Amended Explanation Page

On 7/29/16 an amended 2015 Annual Statement was filed for AultCare Insurance Company. The following pages were amended: Statement of Revenue (pages 4 and 5), Cash Flow (page 6), Exhibit of Net Investment Income and Capital gain/losses (page 15), and Five Year Historical Data (page 29.

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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

AultCare Insurance Company

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[X] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]
Other[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]

Incorporated/Organized 08/15/1989 Commenced Business 11/01/1989

Statutory Home Office 2600 Sixth Street SW (Street and Number), Canton, OH, 44710 (City or Town, State, Country and Zip Code)

Main Administrative Office 2600 Sixth Street SW (Street and Number)
Canton, OH, 44710 (City or Town, State, Country and Zip Code) (330)363-4057 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 2600 Sixth Street SW (Street and Number)
Canton, OH, 44710 (City or Town, State, Country and Zip Code) (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

William Wallace M.D.
Christopher E. Remark
Rick L. Haines
Mark D. Wright
Darryl J. Dillenback
Joseph J. Feltes Esq.
Gregory A. Haban M.D.
Edward J. Roth III
Michael A. Rich M.D.
John B. Humphrey Jr., M.D.
Allen Rovner M.D.
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)	(Signature)	(Signature)
Rick L. Haines	Joseph J. Feltes	Mark D. Wright
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2016

a. Is this an original filing? Yes[ ] No[X]
b. If no, 1. State the amendment number 3
2. Date filed 07/29/2016
3. Number of pages attached 9

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)