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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2015
 OF THE CONDITION AND AFFAIRS OF THE

AultCare Health Insuring Corporation

NAIC Group Code (Current Period)	4805	NAIC Company Code	15461	Employer's ID Number	46-3305099
(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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>		
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
Incorporated/Organized	07/11/2013		Commenced Business	01/01/2015	
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)		
Main Administrative Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Primary Location of Books and Records	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Internet Website Address	www.aultcare.com				
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name)		(330)363-4057 (Area Code)(Telephone Number)(Extension)		
	jscheatzle@aultman.com (E-Mail Address)		(330)363-5012 (Fax Number)		

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

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. Feiters Esq.	Mark N. Rose M.D.

State of Ohio
County of Stark

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 _____, 2016

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

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	25,516,456		25,516,456	1,526,763
2. Stocks (Schedule D)				
2.1 Preferred stocks				
2.2 Common Stocks	42,694,951		42,694,951	64,621,616
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....728,225, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....175,528, Schedule DA)	903,753		903,753	184,577
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	69,115,160		69,115,160	66,332,956
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	138,708		138,708	9,684
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,535,957		3,535,957	
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 (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	361,570		361,570	
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	3,556,388		3,556,388	
18.1 Current federal and foreign income tax recoverable and interest thereon	352,240		352,240	
18.2 Net deferred tax asset	78,238		78,238	
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....5,400,000) and other amounts receivable	6,592,373	1,124,651	5,467,722	
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)	83,730,634	1,124,651	82,605,983	66,342,640
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	83,730,634	1,124,651	82,605,983	66,342,640
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 Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....449,500 reinsurance ceded)	13,237,802		13,237,802	.....
2. Accrued medical incentive pool and bonus amounts	1,682,220		1,682,220	.....
3. Unpaid claims adjustment expenses	218,300		218,300	.....
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 reserves .....				.....
7. Aggregate health claim reserves .....				.....
8. Premiums received in advance	193,402		193,402	.....
9. General expenses due or accrued	889,919		889,919	.....
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				.....
10.2 Net deferred tax liability .....				.....
11. Ceded reinsurance premiums payable .....				.....
12. Amounts withheld or retained for the account of others .....				.....
13. Remittances and items not allocated .....				.....
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				.....
15. Amounts due to parent, subsidiaries and affiliates	1,153,054		1,153,054	.....
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	678,387		678,387	.....
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				.....
24. TOTAL Liabilities (Lines 1 to 23)	18,053,084		18,053,084	.....
25. Aggregate write-ins for special surplus funds	XXX	XXX	XXX	.....
26. Common capital stock	XXX	XXX	XXX	.....
27. Preferred capital stock	XXX	XXX	XXX	.....
28. Gross paid in and contributed surplus	XXX	XXX	68,069,349	68,069,349
29. Surplus notes	XXX	XXX	XXX	.....
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	XXX	.....
31. Unassigned funds (surplus)	XXX	XXX	(3,516,450)	(1,726,709)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX	XXX	.....
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX	XXX	.....
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	64,552,899	66,342,640
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	82,605,983	66,342,640
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.	XXX	XXX	XXX	.....
2502.	XXX	XXX	XXX	.....
2503.	XXX	XXX	XXX	.....
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	XXX	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	XXX	.....
3001.	XXX	XXX	XXX	.....
3002.	XXX	XXX	XXX	.....
3003.	XXX	XXX	XXX	.....
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	XXX	.....
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	XXX	.....

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	241,831	
1. Member Months			
2. Net premium income (including \$.....0 non-health premium income)		226,733,360	
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	226,733,360	
Hospital and Medical:			
9. Hospital/medical benefits		159,732,676	
10. Other professional services			
11. Outside referrals		5,972,880	
12. Emergency room and out-of-area		3,851,767	
13. Prescription drugs		35,569,150	
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		4,887,647	
16. Subtotal (Lines 9 to 15)		210,014,120	
Less:			
17. Net reinsurance recoveries		361,570	
18. TOTAL Hospital and Medical (Lines 16 minus 17)		209,652,550	
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....4,525,234 cost containment expenses		4,525,234	
21. General administrative expenses		19,237,702	753
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)		233,415,486	753
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(6,682,126)	(753)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		649,137	21,135
26. Net realized capital gains (losses) less capital gains tax of \$.....36,386		70,632	545
27. Net investment gains (losses) (Lines 25 plus 26)		719,769	21,681
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)	XXX	(5,962,357)	20,928
31. Federal and foreign income taxes incurred	XXX	(2,034,018)	(96)
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,928,339)	21,024
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401. Reinsurance Claims			
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)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	66,342,640	.....
34. Net income or (loss) from Line 32	(3,928,339)	21,024
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	3,185,011	(1,747,733)
37. Change in net unrealized foreign exchange capital gain or (loss) .....	.....	.....
38. Change in net deferred income tax	78,238	.....
39. Change in nonadmitted assets	(1,124,651)	.....
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 .....	.....	68,069,349
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)	(1,789,741)	66,342,640
49. Capital and surplus end of reporting year (Line 33 plus 48)	64,552,899	66,342,640
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) .....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE **AultCare Health Insuring Corporation**
CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	223,390,805	.....
2.	Net investment income	500,615	4,624
3.	Miscellaneous income .....	.....	.....
4.	TOTAL (Lines 1 through 3)	223,891,420	4,624
5.	Benefit and loss related payments	201,686,471	.....
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....
7.	Commissions, expenses paid and aggregate write-ins for deductions	25,532,717	753
8.	Dividends paid to policyholders .....	.....	.....
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(1,645,392)	.....
10.	TOTAL (Lines 5 through 9)	225,573,797	753
11.	Net cash from operations (Line 4 minus Line 10)	(1,682,376)	3,871
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	5,490,847	473,200
12.2	Stocks	3,239,511	.....
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	50	.....
12.7	Miscellaneous proceeds	31,813,912	.....
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	40,544,320	473,200
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	28,800,482	1,992,495
13.2	Stocks	10,495,340	66,369,349
13.3	Mortgage loans .....	.....	.....
13.4	Real estate .....	.....	.....
13.5	Other invested assets .....	.....	.....
13.6	Miscellaneous applications .....	.....	.....
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	39,295,822	68,361,843
14.	Net increase (decrease) in contract loans and premium notes .....	.....	.....
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,248,498	(67,888,643)
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 .....	.....	68,069,349
16.3	Borrowed funds .....	.....	.....
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....	.....	.....
16.5	Dividends to stockholders .....	.....	.....
16.6	Other cash provided (applied)	1,153,054	.....
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,153,054	68,069,349
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)	719,176	184,577
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	184,577	.....
19.2	End of year (Line 18 plus Line 19.1)	903,753	184,577

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare	226,934,897	.....	201,537	226,733,360
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8)	226,934,897	.....	201,537	226,733,360
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11)	226,934,897	.....	201,537	226,733,360

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	191,439,171						191,439,171			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	(87,930)						(87,930)			
1.4 Net	191,527,101						191,527,101			
2. Paid medical incentive pools and bonuses	3,205,428						3,205,428			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	13,687,302						13,687,302			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	449,500						449,500			
3.4 Net	13,237,802						13,237,802			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	1,682,220						1,682,220			
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	205,126,473						205,126,473			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	361,570						361,570			
12.4 Net	204,764,903						204,764,903			
13. Incurred medical incentive pools and bonuses	4,887,647						4,887,647			

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct	13,687,302	.....	.....	.....	.....	.....	13,687,302	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded	449,500	.....	.....	.....	.....	.....	449,500	.....	.....	.....
2.4 Net	13,237,802	.....	.....	.....	.....	.....	13,237,802	.....	.....	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct	13,687,302	.....	.....	.....	.....	.....	13,687,302	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded	449,500	.....	.....	.....	.....	.....	449,500	.....	.....	.....
4.4 Net	13,237,802	.....	.....	.....	.....	.....	13,237,802	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)
2. Medicare Supplement
3. Dental only
4. Vision only
5. Federal Employees Health Benefits Plan
6. Title XVIII - Medicare	191,527,101	.....	13,237,802	.....	.....
7. Title XIX - Medicaid
8. Other health
9. Health subtotal (Lines 1 to 8)	191,527,101	.....	13,237,802	.....	.....
10. Healthcare receivables (a)
11. Other non-health
12. Medical incentive pool and bonus amounts	3,205,428	.....	1,682,220	.....	.....
13. TOTALS (Lines 9 - 10 + 11 + 12)	194,732,529	.....	14,920,022	.....	.....

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	194,733

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	209,653

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2011
2. 2012
3. 2013	409	.....	409	.....	.....	.....	.....	.....
4. 2014	409	.....	1.890	409	.....	.....	.....	409	.....
5. 2015	226,733	194,733	3,680	1.890	198,412	87.509	14,920	218	213,551	94.186

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2011
2. 2012
3. 2013
4. 2014
5. 2015

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2011
2. 2012
3. 2013
4. 2014
5. 2015

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

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2011
2. 2012
3. 2013
4. 2014
5. 2015

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

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2011
2. 2012
3. 2013
4. 2014
5. 2015

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

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2011
2. 2012
3. 2013
4. 2014
5. 2015

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	194,733

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	209,653

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2011
2. 2012
3. 2013	409	.....	.....	.....	.....	.....	.....	.....
4. 2014	409	.....	1.890	409	.....	.....	.....	409	.....
5. 2015	226,733	194,733	3,680	1.890	198,412	87.509	14,920	218	213,551	94.186

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	XXX

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2011
2. 2012
3. 2013
4. 2014
5. 2015

UNDERWRITING AND INVESTMENT EXHIBIT

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

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	.....	.....	.....	.....	.....
2. 2011 .....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2011
2. 2012
3. 2013
4. 2014
5. 2015

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves
2. Additional policy reserves (a)
3. Reserve for future contingent benefits
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)
5. Aggregate write-ins for other policy reserves
6. TOTALS (Gross)
7. Reinsurance ceded
8. TOTALS (Net) (Page 3, Line 4)
9. Present value of amounts not yet due on claims
10. Reserve for future contingent benefits
11. Aggregate write-ins for other claim reserves
12. TOTALS (Gross)
13. Reinsurance ceded
14. TOTALS (Net) (Page 3, Line 7)
DETAILS OF WRITE-INS									
0501.
0502.
0503.
0598. Summary of remaining write-ins for Line 5 from overflow page
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	53,801		258,912		312,713
2. Salaries, wages and other benefits	2,267,904		8,742,583		11,010,486
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			264,240		264,240
4. Legal fees and expenses	261,408		(16,244)		245,164
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	164,097		2,419,080		2,583,177
7. Traveling expenses	134,559		132,164		266,722
8. Marketing and advertising	13,076		1,203,580		1,216,655
9. Postage, express and telephone	99,795		517,892		617,687
10. Printing and office supplies	62,946		1,558,661		1,621,607
11. Occupancy, depreciation and amortization	78,112		374,970		453,082
12. Equipment	8,993		183,803		192,797
13. Cost or depreciation of EDP equipment and software	286,038		1,303,822		1,589,860
14. Outsourced services including EDP, claims, and other services	22,379		1,399,968		1,422,347
15. Boards, bureaus and association fees	192,884		550,385		743,269
16. Insurance, except on real estate					
17. Collection and bank service charges			119,599		119,599
18. Group service and administration fees	879,243		(168,545)		710,698
19. Reimbursements by uninsured plans			392,832		392,832
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	4,525,234		19,237,702		(a) 23,762,936
27. Less expenses unpaid December 31, current year	218,300		889,919		1,108,219
28. Add expenses unpaid December 31, prior year					
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	4,306,934		18,347,783		22,654,717

DETAILS OF WRITE-INS

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

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	343,123	527,651
1.1 Bonds exempt from U.S. tax	(a) .....	.....	.....
1.2 Other bonds (unaffiliated)	(a)	205,288	4,156
1.3 Bonds of affiliates	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	117,330	117,330
2.21 Common stocks of affiliates .....	.....	.....	.....
3. Mortgage loans	(c) .....	.....	.....
4. Real estate	(d) .....	.....	.....
5. Contract loans .....	.....	.....	.....
6. Cash, cash equivalents and short-term investments	(e) .....	.....	.....
7. Derivative instruments	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL Gross investment income	665,741	649,137	.....
11. Investment expenses	(g) .....	.....	.....
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....	.....	.....
13. Interest expense	(h) .....	.....	.....
14. Depreciation on real estate and other invested assets	(i) .....	.....	.....
15. Aggregate write-ins for deductions from investment income .....	.....	.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....	.....	.....	.....
17. Net Investment income (Line 10 minus Line 16)	649,137	.....	.....

DETAILS OF WRITE-INS

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

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	40,244	.....	40,244	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2 Other bonds (unaffiliated)	82,211	.....	82,211	.....	.....
1.3 Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11 Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2 Common stocks (unaffiliated)	(15,488)	.....	(15,488)	(329,731)	.....
2.21 Common stocks of affiliates .....	.....	.....	.....	3,514,742	.....
3. Mortgage loans .....	.....	.....	.....	.....	.....
4. Real estate .....	.....	.....	.....	.....	.....
5. Contract loans .....	.....	.....	.....	.....	.....
6. Cash, cash equivalents and short-term investments	(50)	.....	(50)	.....	.....
7. Derivative instruments .....	.....	.....	.....	.....	.....
8. Other invested assets .....	.....	.....	.....	.....	.....
9. Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10. TOTAL Capital gains (losses)	106,918	.....	106,918	3,185,011	.....

DETAILS OF WRITE-INS

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

AultCare Health Insuring Corporation
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)
2. Stocks (Schedule D):			
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):			
4.1 Properties occupied by the company
4.2 Properties held for the production of income
4.3 Properties held for sale
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)
6. Contract loans
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants (for Title insurers only)
14. Invested income due and accrued
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due
15.3 Accrued retrospective premiums and contracts subject to redetermination
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers
16.2 Funds held by or deposited with reinsured companies
16.3 Other amounts receivable under reinsurance contracts
17. Amounts receivable relating to uninsured plans
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care and other amounts receivable .....	..... 1,124,651	.....	..... (1,124,651)
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) .....	..... 1,124,651	.....	..... (1,124,651)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts
28. TOTAL (Lines 26 and 27) .....	..... 1,124,651	.....	..... (1,124,651)
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)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations		20,077	20,146	20,198	20,252	241,831
2. Provider Service Organizations .....		.....	.....	.....	.....	.....
3. Preferred Provider Organizations .....		.....	.....	.....	.....	.....
4. Point of Service .....		.....	.....	.....	.....	.....
5. Indemnity Only .....		.....	.....	.....	.....	.....
6. Aggregate write-ins for other lines of business .....		.....	.....	.....	.....	.....
7. TOTAL	20,077	20,146	20,198	20,252	241,831	
DETAILS OF WRITE-INS						
0601. .....	.....	.....	.....	.....	.....	.....
0602. .....	.....	.....	.....	.....	.....	.....
0603. .....	.....	.....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

Notes to Financial Statements

SECTION A

1. Summary of Significant Accounting Policies
 - A. The accompanying financial statements of AultCare Health Insuring Corporation are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.
 - B. The preparation of financial statement in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.
 - C. Accounting Policy
 - (1) Short-term investments are stated at amortized cost.
 - (2) Bonds were stated at amortized cost using the straight-line method.
 - (3) Common stock is stated at market value.
 - (4) The Company had no preferred stock.
 - (5) The Company had no mortgage loans.
 - (6) The Company had no loan backed securities.
 - (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$35,784,341. This is invested in AultCare Insurance Company.
 - (8) The Company had no investments in joint ventures, partnerships, or limited liability companies.
 - (9) The Company had no derivatives.
 - (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
 - (11) The Company estimated the liabilities for losses based on independent actuary calculations received quarterly.
 - (12) The Company has not modified its capitalization policy from the prior period.
 - (13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84
2. Accounting Changes and Corrections of Errors
 - A. The Company had no change in accounting principles and/or correction of errors in 2015.
3. Business Combinations and Goodwill
 - A. The Company had no business combinations accounted for under the statutory purchase method.
 - B. The Company was not part of any merger.
 - C. The Company had no assumption of reinsurance.
 - D. An impairment loss was not recognized.
4. Discontinued Operations
 - A. The Company did not discontinue any operations.
5. Investments
 - A. The Company had no mortgage Loan Investments.
 - B. The Company had no recorded investments in Restructured Loans.
 - C. The Company had no recorded investments in Reverse Mortgages.
 - D. The Company had no recorded investments in Loan-Backed Securities.
 - E. The Company had no recorded investments in Repurchase Agreements.
 - F. The Company had 750 shares valued at \$47,712 each invested in its subsidiary, AultCare Insurance Company.
 - G. The Company has no investments in Low-Income Housing Tax Credits.
 - H. The Company has no investments in Restricted Assets.
6. Joint Ventures, Partnerships and Limited Liability Companies

Notes to Financial Statements

- A. The Company had no investments in joint ventures, partnerships or limited liability companies.
- B. The Company had no impaired investments in joint ventures, partnerships or limited liability companies.
- 7. Investment Income
 - A. The Company did not exclude any investment income due and accrued.
- 8. Derivative Instruments
 - A. The Company had no derivative instruments.
- 9. Income Taxes
 - A. The components of the net deferred tax asset/ (liability) at December 31, 2015 are as follows:

1. (reported in thousands)		12/31/2015			12/31/2014			Change		
		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78
(f)	Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78
2. (reported in thousands)		12/31/2015			12/31/2014			Change		
Admission Calculation Components SSAP No. 101		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lessor of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Cont. Note 9 A 2

1	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 9,671	XXX	XXX	\$ -	XXX	XXX				
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ 78	\$ -				
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	\$64,475		\$ -									
4. (reported in thousands)		12/31/2015			12/31/2014			Change					
Impact of Tax Planning Strategies		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total			
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No	X									

B. Not Applicable

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

1. Current Income Tax			(1) 12/31/2015	(2) 12/13/2014	(3) (Col 1-2) Change
(a)	Federal		\$ (2,034,018)	\$ -	\$ (2,034,018)
(b)	Foreign		\$ -	\$ -	\$ -
(c)	Subtotal		\$ (2,034,018)	\$ -	\$ (2,034,018)

Notes to Financial Statements

(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$ (2,034,018)	\$ -	\$ (2,034,018)
2.	Deferred Tax Assets			
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve	\$ -	\$ -	\$ -
(3)	Policyholder Reserves	\$ -	\$ -	\$ -
(4)	Investments	\$ -	\$ -	\$ -
(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$ -	\$ -	\$ -
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward	\$ -	\$ -	\$ -
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
	Other (including items <5% of total ordinary tax assets)	\$ 78,238	\$ -	\$ 78,238

Cont. Note 9 C 2

(14)	Subtotal	\$ 78,238	\$ -	\$ 78,238
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 78,238	\$ -	\$ 78,238
(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)	\$ 78,238	\$ -	\$ 78,238
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)	\$ 78,238	\$ -	\$ 78,238

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

	12/31/2015	Effective Tax Rate
Provision computed at statutory rate	\$ (2,027,201)	34.0%
Change in nonadmitted assets	\$ 1,124,651	-18.9%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ 27,200	-0.5%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ 19,269	-0.3%
Other	\$ -	0.0%
Total statutory income tax expense (benefit)	\$ (856,081)	14.4%
	12/31/2015	Effective Tax Rate
Federal and foreign income taxes incurred	\$ (2,112,256)	35.4%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ 78,238	-1.3%
Total statutory income tax expense (benefit)	\$ (2,034,018)	34.1%

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

- (1) At Dec 31, 2015, the Company had no net operating loss carry forwards available to offset against future taxable income.
- (2) The Company had no income taxes in current or prior years

Notes to Financial Statements

F. The Company is included in a consolidated federal income tax return with its parent company, AultCare Holding Company. The Company is consolidated with the following Subsidiaries, AultCare Insurance Company; Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; and AultComp MCO, Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity in which is a party to the consolidation. In the event any federal Tax Benefit Item of the AultCare Companies for any taxable period after they cease being Members of the Consolidated Group is eligible to be carried back to a taxable period while the AultCare Companies were Members of the Consolidated Group, the AultCare Companies shall, where possible, elect to carry such amounts forward to subsequent taxable periods. If the AultCare Companies are required by law to carry back any such federal Tax Benefit Item, the AultCare Companies shall be entitled to a payment at the time and to the extent that such Tax Benefit Item reduces the federal income Tax liability of the Consolidated Group. For purposes of computing the amount of the payment described in this section, one or more federal Tax Benefit Items shall be considered to have reduced the Consolidated Group's federal income Tax liability in a given taxable period by an amount equal to the difference, if any, between (i) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed without regard to such federal Tax Benefit Item or Items and (ii) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed with regard to such federal Tax Benefit Item or Items. For the avoidance of doubt, if the AultCare Companies are required to carry back a federal Tax Benefit Item, such federal Tax Benefit Item shall reduce the Consolidated Group's federal income Tax liability only after all federal Tax Benefit Items of AultCare Holdings have been applied to reduce the Consolidated Group's federal income Tax liability in such taxable period. Appropriate reconciliation payments shall be made in the event that it is subsequently determined that a Tax Benefit Item did not reduce the Consolidated Group's federal income Tax liabilities, including by reason of any such Tax Benefit Item being subsequently disallowed in whole or in part or by reason of other Tax benefits becoming available.

G. Federal or Foreign Income Tax Loss Contingencies

(1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, The following transactions are all as of December 31, 2015; The Company has a capitation arrangement with Aultman Hospital for their Medicare enrollees and has paid \$65,556,789 in capitated claims for its Medicare enrollees. The Company has a management services agreement with Aultman Health Foundation, the ultimate controlling entity and AultCare Corporation, an affiliate that allows various administrative, marketing, and claims processing services to be completed on behalf of the Company. The Company paid \$474,333 to Aultman Health Foundation and \$13,172,743 to AultCare Corporation for management services. The Company has an operating lease for office space and paid \$312,786 to Aultman Health Foundation for rent. The company received \$32,352,017 in bonds, CD's and mutual funds from its subsidiary, AultCare Insurance Company.

D. At Dec 31, 2015, the Company reported \$0 due from the parent company, AultCare Holding Company. The Company has an intercompany revolving credit facility in place with AultCare Insurance Company, a subsidiary. As of December 31, 2015, the Company owes \$1,153,054. The Company also has capitation arrangement with the parent company for anticipation of future services. As of December 31, 2015, the Company has paid \$5,400,000 Aultman Health Foundation for these future services.

E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities.

F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.

Notes to Financial Statements

- G. All outstanding shares of the Company were owned by the parent company, AultCare Holding Company, a not-for-profit foundation domiciled in the State of Ohio.
- H. The Company does not have an investment in a parent.
- I. The Company owns 100% of SCA entity AultCare Insurance Company. AultCare Insurance Company has assets valued at \$83,951,652, liabilities valued at \$47,999,812, and results from operations of \$35,951,840.
- J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have an investment in a foreign insurance subsidiary.
- L. The Company did not hold an investment in a downstream non insurance holding company.
- 11. Debt
 - A. The Company did not have any debt including capital notes.
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
 - A. The Company had no defined benefit plans.
 - B. Contributions of 3% of each employee's compensation are made each year. The Company's contribution for the defined contribution plan was \$249,564 and \$0 for 2015 and 2014 respectively.
 - C – F The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans.
- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
 - (1) The Company has no common stock outstanding
 - (2) The Company had no preferred stock outstanding.
 - (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
 - (4) The Company paid no dividends in 2015.
 - (5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
 - (6) There were no restrictions placed on the Company's surplus.
 - (7) The Total Amount of advances to surplus not repaid is \$0.
 - (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
 - For conversion of preferred stock: 0 shares.
 - A. For employee stock options: 0 shares.
 - B. For stock purchase warrants: 0 shares.
 - (9) The Company did not have changes in the balances of any special surplus funds.
 - (10) The Company did not have any surplus funds represented that were reduced
 - (11) The Company had no outstanding surplus debentures of similar obligations.
 - (12) The Company had no restatements due to prior quasi-reorganizations.
 - (13) The Company was not involved in quasi-reorganization.
- 14. Contingencies
 - A. The Company is not aware of any material contingent commitments.
 - B. The Company was not aware of any assessments that could have a material financial effect.
 - C. The Company had no Gain Contingencies.
 - D. Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.
- 15. Leases
 - A. Lessee Operating Lease
 - (1) The Company leases office space in buildings from Aultman Health Foundation through operating lease agreements that will expire December 31, 2015. In 2015 and 2014 respectively, the company paid \$312,786 and \$0 to Aultman Health Foundation for rent expense. Certain rental commitments have renewal options extending through the year 2019. Some of these renewals are subject to adjustments in future periods.
 - (2) At January 1, 2016, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2016	\$ 312,777

- 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

Notes to Financial Statements

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

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

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

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

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

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

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

20. Fair Value Measurement

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

(1)

Fair Value Measurements at Reporting Date				
(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Common Stock	\$ 6,910,610	\$ -	\$ -	\$ -
Total assets at fair value	\$ 6,910,610	\$ -	\$ -	\$ -

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

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

21. Other Items

- A. The Company did not experience an extraordinary event or transaction that resulted in a gain or loss.
- B. The Company had no troubled debt to restructure.
- C. There are no other disclosures.
- D. At December 31, 2015 the Company had admitted assets of \$3,535,957 in accounts receivable and amounts due from agents. The Company routinely assesses the collectability of these receivables. Based upon Company experience, less than 1% of the balance may become uncollectible and the potential loss is not material to the Company's financial condition.
- E. The Company did not have any Business Interruption Insurance Recoveries.
- F. The Company did not have any State Transferable Tax Credits.
- G. The Company had no Subprime Mortgage Related Risk Exposure.
- H. The Company had no offsetting and netting of assets and liabilities.

22. Events Subsequent

- A. As of March 1, 2016, there have been no Type I events subsequent to December 31, 2015, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2016.
- B. As of March 1, 2016, there have been no Type II events subsequent to Dec 31, 2015, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2016.

23. Reinsurance

- A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

Cont. Note 23 A, Section 1

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

Notes to Financial Statements

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
 Yes () No (X)

(2) Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurers exceed the total direct premium collected under the reinsured policies?
 Yes () No (X)

Section 3 – Ceded Reinsurance Report – part B

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

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year this statement, to included policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
 Yes () No (X)

B. The Company did not write off any uncollectible reinsurance during the year.

C. The Company did not have any commutation of ceded reinsurance during the year.

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

A. The Company records accrued retrospective premiums as an adjustment to earned premiums.

B. The Company has accrued \$0 of net premiums written as of Dec 31, 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. The Company did not make any changes in the provision for incurred loss and loss adjustment expenses attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

A. The Company had no intercompany pooling arrangements.

27. Structured Settlements

A. The Company had no structured settlements.

28. Health Care Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2015	\$742,354	\$ -	\$ -	\$ -	\$ -
9/30/2015	\$742,354	\$ -	\$ -	\$ -	\$ -
6/30/2015	\$ -	\$ -	\$ -	\$312,761	\$ -
3/31/2015	\$ -	\$ -	\$ -	\$382,280	\$ -

B. The Company does not estimate risk sharing receivables.

29. Participating Policies

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

30. Premium Deficiency Reserves

A. The Company does not have Premium Deficiency Reserves.

31. Anticipated Salvage and Subrogation

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

1.3 State Regulating? Ohio

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

2.2 If yes, date of change: 09/04/2015

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

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

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

3.4 By what department or departments?
0

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

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

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

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

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

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

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

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

6.2 If yes, give full information:

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

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

1 Nationality	2 Type of Entity
.....

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

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

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

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

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

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

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

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

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]

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

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

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

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

GENERAL INTERROGATORIES (Continued)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> [X]
12.11 Name of real estate holding company	
12.12 Number of parcels involved	0
12.13 Total book/adjusted carrying value	\$ 0
12.2 If yes, provide explanation	
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:	
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> [X]
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> [X]
13.3 Have there been any changes made to any of the trust indentures during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> [X]
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> [X]
14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> [X]
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;	
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;	
c. Compliance with applicable governmental laws, rules and regulations;	
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and	
e. Accountability for adherence to the code.	
14.11 If the response to 14.1 is no, please explain:	
14.2 Has the code of ethics for senior managers been amended?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> [X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> [X]
14.3 Have any provisions of the code of ethics been waived for any of the specified officers?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> [X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).	
15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> [X]
15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.	

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	
20.11 To directors or other officers	\$..... 0
20.12 To stockholders not officers	\$..... 0
20.13 Trustees, supreme or grand (Fraternal only)	\$..... 0
20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):	
20.21 To directors or other officers	\$..... 0
20.22 To stockholders not officers	\$..... 0
20.23 Trustees, supreme or grand (Fraternal only)	\$..... 0
21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21.2 If yes, state the amount thereof at December 31 of the current year:	
21.21 Rented from others	\$..... 0
21.22 Borrowed from others	\$..... 0
21.23 Leased from others	\$..... 0
21.24 Other	\$..... 0
22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
22.2 If answer is yes:	
22.21 Amount paid as losses or risk adjustment	\$..... 0
22.22 Amount paid as expenses	\$..... 0
22.23 Other amounts paid	\$..... 0
23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$..... 0

INVESTMENT

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

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

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

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes[] No[] N/A[X] \$ 0

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

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

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes[] No[] N/A[X] \$ 0

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

GENERAL INTERROGATORIES (Continued)

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

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
24.103 Total payable for securities lending reported on the liability page.	\$ 0

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

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

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

25.3 For category (25.26) provide the following:

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

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

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

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

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

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

29.2 If yes, complete the following schedule:

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

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

GENERAL INTERROGATORIES (Continued)

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	23,009,985	22,927,572	(82,412)
30.2 Preferred stocks			
30.3 Totals	23,009,985	22,927,572	(82,412)

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

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[] No[X] N/A[]
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 254,733
 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

34.1 Amount of payments for legal expenses, if any? \$ 0
 34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 28,555
 35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
American Health Insurance Plans	12,387

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

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

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	229,897,492	.....
2.2 Premium Denominator	226,733,360	.....
2.3 Premium Ratio (2.1 / 2.2)	1.014	.....
2.4 Reserve Numerator	14,920,021	.....
2.5 Reserve Denominator	14,920,021	.....
2.6 Reserve Ratio (2.4 / 2.5)	1.000	.....

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

Yes [] No [X]

3.2 If yes, give particulars:

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

Yes [X] No []

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

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$	350,000
5.32 Medical Only	\$	0
5.33 Medicare Supplement	\$	0
5.34 Dental & Vision	\$	0
5.35 Other Limited Benefit Plan	\$	0
5.36 Other	\$	0

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

N/A

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

Yes [X] No []

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....	3,874
8.2 Number of providers at end of reporting year	.....	1,656

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

Yes [] No [X]

9.2 If yes, direct premium earned:

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

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

Yes [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses	\$	1,682,220
10.22 Amount actually paid for year bonuses	\$	3,205,428
10.23 Maximum amount payable withhold	\$	0
10.24 Amount actually paid for year withhold	\$	0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [] No [X]
11.14 A Mixed Model (combination of above)?	Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus:

Ohio

11.4 If yes, show the amount required.

\$

1,500,000

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

Yes [] No [X]

11.6 If the amount is calculated, show the calculation.

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

1 Name of Service Area
Ohio

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

Yes [] No [X]

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

\$

0

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

Yes [] No [X]

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

\$

0

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

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

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

GENERAL INTERROGATORIES (Continued)

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

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

15.1 Direct Premium Written
15.2 Total incurred claims
15.2 Number of covered lives

\$ 0
\$ 0
\$ 0

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

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	82,605,983	66,342,640			
2. TOTAL Liabilities (Page 3, Line 24)	18,053,084				
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000			
4. TOTAL Capital and Surplus (Page 3, Line 33)	64,552,899	66,342,640			
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	226,733,360				
6. TOTAL Medical and Hospital Expenses (Line 18)	209,652,550				
7. Claims adjustment expenses (Line 20)	4,525,234				
8. TOTAL Administrative Expenses (Line 21)	19,237,702	753			
9. Net underwriting gain (loss) (Line 24)	(6,682,126)	(753)			
10. Net investment gain (loss) (Line 27)	719,769	21,681			
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(3,928,339)	21,024			
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,682,376)	3,871			
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	64,552,899				
15. Authorized control level risk-based capital	17,020,703				
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	20,252				
17. TOTAL Members Months (Column 6, Line 7)	241,831				
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	92.5				
20. Cost containment expenses	2.0				
21. Other claims adjustment expenses					
22. TOTAL Underwriting Deductions (Line 23)	102.9				
23. TOTAL Underwriting Gain (Loss) (Line 24)	(2.9)				
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)					
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]					
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)	35,784,341	64,621,616			
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated	390,997	(753)			
32. TOTAL of Above Lines 26 to 31	36,175,337	64,620,863			
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

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

If no, please explain:

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

State, Etc.	1 Active Status	Direct Business Only							9 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L	226,934,897						226,934,897	
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)	XXX								
59. Subtotal	XXX	226,934,897						226,934,897	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. TOTAL (Direct Business)	(a) 1	226,934,897						226,934,897	

DETAILS OF WRITE-INS

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

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

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

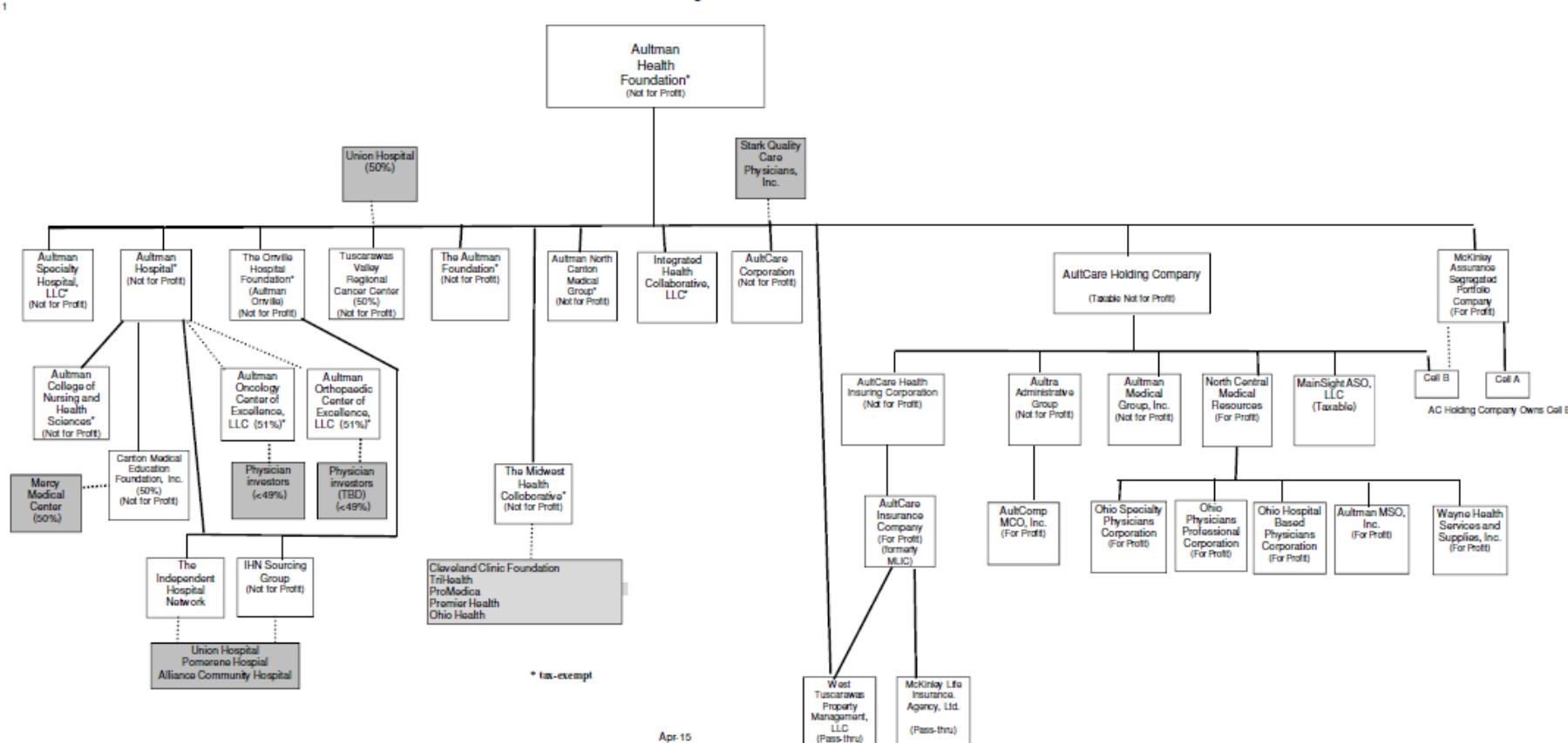
Explanation of basis of allocation of premiums by states, etc.:

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Aultman Health Foundation Organizational Chart



Apr-15

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