

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).



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@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. | 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] 2 05/26/2017 16 |

(Notary Public Signature)

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2016
(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 2013 | | | | Policies Issued in 2014, 2015, 2016 | | | |
|---|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------|-------------------------------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 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 | | | | | 4,937 | 1,906 | 38.6 | 3 |
| N/A | | F | Yes | 3,4 | 06/03/2010 | | | | PRIMETIME Choices | | | | | 700,868 | 426,528 | 60.9 | 348 |
| N/A | | M | Yes | 3,4 | 06/03/2010 | | | | PRIMETIME Choices | | | | | 18,170 | 9,932 | 54.7 | 20 |
| N/A | | N | Yes | 3,4 | 06/03/2010 | | | | PRIMETIME Choices | | | | | 21,255 | 19,971 | 94.0 | 12 |
| N/A | | G | Yes | 3,4 | 06/03/2010 | | | | PRIMETIME Choices | | | | | 17,286 | 5,098 | 29.5 | 10 |
| ??? | | | ??? | | | | | | | | | | | | | | |
| 0199999 Total Experience on Individual Policies | | | | | | | | | | | | | | 762,516 | 463,435 | 60.8 | 393 |
| 0299999 Total Experience on Group Policies | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- 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.
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O":

Supp12 Ohio