



15461201720100103

2017

Document Code: 201

QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2017
OF THE CONDITION AND AFFAIRS OF THE
AultCare Health Insuring Corporation

NAIC Group Code	4805 (Current Period)	4805 (Prior Period)	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"/>] Dental Service Corporation[<input type="checkbox"/>] Other[<input type="checkbox"/>]	Property/Casualty[<input type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[X] N/A[<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[X]			
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 (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)			
Internet Web Site Address	www.aultcare.com		(Area Code) (Telephone Number)			
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name) jscheatzle@aultcare.com (E-Mail Address)		(330)363-4057 (Area Code)(Telephone Number)(Extension) (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

John Westerbeck M.D. Edward J. Roth III Michael Hanke 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
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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 _____, 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)

DIRECTORS OR TRUSTEES (continued)

Dick Maggiore

Michael A. Rich M.D.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	26,423,825		26,423,825	26,751,545
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	57,772,161		57,772,161	50,192,814
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....29,204,809), cash equivalents (\$.....0) and short-term investments (\$.....150,000)	29,354,809		29,354,809	9,634,356
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	1,550,052		1,550,052	1,567,694
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	115,100,847		115,100,847	88,146,409
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	164,295		164,295	157,223
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,176,207		2,176,207	781,154
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				103,314
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	2,981,486		2,981,486	2,658,756
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	1,060,057		1,060,057	
24. Health care (\$.....5,413,338) and other amounts receivable	6,419,223	1,005,885	5,413,338	5,403,420
25. Aggregate write-ins for other-than-invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	127,902,115	1,005,885	126,896,230	97,250,275
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	127,902,115	1,005,885	126,896,230	97,250,275
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....445,200 reinsurance ceded)	12,247,647		12,247,647	13,122,647
2. Accrued medical incentive pool and bonus amounts	1,386,082		1,386,082	1,539,721
3. Unpaid claims adjustment expenses	216,200		216,200	216,200
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	21,194,357		21,194,357	60,292
9. General expenses due or accrued	2,690,433		2,690,433	565,729
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	1,342,726		1,342,726	423,220
10.2 Net deferred tax liability	24,017		24,017	24,017
11. Ceded reinsurance premiums payable	87,543		87,543	
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	49,027		49,027	3,726,564
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	678,387		678,387	678,387
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	39,916,419		39,916,419	20,356,777
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	68,069,349	68,069,349
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	18,910,462	8,824,149
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	86,979,811	76,893,498
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	126,896,230	97,250,275
DETAILS OF WRITE-INS				
2301. 0				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX	186,673	188,648	251,691
2. Net premium income (including \$.....0 non-health premium income)	XXX	183,391,140	182,249,219	245,044,953
3. Change in unearned premium reserves and reserves for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	183,391,140	182,249,219	245,044,953
Hospital and Medical:				
9. Hospital/medical benefits		121,744,279	121,861,465	162,424,592
10. Other professional services				
11. Outside referrals		2,078,665	2,864,131	4,343,545
12. Emergency room and out-of-area		3,518,035	3,563,359	4,770,197
13. Prescription drugs		27,918,342	28,207,764	38,089,417
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		3,505,199	3,219,856	4,512,302
16. Subtotal (Lines 9 to 15)		158,764,520	159,716,574	214,140,053
Less:				
17. Net reinsurance recoveries				(50,941)
18. Total hospital and medical (Lines 16 minus 17)		158,764,520	159,716,574	214,190,994
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....3,928,756 cost containment expenses		3,928,756	3,879,036	5,328,428
21. General administrative expenses		15,867,935	13,918,783	18,496,151
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		178,561,211	177,514,392	238,015,572
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,829,929	4,734,827	7,029,380
25. Net investment income earned		512,444	505,131	687,634
26. Net realized capital gains (losses) less capital gains tax of \$.....2,426		4,710	4,225	16,511
27. Net investment gains or (losses) (Lines 25 plus 26)		517,154	509,356	704,145
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	5,347,082	5,244,183	7,733,525
31. Federal and foreign income taxes incurred	XXX	1,837,080	639,281	2,672,653
32. Net income (loss) (Lines 30 minus 31)	XXX	3,510,003	4,604,902	5,060,871
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401. 0				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	76,893,498	64,552,899	64,552,899
34. Net income or (loss) from Line 32	3,510,003	4,604,902	5,060,871
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	6,524,174	3,214,439	7,315,352
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			(102,255)
39. Change in nonadmitted assets	52,136	239,957	66,630
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	10,086,313	8,059,297	12,340,599
49. Capital and surplus end of reporting period (Line 33 plus 48)	86,979,811	72,612,196	76,893,498
DETAILS OF WRITE-INS			
4701. 0			
4702. 0			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

STATEMENT AS OF **September 30, 2017** OF THE **AultCare Health Insuring Corporation**
CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	203,217,694	208,204,210	247,666,646
2.	Net investment income	618,414	602,574	829,182
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	203,836,108	208,806,783	248,495,828
5.	Benefit and loss related payments	159,647,627	158,699,917	214,059,460
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	17,994,717	16,980,162	23,253,237
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	920,000	998	1,905,699
10.	TOTAL (Lines 5 through 9)	178,562,344	175,681,077	239,218,396
11.	Net cash from operations (Line 4 minus Line 10)	25,273,764	33,125,706	9,277,432
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	5,365,807	1,554,574	5,521,414
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		(26)	79
12.7	Miscellaneous proceeds		3,823	
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	5,365,807	1,558,370	5,521,494
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	5,143,993	2,792,393	6,891,499
13.2	Stocks	935,034	125,157	186,404
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets		1,679,160	1,563,799
13.6	Miscellaneous applications	102,497	259,133	130
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	6,181,523	4,855,843	8,641,833
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(815,716)	(3,297,473)	(3,120,339)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(4,737,594)	(1,045,109)	2,573,510
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(4,737,594)	(1,045,109)	2,573,510
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	19,720,453	28,783,125	8,730,603
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	9,634,356	903,753	903,753
19.2	End of period (Line 18 plus Line 19.1)	29,354,809	29,686,877	9,634,356

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	Cumulative effect of changes in accounting principles			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	21,026							21,026		
2. First Quarter	20,736							20,736		
3. Second Quarter	20,745							20,745		
4. Third Quarter	20,734							20,734		
5. Current Year										
6. Current Year Member Months	186,673							186,673		
Total Member Ambulatory Encounters for Period:										
7. Physician	169,223							169,223		
8. Non-Physician	333,216							333,216		
9. Total	502,439							502,439		
10. Hospital Patient Days Incurred	53,032							53,032		
11. Number of Inpatient Admissions	7,301							7,301		
12. Health Premiums Written (a)	183,616,140							183,616,140		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	183,616,140							183,616,140		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	159,793,159							159,793,159		
18. Amount Incurred for Provision of Health Care Services	158,764,520							158,764,520		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....183,616,140.

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
0199999 Individually Listed Claims Unpaid
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves	12,692,847
0699999 Total Amounts Withheld
0799999 Total Claims Unpaid	12,692,847
0899999 Accrued Medical Incentive Pool And Bonus Amounts	1,386,082

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare	9,328,595	146,805,726	.....	12,247,647	9,328,595	13,122,647
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	9,328,595	146,805,726	.....	12,247,647	9,328,595	13,122,647
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts	1,539,721	2,119,117	.....	1,386,082	1,539,721	1,539,721
13. Totals (Lines 9 - 10 + 11 + 12)	10,868,316	148,924,843	.....	13,633,729	10,868,316	14,662,367

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

SECTION A

1. Summary of Significant Accounting Policies

A. The accompanying financial statements of AultCare Health Insuring Corporation are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

	2017	2016
NET INCOME		
1) AultCare Insurance Company State Basis	\$3,510,003	\$5,060,871
2) State Prescribed Practices that increase/(decrease) NAIC SAP	\$0	\$0
3) State Permitted Practices that increase/(decrease) NAIC SAP	\$0	\$0
4) NAIC SAP (1-2-3=4)	\$3,510,003	\$5,060,871
SURPLUS		
5) AultCare Insurance Company State Basis	\$86,979,811	\$76,893,498
6) State Prescribed Practices that increase/(decrease) NAIC SAP	\$0	\$0
7) State Permitted Practices that increase/(decrease) NAIC SAP	\$0	\$0
8) NAIC SAP (1-2-3=4)	\$86,979,811	\$76,893,498

B. The preparation of financial statement in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$50,245,896. Of this amount, \$48,695,844 is invested in AultCare Insurance Company. This represents the statutory equity of AultCare Insurance Company. The Company also has an investment in West Tuscarawas Property Management in the amount of \$1,550,052, carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less

Notes to Financial Statement

than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. The Company obtains an estimate of the liabilities for unpaid losses from its independent actuary calculations quarterly.

- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84.

D. Going Concern

Management has concluded that there is no substantial doubt of the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

- A. The Company had no change in accounting principles and/or correction of errors during the periods reported.

3. Business Combinations and Goodwill

- A. The Company had no business combinations accounted for under the statutory purchase method during the periods reported.
- B. The Company was not part of any merger during the periods reported.
- C. The Company had no assumption of reinsurance during the periods reported.
- D. An impairment loss was not recognized during the periods reported.

4. Discontinued Operations

- A-D. The Company did not discontinue any operations during the periods reported.

5. Investments

- A. The Company had no investment in Mortgage Loan during the periods reported.
- B. The Company had no investments in Restructured Loans during the periods reported.
- C. The Company had no investments in Reverse Mortgages during the periods reported.
- D. The Company had no investments in Loan-Backed Securities during the periods reported.
- E. The Company had no investments in Repurchase Agreements during the periods reported.
- F. The Company also owns \$1,550,052 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.
- G. The Company has no investments in Low-Income Housing Tax Credits.
- H. None of the Company's assets was restricted during the periods reported.
- I. The Company had no Working Capital Finance Investments during the periods reported.
- J. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.
- K. The Company had no Structured Notes during the periods reported.
- L. The Company had no 5*Securities during the periods reported.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company had no investments in joint ventures, partnerships or limited liability companies during the periods reported.
- B. The Company had no impaired investments in joint ventures, partnerships or limited liability companies during the periods reported.

7. Investment Income

- A-B. The Company did not exclude any investment income due and accrued during the periods reported.

8. Derivative Instruments

- A-F. The Company did not own derivative financial instruments during the periods reported.

9. Income Taxes

- A. The components of the net deferred tax asset/ (liability) at September 30, 2017 are as follows:

1. (reported in thousands)	9/30/2017	9/30/2016	Change
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Notes to Financial Statement

		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78	\$ (78)	\$ -	\$ (78)
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78	\$ (78)	\$ -	\$ (78)
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78	\$ (78)	\$ -	\$ (78)
(f)	Deferred Tax Liabilities	\$ 24	\$ -	\$ 24	\$ -	\$ -	\$ -	\$ 24	\$ -	\$ 24
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$(24)	\$ -	\$(24)	\$ 78	\$ -	\$ 78	\$(102)	\$ -	\$(102)
2. (reported in thousands)				9/30/2017			9/30/2016			Change
Admission Calculation Components SSAP No. 101		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$(24)	\$ -	\$(24)	\$ 78	\$ -	\$ 78	\$(102)	\$ -	\$(102)
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$12,594	XXX	XXX	\$ 10,955	XXX	XXX	1,639
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ (24)	\$ -	\$ (24)	\$ 78	\$ 78	\$ -	\$(102)	\$ -	\$(102)
3. (reported in thousands)			2017		2016					
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount		15%		15%					
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above		\$ 83,959		\$ 66,931					
4. (reported in thousands)			9/30/2017		9/30/2016					Change
Impact of Tax Planning Strategies		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No	X						

B. Not Applicable

C. Current Income Taxes Incurred consist of the following major components:

1. Current Income Tax		(1) 9/30/2017	(2) 9/30/2016	(3) (Col 1-2) Change
(a)	Federal	\$ 1,837,080	\$ 639,281	\$ 1,197,799
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$ 1,837,080	\$ 639,281	\$ 1,197,799
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$ 1,837,080	\$ 639,281	\$ 1,197,799
2. Deferred Tax Assets				
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve	\$ -	\$ -	\$ -
(3)	Policyholder Reserves	\$ -	\$ -	\$ -
(4)	Investments	\$ -	\$ -	\$ -

Notes to Financial Statement

(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$ -	\$ -	\$ -
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward	\$ -	\$ -	\$ -
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
(13)	Other (including items <5% of total ordinary tax assets)	\$ -	\$ 78,238	\$ (78,238)

Cont. Note 9 C 2

	(14) Subtotal	\$ -	\$ 78,238	\$ (78,238)
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ -	\$ 78,238	\$ (78,238)
(e)	Capital			
	(1) Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(f)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g)	Nonadmitted	\$ -	\$ -	\$ -
(h)	Admitted capital deferred tax assets (2e2 - 2f - 2g)	\$ -	\$ -	\$ -
(i)	Admitted deferred tax assets (2d + 2h)	\$ -	\$ 78,238	\$ (78,238)
3.	Deferred Tax Liabilities			
(a)	Ordinary			
	(1) Investments	\$ 24,017	\$ -	\$ 24,017
	(2) Subtotal	\$ 24,017	\$ -	\$ 24,017
(b)	Capital	\$ -	\$ -	\$ -
	(1) Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ 24,017	\$ -	\$ 24,017
4.	Net deferred tax assets/liabilities (2i - 3c)	\$(24,017)	\$ 78,238	\$ (102,255)

D. Among the more significant book to tax adjustments were the following:

	9/30/2017	Effective Tax Rate
Provision computed at statutory rate	\$ 1,818,008	34.0%
Change in nonadmitted assets	\$ (52,136)	-1.0%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ 27,200	0.5%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ -	0.0%
Other	\$ -	0.0%
Total statutory income tax expense (benefit)	\$ 1,793,072	33.5%
	9/30/2017	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 1,915,318	35.8%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (78,328)	-1.5%
Total statutory income tax expense (benefit)	\$ 1,837,080	34.4%

E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits

- (1) At September 30, 2017, the Company had no net operating loss carry forwards available to offset against future taxable income.
- (2) The Company had no income taxes in current or prior years
- (3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.

F. The Company is included in a consolidated federal income tax return with its parent company, AultCare Holding Company. The Company is consolidated with the following Subsidiaries, AultCare Insurance Company; Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; and MainSite Solutions ASO, LLC.

Notes to Financial Statement

The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity in which is a party to the consolidation. In the event any federal Tax Benefit Item of the AultCare Companies for any taxable period after they cease being Members of the Consolidated Group is eligible to be carried back to a taxable period while the AultCare Companies were Members of the Consolidated Group, the AultCare Companies shall, where possible, elect to carry such amounts forward to subsequent taxable periods. If the AultCare Companies are required by law to carry back any such federal Tax Benefit Item, the AultCare Companies shall be entitled to a payment at the time and to the extent that such Tax Benefit Item reduces the federal income Tax liability of the Consolidated Group. For purposes of computing the amount of the payment described in this section, one or more federal Tax Benefit Items shall be considered to have reduced the Consolidated Group's federal income Tax liability in a given taxable period by an amount equal to the difference, if any, between (i) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed without regard to such federal Tax Benefit Item or Items and (ii) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed with regard to such federal Tax Benefit Item or Items. For the avoidance of doubt, if the AultCare Companies are required to carry back a federal Tax Benefit Item, such federal Tax Benefit Item shall reduce the Consolidated Group's federal income Tax liability only after all federal Tax Benefit Items of AultCare Holdings have been applied to reduce the Consolidated Group's federal income Tax liability in such taxable period. Appropriate reconciliation payments shall be made in the event that it is subsequently determined that a Tax Benefit Item did not reduce the Consolidated Group's federal income Tax liabilities, including by reason of any such Tax Benefit Item being subsequently disallowed in whole or in part or by reason of other Tax benefits becoming available.

G. Federal or Foreign Income Tax Loss Contingencies

(1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, The Company had the following transactions with affiliates.

The Company has a capitation arrangement with Aultman Hospital for their Medicare enrollees and has paid \$48,194,283 and \$49,979,144 in capitated claims for its Medicare enrollees as of September 30, 2017 and 2016, respectively.

The Company has a management services agreement with Aultman Health Foundation, the ultimate controlling entity and AultCare Corporation, an affiliate that allows various administrative, marketing, and claims processing services to be completed on behalf of the Company. The Company paid \$379,088 and \$343,816 to Aultman Health Foundation and \$12,092,228 and \$10,714,125 to AultCare Corporation for management services as of September 30, 2017 and 2016, respectively.

The Company has an operating lease for office space and paid \$213,173 and \$234,589 to Aultman Health Foundation for rent as of September 30, 2017 and 2016, respectively.

D. The Company has an intercompany revolving credit facility in place with AultCare Insurance Company, a subsidiary. The Company is owed 1,060,057 and owes \$1,824,965 as of September 30, 2017 and December 31, 2016, respectively.

Notes to Financial Statement

The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of September 30, 2017, the Company has paid \$5,400,000 Aultman Hospital for these future services.

- E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.
- F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.
- G. The Company has no common stock outstanding.
- H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.
- I. The Company owns 100% of SCA entity AultCare Insurance Company which is carried at statutory equity as presented in AultCare Insurance Company's Quarterly statement. AultCare Insurance Company has assets valued at \$100,658,459, liabilities valued at \$51,962,615, and results from operations of \$48,695,844.
- J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have an investment in a foreign insurance subsidiary.
- L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.
- M. The Company did not hold any other SCA Investments.
- N. The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.

11. Debt

- A-B. The Company did not have any debt including capital notes.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A-D. The Company had no defined benefit plans.
- E. The Company participates in a defined contribution plan sponsored by Aultman Health Foundation. Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$264,524 and \$196,088 as of September 30, 2017 and 2016, respectively.
- F-I. The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans during the periods reported.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has no common stock outstanding.
- (2) The Company had no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- (4) The Company paid no dividends as of September 30, 2017.
- (5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
For conversion of preferred stock: 0 shares.
 - A. For employee stock options: 0 shares.
 - B. For stock purchase warrants: 0 shares.
- (9) The Company did not have changes in the balances of any special surplus funds.
- (10) The Company did not have any surplus funds represented that were reduced

Notes to Financial Statement

(11) The Company had no outstanding surplus debentures or similar obligations during the periods reported.

(12) The Company had no restatements due to quasi-reorganizations during the periods reported.

(13) The Company was not involved in a quasi-reorganization during the periods reported.

14. Contingencies

- A. The Company is not aware of any material contingent commitments.
- B. The Company is not subject to any Guaranty Fund Assessments.
- C. The Company had no Gain Contingencies.
- D-F. Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

15. Leases

- A. Lessee Operating Lease
 - (1) The Company leases office space in buildings from Aultman Health Foundation through operating lease agreements that will expire December 31, 2017. As of September 30, 2017 and 2016 respectively, the company paid \$213,173 and \$234,589 to Aultman Health Foundation for rent expense. Certain rental commitments have renewal options extending through the year 2019. Some of these renewals are subject to adjustments in future periods.
 - (2) At January 1, 2017, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2017	\$ 292,608
- B. Leasing is not a significant part of the lessor's business activities in terms of revenue, net income, or assets.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

- A. The Company had no financial instruments with off-balance sheet risk during the periods reported.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfers of financial assets.
- C. The Company had no wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A-C. The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans during the periods reported.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

- A. The Company had no direct premium written or produced by managing general agents or third party administrators during the periods reported.

20. Fair Value Measurement

- A. The Company has assets that are measured at fair value on a recurring basis.

Fair Value Measurements at Reporting Date				
(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Common Stock	\$ 9,076,316	\$ -	\$ -	\$ 9,076,316
Total assets at fair value	\$ 9,076,316	\$ -	\$ -	\$ 9,076,316

- (2) The Company had no assets with fair value measurements using significant unobservable inputs.
- (3) The Company uses the valuation technique that is based on the quoted prices in the active markets.
- (4) The Company has no Level 2 or Level 3 assets.
- (5) The Company does not have any derivative assets or liabilities.

Notes to Financial Statement

B. The Company does not have any other fair value assets to disclose.
 C. Fair Value Measurement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$17,224,421	\$17,286,120	\$17,224,421			
Industrial and Misc.	\$9,147,637	\$9,137,706	\$9,147,637			
Common Stock	\$9,076,316	\$9,076,316	\$9,076,316			

D. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either September 30, 2017 or 2016.

21. Other Items

A. The Company did not experience an extraordinary event or transaction that resulted in a gain or loss.
 B. The Company had no troubled debt to restructure.
 C. There are no other applicable disclosures.
 D. The Company did not have any Business Interruption Insurance Recoveries.
 E. The Company did not have any State Transferable Tax Credits.
 F. The Company had no Subprime Mortgage Related Risk Exposure.
 G. The Company had no Retained Assets.
 H. The Company has no Insurance Linked Securities.

22. Events Subsequent

A. As of November 15, 2017, there have been no Type I events subsequent to September 30, 2017, which would have a material effect on the financial condition of the Company or on the financial statement issued November 15, 2017.
 B. As of November 15, 2017, there have been no Type II events subsequent to September 30, 2017, which would have a material effect on the financial condition of the Company or on the financial statement issued November 15, 2017.

Description	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	No	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ -
C. ACA fee assessment paid	\$ -	\$ -
D. Premium written subject to ACA 9010 assessment	\$ -	\$ -
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ -	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ -	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ -	
H. Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?	No	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the company?
 Yes () No (X)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
 Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

Notes to Financial Statement

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
 Yes () No (X)

(2) Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurers exceed the total direct premium collected under the reinsured policies?
 Yes () No (X)

Section 3 – Ceded Reinsurance Report – part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year this statement, to included policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
 Yes () No (X)

B. The Company did not write off any uncollectible reinsurance during the periods reported.

C. The Company did not have any commutation of ceded reinsurance during the periods reported.

D. The Company did not have a Reinsurer Rating Downgrade or Status Subject to Revocation during the periods reported.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company's participation in the Medicare Advantage program involves a risk-sharing provision with CMS. The Company estimates accrued retrospective premium adjustments for its Medicare Advantage product through a prescribed formula approach. CMS adjusts its payments to the Company based on how actual benefit cost varied from estimated benefits costs included in the Company Medicare Advantage bid.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. Net Premiums Written subject to retrospective rating features were \$0 and \$0 in 2017 and 2016 respectively.

D. The Company has no paid or payable medical loss rebates.

E. The Company writes no business subject to the risk-sharing provisions of the Affordable Care Act.

25. Change in Incurred Claims and Claims Adjustment Expenses

A. Reserves as of December 31, 2016 were \$13,122,647. As of September 30, 2017, \$9,328,595 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0. Therefore, there has been \$3,794,052 in favorable prior-year development since December 31, 2016. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

A-G. The Company had no intercompany pooling arrangements.

27. Structured Settlements

A. The Company had no structured settlements.

28. Health Care Receivables

Notes to Financial Statement

A.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
9/30/2017	\$793,005	\$ -	\$ -	\$ -	\$ -
6/30/2017	\$793,005	\$864,382	\$ -	\$ -	\$ -
3/31/2017	\$793,005	\$1,129,757	\$ -	\$4,220,525	\$ -
12/31/2016	\$793,005	\$359,524	\$ -	\$ 299,990	\$ -
9/30/2016	\$742,354	\$ -	\$ -	\$ 404,355	\$ -
6/30/2016	\$742,354	\$ -	\$ -	\$1,386,700	\$ -
3/31/2016	\$742,354	\$ -	\$ -	\$1,244,136	\$ -
12/31/2015	\$742,354	\$ -	\$ -	\$287,490	\$ -
9/30/2015	\$742,354	\$ -	\$ -	\$207,569	\$ -
6/30/2015	\$ -	\$ -	\$ -	\$312,761	\$ -
3/31/2015	\$ -	\$ -	\$ -	\$382,280	\$ -

B. The Company did not have any risk sharing receivables during the periods reported.

29. Participating Policies

A. The Company does not have participating policies or policyholder dividends.

30. Premium Deficiency Reserves

A. The Company does not have Premium Deficiency Reserves.

1. Liability carried for premium deficiency reserves \$ 0
 2. Date of the most recent evaluation of this liability 12/31/2016

3. Was anticipated investment income utilized in the calculation? (Yes / No) No

31. Anticipated Salvage and Subrogation

A. The Company did not have anticipated salvage and subrogation included as a reduction of loss reserves.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No[X]
Yes [] No [] N/A[X]

1.2 If yes, has the report been filed with the domiciliary state?

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No[X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No []

 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No[X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No[X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A[X]

 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/28/2017

6.4 By what department or departments?
 Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A[X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A[X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No[X]

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	Yes [] No[X]	Yes [ ] No[X]	Yes [ ] No[X]	Yes [ ] No[X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No []

 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

 (c) Compliance with applicable governmental laws, rules and regulations;

 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No[X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No[X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 14.2 If yes, please complete the following:

Yes[X] No[]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	.....	.....
14.22 Preferred Stock .....	.....	.....
14.23 Common Stock	42,748,927	48,695,844
14.24 Short-Term Investments .....	.....	.....
14.25 Mortgages Loans on Real Estate .....	.....	.....
14.26 All Other	1,567,694	1,550,052
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	44,316,621	50,245,896
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	.....	.....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
 If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.3 Total payable for securities lending reported on the liability page

\$ 0
\$ 0
\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Huntington National Bank	220 Market Avenue South Canton, Oh 44702
The Vanguard Group	P.O. Box 2600 Valley Forge, PA 19482

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Hartland and Company	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[X] No[]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[X] No[]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105674	Hartland and Company	34-1597728	SEC - 801-33554	NO

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

GENERAL INTERROGATORIES (Continued)

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	.....	89.170%
1.2 A&H cost containment percent	.....	2.140%
1.3 A&H expense percent excluding cost containment expenses	.....	8.640%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

\$..... 0

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

Yes[] No[X]

2.3 Do you act as an administrator for health savings accounts?

\$..... 0

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
				N O N E				

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L		183,616,140						183,616,140
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX		183,616,140						183,616,140
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1		183,616,140						183,616,140

DETAILS OF WRITE-INS

58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required?	*
		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 Health Insuring Corporation	Ownership	13.0	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				Aultra Administrative Group	US	IA	AultCare Holding Company	Management		Aultman Health Foundation	N	
		00000	27-4379962				AultComp MCO, Inc.	US	NIA	Aultra 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				MainSite 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	North Central Medical Resources	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

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%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1546120173650003

2017

Document Code: 365

STATEMENT AS OF **September 30, 2017** OF THE **AultCare Health Insuring Corporation**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying va.....
7. Deduct current year's other-than-temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest poin.....
9. Total foreign exchange change in book value/recorded inve.....
10. Deduct current year's other-than-temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,567,694	.....
2. Cost of acquired:	.....	1,563,799
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease)	(17,642)	3,894
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	.....	.....
8. Deduct amortization of premium and depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,550,052	1,567,694
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12)	1,550,052	1,567,694

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	76,944,359	68,211,408
2. Cost of bonds and stocks acquired	6,079,026	7,077,904
3. Accrual of discount	5,461	2,766
4. Unrealized valuation increase (decrease)	6,644,313	7,311,458
5. Total gain (loss) on disposals	7,136	25,067
6. Deduct consideration for bonds and stocks disposed of	5,365,807	5,521,414
7. Deduct amortization of premium	118,502	162,828
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	84,195,986	76,944,359
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	84,195,986	76,944,359

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	24,875,639	1,970,902	1,760,307	(28,974)	25,605,259	24,875,639	25,057,260	25,779,472
2. NAIC 2 (a)	1,487,480	37,394		(8,309)	1,390,348	1,487,480	1,516,565	1,120,250
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	26,363,119	2,008,297	1,760,307	(37,284)	26,995,607	26,363,119	26,573,825	26,899,722
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	26,363,119	2,008,297	1,760,307	(37,284)	26,995,607	26,363,119	26,573,825	26,899,722

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	150,000	XXX	150,000		

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	148,177	175,528
2. Cost of short-term investments acquired	150,000	242,982
3. Accrual of discount		2
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		(79)
6. Deduct consideration received on disposals	145,000	265,339
7. Deduct amortization of premium	3,177	4,917
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	150,000	148,177
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	150,000	148,177

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828A7 ..	U.S. TREASURY NOTES 1.500% 8/15/2026		09/18/2017 ..	HUNTINGTON BANK	XXX	471,660	500,000	713	1
912828V3 ..	U.S. TREASURY NT 1.75% 5/15/2022		09/18/2017 ..	HUNTINGTON BANK	XXX	249,541	250,000	1,510	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	721,201	750,000	2,223	XX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
02587CGG9 ..	AMERICAN EXPRESS BK CD 1.95% 9/14/2020		09/13/2017 ..	HUNTINGTON BANK	XXX	100,145	100,000	16	1
06740KKQ9 ..	BARCLAY'S BANK/DELAWARE 2.05% 7/26/2021		08/01/2017 ..	HUNTINGTON BANK	XXX	150,000	150,000	76	1
05531FAS2 ..	BB&T CORP SERIES MTN 2.45% 1/15/2020		08/02/2017 ..	HUNTINGTON BANK	XXX	50,799	50,000	75	1
09247XAL5 ..	BLACKROCK INC 3.5% 3/18/2024		08/07/2017 ..	HUNTINGTON BANK	XXX	10,572	10,000	138	1
05580AJQ8 ..	BMW BANK NORTH AMERICA 1.6% 7/15/2019		07/06/2017 ..	HUNTINGTON BANK	XXX	150,000	150,000	1	
166764AY6 ..	CHEVRON CORP 2.419% 11/17/2020		09/18/2017 ..	HUNTINGTON BANK	XXX	81,268	80,000	661	1
29379VAC7 ..	ENTERPRISE PROD LLC 6.500% 1/31/2019		07/07/2017 ..	HUNTINGTON BANK	XXX	37,394	35,000	1,024	2
341081FJ1 ..	FLORIDA POWER AND LIGHT 2.75% 6/01/2023		07/13/2017 ..	HUNTINGTON BAN	XXX	66,099	65,000	233	1
38148PLJ4 ..	GOLDMAN SACHS BANK 1.85% 7/13/2020		07/06/2017 ..	HUNTINGTON BANK	XXX	150,000	150,000	1	
46625HJC5 ..	JP MORGAN CHASE & CO 4.35% 8/15/2021		08/07/2017 ..	HUNTINGTON BANK	XXX	26,970	25,000	529	1
46625HHL7 ..	JPMORGAN CHASE 6.30% 4/23/2019		07/27/2017 ..	HUNTINGTON BANK	XXX	26,899	25,000	429	1
61747WAL3 ..	MORGAN STANLEY 5.5% 7/28/2021		08/07/2017 ..	HUNTINGTON BANK	XXX	55,729	50,000	92	1
72345SFH9 ..	PINNACLE BANK 1.45% 10/12/2018		07/06/2017 ..	HUNTINGTON BANK	XXX	150,000	150,000	1	
86787EAT4 ..	SUNTRUST BANK 2.45% 8/1/2022		08/03/2017 ..	HUNTINGTON BANK	XXX	40,000	40,000	22	1
87270LAQ6 ..	TIAA FSB CD 1.9% 9/14/2020		09/13/2017 ..	HUNTINGTON BANK	XXX	100,000	100,000	1	
927804FJ8 ..	VIRGINIA ELEC & PWR CO 3.45% 9/1/2022		08/03/2017 ..	HUNTINGTON BANK	XXX	26,241	25,000	376	1
92826CAG7 ..	VISA INC 2.15% 9/15/2022		09/08/2017 ..	HUNTINGTON BANK	XXX	64,981	65,000	4	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	1,287,096	1,270,000	3,674	XX
8399997 Subtotal - Bonds - Part 3					XXX	2,008,297	2,020,000	5,897	XX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XX
8399999 Subtotal - Bonds					XXX	2,008,297	2,020,000	5,897	XX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XX
Common Stocks - Mutual Funds									
31428Q739 ..	FEDERATED TOTAL BOND RETURN		07/01/2017 ..	HUNTINGTON BANK	814,210	8,875	XXX		L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		07/21/2017 ..	HUNTINGTON BANK	838,607	9,124	XXX		L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		08/01/2017 ..	HUNTINGTON BANK	799,499	8,747	XXX		L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		09/07/2017 ..	HUNTINGTON BANK	576,448	6,329	XXX		L
411512445 ..	HARBOR INT EQUITY FUND		09/07/2017 ..	HUNTINGTON BANK	(1,247)	1	XXX		L
922908728 ..	VANGUARD TOTAL STOCK MKT FUND		09/21/2017 ..	HUNTINGTON BANK	303,107	18,920	XXX		L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	51,996	XXX		XX
9799997 Subtotal - Common Stocks - Part 3					XXX	51,996	XXX		XX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XX
9799999 Subtotal - Common Stocks					XXX	51,996	XXX		XX
9899999 Subtotal - Preferred and Common Stocks					XXX	51,996	XXX		XX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	2,060,293	XXX	5,897	XX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i n g	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)		
Bonds - U.S. Governments																					
3133XMC13	FHLB 4.88% 9/8/2017	...	09/08/2017	HUNTINGTON BANK	XXX	250,000	250,000	274,206	251,693	(1,693)	(1,693)	250,000	250,000	250,000	250,000	250,000	250,000	12,188	09/08/2017	1	
912828D98	U.S. TREASURY NT 1.00% 9/15/2017	...	09/15/2017	HUNTINGTON BANK	XXX	50,000	50,000	50,000	50,000	0	0	50,000	50,000	50,000	50,000	50,000	50,000	500	09/15/2017	1	
912828RH5	U.S. TREASURY NT 1.38% 9/30/2018	...	09/15/2017	HUNTINGTON BANK	XXX	475,353	475,000	480,975	477,073	(35)	(35)	476,238	476,238	476,238	476,238	476,238	476,238	(885)	09/30/2018	1	
0599999 Subtotal - Bonds - U.S. Governments		XXX	775,353	775,000	805,180	778,766			(2,528)		(2,528)		776,238				(885)	(885)	17,296	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
039483AY8	ARCHER DANIELS 5.45% 3/15/2018	...	09/29/2017	HUNTINGTON BANK	XXX	10,183	10,000	11,664	10,420	(258)	(258)	10,162	21	21	545	03/15/2018	1				
039483AY8	ARCHER DANIELS 5.45% 3/15/2018	...	09/29/2017	HUNTINGTON BANK	XXX	50,917	50,000	54,517	51,692	(1,038)	(1,038)	50,654	263	263	2,725	03/15/2018	1				
039483AY8	ARCHER DANIELS 5.45% 3/15/2018	...	09/29/2017	HUNTINGTON BANK	XXX	40,733	40,000	42,380	42,064	(1,271)	(1,271)	40,793	(59)	(59)	(59)	2,180	03/15/2018	1			
080515BA6	BELMONT SAV BANK CD 1.00%	...	9/7/2017	HUNTINGTON BANK	XXX	117,000	117,000	116,916	117,000	(66)	(66)	117,000	974	974	974	09/07/2017	1				
166764AA8	CHEVRON CORP 1.10% 12/5/2017	...	09/18/2017	HUNTINGTON BANK	XXX	99,955	100,000	100,243	100,085	(66)	(66)	100,019	(64)	(64)	(64)	874	12/05/2017	1			
191219AP9	COCA COLA ENTERPRISES 8.50%	...	2/1/2022	HUNTINGTON BANK	XXX	62,973	50,000	67,592	62,378	(1,157)	(1,157)	61,221	1,752	1,752	3,943	02/01/2022	1				
2003AGH3	COMENITY CAP BK CD 1.20% 9/8/2017	...	09/08/2017	HUNTINGTON BANK	XXX	100,000	100,000	99,902	100,000	0	0	100,000	901	901	901	09/08/2017	1				
20825CAR5	CONOCOPHILLIPS 5.75% 2/1/2019	...	08/01/2017	HUNTINGTON BANK	XXX	11,642	11,000	12,543	12,078	(613)	(613)	11,464	177	177	2,370	02/01/2019	1				
25243YAM1	DIAGEO CAP 5.75% 10/23/2017	...	08/07/2017	HUNTINGTON BANK	XXX	50,447	50,000	55,586	50,969	(717)	(717)	50,253	194	194	2,292	10/23/2017	1				
25243YAM1	DIAGEO CAP 5.75% 10/23/2017	...	08/07/2017	HUNTINGTON BANK	XXX	50,447	50,000	53,473	51,870	(1,383)	(1,383)	50,488	(41)	(41)	(41)	2,292	10/23/2017	1			
341099CG2	FLORIDA POWER CORP 5.80%	...	9/15/2017	HUNTINGTON BANK	XXX	25,000	25,000	27,782	25,529	(529)	(529)	25,000	1,450	1,450	1,450	09/15/2017	1				
459200GJ4	IBM CORP 5.70% 9/14/2017	...	09/08/2017	HUNTINGTON BANK	XXX	35,008	35,000	38,922	35,649	(634)	(634)	35,015	(7)	(7)	(7)	1,984	09/14/2017	1			
88413QAQ1	THIRD FED SAV&LN CD 1.05%	...	7/24/2017	HUNTINGTON BANK	XXX	112,000	112,000	112,131	112,000	(12,000)	(12,000)	112,000	783	783	783	07/24/2017	1				
909557DM9	UNITED BANKERS CD 1.00% 9/25/2017	...	09/25/2017	HUNTINGTON BANK	XXX	120,000	120,000	120,074	120,000	(74)	(74)	120,000	901	901	901	09/25/2017	1				
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)	...	XXX	886,305	870,000	913,726	891,735			(7,666)		(7,666)		884,069	2,236	2,236	24,214	XXX	XXX			
8399997 Subtotal - Bonds - Part 4	...	XXX	1,661,658	1,645,000	1,718,906	1,670,501			(10,194)		(10,194)		1,660,307	1,351	1,351	41,510	XXX	XXX			
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)	...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8399999 Subtotal - Bonds	...	XXX	1,661,658	1,645,000	1,718,906	1,670,501			(10,194)		(10,194)		1,660,307	1,351	1,351	41,510	XXX	XXX			
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)	...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)	...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9899999 Subtotal - Preferred and Common Stocks	...	XXX	1,661,658	XXX	1,718,906	1,670,501			(10,194)		(10,194)		1,660,307	1,351	1,351	41,510	XXX	XXX			
9999999 Total - Bonds, Preferred and Common Stocks	...	XXX	1,661,658	XXX	1,718,906	1,670,501			(10,194)		(10,194)		1,660,307	1,351	1,351	41,510	XXX	XXX			

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE05

E06 Schedule DB Part A Section 1 **NONE**

E07 Schedule DB Part B Section 1 **NONE**

E08 Schedule DB Part D Section 1 **NONE**

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity **NONE**

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity **NONE**

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets **NONE**

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets **NONE**

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Huntington Bank - Trust	Canton, Ohio			0.880	646		391,706	435,829	497,983	XXX
Huntington National Bank	Canton, Ohio						3,278,973	10,347,598	28,341,876	XXX
Huntington Bank- Brokered CDs	Canton, Ohio			0.880	307		173,430	25,238	166,217	XXX
Huntington Bank-Mutual Funds	Canton, Ohio						9,199	9,286	11,951	XXX
Huntington Bank-Richmond Capital	Canton, Ohio			0.880	135		31,291	47,438	186,782	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		XXX	XXX ..						XXX
0199999 Totals - Open Depositories			XXX	XXX ..	1,088		3,884,600	10,865,389	29,204,809	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories			XXX	XXX ..						XXX
0399999 Total Cash On Deposit			XXX	XXX ..	1,088		3,884,600	10,865,389	29,204,809	XXX
0499999 Cash in Company's Office			XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash			XXX	XXX ..	1,088		3,884,600	10,865,389	29,204,809	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8699999 Total - Cash Equivalents							

N O N E

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