

QUARTERLY STATEMENT RECEIVED

OF THE

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OFFICE OF RISK
ASSESSMENT

Canton Regional Chamber Health Fund

of

Canton

in the state of

Ohio

2018

TO THE

Insurance Department

OF THE STATE OF

Ohio

FOR THE QUARTER ENDED
JUNE 30, 2018

HEALTH

2018

✓



00000201820100102 (NAIC code not entered)

2018

Document Code: 201

0000021820100702 (NAIC code not entered)

QUARTERLY STATEMENT

AS OF JUNE 30, 2018

OF THE CONDITION AND AFFAIRS OF THE

Canton Regional Chamber Health Fund

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	Employer's ID Number
				82-6483792
Organized under the Laws of		Ohio	State of Domicile or Port of Entry	
Country of Domicile		United States of America	OH	
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>	
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>	
	Other <input checked="" type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
Incorporated/Organized	12/01/2017		Commenced Business	12/07/2017
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, US 44710 (City or Town, State, Country and Zip Code)	
Main Administrative Office	2600 Sixth Street SW (Street and Number)		Canton, OH, US 44710 (Area Code) (Telephone Number)	
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, US 44710 (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	2600 Sixth Street SW (Street and Number)		Canton, OH, US 44710 (Area Code) (Telephone Number)	
Internet Web Site Address	www.aultcare.com		(330)363-4057	
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
Geoffrey Karcher	Chairman
Todd Hawke	Vice Chairman
Frank Monaco	Treasurer
Robert Mullen	Secretary

OTHERS

DIRECTORS OR TRUSTEES

Brian Belden
Francis Hayden
Judith Barnes Lancaster
Frank Manaco
Robert Mullen

Todd Hawke
Geoffrey Karcher
Steven Meeks
Michael Moore
Mark Rosneck

State of Ohio
County of Stark

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)
Geoffrey Karcher
(Printed Name)
1.
Chairman
(Title)

Robert Mullen
(Signature)
Robert Mullen
(Printed Name)
2.
Secretary
(Title)

Frank Monaco
(Signature)
Frank Monaco
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this
15th day of Aug., 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[]

Chris Bergk
(Notary Public Signature)

Chris Berezik
Notary Public, State of Ohio
My Commission Expires 05-19-2019



DIRECTORS OR TRUSTEES (continued)

Dennis Saunier
Joseph J. Feltes Esq. #

Amanda Sterling

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
2. Stocks:
2.1 Preferred stocks
2.2 Common stocks
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 (\$.....938,430), cash equivalents (\$.....0) and short-term investments (\$.....0)	938,430	.....	938,430	749,862
6. Contract loans (including \$.....0 premium notes)
7. Derivatives
8. Other invested assets
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)	938,430	.....	938,430	749,862
13. Title plants less \$.....0 charged off (for Title insurers only)
14. Investment income due and accrued
15. Premiums and considerations:
15.1 Uncollected premiums and agents' balances in the course of collection	38,212	.....	38,212	.....
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
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
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
24. Health care (\$.....0) and other amounts receivable
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)	976,642	.....	976,642	749,862
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts
28. TOTAL (Lines 26 and 27)	976,642	.....	976,642	749,862
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 \$.....0 reinsurance ceded)	20,000		20,000	.....
2. Accrued medical incentive pool and bonus amounts .....				.....
3. Unpaid claims adjustment expenses .....				.....
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 .....				.....
9. General expenses due or accrued	29,415		29,415	.....
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	4,798		4,798	.....
10.2 Net deferred tax liability .....				.....
11. Ceded reinsurance premiums payable	154,520		154,520	.....
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 .....				.....
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 .....				.....
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				.....
24. Total liabilities (Lines 1 to 23)	208,733		208,733	.....
25. Aggregate write-ins for special surplus funds	XXX	XXX	XXX	.....
26. Common capital stock	XXX	XXX	XXX	.....
27. Preferred capital stock	XXX	XXX	XXX	.....
28. Gross paid in and contributed surplus	XXX	XXX	XXX	.....
29. Surplus notes	XXX	XXX	XXX	750,000 750,000
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	XXX	.....
31. Unassigned funds (surplus)	XXX	XXX	XXX	17,910 (138)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX	XXX	.....
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX	XXX	.....
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	XXX	767,910 749,862
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	XXX	976,642 749,862

DETAILS OF WRITE-INS

2301.				
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	XXX	.....
2502.	XXX	XXX	XXX	.....
2503.	XXX	XXX	XXX	.....
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	XXX	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	XXX	.....
3001.	XXX	XXX	XXX	.....
3002.	XXX	XXX	XXX	.....
3003.	XXX	XXX	XXX	.....
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	XXX	.....
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	XXX	.....

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year	Prior Year
			To Date	Ended
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	XXX	1,991		
2. Net premium income (including \$.....0 non-health premium income)	XXX	285,621		
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	285,621		
Hospital and Medical:				
9. Hospital/medical benefits		176,851		
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		176,851		
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		176,851		
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses				
21. General administrative expenses		85,924		138
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)		262,775		138
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	22,846		(138)
25. Net investment income earned				
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)				
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	22,846		(138)
31. Federal and foreign income taxes incurred	XXX	4,798		
32. Net income (loss) (Lines 30 minus 31)	XXX	18,048		(138)
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.				
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	749,862	.....	.....
34. Net income or (loss) from Line 32	18,048	.....	(138)
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	.....	.....	.....
37. Change in net unrealized foreign exchange capital gain or (loss) .....	.....	.....	.....
38. Change in net deferred income tax .....	.....	.....	.....
39. Change in nonadmitted assets .....	.....	.....	.....
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 .....	.....	.....	750,000
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)	18,048	.....	749,862
49. Capital and surplus end of reporting period (Line 33 plus 48)	767,910	.....	749,862
DETAILS OF WRITE-INS			
4701. .....	.....	.....	.....
4702. .....	.....	.....	.....
4703. .....	.....	.....	.....
4798. Summary of remaining write-ins for Line 47 from overflow page .....	.....	.....	.....
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	.....	.....	.....

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	401,928	.....	.....
2.	Net investment income .....	.....	.....	.....
3.	Miscellaneous income .....	.....	.....	.....
4.	TOTAL (Lines 1 to 3)	401,928	.....	.....
5.	Benefit and loss related payments	156,851	.....	.....
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
7.	Commissions, expenses paid and aggregate write-ins for deductions	56,509	.....	138
8.	Dividends paid to policyholders .....	.....	.....	.....
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	.....	.....	.....
10.	TOTAL (Lines 5 through 9)	213,360	.....	138
11.	Net cash from operations (Line 4 minus Line 10)	188,568	.....	(138)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:	.....	.....	.....
12.1	Bonds .....	.....	.....	.....
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 .....	.....	.....	.....
12.7	Miscellaneous proceeds .....	.....	.....	.....
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	.....	.....	.....
13.	Cost of investments acquired (long-term only):	.....	.....	.....
13.1	Bonds .....	.....	.....	.....
13.2	Stocks .....	.....	.....	.....
13.3	Mortgage loans .....	.....	.....	.....
13.4	Real estate .....	.....	.....	.....
13.5	Other invested assets .....	.....	.....	.....
13.6	Miscellaneous applications .....	.....	.....	.....
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....	.....	.....	.....
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) .....	.....	.....	.....
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 .....	.....	.....	750,000
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) .....	.....	.....	.....
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	.....	.....	750,000
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)	188,568	.....	749,862
19.	Cash, cash equivalents and short-term investments:	.....	.....	.....
19.1	Beginning of year	749,862	.....	.....
19.2	End of period (Line 18 plus Line 19.1)	938,430	.....	749,862

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

20.0001
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVII Medicare	9 Title XX Medicaid	10 Other
Total Members at end of:										
1. Prior Year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. First Quarter .....	..... 271	.....	..... 271	.....	.....	.....	.....	.....	.....	.....
3. Second Quarter .....	..... 665	.....	..... 665	.....	.....	.....	.....	.....	.....	.....
4. Third Quarter .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Current Year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Current Year Member Months .....	..... 1,991	.....	..... 1,991	.....	.....	.....	.....	.....	.....	.....
Total Member Ambulatory Encounters for Period:										
7. Physician .....	..... 382	.....	..... 382	.....	.....	.....	.....	.....	.....	.....
8. Non-Physician .....	..... 677	.....	..... 677	.....	.....	.....	.....	.....	.....	.....
9. Total .....	..... 1,059	.....	..... 1,059	.....	.....	.....	.....	.....	.....	.....
10. Hospital Patient Days Incurred .....	..... 10	.....	..... 10	.....	.....	.....	.....	.....	.....	.....
11. Number of Inpatient Admissions .....	..... 5	.....	..... 5	.....	.....	.....	.....	.....	.....	.....
12. Health Premiums Written (a) .....	..... 285,621	.....	..... 285,621	.....	.....	.....	.....	.....	.....	.....
13. Life Premiums Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Property/Casualty Premiums Written .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. Health Premiums Earned .....	..... 285,621	.....	..... 285,621	.....	.....	.....	.....	.....	.....	.....
16. Property/Casualty Premiums Earned .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17. Amount Paid for Provision of Health Care Services .....	..... 156,851	.....	..... 156,851	.....	.....	.....	.....	.....	.....	.....
18. Amount Incurred for Provision of Health Care Services .....	..... 176,851	.....	..... 176,851	.....	.....	.....	.....	.....	.....	.....

(a) For health premiums written: amount of Medicare Title XVII exempt from state taxes or fees \$.....0.

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
01999999 Individually Listed Claims Unpaid
02999999 Aggregate Accounts Not Individually Listed - Uncovered
03999999 Aggregate Accounts Not Individually Listed - Covered
04999999 Subtotals
05999999 Unreported claims and other claim reserves	20,000
06999999 Total Amounts Withheld
07999999 Total Claims Unpaid	20,000
08999999 Accrued Medical Incentive Pool And Bonus Amounts

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE			Liability End of Current Quarter	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year	6
	1 Claims Paid Year to Date	2 On Claims Incurred Prior to January 1 of Current Year	3 Claims Incurred During the Year	4 On Claims Unpaid Dec 31 of Prior Year		
1. Comprehensive (hospital & medical)	156,851	.....	.....
2. Medicare Supplement
3. Dental only
4. Vision only
5. Federal Employees Health Benefits Plan
6. Title XVIII - Medicare
7. Title XIX - Medicaid
8. Other health
9. Health subtotal (Lines 1 to 8)	156,851	.....	20,000	.....
10. Healthcare receivables (a)
11. Other non-health
12. Medical incentive pools and bonus amounts
13. Totals (Lines 9 - 10 + 11 + 12)	156,851	.....	20,000	.....

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

Notes to Financial Statement

Notes to Financial Statement

1. SUMMARY OF SIGNIFICANT ACCOUNT POLICIES AND GOING CONCERN

A. Accounting Practices

Canton Regional Chamber Health Fund Trust's (the Company or CRC Health Fund Trust) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI) and in accordance with the Accounting Practices and Procedures Manual.

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining and reporting the financial condition and results of operations of a MEWA for determining its solvency under Ohio Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) in effect for the accounting periods covered in the statutory basis financial statements.

No significant differences exist between the practices prescribed and permitted by the State of Ohio and those prescribed and permitted by the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

	2018	2017
NET INCOME		
1) Canton Regional Chamber Health Fund Company State Basis	\$22,846	\$(138)
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)	\$22,846	\$(138)
SURPLUS		
5) Canton Regional Chamber Health Fund Company State Basis	\$772,708	\$749,862
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)	\$772,708	\$749,862

B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods.

C. Accounting Policy

The Company uses the following accounting policies:

- 1) Cash and Short-Term Investments
Cash and short-term investments include cash held in a bank account.
- 2) The Company holds no bonds
- 3) The Company holds no Common Stock
- 4) The Company holds no Preferred Stock
- 5) The Company holds no Mortgage Loans on real estate
- 6) The Company holds no Loan backed securities
- 7) The Company holds no investments in subsidiaries, controlled or affiliated entities
- 8) The Company has no investment interests with respect to joint ventures, partnerships or limited liability companies
- 9) The Company holds no derivatives
- 10) The Company has no Premium Deficiency Reserves
- 11) The Company has estimated claims reserve based on actuarial projections and anticipated enrollment.
- 12) The Company does not carry any fixed assets on the statutory basis financial statements.
- 13) The Company has no Pharmacy Rebates

D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

Notes to Financial Statement

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

3. BUSINESS COMBINATIONS AND GOODWILL

A-D The Company was not party to a business combination during the period ending June 30, 2018, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

A. Discontinued Operations Disposed of or Classified as Held for Sale

(1-4) The Company did not have any discontinued operations disposed of or classified as held for sale during the period ending June 30, 2018.

B. Change in Plan of Sale of Discontinued Operation – Not applicable.

C. Nature of any Significant Continuing involvement with Discontinued Operations after Disposal - Not applicable.

D. Equity Interest Retained in the Discontinued Operation after Disposal - Not applicable.

5. INVESTMENTS AND OTHER INVESTED ASSETS

A. Mortgage Loans

The Company has no investments in Mortgage Loans

B. Debt Restructuring

The Company has no Debt Restructuring investments

C. Reverse Mortgages

The Company has no investments in Reverse Mortgage

D. Loan Backed Securities

The Company has no investments in Loan Backed Securities

E-I. Repurchase Agreements

The Company has no investments in Repurchase Agreements

J. Real Estate

The Company has no Real Estate investments

K. Investments in low-income housing tax credits

The Company has no investments in low-income housing tax credits

L. Restricted Assets

The Company has no investments in Restricted Assets

M. Working Capital Finance Investments – Not applicable

N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivative, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

O. Structured Notes

The Company does not have any Structured Notes

P. 5* Securities

The Company does not have any investments with an NAIC designation of 5* as of June 30, 2018.

Q. Short Sales

The Company has no Short Sale investments

R. Prepayment Penalty and Acceleration Fees

The Company did not sell, redeem or dispose of any assets.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

A-B The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint venture, partnerships, and limited liability companies during the statement periods.

7. INVESTMENT INCOME

A. The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued – Not applicable.

B. There were no investment income amounts excluded from the statutory basis financial statements

8. DERIVATIVE INSTRUMENTS

Notes to Financial Statement

A-F The Company has no derivative instruments.

9. INCOME TAXES

A. Deferred Tax Asset/Liability

The Company does not have Deferred Tax Asset/Liability

B. Unrecognized Deferred Tax Liabilities

(1-4) There are no unrecognized deferred tax liabilities for the period ending June 30, 2018.

C. Significant Components of Income Taxes

(1) The current federal income taxes incurred for the period ending June 30, 2018

	(1) 6/30/2018	(2) 6/30/2017	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ -	\$ -	\$ -
(b) Foreign	\$ -	\$ -	\$ -
(c) Subtotal	\$ -	\$ -	\$ -
(d) Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e) Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
(g) Federal and Foreign Income Taxes Incurred	\$ -	\$ -	\$ -

D. The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes.

The Company has no tax liability as of June 30, 2018.

	6/30/2018	Effective Tax Rate
Provision computed at statutory rate	\$4,798	21.0%
Change in nonadmitted assets	\$ -	0.0%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ -	0.0%
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)	\$ 4,798	21.0%
	6/30/2018	Effective Tax Rate
Federal and foreign income taxes incurred	\$ -	0.0%

Notes to Financial Statement

Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ -	0.0%
Total statutory income tax expense (benefit)	\$ -	0.0%

E. Amounts of operating loss and tax credit carry-forwards available for tax purposes

The Company has no operating loss and tax credit carry-forwards as of June 30, 2018.

F. Consolidated of Federal Income Tax Return

Canton Regional Chamber Health Fund Trust is a taxable trust which does not file or is part of a consolidated tax return.

G. Federal and foreign loss contingencies as determined in accordance with SSAP 5R – Not applicable

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. Nature of the Relationship

The Canton Regional Chamber Health Fund Trust, is a wholly owned subsidiary of the Canton Regional Chamber of Commerce.

The trust is licensed in Ohio as Multiple Employer Welfare Arrangement under Chapter 1739 of the Ohio Revised Code. The Canton Regional Chamber Health Fund Trust is established or maintained for the purpose of offering or providing, through group self-insurance, medical benefits to the employees and their dependents of two or more employers. The population from which the Company draws its membership is predominately located in Northeast Ohio. The Company is subject to regulations of the Ohio Department of Insurance and the National Association of Insurance Commissioners – subject to periodic financial examinations by the Ohio Department of Insurance.

B&C. Transactions with Affiliated Organizations

The Company has no transactions with Affiliated Organizations

D. Amounts Due to/from to related parties

The Company has no balances due to/from related parties

E. Guarantees or undertakings –None

F. Material Management, Service Contracts and Cost-Sharing arrangements - None

G. Control Relationship

The Company's common membership is held by its parent, Canton Regional Chamber Health Fund Trust.

H. Investments in upstream intermediate entities or ultimate parent - None

I. Investment in SCA entity - None

J. Investment in impaired SCA entity - None

K. Investments in foreign insurance subsidiaries - None

L. Investments in downstream noninsurance holding company - None

M. All SCA investment – None

N. Investment in insurance SCAs - None

11. DEBT

A.-B. The Company had no outstanding debt with third parties or outstanding Federal Home Loan Bank agreements during 2018.

12. RETIREMENT PLANS

A.-I The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, or compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

1. Canton Regional Chamber Health Fund Trust is solely owned by the Canton Regional Chamber of Commerce.
2. **Dividend rate, liquidation value** – Not applicable.
3. **Dividend Restrictions** – Not applicable.

Notes to Financial Statement

4. **Date and amounts of dividends paid** – Not applicable.
5. **Portion of reporting entity's profits that can be paid as ordinary dividends** – Not applicable.
6. **Restrictions on unassigned funds** – None
7. **Mutual Reciprocals** – None
8. **Stock held by the Company for special purposes** – None
9. **Special surplus funds** – None
10. **The portion of unassigned surplus represented or reduced** - None
11. **Surplus Notes:**

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
11/15/2017	0%	\$750,000	\$750,000	\$0	\$0	N/A	N/A
1311999 Total		\$750,000	*	\$0	\$0	\$0	XXX

The surplus note, in the amount of \$750,000, listed as item 1 in the above table, was issued pursuant to Rule 144A under the Securities Act of 1933, underwritten by AultCare Insurance Company.

The surplus note has the following repayment conditions and restrictions:

1. **Regulatory Approval**
 - a. Principal shall only be repaid out of the surplus earning of the Borrower
 - b. Principal may not be paid until the surplus of the Borrower (as determined in accordance with Chapter 1739 and Title 39 of the Ohio Revised Code as applicable to multiple employer welfare arrangements that offer or provide group self-insured programs) remaining after such repayment is no less in amount than the principal remaining after such repayment
 - c. Principal shall not be repaid without the prior written consent of the Superintendent of the Ohio Department of Insurance of the Ohio Department of Insurance
2. **Forgiveness of Debt** – To the extent that a payment of all or a portion of the principal is prohibited pursuant to the provisions under the Regulatory Approval section above shall not be considered to be a forgiveness of the indebtedness.
3. **Acceleration** -The Borrower covenants if:
 - a. Default is made in the payment of principal when such principal becomes due and payable, other than to the extent that such principal payment is prohibited under Regulatory Approval section above.
 - b. Borrower fails to
 - i. use its reasonable best efforts to obtain approval of the Superintendent of the Ohio Department of Insurance to pay principal on or prior to the date on which any such principal shall otherwise be due and payable or
 - ii. upon receipt of approval of the Superintendent of the Ohio Department of Insurance, promptly make payment to the holder hereof of amounts then past due and owing the portion thereof approved by the Superintendent of the Ohio Department of Insurance
 - c. Borrower fails to deliver to the holder
 - i. as soon as available after the end of each fiscal year, an annual financial statement of Borrower audited by an independent certified public accountant as filed with the Superintendent of the Ohio Department of Insurance
 - ii. as soon as available after the end of each fiscal year, a quarterly financial statement as filed with the Superintendent of the Ohio Department of Insurance

The liquidation preference to the insurer's common and preferred shareholders are as follows:

4. **Subordination** – In the event of the liquidation of the Borrower, the claims under this Surplus Note shall be paid (consistent with the statutory accounting practices as required by the National Association of Insurance Commissioners or as otherwise required by the Ohio Department of Insurance) out of any assets remaining after the payment of all policy obligations and all other liabilities but before distribution of assets to members participating in the Canton Regional Chamber Health Fund.
5. **Prepayment** – Subject to Regulatory approval, payments of principal on this Surplus Note may be repaid or prepaid by the Borrower, at its sole discretion, in whole or at any time or in part from time to time without premium or penalty.
6. **Impairment of Liability**: No provision of the Surplus Note shall alter or impair the obligation of the Borrower, which is absolute and unconditional, to pay the principal except in the case of the Canton Regional Chamber Health Fund's liquidation or by Regulatory authority.
7. **Liabilities and Offset**: The obligation to pay the Surplus Note shall not form a part of the Canton Regional Chamber Health Fund's legal liabilities until authorized for payment by the Superintendent of the Ohio Department of Insurance. The obligation may not be offset or be subject to recoupment with respect to any liability or obligation owed.
8. **Payment Day**: Payment will be made on a business day.
9. **Obligation Unsecured**: No agreement or interest securing any obligation of the Canton Regional Chamber Health Fund shall apply to or secure the obligation under the Surplus Note.

Notes to Financial Statement

10. **Consolidation and Merger:** In the event of consolidation or merger into another entity, the entity into which the Canton Regional Chamber Health Fund merges or consolidates into must assume the liability of the Borrower.
11. **Governing Law:** The Surplus Note shall be deemed a contract made under and interpreted in accordance of the laws of the State of Ohio.
12. **Restatement of quasi-reorganizations** – Not applicable
13. **Quasi-reorganization effective date** – Not applicable

14. CONTINGENCIES

- A. **Contingent commitments** – None
- B. **Assessments** – None
- C. **Gain Contingencies** – None
- D. **Claims related extra contractual obligation and bad faith losses stemming from lawsuits** - None
- E. **Joint and Several Liabilities** - None
- F. **All other contingencies** - None

15. LEASES

- A. **Lessee Operating Lease**
The Company has not entered into any Lessee Operating Leases
- B. **Lessor Leases**
The Company has not entered into any Lessor Leases.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

- (1-4) The Company does not hold any financial instruments with off-balance sheet risk or have any concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A-C The Company did not participate in any transfer of receivables, financial assets or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

- A-B. The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2018.

- C. The Company did not have Medicare or Other Similarly Structured Cost Based Reimbursement Contracts.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

- The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2018.

20. FAIR VALUE MEASUREMENT

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 – Quoted (unadjusted) prices for identical assets in active markets

Level 2 - Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rate, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by observable market data

Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

- A. Assets and liabilities measured and reported at fair value.
- 1) **Fair value measurements at the reporting date.**

Notes to Financial Statement

Fair Value Measurements at Reporting Date				
(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Cash	\$ 938,430	\$ -	\$ -	\$ 938,430
Total assets at fair value	\$ 938,430	\$ -	\$ -	\$ 938,430

There were no transfers between Levels 1 & 2 during the period ending June 30, 2018.

2) Fair value measurements in (Level 3) of the Fair Value Hierarchy

The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.

3) Policy for determining when transfers between levels are recognized

Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the period ending June 30, 2018.

4) Investments

The fair values of the Company's investments in U.S. Treasury and U.S. Government Agency bond securities are based on quoted prices or dealer quotes. For bonds not actively traded, fair values are estimated using values obtained from independent pricing services. The Company had no Investments to report in the Fair Value Measurement.

5) Derivative asset and liabilities

The Company has no derivative assets and liabilities to discuss.

B. Fair Value Combination - Not applicable

C. Aggregate Fair Value Hierarchy – Not applicable

D. Not practicable to estimate fair value – Not applicable

21. OTHER ITEMS

A. The Company did not encounter any unusual or infrequent items for the period ending June 30, 2018.

B. The Company has no troubled debt restructurings as of June 30, 2018.

C. The Company does not have any amounts not recorded in the statutory basis financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. The Company has not received any business interruption insurance recoveries in 2018.

E. The Company has no transferable or non-transferable state tax credits.

F. The Company has no Subprime Mortgage Related Exposure.

G. The Company does not have any retained asset accounts for beneficiaries

H. The Company does not have Insurance-Linked Securities (ILS) Contracts

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through August 15, 2018, which is the date these statutory basis financial statement were available for issuance.

TYPE I – Recognized Subsequent Events

There are no Recognized events subsequent to June 30, 2018, that require recognition and disclosure.

TYPE II – Non –Recognized Subsequent Events

There are no Non-Recognized events subsequent to June 30, 2018, that require recognition and disclosure.

23. REINSURANCE

Reinsurance Agreements – In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with reinsurers.

A. Ceded Reinsurance Report

Notes to Financial Statement

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)

If yes, give full details.

(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)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

(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 credit?

Yes () No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the report entity may consider the current or anticipated experience of the business reinsured in making the estimate. \$ _____

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$ _____

(2) Does the reporting entity 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 that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under reinsurance policies?

Yes () No (X)

If yes, give full details.

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 for other than for nonpayment of premium or other similar credits 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 of this statement, to include 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)

If yes, what is the amount of the reinsurance credits, whether an asset or a reduction of a liability, taken for such new agreements or amendments? \$ _____

B. Uncollectible Reinsurance - During 2018, there were no uncollectible reinsurance recoverables.

C. Commutation of Ceded Reinsurance - There was no commutation of reinsurance in 2018.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACT SUBJECT TO REDETERMINATION

A-E. None

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A-B. The Company did not have a change in incurred claims and claims adjustment expenses.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company did not have any intercompany pooling arrangements in 2018.

27. STRUCTURED SETTLEMENTS - None

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A-B The Company did not have any Pharmaceutical Rebate or Risk-Sharing Receivables.

Notes to Financial Statement

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2018.

30. PREMIUM DEFICIENCY RESERVES

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. There were no premium deficiency reserves recorded as of June 30, 2018.

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of June 30, 2018, the Company had no specific accruals established for outstanding subrogation.

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?
If yes, complete Schedule Y, Parts 1 and 1A.
 Yes [] No [X]

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:
 Yes [] No [X]

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
.....

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?
If yes, attach an explanation.
 Yes [] No [X] N/A []

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

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.
.....

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).
.....

6.4 By what department or departments?
.....

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
..... No .....	..... No .....	..... No .....	..... No

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?
(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.
 Yes[X] No[]

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?
.....

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 Yes [] No [X]

14.2 If yes, please complete the following:
.....

GENERAL INTERROGATORIES (Continued)

		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 .....	.....	.....
14.24	Short-Term Investments .....	.....	.....
14.25	Mortgages Loans on Real Estate .....	.....	.....
14.26	All Other .....	.....	.....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	.....	.....
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? Yes No X
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A X
 If no, attach a description with this statement.

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	\$.....	0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....	0
16.3 Total payable for securities lending reported on the liability page	\$.....	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 No X

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
.....

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
.....

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 No X
 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 No X
 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
.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No X
 18.2 If no, list exceptions:
 The company had no investments as of March 31, 2018
 19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes No X

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent
 1.2 A&H cost containment percent
 1.3 A&H expense percent excluding cost containment expenses

..... 0.000%
 0.000%
 0.000%

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

Yes[] No[X]
 \$..... 0
 Yes[] No[X]
 \$..... 0

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

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

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

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[] No[X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

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 (a)	Direct Business Only								9 Deposit-Type Contracts
		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		
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	285,621							285,621	
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	285,621							285,621	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	285,621							285,621	

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								

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 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

R - Registered - Non-domiciled RRGs
 Q - Qualified - Qualified or accredited reinsurer

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

Canton Regional Chamber of Commerce Structure by Legal Entity

Canton Regional
Chamber Health
Fund

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 Provided Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	124	84-6483792	.....	.....	.....	.....	US	RE ..	.....	.....	100.0	Trust	.....	.....
Asterisk															
Explanation															
0000001															

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

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



0000020183650002 (NAIC code not entered)

2018

Document Code: 365

SI01 Schedule A Verification **NONE**

SI01 Schedule B Verification **NONE**

SI01 Schedule BA Verification **NONE**

SI01 Schedule D Verification **NONE**

SI02 Schedule D Part 1B **NONE**

SI03 Schedule DA Part 1 **NONE**

SI03 Schedule DA Verification **NONE**

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
E04 Schedule D Part 3	NONE
E05 Schedule D Part 4	NONE
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 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Huntington National Bank	Canton, Ohio					509,876	758,937	938,430	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 ..					509,876	758,937	938,430	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 ..					509,876	758,937	938,430	XXX
0499999 Cash in Company's Office	XXX .. XXX ..								XXX
0599999 Total Cash	XXX .. XXX ..					509,876	758,937	938,430	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter								
1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
N O N E								
	8899999 Total - Cash Equivalents .....							.....



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code: 0000

NAIC Company Code: 00000

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claim Paid Net of Reimbursements Applied (a)			XXX		
6. Aggregate Policy Reserves - change				XXX	XXX
7. Expenses Paid				XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

NONE

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	285,621	285,621	.....	.....	.....	.....	.....	.....	.....
2.	Change in unearned premium reserves and reserve for rate credit .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	Fee-for-service (net of \$0 medical expenses) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	Risk revenue .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	Aggregate write-ins for other health care related revenues .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	Aggregate write-ins for other non-health care related revenues	285,621	285,621	.....	.....	.....	.....	.....	.....	.....
7.	TOTAL Revenues (Lines 1 to 6)	176,851	176,851	.....	.....	.....	.....	.....	.....	.....
8.	Hospital/medical benefits .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9.	Other professional services .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10.	Outside referrals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	Emergency room and out-of-area .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12.	Prescription drugs .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13.	Aggregate write-ins for other hospital and medical .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14.	Incentive pool, withhold adjustments and bonus amounts .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15.	Subtotal (Lines 8 to 14)	176,851	176,851	.....	.....	.....	.....	.....	.....	.....
16.	Net reinsurance recoveries .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	176,851	176,851	.....	.....	.....	.....	.....	.....	.....
18.	Non-health claims (net) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
19.	Claims adjustment expenses including \$0 cost containment expenses	85,924	85,924	.....	.....	.....	.....	.....	.....	.....
20.	General administrative expenses .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
21.	Increase in reserves for accident and health contracts .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
22.	Increase in reserves for life contracts .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	262,775	262,775	.....	.....	.....	.....	.....	.....	.....
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	22,846	22,846	.....	.....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS										
0501.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0502.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0503.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0598.	Summary of remaining write-ins for Line 5 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0601.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0602.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0603.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0698.	Summary of remaining write-ins for Line 6 from overflow page
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)
1301.
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1303.
1398.	Summary of remaining write-ins for Line 13 from overflow page
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)

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