



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] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
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?
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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed	1,507,633	(15,530)	687,451			2,179,554
0299999 TOTAL Group	1,507,633	(15,530)	687,451			2,179,554
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) ..	1,507,633	(15,530)	687,451			2,179,554

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	940,602				940,602	
0199999 Subtotal - Pharmaceutical Rebate Receivables	940,602				940,602	
0299998 Claim Overpayment Receivables - Not Individually Listed	145,352					145,352
0299999 Subtotal - Claim Overpayment Receivables	145,352					145,352
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed	2,900,000					2,900,000
0499999 Subtotal - Capitation Arrangement Receivables	2,900,000					2,900,000
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	3,985,954				940,602	3,045,352

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	1,513,728	1,232,131		940,602	1,513,728	
2. Claim overpayment receivables	97,049	43,815		145,352	97,049	
3. Loans and advances to providers						
4. Capitation arrangement receivables				2,900,000		
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	1,610,777	1,275,946		3,985,954	1,610,777	

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						20,663,966
0699999 TOTAL Amounts Withheld
0799999 TOTAL Claims Unpaid						20,663,966
0899999 Accrued Medical Incentive Pool and Bonus Amounts						1,365,286

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
Individually listed receivables							
AultCare Health Insuring Corp	691,572					691,572	
0199999 Total - Individually listed receivables	691,572					691,572	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	691,572					691,572	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Mckinley Life Insurance Agency		119,640	119,640	
0199999 Total - Individually Listed Payables	X X X	119,640	119,640	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	119,640	119,640	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	37,691,112	18.127	64,992	75.362	37,691,112	
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	37,691,112	18.127	64,992	75.362	37,691,112	
Other Payments:							
5.	Fee-for-service	38,773,369	18.647	X X X	X X X		38,773,369
6.	Contractual fee payments	131,468,529	63.226	X X X	X X X		131,468,529
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	170,241,897	81.873	X X X	X X X		170,241,897
13.	TOTAL (Line 4 plus Line 12)	207,933,009	100.000	X X X	X X X	37,691,112	170,241,897

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	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 77216

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	112,281	8,180	45,668	191		10,795	2,554	20,280		24,613
2. First Quarter	90,556	8,147	44,808	229		10,451	2,552			24,369
3. Second Quarter	90,837	7,932	45,262	249		10,443	2,550			24,401
4. Third Quarter	88,334	7,753	44,539	263		10,505	2,519			22,755
5. Current Year	86,510	7,383	44,271	270		10,538	2,530			21,518
6. Current Year Member Months	1,075,285	94,212	537,964	2,859		126,124	30,498			283,628
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	204,478	28,320	162,136				14,022			
8. Non-Physician	558,457	79,544	440,381				38,532			
9. TOTAL	762,935	107,864	602,517				52,554			
10. Hospital Patient Days Incurred	12,302	1,883	9,652				767			
11. Number of Inpatient Admissions	3,199	449	2,537				213			
12. Health Premiums Written (b)	259,388,171	31,873,129	198,567,320	498,292		3,238,485	15,998,287			9,212,659
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	259,388,171	31,873,129	198,567,320	498,292		3,238,485	15,998,287			9,212,659
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	207,933,009	20,804,515	154,267,796	357,556		2,214,171	14,625,565	12,807,049		2,856,357
18. Amount Incurred for Provision of Health Care Services	208,731,532	25,017,528	156,694,204	357,556		2,276,511	15,164,734			9,220,998

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4805 NAIC Company Code 77216

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	112,281	8,180	45,668	191		10,795	2,554	20,280		24,613
2. First Quarter	90,556	8,147	44,808	229		10,451	2,552			24,369
3. Second Quarter	90,837	7,932	45,262	249		10,443	2,550			24,401
4. Third Quarter	88,334	7,753	44,539	263		10,505	2,519			22,755
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6. Current Year Member Months	1,075,285	94,212	537,964	2,859		126,124	30,498			283,628
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	204,478	28,320	162,136				14,022			
8. Non-Physician	558,457	79,544	440,381				38,532			
9. TOTAL	762,935	107,864	602,517				52,554			
10. Hospital Patient Days Incurred	12,302	1,883	9,652				767			
11. Number of Inpatient Admissions	3,199	449	2,537				213			
12. Health Premiums Written (b)	259,388,171	31,873,129	198,567,320	498,292		3,238,485	15,998,287			9,212,659
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	259,388,171	31,873,129	198,567,320	498,292		3,238,485	15,998,287			9,212,659
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	207,933,009	20,804,515	154,267,796	357,556		2,214,171	14,625,565	12,807,049		2,856,357
18. Amount Incurred for Provision of Health Care Services	208,731,532	25,017,528	156,694,204	357,556		2,276,511	15,164,734			9,220,998

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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 .....					.....	.....
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770278 ...	01/01/2015	McKinley Assur Spc	CYM ...	688,021	161,675
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive					688,021	161,675
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					688,021	161,675
1899999 Total - Accident and Health - Affiliates					688,021	161,675
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
38636	13-3031176 ...	01/01/2010	PARTNER REINS CO OF THE US	NY	2,064,064	485,025
00000	AA-9990032 ...	01/01/2014	US Dept of Hlth & Human Serv	DC	1,533,012	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					3,597,076	485,025
2199999 Total - Accident and Health - Non-Affiliates					3,597,076	485,025
2299999 Total - Accident and Health					4,285,098	646,700
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					3,597,076	485,025
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					688,021	161,675
9999999 Total (Sum of 1199999 and 2299999)					4,285,098	646,700

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other													
38636	13-3031176	04/01/2008	PARTNER REINS CO OF THE US	NY	SSL/A/I	SLEL	7,961,355						
0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other							7,961,355						
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total							7,961,355						
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates							7,961,355						
1199999 Total - General Account Authorized							7,961,355						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
General Account - Unauthorized - Affiliates - Non-U.S. - Captive													
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/A/I	SLEL	981,775						
1599999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive							981,775						
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total							981,775						
1899999 Total - General Account - Unauthorized - Affiliates							981,775						
2299999 Total - General Account - Unauthorized							981,775						
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							8,943,130						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4099999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
5599999 Total - Separate Accounts - Unauthorized - Non-Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							7,961,355						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							981,775						
9999999 Total (Sum of 3499999 and 6899999)							8,943,130						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
1199999 Total - General Account - Life and Annuity														
General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
00000	AA-3770278	01/01/2015	McKinley Assur Spc		849,696		849,696							
1599999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total														
1899999 Total - General Account - Accident and Health - Affiliates														
2299999 Total - General Account - Accident and Health														
2399999 Total - General Account														
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total														
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 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26				
															16	17	18	19	20	21					22			
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domi- ciliary Juris- diction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)			
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
A. OPERATIONS ITEMS					
1. Premiums	8,943	8,966	11,538	9,786	9,917
2. Title XVIII-Medicare		275	753	816	801
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	4,285	5,799	3,759	2,376	1,529
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					X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					X X X
18. Funds deposited by and withheld from (F)					X X X
19. Letters of credit (L)					X X X
20. Trust agreements (T)					X X X
21. Other (O)					X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	71,331,075		71,331,075
2. Accident and health premiums due and unpaid (Line 15)	3,289,577		3,289,577
3. Amounts recoverable from reinsurers (Line 16.1)	4,285,098		4,285,098
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	5,045,902		5,045,902
6. TOTAL Assets (Line 28)	83,951,652		83,951,652
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	20,058,466		20,058,466
8. Accrued medical incentive pool and bonus payments (Line 2)	1,365,286		1,365,286
9. Premiums received in advance (Line 8)	9,370,530		9,370,530
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)	17,205,530		17,205,530
15. TOTAL Liabilities (Line 24)	47,999,812		47,999,812
16. TOTAL Capital and Surplus (Line 33)	35,951,840	X X X	35,951,840
17. TOTAL Liabilities, Capital and Surplus (Line 34)	83,951,652		83,951,652
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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)	*
41	4805	00000	34-1445390				Aultman Health Foundation	US	UIP	Self	Board of Directors		Aultman Health Foundation	
		000000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	0000004
		77216	34-1624818				AultCare Insurance Company	US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	
		000000	34-1488123				AultCare Corporation	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	0000001
		000000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company	Ownership	94.0	Aultman Health Foundation	
		000000	34-1795772				McKinley Life Insurance Agency, Ltd.	US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	
		000000	20-4951704				Aultra Administrative Group	US	IA	AultCare Holding Company	Management		Aultman Health Foundation	
		000000	27-4379962				AultComp MCO, Inc.	US	NIA	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	
		000000	34-1853300				Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		000000	98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		000000	20-1359433				Aultman College of Nursing and Health Sciences	US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	
		000000	31-1509904				Aultman MSO, Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
	4805	000000	20-8090459				The Aultman Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		000000	31-1509897				Ohio Physicians Professional Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		000000	34-1610344				North Central Medical Resources	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	
		000000	34-1871647				Ohio Hospital Based Physician Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	
		000000	31-1689698				Tuscarawas Valley Regional Cancer Center	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	0000002
		000000	13-4246188				Acute Care Specialty Hospital at Aultman, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		000000	34-1243260				Canton Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	0000003
		15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	
		000000	34-1088530				Aultman North Canton Medical	US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	
		000000	34-0733138				The Orville Hospital Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		000000	45-3166014				Aultman Medical Group, Inc	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
		000000	47-1165287				AultCare Holding Company	US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	
000000	47-3587655				MainSight ASO, LLC	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation			
Asterisk	Explanation													
00000001	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													
00000002	Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50%													
00000003	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 77216 ..	.. 34-1624818 ..	AULTCARE INS CO .....	.....	.... (7,259,540) .....	..... (32,352,017) .....	.....	.. (18,264,812) ..	.....	.....	..... 691,572 ..	.. (57,184,797) ..	.....
.. 15461 ..	.. 46-3305099 ..	AULTCARE HLTH INSURING CORP .....	.....	.....	..... 32,352,017 .....	.....	.....	.....	.....	..... (691,572) .....	.... 31,660,445 .....	.....
.. 00000 ..	.. AA-3770278 ..	McKinley Assur Spc .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 00000 ..	.. 47-1165287 ..	AultCare Holding Company .....	.....	.... 7,259,540 .....	.....	.....	.....	.....	.....	.....	.... 7,259,540 .....	.....
.....	.. 34-1445390 ..	Aultman Health Foundation .....	.....	.....	.....	.....	..... 724,331 .....	.....	.....	.....	.... 724,331 .....	.....
.....	.. 34-1488123 ..	AultCare Corporation .....	.....	.....	.....	.....	.... 17,540,481 .....	.....	.....	.....	.... 17,540,481 .....	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	..... 0 .....	..... 0 .....	.....

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

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

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

Explanations:

Bar Codes:

Health Life Supplement



77216201520500000 2015 Document Code: 205

Health Property / Casualty Supplement



77216201520700000 2015 Document Code: 207

Schedule SIS



77216201542000000 2015 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



77216201537100000 2015 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



77216201537000000 2015 Document Code: 370

Medicare Part D Coverage Supplement



77216201536500000 2015 Document Code: 365

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



77216201522400000 2015 Document Code: 224

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



77216201522500000 2015 Document Code: 225

Approval for Relief related to Require. for Audit Committees



77216201522600000 2015 Document Code: 226

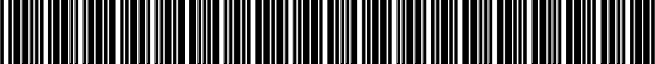
LTC Supplemental Interrogatories



77216201530600000 2015 Document Code: 306

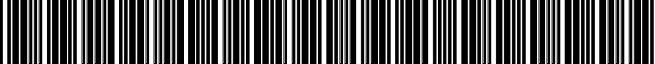
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



77216201521100000 2015 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



77216201521300000 2015 Document Code: 213

Management's Report of Internal Control over Financial Reporting



77216201522300000 2015 Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2015
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 4805
Address (City, State and Zip Code): Canton, OH 44710
Person Completing This Exhibit: Jeffrey Alan Scheatzle

NAIC Company Code: 77216

Title: Director of Finance Telephone Number: (330)363-4057-

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
N/A		A	Yes	3,4	06/03/2010				PRIMETIME Choices	5,640	5,766	102.2	2				
N/A		F	Yes	3,4	06/03/2010				PRIMETIME Choices	477,381	341,245	71.5	180				
N/A		M	Yes	3,4	06/03/2010				PRIMETIME Choices	2,341	133	5.7	1				
N/A		N	Yes	3,4	06/03/2010				PRIMETIME Choices	12,930	10,413	80.5	5				
0199999 Total Experience on Individual Policies										498,292	357,556	71.8	188				
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

Supp12 Ohio

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

**INDEX TO HEALTH
ANNUAL STATEMENT**

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

INDEX TO HEALTH
ANNUAL STATEMENT

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