# Amended Explanation Page

On 5/26/2017 an amended 2016 Annual Statement was filed for AultCare Insurance Company. The following pages were amended: Notes to the Financial Statement (page 28) and Medicare Supplement Ins. Exp. Exh. (page Supp12).

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# 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] 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@aultcare.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.
Edward J. Roth III
Michael A. Rich M.D.
John B. Humphrey Jr., M.D.
Allen Rovner M.D.
Mark N. Rose M.D.
Gregory A. Haban M.D.
Rick L. Haines
Mark D. Wright
Darryl J. Dillenback
Joseph J. Feltes Esq.
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) | (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 _____, 2017

a. Is this an original filing? Yes[ ] No[X]
b. If no, 1. State the amendment number 2
2. Date filed 05/26/2017
3. Number of pages attached 16

(Notary Public Signature)