0001	In April, 2015 AultCare Insurance Company made a capital distribution to AultCare Health Insuring Corporation.			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	112,281	8,180	45,668	191		10,795	2,554	20,280		24,613
2. First Quarter	90,556	8,147	44,807	229		10,451	2,553			24,369
3. Second Quarter	90,837	7,932	45,261	249		10,443	2,551			24,401
4. Third Quarter	88,334	7,753	44,539	263		10,505	2,519			22,755
5. Current Year										
6. Current Year Member Months	813,341	71,809	404,036	2,057		94,569	22,934			217,936
Total Member Ambulatory Encounters for Period:										
7. Physician	152,649	20,792	121,364				10,493			
8. Non-Physician	417,414	58,515	329,805				29,094			
9. Total	570,063	79,307	451,169				39,587			
10. Hospital Patient Days Incurred	8,813	1,384	6,863				566			
11. Number of Inpatient Admissions	2,422	346	1,911				165			
12. Health Premiums Written (a)	191,092,195	23,522,812	146,113,377	362,654		2,422,617	11,978,770			6,691,965
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	203,025,469	23,522,812	158,046,652	362,654		2,422,617	11,978,770			6,691,965
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	145,167,024	16,403,913	112,938,935	239,828		1,665,708	11,883,031			2,035,609
18. Amount Incurred for Provision of Health Care Services	155,040,512	18,667,747	116,497,532	239,828		1,704,527	11,184,894			6,745,986

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

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
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						23,698,028
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						23,698,028
0899999 Accrued Medical Incentive Pool And Bonus Amounts						854,215

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	11,526,959	115,198,096	2,354,148	17,904,194	13,881,107	17,176,908
2. Medicare Supplement		239,828				
3. Dental only		1,665,708	122,039	197,168	122,039	280,389
4. Vision only						
5. Federal Employees Health Benefits Plan	831,525	11,052,977	238,579	(65,000)	1,070,104	889,114
6. Title XVIII - Medicare	12,807,049				12,807,049	12,807,049
7. Title XIX - Medicaid						
8. Other health	1,840,930	194,679		1,878,500	1,840,930	1,260,000
9. Health subtotal (Lines 1 to 8)	27,006,463	128,351,288	2,714,765	19,914,863	29,721,229	32,413,460
10. Healthcare receivables (a)		1,705,609				2,050,681
11. Other non-health						
12. Medical incentive pools and bonus amounts	1,690,187	756,963	97,252	756,963	1,787,440	2,544,402
13. Totals (Lines 9 - 10 + 11 + 12)	28,696,651	127,402,642	2,812,018	20,671,826	31,508,668	32,907,181

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

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) No Change.
 - (2) No Change.
 - (3) No Change.
 - (4) No Change.
 - (5) No Change.
 - (6) No Change.
 - (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$13,939,441. Of this amount, \$118,962 is invested in McKinley Life Agency, Ltd. \$3,193,774 is invested in AultCare Corporation. The remaining \$10,626,705 is invested in West Tuscarawas Property Management.
 - (8) No Change.
 - (9) No Change.
 - (10) No Change.
 - (11) No Change.
 - (12) No Change.
 - (13) No Change.
2. Accounting Changes and Corrections of Errors
 - A. No Change.
3. Business Combinations and Goodwill
 - A. No Change.
 - B. No Change.
 - C. No Change.
 - D. No Change.
4. Discontinued Operations
 - A. No Change.
5. Investments
 - A. No Change.
 - B. No Change.
 - C. No Change.
 - D. No Change.
 - E. No Change.
 - F. The Company owns \$10,626,705 worth of shares in West Tuscarawas Property Management, an affiliate company.
 - G. No Change.
 - H. No Change.
6. Joint Ventures, Partnerships and Limited Liability Companies
 - A. No Change.
 - B. No Change.
7. Investment Income
 - A. No Change.
8. Derivative Instruments
 - A. No Change.

Notes to Financial Statement

9. Income Taxes

A. The components of the net deferred tax asset/ (liability) at Jun 30, 2015 are as follows:

1. (reported in thousands)		09/30/2015			09/30/2014			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
	Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total	
(a)	Gross Deferred Tax Assets	\$320	\$ -	\$320	\$1,644	\$ -	\$1,644	\$ -1,324	\$ -	\$ -1,324
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$320	\$ -	\$320	\$1,644	\$ -	\$1,644	\$ -1,324	\$ -	\$ -1,324
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$320	\$ -	\$320	\$1,644	\$ -	\$1,644	\$ -1,324	\$ -	\$ -1,324
(f)	Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$320	\$ -	\$320	\$1,644	\$ -	\$1,644	\$ -1,324	\$ -	\$ -1,324
2. (reported in thousands)		09/30/2015			09/30/2014			Change		
Admission Calculation Components SSAP No. 101		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$320	\$ -	\$320	\$1,644	\$ -	\$1,644	\$ -1,324	\$ -	\$ -1,324
(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)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	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	\$7,911	XXX	XXX	\$ -7911
(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))	\$320	\$ -	\$320	\$1,644	\$ -	\$1,644	\$ -1,324	\$ -	\$ -1,324
3. (reported in thousands)		2015		2014							
(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)		06/30/2015			06/30/2014			Change			
Impact of Tax Planning Strategies		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	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)	(2)	(3)
1. Current Income Tax		09/30/2015	09/30/2014	(Col 1-2) Change
(a)	Federal	\$ -	\$705,000	\$ 522,989
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$ -	\$705,000	\$ 522,989
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$ -	\$705,000	\$ 522,989
2. Deferred Tax Assets				
(a)	Ordinary			
	(1) Discounting of Unpaid Losses	\$118,361	\$118,361	\$ (34,216)
	(2) Unearned Premium Reserve	\$461,093	\$461,093	\$ 16,475
	(3) Policyholder Reserves	\$155,720	\$155,720	\$ (2,139,280)
	(4) Investments	\$ -	\$ -	\$ -
	(5) Deferred Acquisition Costs	\$ -	\$ -	\$ -
	(6) Policyholder Dividends Accrual	\$ -	\$ -	\$ -

Notes to Financial Statement

(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$1,412,811	\$1,412,811	\$ 1,048,793
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$43,787	\$43,787	\$ (34,000)
(11)	Net Operating Loss Carry-Forward	\$236,350	\$236,350	\$ (1,123,650)
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
(13)	Other (including items <5% of total ordinary tax assets)	\$ 115,889	\$ 115,889	\$ 115,889

Cont. Note 9 C 2

(14)	Subtotal	\$4,694,000	\$2,544,011	\$ (1,420,000)
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$4,694,000	\$2,544,011	\$ (1,420,000)
(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)	\$4,694,000	\$2,544,011	\$ (1,420,000)
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)	\$4,694,000	\$2,544,011	\$ (1,420,000)

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

	06/30/2015	Effective Tax Rate
Provision computed at statutory rate	\$679,850	34.0%
Change in nonadmitted assets	\$(352,262)	-17.6%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$27,200	1.4%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$19,269	1.0%
Other	\$ -	0.0%
Total statutory income tax expense (benefit)	\$374,057	18.7%
	06/30/2015	Effective Tax Rate
Federal and foreign income taxes incurred	\$1,420,000	71.0%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (1,420,000)	-71.0%
Total statutory income tax expense (benefit)	\$ -	0.0%

- E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits
- (1) At Jun 30, 2015, 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) 2013 \$0
 - (b) 2012 \$0
 - (c) 2011 \$1,619,766

F. Not Applicable.

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 Sept 30, 2015; The Company has a capitation arrangement with Aultman Hospital and has paid a total of \$28,407,635 in capitated claims for its commercial enrollees under the terms of the existing agreement.

Notes to Financial Statement

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 \$360,529 to Aultman Health Foundation for management services that were provided and paid \$8,680,222 of expenses to AultCare Corporation for management services. The Company has an operating lease for office space and paid \$172,160 to Aultman Health Foundation for rent. In April 2015, AultCare Insurance Company made a capital distribution to AultCare Health Insuring Corporation of \$31,479,461.

- D. At Sept 30, 2015, 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 Corporation to borrow and repay operating funds. As of Sept 30, 2015, AultCare Corporation owes \$3,193,774 under the terms of the agreement. The Company also has capitation arrangement with the Aultman Hospital for anticipation of future services. As of Sept 30, 2015, the Company has paid \$2,900,000 to Aultman Hospital for these future services.
- E. No Change.
- F. No Change.
- G. No Change.
- H. The Company has an investment in West Tuscarawas Property Management with an admitted asset value of \$10,626,705. 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 \$3,193,774.
- I. No Change.
- J. No Change.
- K. No Change.
- L. No Change.
11. Debt
- A. No Change.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
- A. No Change.
- B. Contributions of 3% of each employee's compensation are made each year. The Company's contribution for the defined contribution plan was \$199,466 and \$395,687 for 2015 and 2014 respectively.
- C – F No Change.
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
- (1) No Change.
- (2) No Change.
- (3) No Change.
- (4) No Change.
- (5) No Change.
- (6) No Change.
- (7) No Change.
- (8) No Change.
- (9) No Change.
- (10) No Change.
- (11) No Change.
- (12) No Change.
- (13) No Change.
14. Contingencies
- A. No Change.
- B. No Change.
- C. No Change.
- D. No Change.
- E. No Change.
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 Dec 31, 2015. In 2015 and 2014 respectively, the company paid \$172,160 and \$542,860 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.

Notes to Financial Statement

(2) At January 1, 2015, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2015	\$ 634,015

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. No Change.

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

A. No Change.

B. No Change.

C. No Change.

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

A. No Change.

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

A. No Change.

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	\$ 6,720,386	\$ -	\$ -	\$ -
Total assets at fair value	\$ 6,720,386	\$ -	\$ -	\$ -

(2) No Change.

(3) No Change.

21. Other Items

A. No Change.

B. No Change.

C. No Change.

D. At Sept 30, 2015 the Company had admitted assets of \$1,965,446 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. No Change.

F. No Change.

G. No Change.

H. No Change.

22. Events Subsequent

A. As of Nov 15, 2015, there have been no Type I events subsequent to Sept 30, 2015, which would have a material effect on the financial condition of the Company or on the financial statement issued Nov 15, 2015.

B. As of Nov 15, 2015, there have been no Type II events subsequent to Sept 30, 2015, which would have a material effect on the financial condition of the Company or on the financial statement issued Sept 15, 2015.

23. Reinsurance

A. No Change.

B. No Change.

C. No Change.

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

A. No Change.

B. No Change.

C. The Company has accrued \$0 of net premiums written as of Sept 30, 2015 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. No Change.

26. Intercompany Pooling Arrangements

A. No Change.

Notes to Financial Statement

27. Structured Settlements

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
9/30/2015	\$1,573,371				
6/30/2015	\$987,347				
3/31/2015	\$901,397		\$ -	\$364,039	\$ -
12/31/2014	\$1,949,144	\$366	\$ -	\$ 771,578	\$ -
9/30/2014	\$577,770	\$13,645	\$ -	\$737,148	\$ -
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	\$ -
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

A.
Change.

28. Health Care Receivables

A.

Notes to Financial Statement

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- B. No Change.
- 29. Participating Policies
 - A. No Change.
- 30. Premium Deficiency Reserves
 - A. No Change.
- 31. Anticipated Salvage and Subrogation
 - A. No Change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 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[] No[X]
- 2.2 If yes, date of change:

- 3.1 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? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of 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
.....

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[X] N/A[]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010
- 6.2 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
- 6.3 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
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 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]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

- 7.1 Has this 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]
- 7.2 If yes, give full information

- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 14.2 If yes, please complete the following:

Yes[X] No[]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other	13,665,063	13,939,441
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	13,665,063	13,939,441
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
 If no, attach a description with this statement.

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.3 Total payable for securities lending reported on the liability page

\$ 0
 \$ 0
 \$ 0

17. 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

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

17.2 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)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
 17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

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

17.5 Identify all investment advisors, brokers/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	2 Name(s)	3 Address
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
 18.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent 79.810%
1.2 A&H cost containment percent 1.990%
1.3 A&H expense percent excluding cost containment expenses 13.930%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
13647	26-4662908	01/01/2009	PRESIDIO REINS CORP	MT	QA/A/G	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
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	179,094,719			11,978,770			191,073,489	
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	179,094,719			11,978,770			191,073,489	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	(a) 1	179,094,719			11,978,770			191,073,489	
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.

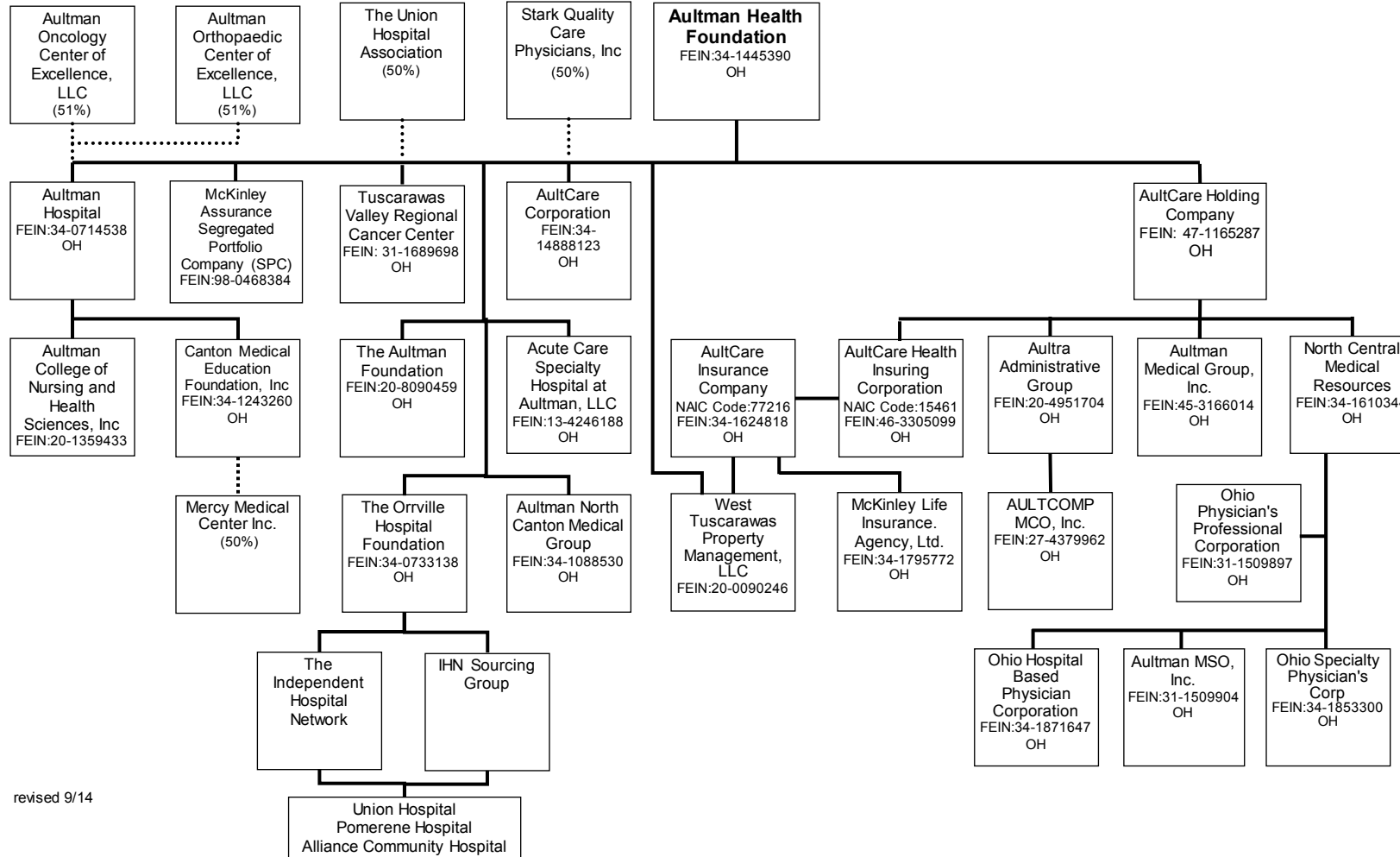
(a) Insert the number of L responses except for Canada and Other Alien.

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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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)	Names 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)	*	
4805		00000	34-1445390				Aultman Health Foundation	US	UDP	Aultman Health Foundation	Board of Directors		Aultman Health Foundation		
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	0000004	
		77216	34-1624818				AultCare Insurance Company	US	RE	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	Other		Aultman Health Foundation	0000001	
			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	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	
			00000	34-1853300				Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
			00000	98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
			00000	20-1359433				Aultman College of Nursing and Health Sciences	US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	
			00000	31-1509904				Aultman MSO, Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
			00000	20-8090459				The Aultman Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
			00000	31-1509897				Ohio Physicians Professional Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
			00000	34-1610344				North Central Medical Resources	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	
			00000	34-1871647				Ohio Hospital Based Physician Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
			00000	31-1689698				Tuscarawas Valley Regional Cancer Center	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	0000002
			00000	13-4246188				Acute Care Specialty Hospital at Aultman, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
	4805		00000	34-1243260				Canton Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	0000003
			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		

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



77216201536500003

2015

Document Code: 365

STATEMENT AS OF **September 30, 2015** OF THE **AultCare Insurance Company**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	13,665,062	12,224,445
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	521,997	1,688,015
3. Capitalized deferred interest and other		
4. Accrual of discount		2,037
5. Unrealized valuation increase (decrease)	(247,618)	(249,435)
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	13,939,441	13,665,062
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	13,939,441	13,665,062

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	63,015,936	60,013,005
2. Cost of bonds and stocks acquired	7,972,690	21,005,735
3. Accrual of discount	50,772	84,708
4. Unrealized valuation increase (decrease)	(1,820,231)	(1,406,792)
5. Total gain (loss) on disposals	1,906,439	2,130,382
6. Deduct consideration for bonds and stocks disposed of	38,381,007	18,429,457
7. Deduct amortization of premium	327,271	381,645
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	32,417,327	63,015,936
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	32,417,327	63,015,936

SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	30,160,743	4,765,265	3,599,594	(341,782)	45,042,077	30,160,743	30,984,632	46,326,018
2. NAIC 2 (a)	1,318,718	122,909		(8,932)	2,851,281	1,318,718	1,432,695	2,870,789
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	31,479,461	4,888,174	3,599,594	(350,714)	47,893,359	31,479,461	32,417,327	49,196,807
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	31,479,461	4,888,174	3,599,594	(350,714)	47,893,359	31,479,461	32,417,327	49,196,807

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	278,986	X X X	280,016	650	1,552

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	414,974	1,868,257
2. Cost of short-term investments acquired	332,948	415,144
3. Accrual of discount	170	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(3)	(2,066)
6. Deduct consideration received on disposals	464,499	1,845,753
7. Deduct amortization of premium	4,605	20,608
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	278,986	414,974
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	278,986	414,974

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
Non-collateral Loans - Affiliated												
	Aultcare-Affiliated	Canton	OH	AultCare Insurance Company		01/01/2009		2,790,291	521,997			
2899999 Subtotal - Non-collateral Loans - Affiliated								2,790,291	521,997			X X X
4499999 Total - Unaffiliated												X X X
4599999 Total - Affiliated								2,790,291	521,997			X X X
4699999 TOTALS								2,790,291	521,997			X X X

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.						
NONE																			
4699999 TOTALS																			

QE03

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828SV3	U.S. TREASURY NOTE		07/08/2015	FIRSTMERIT	X X X	248,125	250,000	642	1
912828UN8	U.S. TREASURY NOTE		07/08/2015	FIRSTMERIT	X X X	250,575	250,000	1,975	1
912828G38	U.S. TREASURY NOTE		07/08/2015	FIRSTMERIT	X X X	252,075	250,000	825	1
912828VF4	U.S. TREASURY NOTE		09/21/2015	FIRSTMERIT	X X X	250,000	250,000	1,061	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,000,775	1,000,000	4,504	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
539830AY5	LOCKHEED MARTIN CORP		07/16/2015	FIRSTMERIT	X X X	51,141	50,000	563	1
976656CF3	WISCONSIN ELEC POWER		08/25/2015	FIRSTMERIT	X X X	50,190	50,000	165	1
717081DB6	PFIZER INC.		08/11/2015	FIRSTMERIT	X X X	57,038	50,000	1,257	1
10112RAR5	BOSTON PROP LP		08/07/2015	FIRSTMERIT	X X X	56,922	50,000	641	2
17275RAT9	CISCO SYSTEMS INC.		09/25/2015	FIRSTMERIT	X X X	50,194	50,000	34	1
126650CJ7	CVS HEALTH CORP		09/09/2015	FIRSTMERIT	X X X	65,987	65,000	248	2
244199BE4	DEERE & CO.		09/30/2015	FIRSTMERIT	X X X	48,956	50,000	404	1
02006LTX1	ALLY BANK UT CD		09/17/2015	FIRSTMERIT	X X X	135,000	135,000		1
14042E6V7	CAPITAL ONE NA CD		09/16/2015	FIRSTMERIT	X X X	135,000	135,000		1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	650,426	635,000	3,312	X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,651,201	1,635,000	7,816	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,651,201	1,635,000	7,816	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
Common Stocks - Mutual Funds									
31428Q101	FEDERATED TOTAL RETURN BONDS		08/25/2015	FIRSTMERIT		3,236,973	X X X		1
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	3,236,973	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	3,236,973	X X X		X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	3,236,973	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	3,236,973	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	4,888,174	X X X	7,816	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE04

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)			
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.										
Bonds - Industrial and Miscellaneous (Unaffiliated)																								
20451PDP8	COMPASS BANK CD		09/11/2015	FIRST MERIT	X X X	113,000	113,000	113,000	113,000						113,000						09/11/2015	1		
373334JY8	GEORGIA POWER CO.		08/10/2015	FIRST MERIT	X X X	70,000	70,000	70,263	140,196		(70,192)		(70,192)		70,004		(4)	(4)		788	08/10/2015	1		
001055AE2	AFLAC		08/17/2015	FIRST MERIT	X X X	50,000	50,000	53,381	50,823		(769)		(769)		50,054		(54)	(54)		1,725	08/15/2015	1		
00206RAV4	AT&T INC.		08/17/2015	FIRST MERIT	X X X	30,000	30,000	31,310	102,062		(72,041)		(72,041)		30,021		(21)	(21)		1,638	08/15/2015	1		
037411AS4	APACHE CORP		09/04/2015	FIRST MERIT	X X X	80,074	75,000	79,960	163,399		(90,701)		(90,701)		72,698		2,302	2,302		4,758	01/15/2017	1		
039483AY8	ARCHER DANIELS		09/12/2015	FIRST MERIT	X X X	16,581	15,000	18,257	56,314		(57,894)		(57,894)		(1,581)		16,581	16,581		2,019	03/15/2018	1		
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	359,655	353,000	366,171	625,795		(291,598)		(291,598)		334,197		18,803	18,803		10,927	X X X	X X X		
8399997 Subtotal - Bonds - Part 4					X X X	359,655	353,000	366,171	625,795		(291,598)		(291,598)		334,197		18,803	18,803		10,927	X X X	X X X		
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
8399999 Subtotal - Bonds					X X X	359,655	353,000	366,171	625,795		(291,598)		(291,598)		334,197		18,803	18,803		10,927	X X X	X X X		
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
Common Stocks - Mutual Funds																								
921937603	Vanguard Total Bond Mkt Index		08/25/2015	FIRST MERIT		3,239,940	X X X	6,334,083	6,403,679		(6,558,284)		(6,558,284)		(154,605)		154,605	154,605			X X X	1		
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	3,239,940	X X X	6,334,083	6,403,679		(6,558,284)		(6,558,284)		(154,605)		154,605	154,605			X X X	X X X		
9799997 Subtotal - Common Stocks - Part 4					X X X	3,239,940	X X X	6,334,083	6,403,679		(6,558,284)		(6,558,284)		(154,605)		154,605	154,605			X X X	X X X		
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
9799999 Subtotal - Common Stocks					X X X	3,239,940	X X X	6,334,083	6,403,679		(6,558,284)		(6,558,284)		(154,605)		154,605	154,605			X X X	X X X		
9899999 Subtotal - Preferred and Common Stocks					X X X	3,239,940	X X X	6,334,083	6,403,679		(6,558,284)		(6,558,284)		(154,605)		154,605	154,605			X X X	X X X		
9999999 Total - Bonds, Preferred and Common Stocks					X X X	3,599,594	X X X	6,700,254	7,029,474		(6,849,882)		(6,849,882)		179,592		173,408	173,408		10,927	X X X	X X X		

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE05

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
FirstMerit Bank - Trust	Canton, Ohio		0.100	86		208,947	256,915	35,576	X X X
FirstMerit Bank - Brokered CDs	Canton, Ohio		0.100	21		48,542	167,179	12,024	X X X
Huntington National Bank	Canton, Ohio					23,608,144	26,425,159	24,428,045	X X X
FirstMerit Bank-ST CDs	Canton, Ohio					117,500			X X X
FirstMerit Bank - Mutual Funds Cash	Canton, Ohio					1,470	4,437	9,389	X X X
FirstMerit Bank - Richmond Capital	Canton, Ohio		0.100	16		49,340	55,733	66,132	X X X
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories									
		X X X	X X X						X X X
0199999 Totals - Open Depositories									
		X X X	X X X	124		24,033,943	26,909,422	24,551,167	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories									
		X X X	X X X						X X X
0299999 Totals - Suspended Depositories									
		X X X	X X X						X X X
0399999 Total Cash On Deposit									
		X X X	X X X	124		24,033,943	26,909,422	24,551,167	X X X
0499999 Cash in Company's Office									
		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash									
		X X X	X X X	124		24,033,943	26,909,422	24,551,167	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
N O N E							
8699999 Total - Cash Equivalents							

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