



**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 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[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] 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)				(330)363-4057 (Area Code) (Telephone Number)	
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			2600 Sixth Street SW (Street and Number)			
	Canton, OH, 44710 (City or Town, State, Country and Zip Code)				(330)363-4057 (Area Code) (Telephone Number)	
Internet Website Address	www.aultcare.com					
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name)		(330)363-4057 (Area Code)(Telephone Number)(Extension)			
	jscheatzle@aultcare.com (E-Mail Address)		(330)363-5012 (Fax Number)			

**OFFICERS**

Name	Title
Rick L. Haines	President
Joseph J. Feltes	Secretary
Mark D. Wright	Treasurer
Edward J. Roth III	Executive Vice President

**OTHERS**

**DIRECTORS OR TRUSTEES**

William Wallace M.D.  
Edward J. Roth III  
Michael A. Rich M.D.  
John B. Humphrey Jr., M.D.  
Allen Rovner M.D.  
Mark N. Rose M.D.

Gregory A. Haban M.D.  
Rick L. Haines  
Mark D. Wright  
Darryl J. Dillenback  
Joseph J. Feltes Esq.  
Barbara Hammontree-Bennett

State of Ohio  
County of Stark ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Rick L. Haines	Joseph J. Feltes	Mark D. Wright
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this  
day of , 2018

- a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....						
0299998 Premiums due and unpaid not individually listed .....	319,299	369,435				688,734
0299999 TOTAL Group .....	319,299	369,435				688,734
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	319,299	369,435				688,734

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	1,892,789	.....	.....	.....	1,892,789	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	1,892,789	.....	.....	.....	1,892,789	.....
0299998 Claim Overpayment Receivables - Not Individually Listed .....	92,960	.....	.....	.....	75,635	17,324
0299999 Subtotal - Claim Overpayment Receivables .....	92,960	.....	.....	.....	75,635	17,324
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	5,400,000	.....	.....	.....	.....	5,400,000
0499999 Subtotal - Capitation Arrangement Receivables .....	5,400,000	.....	.....	.....	.....	5,400,000
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables .....	7,385,748	.....	.....	.....	1,968,424	5,417,324

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	704,345	5,179,094		1,892,789	704,345	793,005
2. Claim overpayment receivables .....	3,419	42,315		92,960	3,419	
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....				5,400,000		
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	707,764	5,221,409		7,385,748	707,764	793,005

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	.....	.....	.....	.....	.....	.....
0499999 Subtotals .....	.....	.....	.....	.....	.....	.....
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	11,286,394
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	11,286,394
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	1,608,582

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 Receivables not individually listed .....	.....	.....	.....	.....	.....	.....	.....
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 Payables not Individually Listed .....	X X X .....	763,600	763,600	.....
0399999 TOTAL Gross Payables .....	X X X .....	763,600	763,600	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	64,108,773	30.805	20,745	100.000	64,108,773	
2.	Intermediaries .....						
3.	All other providers .....						
4.	TOTAL Capitation Payments .....	64,108,773	30.805	20,745	100.000	64,108,773	
<b>Other Payments:</b>							
5.	Fee-for-service .....	14,637,701	7.034	X X X	X X X		14,637,701
6.	Contractual fee payments .....	129,365,706	62.162	X X X	X X X		129,365,706
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	TOTAL Other Payments .....	144,003,408	69.195	X X X	X X X		144,003,408
13.	TOTAL (Line 4 plus Line 12) .....	208,112,181	100.000	X X X	X X X	64,108,773	144,003,408

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 TOTALS .....			X X X	X X X	X X X



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR  
NAIC Group Code 4805 NAIC Company Code 15461

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
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 .....	20,745							20,745		
6. Current Year Member Months .....	248,939							248,939		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	225,075							225,075		
8. Non-Physician .....	447,836							447,836		
9. TOTAL .....	672,911							672,911		
10. Hospital Patient Days Incurred .....	68,265							68,265		
11. Number of Inpatient Admissions .....	9,113							9,113		
12. Health Premiums Written (b) .....	245,120,482							245,120,482		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	245,120,482							245,120,482		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	208,111,949							208,111,949		
18. Amount Incurred for Provision of Health Care Services .....	206,033,258							206,033,258		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....245,120,482



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 4805 NAIC Company Code 15461

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	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	20,745							20,745		
6. Current Year Member Months	248,939							248,939		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	225,075							225,075		
8. Non-Physician	447,836							447,836		
9. TOTAL	672,911							672,911		
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11. Number of Inpatient Admissions	9,113							9,113		
12. Health Premiums Written (b)	245,120,482							245,120,482		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	245,120,482							245,120,482		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	208,111,949							208,111,949		
18. Amount Incurred for Provision of Health Care Services	206,033,258							206,033,258		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....245,120,482

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999	Subtotal - Affiliates - Non-U.S. - Total										
0799999	Total - Affiliates										
1199999	Total U.S. (Sum of 0399999 and 0899999)										
1299999	Total Non-U.S. (Sum of 0699999 and 0999999)										
9999999	Total (Sum of 0799999 and 1099999)										

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0699999 Subtotal - Life and Annuity - Affiliates - Non-U.S. - Total .....					.....	.....
0799999 Total - Life and Annuity - Affiliates .....					.....	.....
1199999 Total - Life and Annuity .....					.....	.....
1499999 Subtotal - Accident and Health - Affiliates - U.S. - Total .....					.....	.....
<b>Accident and Health - Affiliates - Non-U.S. - Captive</b>						
00000 ....	AA-3770278 ...	04/01/2015	McKinley Assur Spc .....	.... CYM ...	.....	..... 311,300
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive .....					.....	..... 311,300
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....					.....	..... 311,300
1899999 Total - Accident and Health - Affiliates .....					.....	..... 311,300
2299999 Total - Accident and Health .....					.....	..... 311,300
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					.....	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	..... 311,300
9999999 Total (Sum of 1199999 and 2299999) .....					.....	..... 311,300

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999	Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
0799999	Total - General Account - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
1199999	Total - General Account Authorized .....						.....	.....	.....	.....	.....	.....	.....
1499999	Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
<b>General Account - Unauthorized - Affiliates - Non-U.S. - Captive</b>													
00000	AA-3770278	04/01/2015	McKinley Assur Spc .....	CYM	SSL/A/G	SLEL	300,000	.....	.....	.....	.....	.....	.....
1599999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive .....						300,000	.....	.....	.....	.....	.....	.....
1799999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total .....						300,000	.....	.....	.....	.....	.....	.....
1899999	Total - General Account - Unauthorized - Affiliates .....						300,000	.....	.....	.....	.....	.....	.....
2299999	Total - General Account - Unauthorized .....						300,000	.....	.....	.....	.....	.....	.....
2599999	Subtotal - General Account - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2899999	Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2999999	Total - General Account - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
3399999	Total - General Account - Certified .....						.....	.....	.....	.....	.....	.....	.....
3499999	Total - General Account - Authorized, Unauthorized and Certified .....						300,000	.....	.....	.....	.....	.....	.....
3799999	Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4099999	Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4199999	Total - Separate Accounts - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
4599999	Total - Separate Accounts - Authorized .....						.....	.....	.....	.....	.....	.....	.....
4899999	Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5199999	Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5299999	Total - Separate Accounts - Unauthorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5599999	Total - Separate Accounts - Unauthorized - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5699999	Total - Separate Accounts - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
5999999	Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6299999	Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6399999	Total - Separate Accounts - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6699999	Total - Separate Accounts - Certified - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6799999	Total - Separate Accounts - Certified .....						.....	.....	.....	.....	.....	.....	.....
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified .....						.....	.....	.....	.....	.....	.....	.....
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) .....						.....	.....	.....	.....	.....	.....	.....
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....						300,000	.....	.....	.....	.....	.....	.....
9999999	Total (Sum of 3499999 and 6899999) .....						300,000	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 4  
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
0699999	Subtotal - General Account - Life and Annuity - Affiliates - Non-U.S. - Total								X X X					
0799999	Total - General Account - Life and Annuity - Affiliates								X X X					
1199999	Total - General Account - Life and Annuity								X X X					
1499999	Subtotal - General Account - Accident and Health - Affiliates - U.S. - Total								X X X					
General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
00000	AA-3770278	01/01/2015	McKinley Assur Spc		311,300		311,300				311,300			311,300
1599999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive				311,300		311,300		X X X		311,300			311,300
1799999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total				311,300		311,300		X X X		311,300			311,300
1899999	Total - General Account - Accident and Health - Affiliates				311,300		311,300		X X X		311,300			311,300
2299999	Total - General Account - Accident and Health				311,300		311,300		X X X		311,300			311,300
2399999	Total - General Account				311,300		311,300		X X X		311,300			311,300
2699999	Subtotal - Separate Accounts - Affiliates - U.S. - Total								X X X					
2999999	Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total								X X X					
3099999	Total - Separate Accounts - Affiliates								X X X					
3499999	Total - Separate Accounts								X X X					
3599999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)								X X X					
3699999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				311,300		311,300		X X X		311,300			311,300
9999999	Total (Sum of 2399999 and 3499999)				311,300		311,300		X X X		311,300			311,300

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....	.....	.....	.....	.....

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26	
															16	17	18	19	20	21					22
NAIC Com- pany Code	ID Number	Effective Date	Name of Reinsurer	Domi- ciliary Juris- diction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)
0699999 Subtotal - General Account - Life and Annuity - Affiliates - Non-U.S. - Total																	XXX				XXX	XXX			
0799999 Total - General Account - Life and Annuity - Affiliates																	XXX				XXX	XXX			
1199999 Total - General Account - Life and Annuity																	XXX				XXX	XXX			
1499999 Subtotal - General Account - Accident and Health - Affiliates - U.S. - Total																	XXX				XXX	XXX			
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total																	XXX				XXX	XXX			
1899999 Total - General Account - Accident and Health - Affiliates																	XXX				XXX	XXX			
2299999 Total - General Account - Accident and Health																	XXX				XXX	XXX			
2399999 Total - General Account																	XXX				XXX	XXX			
2699999 Subtotal - Separate Accounts - Affiliates - U.S. - Total																	XXX				XXX	XXX			
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total																	XXX				XXX	XXX			
3099999 Total - Separate Accounts - Affiliates																	XXX				XXX	XXX			
3499999 Total - Separate Accounts																	XXX				XXX	XXX			
3599999 Total - U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)																	XXX				XXX	XXX			
3699999 Total - Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)																	XXX				XXX	XXX			
9999999 Total (Sum of 2399999 and 3499999)																	XXX				XXX	XXX			

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....	.....	.....	.....	.....



SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums .....					
2. Title XVIII-Medicare .....	300	279	202		
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....		103	362		
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	311				
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	98,844,043		98,844,043
2. Accident and health premiums due and unpaid (Line 15) .....	688,734		688,734
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	7,056,096		7,056,096
6. TOTAL Assets (Line 28) .....	106,588,873		106,588,873
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	10,975,094		10,975,094
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,608,582		1,608,582
9. Premiums received in advance (Line 8) .....	184,501		184,501
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	3,797,266		3,797,266
15. TOTAL Liabilities (Line 24) .....	16,565,443		16,565,443
16. TOTAL Capital and Surplus (Line 33) .....	90,023,432	X X X	90,023,432
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	106,588,875		106,588,875
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	
States, Etc.							Totals
1.	Alabama (AL) .....						
2.	Alaska (AK) .....						
3.	Arizona (AZ) .....						
4.	Arkansas (AR) .....						
5.	California (CA) .....						
6.	Colorado (CO) .....						
7.	Connecticut (CT) .....						
8.	Delaware (DE) .....						
9.	District of Columbia (DC) .....						
10.	Florida (FL) .....						
11.	Georgia (GA) .....						
12.	Hawaii (HI) .....						
13.	Idaho (ID) .....						
14.	Illinois (IL) .....						
15.	Indiana (IN) .....						
16.	Iowa (IA) .....						
17.	Kansas (KS) .....						
18.	Kentucky (KY) .....						
19.	Louisiana (LA) .....						
20.	Maine (ME) .....						
21.	Maryland (MD) .....						
22.	Massachusetts (MA) .....						
23.	Michigan (MI) .....						
24.	Minnesota (MN) .....						
25.	Mississippi (MS) .....						
26.	Missouri (MO) .....						
27.	Montana (MT) .....						
28.	Nebraska (NE) .....						
29.	Nevada (NV) .....						
30.	New Hampshire (NH) .....						
31.	New Jersey (NJ) .....						
32.	New Mexico (NM) .....						
33.	New York (NY) .....						
34.	North Carolina (NC) .....						
35.	North Dakota (ND) .....						
36.	Ohio (OH) .....						
37.	Oklahoma (OK) .....						
38.	Oregon (OR) .....						
39.	Pennsylvania (PA) .....						
40.	Rhode Island (RI) .....						
41.	South Carolina (SC) .....						
42.	South Dakota (SD) .....						
43.	Tennessee (TN) .....						
44.	Texas (TX) .....						
45.	Utah (UT) .....						
46.	Vermont (VT) .....						
47.	Virginia (VA) .....						
48.	Washington (WA) .....						
49.	West Virginia (WV) .....						
50.	Wisconsin (WI) .....						
51.	Wyoming (WY) .....						
52.	American Samoa (AS) .....						
53.	Guam (GU) .....						
54.	Puerto Rico (PR) .....						
55.	U.S. Virgin Islands (VI) .....						
56.	Northern Mariana Islands (MP) .....						
57.	Canada (CAN) .....						
58.	Aggregate other alien (OT) .....						
59.	TOTALS .....						

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41	4805	00000	34-1445390				Aultman Health Foundation	US	UIP	Self	Board of Directors		Aultman Health Foundation	N	0000000
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		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	
		00000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company	Ownership	94.0	Aultman Health Foundation	N	0000001
		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				Aultman Specialty Hospital, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1243260				Canton Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	N	0000003
	4805	15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1088530				Aultman North Canton Medical	US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	N	
		00000	34-0733138				The Orville Hospital Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-3166014				Aultman Medical Group, Inc	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-1165287				AultCare Holding Company	US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-3587655				MainSight ASO, LLC	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1501390				Wayne Health Service and Supplies, Inc.	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	46-4625320				Integrated Health Collaborative	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-4215510				Aultman Oncology Center of Excellence	US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	N	0000004
		00000	46-2540184				Aultman Orthopedic Center of Excellence	US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	N	
		00000	81-1342957				The Midwest Health Collaborative	US	NIA	Other	Other		Aultman Health Foundation	N	0000005
		00000	45-1731318				IHN Sourcing Group	US	NIA	Other	Other		Aultman Health Foundation	N	0000006
		00000	81-4224503				Aultman Radiation Oncology of ACH	US	NIA	Other	Ownership	50.0	Aultman Health Foundation	N	
		00000	81-0847842				Aultman Innovations, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	81-3136598				IHN Post-Acute Network	US	NIA	Other	Ownership	57.4	Aultman Health Foundation	N	
		00000	34-0714581				Alliance Community Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1531817				Alliance Community Hospital Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1932972				Alliance Health Institute	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	26-3646817				Alliance Community Medical Foundation	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1531993				Health Alliance Inc.	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	91-1889215				Alliance Medical Associates	US	NIA	Other	Ownership	100.0	Alliance Community Hospital	N	
		00000	34-1505340				Caring Hands, Inc	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1609338				Dasco/Alliance, Ltd. DBA DASCO Home Medical	US	NIA	Health Alliance, Inc.	Ownership	100.0	Aultman Health Foundation	N	

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 Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	.....	00000	34-1884059	.....	.....	.....	Alliance Health Partners .....	.. US .	... NIA ..	Alliance Communtiy Hospital .....	Ownership .....	..... 50.0	Aultman Health Foundation ..	.... N ....	.....

Asterisk	Explanation
0000001	AultCare Corporation's governance is controlled by Aultman Health Foundation 50% and Stark Quality Care Physicians, Inc 50%, 100% of equity owned by Aultman Health Foundation .....
0000002	Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50% .....
0000003	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50% .....

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 77216 ..	.. 34-1624818 ..	AULTCARE INS CO ..	.....	.....	.....	.....	.....	.....	.....	.....(778,311)	.....(778,311)	.....
.. 15461 ..	.. 46-3305099 ..	AULTCARE HLTH INSURING CORP ..	.....	.....(3,771,635)	.....	.....	.. (17,980,303)	.....	.....	..... 778,311	.. (20,973,627)	.....
.....	.. 47-1165287 ..	AultCare Holding Company ..	.....	..... 3,771,635	.....	.....	.....	.....	.....	.....	..... 3,771,635	.....
.. 00000 ..	.. AA-3770278 ..	McKinley Assur Spc ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 00000 ..	.. 34-1445390 ..	Aultman Health Foundation ..	.....	.....	.....	.....	..... 787,020	.....	.....	.....	..... 787,020	.....
.....	.. 34-1488123 ..	AultCare Corporation ..	.....	.....	.....	.....	..... 17,193,283	.....	.....	.....	..... 17,193,283	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
  - 2. Will an actuarial opinion be filed by March 1? Yes
  - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
  - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
  - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
  - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
  - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
  - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
  - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
  - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
  - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
  - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
  - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
  - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
  - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
  - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes

- AUGUST FILING
- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit

15461201736000000 2017 Document Code: 360

Health Life Supplement

15461201720500000 2017 Document Code: 205

Schedule SIS

15461201742000000 2017 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

15461201737100000 2017 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

15461201737000000 2017 Document Code: 370

Medicare Part D Coverage Supplement

15461201736500000 2017 Document Code: 365

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

15461201722400000 2017 Document Code: 224

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

15461201722500000 2017 Document Code: 225

Approval for Relief related to Require. for Audit Committees

15461201722600000 2017 Document Code: 226

LTC Supplemental Interrogatories

15461201730600000 2017 Document Code: 306

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



15461201721100000 2017 Document Code: 211

Management's Report of Internal Control over Financial Reporting



15461201722300000 2017 Document Code: 223



**OVERFLOW PAGE FOR WRITE-INS**

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