

Amended Explanation Page

On 3/13/2017 an amended 2016 Annual Statement was filed for AultCare Insurance Company. The following pages were amended: State Page (page 30) and Schedule T (page 38).



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 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	OH		
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.	Gregory A. Haban M.D.
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.	Barbara Hammontree-Bennett #

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 , 2017	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 03/13/2017 6

(Notary Public Signature)



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	86,510	7,383	44,271	270		10,538	2,530			21,518
2. First Quarter	84,585	8,198	43,000	345		10,308	1,812			20,922
3. Second Quarter	83,614	8,010	42,096	369		10,327	1,741			21,071
4. Third Quarter	82,188	7,844	40,987	386		10,211	1,730			21,030
5. Current Year	80,621	7,533	41,056	394		9,933	1,796			19,909
6. Current Year Member Months	998,689	95,298	503,266	4,416		122,722	21,865			251,122
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	202,585	30,449	160,923				11,213			
8. Non-Physician	493,988	78,390	386,362				29,236			
9. TOTAL	696,573	108,839	547,285				40,449			
10. Hospital Patient Days Incurred	12,474	1,977	9,768				729			
11. Number of Inpatient Admissions	3,226	474	2,574				178			
12. Health Premiums Written (b)	267,996,087	36,243,569	196,765,778	761,671		3,224,743	14,213,995			16,786,330
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	267,996,087	36,243,569	196,765,778	761,671		3,224,743	14,213,995			16,786,330
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	208,281,084	26,410,414	155,519,034	463,435		2,208,943	12,611,640			11,067,619
18. Amount Incurred for Provision of Health Care Services	221,640,578	29,578,659	160,095,157	463,435		2,267,909	12,738,694			16,496,724

(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							
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30 Grand Total