

Amended Statement Cover

Page 7 line 4: Enrollment for Third Quarter was excluded on original.



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2016
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 Web Site 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 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[] No[X]
1
11/21/2016
3

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	86,510	7,383	44,271	270		10,538	2,530			21,518
2. First Quarter	84,585	8,198	42,999	345		10,308	1,813			20,922
3. Second Quarter	83,614	8,010	42,095	369		10,327	1,742			21,071
4. Third Quarter	82,188	7,844	40,986	386		10,211	1,731			21,030
5. Current Year										
6. Current Year Member Months	755,181	72,337	380,667	3,242		93,032	16,610			189,293
Total Member Ambulatory Encounters for Period:										
7. Physician	148,867	22,222	118,375				8,270			
8. Non-Physician	403,475	63,205	316,093				24,177			
9. Total	552,342	85,427	434,468				32,447			
10. Hospital Patient Days Incurred	9,345	1,477	7,274				594			
11. Number of Inpatient Admissions	2,436	348	1,942				146			
12. Health Premiums Written (a)	196,414,501	26,307,539	145,507,831	555,611		2,440,723	10,629,296			10,973,501
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	196,414,501	26,307,539	145,507,831	555,611		2,440,723	10,629,296			10,973,501
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	152,639,550	19,337,320	115,875,362	345,095		1,729,148	9,455,119			5,897,506
18. Amount Incurred for Provision of Health Care Services	162,818,638	22,287,317	118,920,436	345,095		1,717,069	10,587,945			8,960,777

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