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2015

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2015**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**AultCare Health Insuring Corporation**

NAIC Group Code	4805 (Current Period)	4805 (Prior Period)	NAIC Company Code	15461	Employer's ID Number	46-3305099
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"/> ] Dental Service Corporation[ <input type="checkbox"/> ] Other[ <input type="checkbox"/> ]	Property/Casualty[ <input type="checkbox"/> ] Vision Service Corporation[ <input type="checkbox"/> ] Is HMO Federally Qualified? Yes[ <input type="checkbox"/> ] No[ <input checked="" type="checkbox"/> ] N/A[ <input type="checkbox"/> ]	Hospital, Medical & Dental Service or Indemnity[ <input type="checkbox"/> ] Health Maintenance Organization[ <input checked="" 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 (Area Code) (Telephone Number)			
Primary Location of Books and Records	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (Area Code) (Telephone Number)			
Internet Website Address	www.aultcare.com					
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name) jscheatzle@aultman.com (E-Mail Address)		(330)363-4057 (Area Code)(Telephone Number)(Extension) (330)363-5012 (Fax Number)			

**OFFICERS**

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

**OTHERS**

**DIRECTORS OR TRUSTEES**

William Wallace M.D.	Gregory A. Haban M.D.
Christopher E. Remark	Edward J. Roth III
Rick L. Haines	Michael A. Rich M.D.
Mark D. Wright	John B. Humphrey Jr., M.D.
Darryl J. Dillenback	Allen Rovner M.D.
Joseph J. Feltes Esq.	Mark N. Rose M.D.

State of Ohio  
 County of Stark ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)  
 Rick L. Haines  
 (Printed Name)  
 1.  
 President  
 (Title)

(Signature)  
 Joseph J. Feltes  
 (Printed Name)  
 2.  
 Secretary  
 (Title)

(Signature)  
 Mark D. Wright  
 (Printed Name)  
 3.  
 Treasurer  
 (Title)

Subscribed and sworn to before me this

day of                   , 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)**

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	1,415,851	394,687	.....	.....	.....	1,810,538
0299999 TOTAL Group .....	1,415,851	394,687	.....	.....	.....	1,810,538
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .....	1,415,851	394,687	.....	.....	.....	1,810,538

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	742,354	.....	.....	.....	742,354	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	742,354	.....	.....	.....	742,354	.....
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables .....	.....	.....	.....	.....	.....	.....
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	5,400,000	.....	.....	.....	.....	5,400,000
0499999 Subtotal - Capitation Arrangement Receivables .....	5,400,000	.....	.....	.....	.....	5,400,000
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables .....	6,142,354	.....	.....	.....	742,354	5,400,000

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	.....	695,041	.....	742,354	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	5,400,000	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables .....	.....	.....	.....	.....	.....	.....
7. TOTALS (Lines 1 through 6) .....	.....	695,041	.....	6,142,354	.....	.....

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

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

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	.....	.....	.....	.....	.....	.....
0499999 Subtotals .....	.....	.....	.....	.....	.....	.....
0599999 Unreported claims and other claim reserves .....						13,714,402
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						13,714,402
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						1,682,220

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 Receivables not individually listed .....	.....	.....	.....	.....	.....	.....	.....
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
AultCare Insurance Company .....		1,153,054	1,153,054	.....
0199999 Total - Individually Listed Payables .....	XXX .....	1,153,054	1,153,054	.....
0299999 Payables not Individually Listed .....	XXX .....			.....
0399999 TOTAL Gross Payables .....	XXX .....	1,153,054	1,153,054	.....

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	65,556,789	33.729	20,252	100.000	65,556,789	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	65,556,789	33.729	20,252	100.000	65,556,789	.....
<b>Other Payments:</b>						
5. Fee-for-service .....	14,640,181	7.532	XXX	XXX	.....	14,640,181
6. Contractual fee payments .....	114,164,218	58.738	XXX	XXX	6,563	114,157,654
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments .....	128,804,399	66.271	XXX	XXX	6,563	128,797,835
13. TOTAL (Line 4 plus Line 12) .....	194,361,188	100.000	XXX	XXX	65,563,352	128,797,835

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4805

NAIC Company Code 15461

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	20,077								20,077	
2. First Quarter .....	20,146								20,146	
3. Second Quarter .....	20,198								20,198	
4. Third Quarter .....	20,252								20,252	
5. Current Year .....										
6. Current Year Member Months .....	241,831								241,831	
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	81,781								81,781	
8. Non-Physician .....	265,813								265,813	
9. TOTAL .....	347,594								347,594	
10. Hospital Patient Days Incurred .....	22,176								22,176	
11. Number of Inpatient Admissions .....	5,236								5,236	
12. Health Premiums Written (b) .....	226,934,897								226,934,897	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	226,934,897								226,934,897	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	194,732,529								194,732,529	
18. Amount Incurred for Provision of Health Care Services .....	210,014,120								210,014,120	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....226,934,897



2015

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 15461

NAIC Group Code 4805

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	20,077								20,077	
2. First Quarter .....	20,146								20,146	
3. Second Quarter .....	20,198								20,198	
4. Third Quarter .....	20,252								20,252	
5. Current Year .....										
6. Current Year Member Months .....	241,831								241,831	
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	81,781								81,781	
8. Non-Physician .....	265,813								265,813	
9. TOTAL .....	347,594								347,594	
10. Hospital Patient Days Incurred .....	22,176								22,176	
11. Number of Inpatient Admissions .....	5,236								5,236	
12. Health Premiums Written (b) .....	226,934,897								226,934,897	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	226,934,897								226,934,897	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	194,732,529								194,732,529	
18. Amount Incurred for Provision of Health Care Services .....	210,014,120								210,014,120	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....226,934,897

## SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7	8	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
1199999 Total U.S. (Sum of 0399999 and 0899999)											
1299999 Total Non-U.S. (Sum of 0699999 and 0999999)											
9999999 Total (Sum of 0799999 and 1099999)											

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....						
<b>Accident and Health - Affiliates - Non-U.S. - Captive</b>						
00000 .... AA-3770278 .. 01/01/2015 McKinley Assur Spc .....				CYM .....	361,570	449,500
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive .....					361,570	449,500
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					361,570	449,500
1899999 Total - Accident and Health - Affiliates .....					361,570	449,500
2299999 Total - Accident and Health .....					361,570	449,500
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....						
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					361,570	449,500
9999999 Total (Sum of 1199999 and 2299999) .....					361,570	449,500

## SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
1199999	Total - General Account Authorized												
<b>General Account - Unauthorized - Affiliates - Non-U.S. - Captive</b>													
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/A/G	SLEL	201,537						
1599999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive						201,537						
1799999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total						201,537						
1899999	Total - General Account - Unauthorized - Affiliates						201,537						
2299999	Total - General Account - Unauthorized						201,537						
2899999	Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total												
3399999	Total - General Account - Certified												
3499999	Total - General Account - Authorized, Unauthorized and Certified						201,537						
4099999	Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total												
4599999	Total - Separate Accounts - Authorized												
5199999	Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total												
5699999	Total - Separate Accounts - Unauthorized												
6299999	Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total												
6799999	Total - Separate Accounts - Certified												
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified												
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)												
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						201,537						
9999999	Total (Sum of 3499999 and 6899999)						201,537						

# SCHEDULE S - PART 4

## Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
1199999 Total - General Account - Life and Annuity									XXX					
<b>General Account - Accident and Health - Affiliates - Non-U.S. - Captive</b>														
00000 AA-3770278 01/01/2015 McKinley Assur Spc					811,070		811,070							
1599999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive					811,070		811,070		XXX					
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total					811,070		811,070		XXX					
1899999 Total - General Account - Accident and Health - Affiliates					811,070		811,070		XXX					
2299999 Total - General Account - Accident and Health					811,070		811,070		XXX					
2399999 Total - General Account					811,070		811,070		XXX					
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									XXX					
3499999 Total - Separate Accounts									XXX					
3599999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)									XXX					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					811,070		811,070		XXX					
9999999 Total (Sum of 2399999 and 3499999)					811,070		811,070		XXX					

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

## SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1 NAIC Company Code	2 ID	3 Effective Date	4 Name of Reinsurer	5 Domi- niliary Juris- diction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Credit Taken	11 Other Debits	12 Total Recoverable /Reserve Credit Taken	13 Miscellaneous	14 Net Obligation Subject to Collateral (Col. 14 x Col. 8)	15 Dollar Amount of Collateral Required for Full Credit	Collateral							23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 22 / Col. 14)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)	
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
2299999 Total - General Account - Accident and Health															....	....	....	....	....	....	....	....	....	....	....	....
2399999 Total - General Account															....	....	....	....	....	....	....	....	....	....	....	....
3499999 Total - Separate Accounts															....	....	....	....	....	....	....	....	....	....	....	....
3599999 Total - U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)															....	....	....	....	....	....	....	....	....	....	....	....
3699999 Total - Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)															....	....	....	....	....	....	....	....	....	....	....	....
9999999 Total (Sum of 2399999 and 3499999)															....	....	....	....	....	....	....	....	....	....	....	....

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
....	....	....	....	....

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

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....					
2. Title XVIII-Medicare .....	202				
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	362				
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					XXX
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					XXX
18. Funds deposited by and withheld from (F) .....					XXX
19. Letters of credit (L) .....					XXX
20. Trust agreements (T) .....					XXX
21. Other (O) .....					XXX

## SCHEDULE S - PART 7

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	69,115,160		69,115,160
2. Accident and health premiums due and unpaid (Line 15) .....	3,535,957		3,535,957
3. Amounts recoverable from reinsurers (Line 16.1) .....	361,570		361,570
4. Net credit for ceded reinsurance .....	XXX		
5. All other admitted assets (Balance) .....	9,593,295		9,593,295
6. <b>TOTAL Assets (Line 28)</b> .....	<b>82,605,983</b>		<b>82,605,983</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	13,237,802		13,237,802
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,682,220		1,682,220
9. Premiums received in advance (Line 8) .....	193,402		193,402
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	2,939,661		2,939,661
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>18,053,084</b>		<b>18,053,084</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>64,552,899</b>	XXX	<b>64,552,899</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>82,605,983</b>		<b>82,605,983</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....			
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....			

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

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

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	34-1445390			Aultman Health Foundation	US	UIP	Self		Board of Directors		Aultman Health Foundation	
		00000	34-0714538			Aultman Hospital	US	NIA	Aultman Health Foundation		Ownership	100.0	Aultman Health Foundation	0000000
4805		77216	34-1624818			AultCare Insurance Company	US	DS	AultCare Health Insuring Corporation		Ownership	100.0	Aultman Health Foundation	
		00000	34-1488123			AultCare Corporation	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc		Other		Aultman Health Foundation	0000001
		00000	20-0090246			West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company		Ownership	94.0	Aultman Health Foundation	
		00000	34-1795772			McKinley Life Insurance Agency, Ltd.	US	DS	AultCare Insurance Company		Ownership	100.0	Aultman Health Foundation	
		00000	20-4951704			Aultra Administrative Group	US	IA	AultCare Holding Company		Management		Aultman Health Foundation	
		00000	27-4379962			AultComp MCO, Inc.	US	NIA	Aultra Administrative Group		Ownership	100.0	Aultman Health Foundation	
		00000	34-1853300			Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources		Ownership	100.0	Aultman Health Foundation	
		00000	98-0468384			McKinley Assurance Segregated Portfolio Company (SPC)	US	NIA	Aultman Health Foundation		Ownership	100.0	Aultman Health Foundation	
		00000	20-1359433			Aultman College of Nursing and Health Sciences	US	NIA	Aultman Hospital		Ownership	100.0	Aultman Hospital	
		00000	31-1509904			Aultman MSO, Inc.	US	NIA	North Central Medical Resources		Ownership	100.0	Aultman Health Foundation	
		00000	20-8090459			The Aultman Foundation	US	NIA	Aultman Health Foundation		Ownership	100.0	Aultman Health Foundation	
		00000	31-1509897			Ohio Physicians Professional Corporation	US	NIA	North Central Medical Resources		Ownership	100.0	Aultman Health Foundation	
		00000	34-1610344			North Central Medical Resources	US	NIA	AultCare Holding Company		Ownership	100.0	Aultman Health Foundation	
		00000	34-1871647			Ohio Hospital Based Physician Corporation	US	NIA	North Central Medical Resources		Ownership	100.0	Aultman Health Foundation	
		00000	31-1689698			Tuscarawas Valley Regional Cancer Center	US	NIA	Other		Ownership, Board of Directors	50.0	Aultman Health Foundation	0000002
		00000	13-4246188			Acute Care Specialty Hospital at Aultman, LLC	US	NIA	Aultman Health Foundation		Ownership	100.0	Aultman Health Foundation	
		00000	34-1243260			Canton Medical Education Foundation	US	NIA	Other		Ownership, Board of Directors	50.0	Aultman Hospital	0000003
		15461	46-3305099			AultCare Health Insuring Corporation	US	RE	Aultman Health Foundation		Ownership	100.0	Aultman Health Foundation	
		00000	34-1088530			Aultman North Canton Medical	US	NIA	Aultman Health Foundation		Ownership, Board of Directors	100.0	Aultman Health Foundation	
		00000	34-0733138			The Orville Hospital Foundation	US	NIA	Aultman Health Foundation		Ownership	100.0	Aultman Health Foundation	
		00000	45-3166014			Aultman Medical Group, Inc	US	NIA	AultCare Holding Company		Ownership	100.0	Aultman Health Foundation	
		00000	47-1165287			AultCare Holding Company	US	UDP	Aultman Health Foundation		Ownership	100.0	Aultman Health Foundation	
		00000	47-3587655			MainSight ASO, LLC	US	NIA	AultCare Holding Company		Ownership	100.0	Aultman Health Foundation	

Asterisk

Explanation

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
77216	34-1624818	AULTCARE INS CO .....			(32,352,017)					1,153,054	(31,198,963)	
15461	46-3305099	AULTCARE HLTH INSURING CORP .....		2,002,238	32,352,017		(13,959,861)			(1,153,054)	19,241,339	
47-1165287	AA-3770278	AultCare Holding Company .....		(2,002,238)							(2,002,238)	
00000	34-1445390	McKinley Assur Spc .....						787,118			787,118	
00000	34-1488123	Aultman Health Foundation .....						13,172,743			13,172,743	
9999999 Control Totals .....									XXX			

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### Response

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

#### MARCH FILING

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

#### APRIL FILING

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

#### JUNE FILING

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

#### AUGUST FILING

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

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

#### MARCH FILING

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

#### APRIL FILING

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

#### AUGUST FILING

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

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



1546120153600000

2015

Document Code: 360

Health Property / Casualty Supplement



1546120152070000

2015

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



1546120153710000

2015

Document Code: 371

Medicare Part D Coverage Supplement



15461201536500000

2015

Document Code: 365

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



15461201522500000

2015

Document Code: 225

Health Life Supplement



15461201520500000

2015

Document Code: 205

Schedule SIS



15461201542000000

2015

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



15461201537000000

2015

Document Code: 370

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



15461201522400000

2015

Document Code: 224

Approval for Relief related to Require. for Audit Committees



15461201522600000

2015

Document Code: 226

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

LTC Supplemental Interrogatories



1546120153060000

2015

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



1546120152110000

2015

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



1546120152130000

2015

Document Code: 213

Management's Report of Internal Control over Financial Reporting



1546120152230000

2015

Document Code: 223



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