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2016

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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

AultCare Health Insuring Corporation

| | | | | | |
|---------------------------------------|---|--|--|----------------------|------------|
| NAIC Group Code (Current Period) | 4805 | NAIC Company Code | 15461 | Employer's ID Number | 46-3305099 |
| 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 <input type="checkbox"/> | Property/Casualty <input type="checkbox"/> | Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/> | | |
| | Dental Service Corporation <input type="checkbox"/> | Vision Service Corporation <input type="checkbox"/> | Health Maintenance Organization <input checked="" type="checkbox"/> | | |
| | Other <input type="checkbox"/> | Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> | | | |
| Incorporated/Organized | 07/11/2013 | | Commenced Business | 01/01/2015 | |
| 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 (330)363-4057 (Area Code) (Telephone Number) | | |
| Mail Address | 2600 Sixth Street SW (Street and Number or P.O. Box) | | Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number) | | |
| Primary Location of Books and Records | 2600 Sixth Street SW (Street and Number) | | Canton, OH, 44710 (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.
Edward J. Roth III
Michael A. Rich M.D.
John B. Humphrey Jr., M.D.
Allen Royner 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)
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[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 TOTAL Individuals | | | | | | |
| 0299998 Premiums due and unpaid not individually listed | | 781,154 | ..... | ..... | ..... | 781,154 |
| 0299999 TOTAL Group | | 781,154 | ..... | ..... | ..... | 781,154 |
| 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) | | 781,154 | ..... | ..... | ..... | 781,154 |

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199998 Pharmaceutical Rebate Receivables - Not Individually Listed | 793,005 | ..... | ..... | ..... | 793,005 | ..... |
| 0199999 Subtotal - Pharmaceutical Rebate Receivables | 793,005 | ..... | ..... | ..... | 793,005 | ..... |
| 0299998 Claim Overpayment Receivables - Not Individually Listed | 3,419 | ..... | ..... | ..... | ..... | 3,419 |
| 0299999 Subtotal - Claim Overpayment Receivables | 3,419 | ..... | ..... | ..... | ..... | 3,419 |
| 0399998 Loans and Advances to Providers - Not Individually Listed ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 0399999 Subtotal - Loans and Advances to Providers ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 0499998 Capitation Arrangement Receivables - Not Individually Listed | 5,400,000 | ..... | ..... | ..... | ..... | 5,400,000 |
| 0499999 Subtotal - Capitation Arrangement Receivables | 5,400,000 | ..... | ..... | ..... | ..... | 5,400,000 |
| 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 | 6,196,424 | ..... | ..... | ..... | 793,005 | 5,403,419 |

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

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 Health Care Receivables in Prior Years (Columns 1 + 3) | 6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
|---|--|---|---|---|---|--|
| | 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 | | |
| 1. Pharmaceutical rebate receivables | 495,059 | 2,630,836 | 793,005 | 495,059 | 495,059 | ..... |
| 2. Claim overpayment receivables ..... | ..... | ..... | 3,419 | ..... | ..... | ..... |
| 3. Loans and advances to providers ..... | ..... | ..... | ..... | 5,400,000 | ..... | ..... |
| 4. Capitation arrangement receivables ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. Risk sharing receivables ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. Other health care receivables ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 7. TOTALS (Lines 1 through 6) | 495,059 | 2,630,836 | 6,196,424 | 495,059 | 495,059 | ..... |

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 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | | | | | | |
| 0499999 Subtotals | | | | | | |
| 0599999 Unreported claims and other claim reserves | | | | | | 13,567,847 |
| 0699999 TOTAL Amounts Withheld | | | | | | |
| 0799999 TOTAL Claims Unpaid | | | | | | 13,567,847 |
| 0899999 Accrued Medical Incentive Pool and Bonus Amounts | | | | | | 1,539,721 |

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 |
| 0299999 Receivables not individually listed | | | | | | | |
| 0399999 TOTAL Gross Amounts Receivable | | | | | | | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current |
|--|------------------|-------------|--------------|------------------|
| Individually Listed Payables | | | | |
| AultCare Insurance Company | | 1,824,965 | 1,824,965 | ..... |
| AultCare Corporation | | 1,895,599 | 1,895,599 | ..... |
| | | | | |
| 0199999 Total - Individually Listed Payables | XXX | 3,720,564 | 3,720,564 | ..... |
| 0299999 Payables not Individually Listed | XXX ..... | ..... | ..... | ..... |
| 0399999 TOTAL Gross Payables | XXX | 3,720,564 | 3,720,564 | ..... |

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|-------------------------------------|--|----------------------------|---------------------------------------|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 66,575,500 | 31.045 | 21,026 | 100.000 | 66,575,500 | ..... |
| 2. Intermediaries ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. All other providers ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. TOTAL Capitation Payments | 66,575,500 | 31.045 | 21,026 | 100.000 | 66,575,500 | ..... |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 18,533,469 | 8.642 | XXX | XXX | ..... | 18,533,469 |
| 6. Contractual fee payments | 129,339,678 | 60.313 | XXX | XXX | ..... | 129,339,678 |
| 7. Bonus/withhold arrangements - fee-for-service ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 8. Bonus/withhold arrangements - contractual fee payments ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 9. Non-contingent salaries ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 10. Aggregate cost arrangements ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 11. All other payments ..... | ..... | ..... | XXX | XXX | ..... | ..... |
| 12. TOTAL Other Payments | 147,873,147 | 68.955 | XXX | XXX | ..... | 147,873,147 |
| 13. TOTAL (Line 4 plus Line 12) | 214,448,647 | 100.000 | XXX | XXX | 66,575,500 | 147,873,147 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1 Cost | 2 Improvements | 3 Accumulated Depreciation | 4 Book Value Less Encumbrances | 5 Assets Not Admitted | 6 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 15461

| | 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 Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| TOTAL Members at end of: | | | | | | | | | | |
| 1. Prior Year | 20,252 | | | | | | | 20,252 | | |
| 2. First Quarter | 21,002 | | | | | | | 21,002 | | |
| 3. Second Quarter | 20,934 | | | | | | | 20,934 | | |
| 4. Third Quarter | 21,021 | | | | | | | 21,021 | | |
| 5. Current Year | 21,026 | | | | | | | 21,026 | | |
| 6. Current Year Member Months | 251,691 | | | | | | | 251,691 | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 86,863 | | | | | | | 86,863 | | |
| 8. Non-Physician | 639,757 | | | | | | | 639,757 | | |
| 9. TOTAL | 726,620 | | | | | | | 726,620 | | |
| 10. Hospital Patient Days Incurred | 25,599 | | | | | | | 25,599 | | |
| 11. Number of Inpatient Admissions | 5,459 | | | | | | | 5,459 | | |
| 12. Health Premiums Written (b) | 245,324,035 | | | | | | | 245,324,035 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 245,324,035 | | | | | | | 245,324,035 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 214,448,647 | | | | | | | 214,448,647 | | |
| 18. Amount Incurred for Provision of Health Care Services | 214,140,053 | | | | | | | 214,140,053 | | |

(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 \$....245,324,035



2016

Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 15461

NAIC Group Code 4805

| | 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 Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| TOTAL Members at end of: | | | | | | | | | | |
| 1. Prior Year | 20,252 | | | | | | | 20,252 | | |
| 2. First Quarter | 21,002 | | | | | | | 21,002 | | |
| 3. Second Quarter | 20,934 | | | | | | | 20,934 | | |
| 4. Third Quarter | 21,021 | | | | | | | 21,021 | | |
| 5. Current Year | 21,026 | | | | | | | 21,026 | | |
| 6. Current Year Member Months | 251,691 | | | | | | | 251,691 | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 86,863 | | | | | | | 86,863 | | |
| 8. Non-Physician | 639,757 | | | | | | | 639,757 | | |
| 9. TOTAL | 726,620 | | | | | | | 726,620 | | |
| 10. Hospital Patient Days Incurred | 25,599 | | | | | | | 25,599 | | |
| 11. Number of Inpatient Admissions | 5,459 | | | | | | | 5,459 | | |
| 12. Health Premiums Written (b) | 245,324,035 | | | | | | | 245,324,035 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 245,324,035 | | | | | | | 245,324,035 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 214,448,647 | | | | | | | 214,448,647 | | |
| 18. Amount Incurred for Provision of Health Care Services | 214,140,053 | | | | | | | 214,140,053 | | |

(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 \$....245,324,035

SCHEDULE S - PART 1 - SECTION 2

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Assumed | 7 Premiums | 8 Unearned Premiums | 9 Reserve Liability Other Than for Unearned Premiums | 10 Reinsurance Payable on Paid and Unpaid Losses | 11 Modified Coinsurance Reserve | 12 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 ... 04/01/2015 McKinley Assur Spc | | | | CYM | 103,315 | 445,200 |
| 1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive | | | | | 103,315 | 445,200 |
| 1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total | | | | | 103,315 | 445,200 |
| 1899999 Total - Accident and Health - Affiliates | | | | | 103,315 | 445,200 |
| Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 38636 13-3031176 ... 01/01/2015 PARTNER REINS CO OF THE US | | | | NY | | |
| 1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 2199999 Total - Accident and Health - Non-Affiliates | | | | | | |
| 2299999 Total - Accident and Health | | | | | 103,315 | 445,200 |
| 2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | | | |
| 2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) | | | | | 103,315 | 445,200 |
| 9999999 Total (Sum of 1199999 and 2299999) | | | | | 103,315 | 445,200 |

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|---|-------------------|------------------------|----------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------|--|---|----------------------------|---------------------|--|---|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| General Account - Authorized - Affiliates - U.S. - Other | | | | | | | | | | | | | |
| 38636 | 13-3031176 | 01/01/2015 | PARTNER REINS CO OF THE US | NY | SSL/A/G | SLEL | | | | | | | |
| 0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other | | | | | | | | | | | | | |
| 0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total | | | | | | | | | | | | | |
| 0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total | | | | | | | | | | | | | |
| 0799999 Total - General Account - Authorized - Affiliates | | | | | | | | | | | | | |
| 1199999 Total - General Account Authorized | | | | | | | | | | | | | |
| 1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total | | | | | | | | | | | | | |
| General Account - Unauthorized - Affiliates - Non-U.S. - Captive | | | | | | | | | | | | | |
| 00000 | AA-3770278 | 04/01/2015 | McKinley Assur Spc | CYM | SSL/A/G | SLEL | 279,082 | | | | | | |
| 1599999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive | | | | | | | 279,082 | | | | | | |
| 1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total | | | | | | | 279,082 | | | | | | |
| 1899999 Total - General Account - Unauthorized - Affiliates | | | | | | | 279,082 | | | | | | |
| 2299999 Total - General Account - Unauthorized | | | | | | | 279,082 | | | | | | |
| 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 | | | | | | | 279,082 | | | | | | |
| 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) | | | | | | | | | | | | | |
| 7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) | | | | | | | 279,082 | | | | | | |
| 9999999 Total (Sum of 3499999 and 6899999) | | | | | | | 279,082 | | | | | | |

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Reserve Credit Taken | 6 Paid and Unpaid Losses Recoverable (Debit) | 7 Other Debits | 8 Totals (Cols. 5 + 6 + 7) | 9 Letters of Credit | 10 Issuing or Confirming Bank Reference Number (a) | 11 Trust Agreements | 12 Funds Deposited by and Withheld from Reinsurers | 13 Other | 14 Miscellaneous Balances (Credit) | 15 Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8 |
|--|-------------------|------------------------|------------------------|---------------------------------|--|----------------------|-------------------------------------|---------------------------|---|---------------------------|--|-------------|---|--|
| 1199999 Total - General Account - Life and Annuity | | | | | | | | | XXX | | | | | |
| General Account - Accident and Health - Affiliates - Non-U.S. - Captive | | | | | | | | | | | | | | |
| 00000 AA-3770278 01/01/2015 McKinley Assur Spc | | | | | 548,515 | | 548,515 | | | | | | | |
| 1599999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive | | | | | 548,515 | | 548,515 | | XXX | | | | | |
| 1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total | | | | | 548,515 | | 548,515 | | XXX | | | | | |
| 1899999 Total - General Account - Accident and Health - Affiliates | | | | | 548,515 | | 548,515 | | XXX | | | | | |
| 2299999 Total - General Account - Accident and Health | | | | | 548,515 | | 548,515 | | XXX | | | | | |
| 2399999 Total - General Account | | | | | 548,515 | | 548,515 | | XXX | | | | | |
| 2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total | | | | | | | | | XXX | | | | | |
| 3499999 Total - Separate Accounts | | | | | | | | | XXX | | | | | |
| 3599999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999) | | | | | | | | | XXX | | | | | |
| 3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999) | | | | | 548,515 | | 548,515 | | XXX | | | | | |
| 9999999 Total (Sum of 2399999 and 3499999) | | | | | 548,515 | | 548,515 | | XXX | | | | | |

(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 NAIC Company Code | 2 ID | 3 Effective Date | 4 Name of Reinsurer | 5 Domi- niliary Juris- diction | 6 Certified Reinsurer Rating (1 through 6) | 7 Effective Date of Certified Reinsurer Rating | 8 Percent Collateral Required for Full Credit (0% - 100%) | 9 Reserve Credit Taken | 10 Paid and Unpaid Losses Credit Taken | 11 Other Debits | 12 Total Recoverable /Reserve Credit Taken | 13 Miscellaneous | 14 Net Obligation Subject to Collateral (Col. 14 x Col. 8) | 15 Dollar Amount of Collateral Required for Full Credit | Collateral | | | | | | | 23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%) | 24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 22 / Col. 14) | 25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24) | 26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25) | |
|---|---------|------------------------|------------------------|--|--|---|---|---------------------------------|--|-----------------------|--|---------------------|--|--|--|----------------------------|---|---------------------------|--|-------------|--|---|--|--|--|------|
| | | | | | | | | | | | | | | | 16 Multiple Beneficiary Trust | 17 Letters of Credit | 18 Issuing or Confirming Bank Reference Number (a) | 19 Trust Agreements | 20 Funds Deposited by and Withheld from Reinsurers | 21 Other | 22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21) | | | | | |
| 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 2016 | 2 2015 | 3 2014 | 4 2013 | 5 2012 |
|--|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | | | | | |
| 2. Title XVIII-Medicare | 279 | 202 | | | |
| 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 | 103 | 362 | | | |
| 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 | | | | | |
| 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 | | | | | |
| 18. Funds deposited by and withheld from (F) | | | | | |
| 19. Letters of credit (L) | | | | | |
| 20. Trust agreements (T) | | | | | |
| 21. Other (O) | | | | | |

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) | 88,146,409 | | 88,146,409 |
| 2. Accident and health premiums due and unpaid (Line 15) | 781,154 | | 781,154 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 103,315 | | 103,315 |
| 4. Net credit for ceded reinsurance | XXX | | |
| 5. All other admitted assets (Balance) | 8,219,398 | | 8,219,398 |
| 6. TOTAL Assets (Line 28) | 97,250,275 | | 97,250,275 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 13,122,647 | | 13,122,647 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | 1,539,721 | | 1,539,721 |
| 9. Premiums received in advance (Line 8) | 60,292 | | 60,292 |
| 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) | 5,634,118 | | 5,634,118 |
| 15. TOTAL Liabilities (Line 24) | 20,356,777 | | 20,356,777 |
| 16. TOTAL Capital and Surplus (Line 33) | 76,893,498 | XXX | 76,893,498 |
| 17. TOTAL Liabilities, Capital and Surplus (Line 34) | 97,250,275 | | 97,250,275 |
| 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

| States, Etc. | Direct Business only | | | | | |
|---|--|---|--|---|--------------------------------|-------------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 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 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|---|----------------------|---|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names 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) | Is an SCA Filing Required? (Y/N) | * |
| | | 00000 | 34-1445390 | | | Aultman Health Foundation | US | UIP | Self | Board of Directors | Aultman Health Foundation | | N | | |
| | | 00000 | 34-0714538 | | | Aultman Hospital | US | NIA | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | 0000000 | |
| 4805 | | 77216 | 34-1624818 | | | AultCare Insurance Company | US | RE | AultCare Health Insuring Corporation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1488123 | | | AultCare Corporation | US | IA | Aultman Health Foundation & Stark County Care Physicians, Inc | Other | | Aultman Health Foundation | N | 0000001 | |
| | | 00000 | 20-0090246 | | | West Tuscarawas Property Management, LLC | US | DS | AultCare Insurance Company | Ownership | 94.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1795772 | | | McKinley Life Insurance Agency, Ltd. | US | DS | AultCare Insurance Company | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 20-4951704 | | | Aulta Administrative Group | US | IA | AultCare Holding Company | Management | | Aultman Health Foundation | N | | |
| | | 00000 | 27-4379962 | | | AultComp MCO, Inc. | US | NIA | Aulta Administrative Group | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1853300 | | | Ohio Specialty Physician's Corporation | US | NIA | North Central Medical Resources | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 98-0468384 | | | McKinley Assurance Segregated Portfolio Company (SPC) | US | NIA | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 20-1359433 | | | Aultman College of Nursing and Health Sciences | US | NIA | Aultman Hospital | Ownership | 100.0 | Aultman Hospital | N | | |
| | | 00000 | 31-1509904 | | | Aultman MSO, Inc. | US | NIA | North Central Medical Resources | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 20-8090459 | | | The Aultman Foundation | US | NIA | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 31-1509897 | | | Ohio Physicians Professional Corporation | US | NIA | North Central Medical Resources | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1610344 | | | North Central Medical Resources | US | NIA | AultCare Holding Company | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1871647 | | | Ohio Hospital Based Physician Corporation | US | NIA | North Central Medical Resources | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 31-1689698 | | | Tuscarawas Valley Regional Cancer Center | US | NIA | Other | Ownership, Board of Directors | 50.0 | Aultman Health Foundation | N | 0000002 | |
| | | 00000 | 13-4246188 | | | Acute Care Specialty Hospital at Aultman, LLC | US | NIA | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1243260 | | | Canton Medical Education Foundation | US | NIA | Other | Ownership, Board of Directors | 50.0 | Aultman Hospital | N | 0000003 | |
| 4805 | | 15461 | 46-3305099 | | | AultCare Health Insuring Corporation | US | UDP | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1088530 | | | Aultman North Canton Medical | US | NIA | Aultman Health Foundation | Ownership, Board of Directors | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-0733138 | | | The Orville Hospital Foundation | US | NIA | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 45-3166014 | | | Aultman Medical Group, Inc. | US | NIA | AultCare Holding Company | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 47-1165287 | | | AultCare Holding Company | US | UIP | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 47-3587655 | | | MainSight ASO, LLC | US | NIA | AultCare Holding Company | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 34-1501390 | | | Wayne Health Service and Supplies, Inc. | US | NIA | AultCare Holding Company | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 46-4625320 | | | Integrated Health Collaborative | US | NIA | Aultman Health Foundation | Ownership | 100.0 | Aultman Health Foundation | N | | |
| | | 00000 | 45-4215510 | | | Aultman Oncology Center of Excellence | US | NIA | Other | Ownership, Other | | Aultman Health Foundation | N | 0000004 | |
| | | 00000 | 46-2540184 | | | Aultman Orthopedic Center of Excellence | US | NIA | Other | Ownership, Other | | Aultman Health Foundation | N | 0000004 | |
| | | 00000 | 81-1342957 | | | The Midwest Health Collaborative | US | NIA | Other | Other | | Aultman Health Foundation | N | 0000005 | |
| | | 00000 | 45-1731318 | | | IHN Sourcing | US | NIA | Other | Other | | Aultman Health Foundation | N | 0000006 | |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE **AultCare Health Insuring Corporation**

| Asterisk | Explanation |
|----------|--|
| 0000001 | 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 |
| 0000002 | Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50% |
| 0000003 | 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 NAIC Company Code | 2 ID Number | 3 Names of Insurers and Parent, Subsidiaries or Affiliates | 4 Shareholder Dividends | 5 Capital Contributions | 6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8 Management Agreements and Service Contracts | 9 Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10 * | 11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business | 12 Totals | 13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|---|--|--|--|---------|--|--------------|---|
| 77216 .. | 34-1624818 .. | AULTCARE INS CO ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 15461 .. | 46-3305099 .. | AULTCARE HLTH INSURING CORP ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | 47-1165287 .. | AultCare Holding Company ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 00000 .. | AA-3770278 .. | McKinley Assur Spc ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 00000 .. | 34-1445390 .. | Aultman Health Foundation ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | 34-1488123 .. | AultCare Corporation ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9999999 Control Totals ..... |  |  | ..... | ..... | ..... | ..... | ..... | ..... | XXX | ..... | ..... | ..... |

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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) 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? | No |
| 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 filed 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 |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



1546120163600000

2016

Document Code: 360

Health Property / Casualty Supplement



15461201620700000

2016

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



15461201637100000

2016

Document Code: 371

Medicare Part D Coverage Supplement



15461201636500000

2016

Document Code: 365

Health Life Supplement



15461201620500000

2016

Document Code: 205

Schedule SIS



15461201642000000

2016

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



15461201637000000

2016

Document Code: 370

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



15461201622400000

2016

Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

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



1546120162250000

2016

Document Code: 225

LTC Supplemental Interrogatories



1546120163060000

2016

Document Code: 306

Health Property/Casualty Supplement - Insurance Expense Exhibit



1546120162130000

2016

Document Code: 213

Approval for Relief related to Require. for Audit Committees



1546120162260000

2016

Document Code: 226

Health Life Supplement - LHA Guaranty Association Reconciliation



1546120162110000

2016

Document Code: 211

Management's Report of Internal Control over Financial Reporting



1546120162230000

2016

Document Code: 223

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 - Part 1 - 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 |