



QUARTERLY STATEMENT
AS OF JUNE 30, 2018
OF THE CONDITION AND AFFAIRS OF THE
AultCare Insurance Company

NAIC Group Code	4805 (Current Period)	4805 (Prior Period)	NAIC Company Code	77216	Employer's ID Number	341624818
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	08/15/1989		Commenced Business	11/01/1989		
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)			
Main Administrative Office			2600 Sixth Street SW (Street and Number)			
	Canton, OH, 44710 (City or Town, State, Country and Zip Code)		(330)363-4057 (Area Code) (Telephone Number)			
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			2600 Sixth Street SW (Street and Number)			
	Canton, OH, 44710 (City or Town, State, Country and Zip Code)		(330)363-4057 (Area Code) (Telephone Number)			
Internet Web Site 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

John Westerbeck 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 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	a. Is this an original filing?	Yes[X] No[]
day of , 2018	b. If no,	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Michael Hanke

Dick Maggiore

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	30,188,105		30,188,105	30,136,783
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	10,258,079		10,258,079	10,199,710
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 (\$.....36,990,659), cash equivalents (\$.....0) and short-term investments (\$.....184,403)	37,175,061		37,175,061	23,107,921
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets	19,265,778		19,265,778	20,649,456
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)	96,887,024		96,887,024	84,093,870
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	191,101		191,101	194,338
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	4,019,786		4,019,786	4,384,416
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)	110,943		110,943	116,657
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	2,725,306		2,725,306	1,254,570
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	1,024,471		1,024,471	1,024,471
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	786,978		786,978	795,345
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	523,711		523,711	714,175
24.	Health care (\$.....2,954,238) and other amounts receivable	6,649,846	3,695,608	2,954,238	2,995,416
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)	112,919,165	3,695,608	109,223,557	95,573,257
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	112,919,165	3,695,608	109,223,557	95,573,257
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 \$.559,900 reinsurance ceded)	28,607,632		28,607,632	25,847,223
2.	Accrued medical incentive pool and bonus amounts	397,077		397,077	478,062
3.	Unpaid claims adjustment expenses	451,500		451,500	451,500
4.	Aggregate health policy reserves, including the liability of \$.0 for medical loss ratio rebate per the Public Health Service Act	2,989,714		2,989,714	3,076,400
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	7,257,290		7,257,290	4,052,565
9.	General expenses due or accrued	14,634,148		14,634,148	8,553,759
10.1	Current federal and foreign income tax payable and interest thereon (including \$.0 on realized gains (losses))	3,067,921		3,067,921	1,193,995
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	1,226,447		1,226,447	2,717,479
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)	58,631,728		58,631,728	46,370,983
25.	Aggregate write-ins for special surplus funds	X X X	X X X		4,900,000
26.	Common capital stock	X X X	X X X	1,000,000	1,000,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	18,387,534	18,387,533
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	31,204,295	24,914,741
32.	Less treasury stock, at cost:				
32.1	.0 shares common (value included in Line 26 \$.0)	X X X	X X X		
32.2	.0 shares preferred (value included in Line 27 \$.0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	50,591,829	49,202,274
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	109,223,557	95,573,257
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.	Health Insurance Tax	X X X	X X X		4,900,000
2502.		X X X	X X X		
2503.		X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		4,900,000
3001.		X X X	X X X		
3002.		X X X	X X X		
3003.		X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	515,995	476,309	967,787
2.	Net premium income (including \$.....0 non-health premium income)	X X X	138,433,540	130,278,998	254,748,223
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	138,433,540	130,278,998	254,748,223
Hospital and Medical:					
9.	Hospital/medical benefits		70,075,682	69,000,827	130,142,728
10.	Other professional services				
11.	Outside referrals		16,451,915	11,955,967	23,369,112
12.	Emergency room and out-of-area		3,233,590	2,891,509	5,633,443
13.	Prescription drugs		16,092,500	18,506,289	39,158,534
14.	Aggregate write-ins for other hospital and medical		11,564,645	8,637,496	16,189,698
15.	Incentive pool, withhold adjustments and bonus amounts		499,998	240,000	307,962
16.	Subtotal (Lines 9 to 15)		117,918,331	111,232,088	214,801,477
Less:					
17.	Net reinsurance recoveries		8,358,096	2,673,188	8,369,260
18.	Total hospital and medical (Lines 16 minus 17)		109,560,236	108,558,899	206,432,216
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....2,392,200 cost containment expenses		4,077,412	3,519,862	8,186,835
21.	General administrative expenses		20,389,438	14,644,813	29,770,652
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)		134,027,085	126,723,575	244,389,703
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	4,406,455	3,555,423	10,358,520
25.	Net investment income earned		467,578	191,999	890,877
26.	Net realized capital gains (losses) less capital gains tax of \$.....(19,975)		(38,775)	5,523	155,776
27.	Net investment gains or (losses) (Lines 25 plus 26)		428,803	197,521	1,046,653
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)	X X X	4,835,258	3,752,944	11,405,173
31.	Federal and foreign income taxes incurred	X X X	1,893,901	1,272,735	4,919,053
32.	Net income (loss) (Lines 30 minus 31)	X X X	2,941,356	2,480,209	6,486,121
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	Reinsurance Claims		11,564,645	8,637,496	16,189,698
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)		11,564,645	8,637,496	16,189,698
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	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	49,202,274	42,748,927	42,748,927
34.	Net income or (loss) from Line 32	2,941,356	2,480,209	6,486,121
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	(116,260)	470,096	619,850
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			104,835
39.	Change in nonadmitted assets	(1,435,542)	(3,217,264)	(757,459)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	1,389,555	(266,959)	6,453,348
49.	Capital and surplus end of reporting period (Line 33 plus 48)	50,591,829	42,481,968	49,202,274
DETAILS OF WRITE-INS				
4701.	0			
4702.	0			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	140,430,890	135,369,950	253,747,555
2.	Net investment income	543,206	254,140	989,520
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	140,974,096	135,624,090	254,737,075
5.	Benefit and loss related payments	109,791,298	102,236,302	204,395,432
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	18,386,461	21,194,489	36,465,025
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			3,800,000
10.	TOTAL (Lines 5 through 9)	128,177,759	123,430,791	244,660,457
11.	Net cash from operations (Line 4 minus Line 10)	12,796,338	12,193,299	10,076,618
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	2,546,642	3,801,842	6,484,890
12.2	Stocks	721,879		500,000
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets	1,308,161		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		(22)	(22)
12.7	Miscellaneous proceeds		50,000	771
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	4,576,682	3,851,820	6,985,639
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	2,675,574	3,617,390	10,990,281
13.2	Stocks	828,912	683,520	2,258,741
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets		4,358,730	1,687,309
13.6	Miscellaneous applications	226		
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	3,504,711	8,659,640	14,936,331
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)	1,071,971	(4,807,820)	(7,950,692)
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	0		
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)	198,831	1,663,626	775,733
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	198,831	1,663,626	775,733
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)	14,067,140	9,049,105	2,901,659
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	23,107,921	20,206,262	20,206,262
19.2	End of period (Line 18 plus Line 19.1)	37,175,061	29,255,367	23,107,921

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

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	84,677	6,950	38,604	526		9,534	1,667			27,396
2. First Quarter	85,987	8,752	37,737	580		9,652	1,651			27,615
3. Second Quarter	84,920	8,456	36,991	602		9,679	1,639			27,553
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	515,995	52,646	226,142	3,497		58,270	9,874			165,566
Total Member Ambulatory Encounters for Period:										
7. Physician	120,793	21,370	92,252				7,171			
8. Non-Physician	244,416	43,207	184,479				16,730			
9. Total	365,209	64,577	276,731				23,901			
10. Hospital Patient Days Incurred	7,683	1,435	5,742				506			
11. Number of Inpatient Admissions	1,628	291	1,292				45			
12. Health Premiums Written (a)	144,487,787	26,682,680	96,422,281	618,260		1,584,408	7,233,400			11,946,758
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	144,487,787	26,682,680	96,422,281	618,260		1,584,408	7,233,400			11,946,758
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	107,153,812	18,706,737	74,969,673	443,311		948,391	5,563,047			6,522,654
18. Amount Incurred for Provision of Health Care Services	117,918,331	19,394,431	78,965,135	443,311		983,800	6,567,010			11,564,645

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

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
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						29,167,532
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						29,167,532
0899999 Accrued Medical Incentive Pool And Bonus Amounts						397,077

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	20,339,174	72,442,075	1,591,399	21,319,877	21,930,573	21,129,378
2.	Medicare Supplement		443,311				
3.	Dental only		948,391	73,309	243,100	73,309	281,000
4.	Vision only						
5.	Federal Employees Health Benefits Plan	1,563,882	3,999,165		1,149,346	1,563,882	1,001,244
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health	1,427,317	5,095,336		4,230,600	1,427,317	3,435,600
9.	Health subtotal (Lines 1 to 8)	23,330,373	82,928,277	1,664,708	26,942,924	24,995,081	25,847,223
10.	Healthcare receivables (a)	54,238				54,238	95,416
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	580,983			397,077	580,983	478,062
13.	Totals (Lines 9 - 10 + 11 + 12)	23,857,119	82,928,277	1,664,708	27,340,001	25,521,826	26,229,869

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

CoSECTION A

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

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

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

	2018	2017
NET INCOME		
1) AultCare Insurance Company State Basis	\$2,941,356	\$2,480,209
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)	\$2,941,356	\$2,480,209
SURPLUS		
5) AultCare Insurance Company State Basis	\$50,591,829	\$42,481,968
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)	\$50,591,829	\$42,481,968

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

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

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$19,265,778. Of this amount, \$863 is invested in McKinley Life Agency, Ltd, which is carried at GAAP equity value. In addition, \$8,299,089 is invested in AultCare Corporation, which is carried at statutory value. Furthermore, \$750,000 is a note receivable invested in Canton Regional Chamber Health Fund. The remaining \$10,215,826 invested in West Tuscarawas Property Management, carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. The Company obtains an estimate of the liabilities for unpaid losses from its independent actuary calculations quarterly.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter’s pharmacy claim expense in accordance with SSAP. 84

D. Going Concern

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

Notes to Financial Statement

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS
- A. The Company had no change in accounting principles and/or correction of errors during the periods reported.
3. BUSINESS COMBINATIONS AND GOODWILL
- A. The Company had no business combinations accounted for under the statutory purchase method during the periods reported.
- B. The Company was not part of any merger during the periods reported.
- C. The Company had no assumption of reinsurance during the periods reported.
- D. An impairment loss was not recognized during the periods reported.
4. DISCONTINUED OPERATIONS
- A-D. The Company did not discontinue any operations during the periods reported.
5. INVESTMENTS
- A. The Company had no investment in Mortgage Loan during the periods reported.
- B. The Company had no investments in Restructured Loans during the periods reported.
- C. The Company had no investments in Reverse Mortgages during the periods reported.
- D. The Company had no investments in Loan-Backed Securities during the periods reported.
- E. The Company had no investments in Repurchase Agreements during the periods reported.
- F. The Company owns \$10,215,826 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.
- G. The Company has no investments in Low-Income Housing Tax Credits.
- H. None of the Company’s assets was restricted during the periods reported.
- I. The Company had no Working Capital Finance Investments during the periods reported.
- J. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.
- K. The Company had no Structured Notes during the periods reported.
- L. The Company had no 5*Securities during the periods reported.
6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES
- A. The Company had no investments in joint ventures, partnerships or limited liability companies during the periods reported.
- B. The Company had no impaired investments in joint ventures, partnerships or limited liability companies during the periods reported.
7. INVESTMENT INCOME
- A-B. The Company did not exclude any investment income due and accrued during the periods reported.
8. DERIVATIVE INSTRUMENTS
- A-F. The Company did not own derivative financial instruments during the periods reported.
9. INCOME TAXES
- A. The components of the net deferred tax asset/ (liability) at June 30, 2018 are as follows:

1. (reported in thousands)		6/30/2018			6/30/2017			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 1,024	\$ -	\$ 1,024	\$ 920	\$ -	\$ 920	\$ 104	\$ -	\$ 104
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 1,024	\$ -	\$ 1,024	\$ 920	\$ -	\$ 920	\$ 104	\$ -	\$ 104
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 1,024	\$ -	\$ 1,024	\$ 920	\$ -	\$ 920	\$ 104	\$ -	\$ 104
(f)	Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 1,024	\$ -	\$ 1,024	\$ 920	\$ -	\$ 920	\$ 104	\$ -	\$ 104
2. (reported in thousands)		6/30/2018			6/30/2017			Change		
Admission Calculation Components SSAP No. 101		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 1,024	\$ -	\$ 1,024	\$ 920	\$ -	\$ 920	\$ 104	\$ -	\$ 104
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lessor of 2(b)1 and 2(b)2 Below)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Cont. Note 9 A 2

	1	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 7,435.05	XXX	XXX	\$ 6,274.35	XXX	XXX
(c)		Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes to Financial Statement

	Gross Deferred Tax Liabilities									
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 1,024	\$ -	\$ 1,024	920	\$ -	920	\$ 104	\$ -	\$ 104
3. (reported in thousands)		2018		2017						
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	15%		15%						
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$49,567		\$41,829						
4. (reported in thousands)		6/30/2018			6/30/2017			Change		
Impact of Tax Planning Strategies		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No X							

B. Not Applicable

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

		(1)	(2)	(3)
1. Current Income Tax		6/30/2018	6/30/2017	(Col 1-2) Change
(a)	Federal	\$1,873,926	\$ 449,006	\$1,424,920
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$1,873,926	\$ 449,006	\$1,424,920
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$1,873,926	\$ 449,006	\$1,424,920
2. Deferred Tax Assets				
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve	\$ 127,093	\$ -	\$ 127,093
(3)	Policyholder Reserves	\$ 39,195	\$ -	\$ 39,195
(4)	Investments	\$ 975,004	\$ -	\$ 975,004
(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$ 211,644	\$ -	\$ 211,644
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward	\$ -	\$ 56,630	\$ (56,630)
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
(13)	Other (including items <5% of total ordinary tax assets)	\$ 1,352,936	\$ 863,006	\$ 489,930

Cont. Note 9 C 2

(14)	Subtotal	\$ 1,352,936	\$919,636	\$ 1,296,306
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 1,352,936	\$919,636	\$ 1,296,306
(e)	Capital			
(1)	Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -
(2)	Subtotal	\$ -	\$ -	\$ -
(f)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g)	Nonadmitted	\$ -	\$ -	\$ -
(h)	Admitted capital deferred tax assets (2e2 - 2f - 2g)	\$ -	\$ -	\$ -
(i)	Admitted deferred tax assets (2d + 2h)	\$ 1,352,936	\$919,636	\$ 433,300
3. Deferred Tax Liabilities				
(a)	Ordinary			
(1)	Investments	\$ -	\$ -	\$ -
(2)	Subtotal	\$ -	\$ -	\$ -
(b)	Capital	\$ -	\$ -	\$ -
(1)	Investments	\$ 328,465	\$ -	\$ 328,465
(2)	Subtotal	\$ 328,465	\$ -	\$ 328,465
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ 328,465	\$ -	\$ 328,465
4. Net deferred tax assets/liabilities (2i - 3c)		\$1,024,471	\$919,636	\$104,835

Notes to Financial Statement

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

	6/30/2018	Effective Tax Rate
Provision computed at statutory rate	\$1,015,404	21.0%
Change in nonadmitted assets	\$ 1,435,542	29.7%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$27,200	0.6%
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)	\$ 2,478,17	51.3%

	6/30/2018	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 1,440,626	29.8%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ 433,300	9.0%
Total statutory income tax expense (benefit)	\$1,873,926	38.8%

- E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits
- (1) At June 30, 2018, the Company had no net operating loss carry forwards available to offset against future taxable income.
 - (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
 - (a) 2016 \$0
 - (b) 2015 \$0
 - (c) 2014 \$0
 - (3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.
- F. The Company is included in a consolidated federal income tax return with the following affiliates: AultCare Holding Company; AultCare Health Insuring Corporation; Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; and MainSite Solutions ASO, LLC.

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

- G. Federal or Foreign Income Tax Loss Contingencies
- (1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

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

The Company has a capitation arrangement with Aultman Hospital and has paid \$16,769,338 and \$17,517,494 in capitated claims for its commercial enrollees as of June 30, 2018 and 2017, respectively.

The Company has a management services agreement with Aultman Health Foundation, the ultimate controlling entity and AultCare Corporation, an affiliate that allows various administrative, marketing, and claims processing services to be completed on behalf of the Company. The Company paid \$250,495 and \$274,544 to Aultman Health Foundation for management services that were provided and paid \$11,644,553 and \$10,373,920 of expense to AultCare Corporation for management services as of June 30, 2018 and 2017, respectively.

Notes to Financial Statement

The Company has an operating lease for office space and paid \$101,087 and \$101,087 to Aultman Health Foundation for rent as of June 30, 2018 and 2017, respectively.

- D. The Company has an intercompany revolving credit facility in place with the parent company, AultCare Health Insuring Corporation; The Company reported \$0 due to the parent and \$0 due from the parent company, as of June 30, 2018 and December 31, 2017, respectively.

The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows AultCare to borrow and repay operating funds. AultCare owed \$8,299,089 and \$13,028,671 as of June 30, 2018 and December 31, 2017, respectively, under the terms of the agreement.

The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of June 30, 2018, the Company has paid \$2,900,000 Aultman Hospital for these future services.

- E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.
- F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.
- G. All outstanding shares of the Company were owned by the Company's parent, AultCare Health Insuring Corporation, a not-for-profit corporation domiciled in the State of Ohio.
- H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.
- I. The Company did not have an investment in an SCA entity that exceeds 10% of admitted assets of the insurer.
- J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have an investment in a foreign insurance subsidiary.
- L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.
- M. The Company did not hold any other SCA Investments.
- N. The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.

11. DEBT

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

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

- A-D. The Company had no defined benefit plans.
- E. The Company participates in a defined contribution plan sponsored by Aultman Health Foundation. Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$197,600 and \$190,181 as of June 30, 2018 and 2017 respectively.
- F-I. The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans during the periods reported.

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

- (1) The Company has \$1,000,000 in common stock outstanding, which is owned by its direct parent, AultCare Health Insuring Corporation.
- (2) The Company had no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- (4) The Company paid \$0 dividends in 2018 to AultCare Health Insurance Company.
- (5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
For conversion of preferred stock: 0 shares.
A. For employee stock options: 0 shares.
B. For purchase warrants: 0 shares.
- (9) The Company had changes in the balances for write-ins for special surplus funds, which are related to the Health Insurer Fee (HIT) under the ACA. As of June 30, 2018, the Company estimates the amount of HIT for data year 2018 to be \$4,145,322 and has segregated such amount in the write-ins for special surplus funds.
- (10) The Company did not have any surplus funds represented that were reduced
- (11) The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- (12) The Company had no restatements due to quasi-reorganizations during the periods reported.
- (13) The Company was not involved in a quasi-reorganization during the periods reported.

14. CONTINGENCIES

- A. The Company is not aware of any material contingent commitments.

Notes to Financial Statement

- B. The Company is subject to the Ohio Life and Health Insurance Guaranty and do not know of any assessments that could have a material financial effect.
- C. The Company had no Gain Contingencies.
- D-F. Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

15. LEASES

- A. Lessee Operating Lease

(1) The Company leases office space in buildings from Aultman Health Foundation through operating lease agreements that will expire December 31, 2018. As of June 30, 2018 and 2017 respectively, the company paid \$101,087 and \$101,061 to Aultman Health Foundation for rent expense. Certain rental commitments have renewal options extending through the year 2019. Some of these renewals are subject to adjustments in future periods.

(2) At January 1, 2018, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2018	\$ 202,176
- B. Leasing is not a significant part of the lessor’s business activities in terms of revenue, net income, or assets.

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

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

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

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

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

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

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

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

20. FAIR VALUE MEASUREMENT

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

(1)

Fair Value Measurements at Reporting Date				
(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Common Stock	\$ 10,258,079	\$ -	\$ -	\$ 10,258,079
Total assets at fair value	\$ 10,258,079	\$ -	\$ -	\$ 10,258,079

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

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$17,743,272	\$18,140,951	\$17,743,272			
Industrial and Misc.	\$11,835,043	\$12,047,154	\$11,835,043			
Common Stock	\$10,258,079	\$10,258,079	\$10,258,079			

- D. The Company had no fair value instruments or classes of financial instruments where it was not practible to estimate the fair value at either June 30, 2018, or 2017.

21. OTHER ITEMS

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

22. EVENTS SUBSEQUENT

Notes to Financial Statement

- A.

As of August 15, 2018, there have been no Type I events subsequent to June 30, 2018, which would have a material effect on the financial condition of the Company or on the financial statement issued August 15, 2018
- B.

As of August 15, 2018, there have been no Type II events subsequent to June 30, 2018, which would have a material effect on the financial condition of the Company or on the financial statement issued August 15, 2018.

23. REINSURANCE

- A.

Ceded Reinsurance Report

Section 1 – General Interrogatories

(1)

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

(2)

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

Section 2 – Ceded Reinsurance Report – Part A

(1)

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

(2)

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

Section 3 – Ceded Reinsurance Report – part B

(1)

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

(2)

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

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

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

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

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION (N/A –TITLE

- A.

The Company has one contract with Federal Employees Health Benefit Plan that is subject to redetermination upon audits performed by the Office of Personnel Management.
- B.

The Company records accrued retrospective premiums as an adjustment to earned premiums.
- C.

The Company has accrued \$0 of net premiums written as of June 30, 2018 for the group health plan. No other net premiums written by the Company are subject to retrospective rating features.
- D.

Not Applicable
- E.

Risk Sharing Provisions of the Affordable Care Act

1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? ____YES____

2. Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Description	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$0
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$0
3. Premium adjustments payable due to ACA Risk Adjustment	\$(3,099,000)
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$0
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$(14,615)
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$109,286
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$0

Notes to Financial Statement

Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$0
Operations (Revenue & Expense)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$0
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$78,756
9.	ACA Reinsurance contributions – not reported as ceded premium	\$0
c. Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$0
Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$0
Operations (Revenue & Expense)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$0
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$0

3. Roll-forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Acrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Premium adjustments (payable)	\$ -	\$ -	\$ -	\$14,615	\$ -	\$(14,615)	\$ -	\$ -	B	\$ -	\$(14,615)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ -	\$ -	\$14,615	\$ -	\$(14,615)	\$ -	\$ -		\$ -	\$(14,615)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$357,445	\$ -	\$78,756	\$ -	\$278,689	\$ -	\$ -	\$ -	C	\$278,689	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -	\$262,813	\$ -	\$ -	\$ -	\$262,813	\$ -	\$ -	F	\$ -	\$262,813
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -
6. Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$357,445	\$262,813	\$78,756	\$ -	\$278,689	\$262,813	\$ -	\$ -		\$278,689	\$262,813
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$357,445	\$262,813	\$78,756	\$14,615	\$278,689	\$248,198	\$ -	\$ -		\$278,689	\$248,198

Explanation of Adjustments

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	

4.

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Reserve for rate credits or	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -

Notes to Financial Statement

policy experience rating refunds												
b. 2015												
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C		\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D		\$ -	\$ -
c. 2016												
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E		\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F		\$ -	\$ -
d. Total for risk corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -

Explanation of Adjustments

A.	
B.	
C.	
D.	
E.	
F.	

5.

Risk Corridors Program Year		(1) Estimated Amount to be Filed or Final Amount Filed with CMS	(2) Non-Accrued Amounts for Impairment or Other Reasons	(3) Amounts received from CMS	(4) Asset Balance (Gross of Non- admissions) (1-2-3)	(5) Non-admitted Amount	(6) Net Admitted Asset (4-5)
a. 2015		\$129,608	\$139,327	\$(9,719)	\$ -	\$ -	\$ -
b. 2016		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. 2017		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total (a+b+c)		\$129,608	\$139,327	\$(9,719)	\$ -	\$ -	\$ -

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Reserves as of December 31, 2017 were \$25,847,222. As of June 30, \$23,330,373 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,664,708. Therefore, there has been \$852,141 in favorable prior-year development since December 31, 2017. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. INTERCOMPANY POOLING ARRANGEMENTS

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

27. STRUCTURED SETTLEMENTS

A. The Company had no structured settlements.

28. HEALTH CARE RECEIVABLES

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
6/30/2018	\$3,334,882	\$ -	\$ -	\$ -	\$ -
3/31/2018	\$1,863,228	\$ -	\$ -	\$ -	\$ -
12/31/2017	\$1,863,228	\$855,806	\$ -	\$ -	\$ -
9/30/2017	\$1,223,357	\$795,460	\$ -	\$849,275	\$42,135
6/30/2017	\$1,223,357	\$650,192	\$ -	\$1,000,603	\$21,845
3/31/2017	\$1,223,357	\$658,529	\$ -	\$759,036	\$24,980
12/31/2016	\$1,223,357	\$469,308	\$ -	\$580,327	\$ -
9/30/2016	\$940,602	\$ -	\$ -	\$534,015	\$ -
6/30/2016	\$940,602	\$ -	\$ -	\$556,059	\$ -
3/31/2016	\$940,602	\$ -	\$ -	\$417,122	\$ -
12/31/2015	\$932,154	\$ 8,449	\$ -	\$540,028	\$ -
9/30/2015	\$922,180	\$18,423	\$ 27,933	\$531,205	\$ -
6/30/2015	\$1,560,133	\$13,238	\$ -	\$352,148	\$ -

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

29. PARTICIPATING POLICIES

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

30. PREMIUM DEFICIENCY RESERVES

A. The Company does not have Premium Deficiency Reserves.	
1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	12/31/2017

Notes to Financial Statement

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

31. ANTICIPATED SALVAGE AND SUBROGATION

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

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

Yes[] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 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	2	3
Name of Entity	NAIC Company Code	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[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

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

.....12/31/2015.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....04/28/2017.....
- 6.4 By what department or departments?

Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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.

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

9.2 Has the code of ethics for senior managers been amended?

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?

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

Yes[X] No[]

Yes[] No[X]

Yes[] No[X]

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

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

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End Book/Adjusted Carrying Value	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	20,649,457	19,265,778
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	20,649,457	19,265,778
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

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

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ 0
\$ 0
\$ 0

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

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

Yes[X] No[]

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

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

1	2	3
Name(s)	Location(s)	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?

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

Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
Hartland Company - Investment Advisor	 U
Huntington Bank - Custodial	 U
AultCare Investment Committee	 A

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?

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?

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.

Yes[X] No[]
Yes[] No[X]

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

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

18.2 If no, list exceptions:

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.

Yes[X] No[]

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	 75.630%
1.2 A&H cost containment percent	 1.660%
1.3 A&H expense percent excluding cost containment expenses	 14.110%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
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
			NONE					

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

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L	137,254,387			7,233,400			144,487,787	
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)	X X X								
59.	Subtotal	X X X	137,254,387			7,233,400			144,487,787	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X	137,254,387			7,233,400			144,487,787	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(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

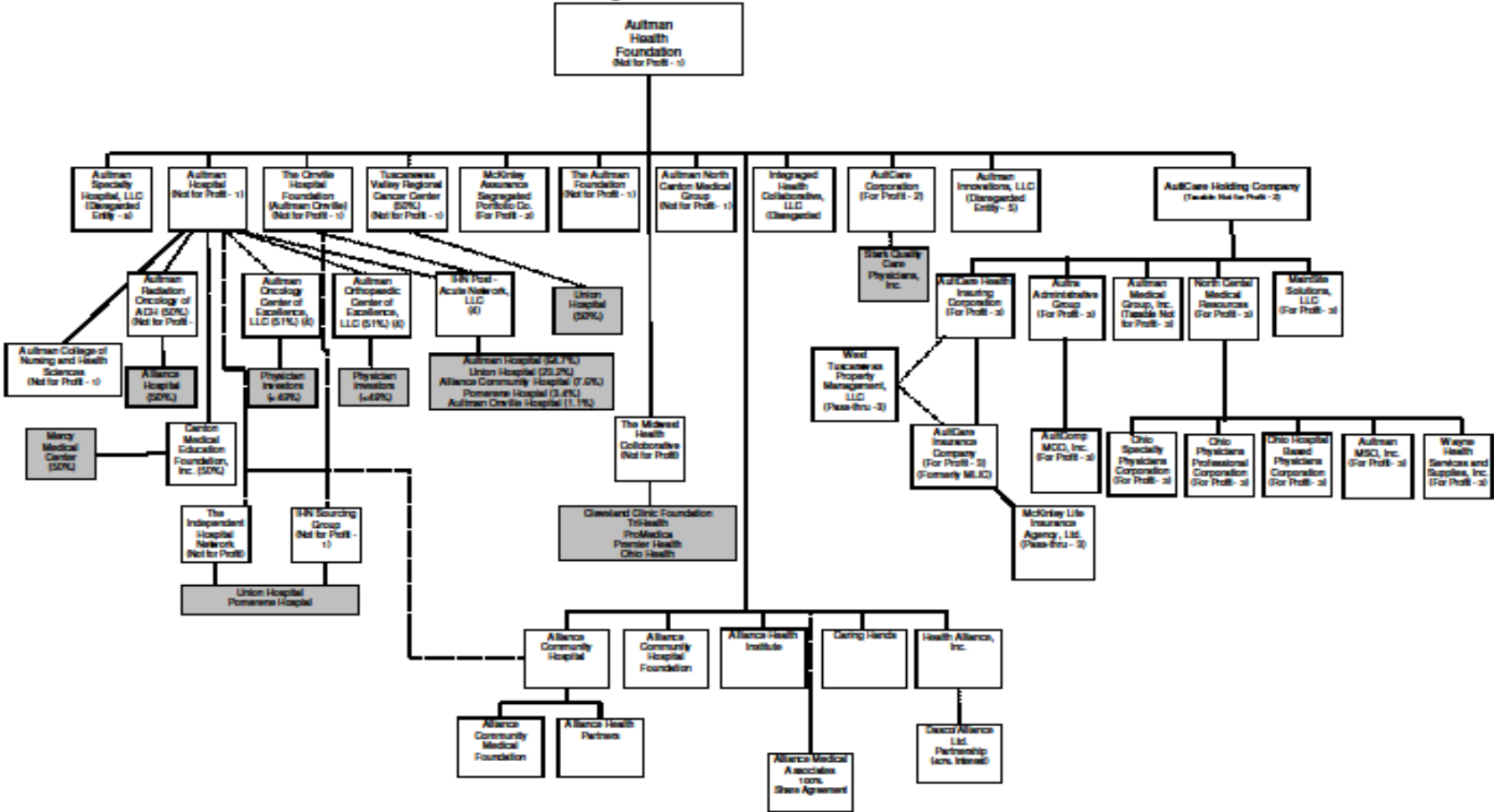
1

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- 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

Aultman Health Foundation Organizational Chart



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC 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)	*
4805		00000	34-1445390				Aultman Health Foundation	US	UIP	Self	Board of Directors		Aultman Health Foundation	N	
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		77216	34-1624818				AultCare Insurance Company	US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1488123				AultCare Corporation	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	N	0000001
916		00000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company & AultCare Health Insuring Corp.	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1795772				McKinley Life Insurance Agency, Ltd.	US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-4951704				Aultra Administrative Group	US	IA	AultCare Holding Company	Management		Aultman Health Foundation	N	
		00000	27-4379962				AultComp MCO, Inc.	US	NIA	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1853300				Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	CYM	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 Health Foundation	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	AultCare Holding Company	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	Aultman Health Foundation	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 Services and Supplies, Inc	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	46-4625320				Integrated Health Collaborative	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-4215510				Aultman Oncology Center of Excellence	US	NIA	Other	Ownership, Other		Aultman Health Foundation	N	
		00000	46-2540184				Aultman Orthopedic Center of Excellence	US	NIA	Other	Ownership, Other		Aultman Health Foundation	N	
		00000	81-1342957				The Midwest Health Collaborative	US	NIA	Other	Other		Aultman Health Foundation	N	0000004
		00000	45-1731318				IHN Sourcing Group	US	NIA	Other	Other		Aultman Health Foundation	N	
		00000	81-0847842				Aultman Innovations, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	81-4224503				Aultman Radiation Oncology of ACH	US	NIA	Other	Ownership	50.0	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	0000005
		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	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)	*
.....		00000	34-1884059	.....	.....	.....	Alliance Health Partners	.. US ..	... NIA ..	Alliance Community 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%
0000004	The Midwest Health Collaborative is comprised of Cleveland Clinic Foundation, Tri-Health, ProMedica, Premier Health and Aultman Health Foundation working together to build quality network and pooling of resources.
0000005	Alliance Medical Associates is controlled by Alliance Community Hospital via Share Conrol Agreement

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.

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

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



77216201836500002

2018

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **June 30, 2018** OF THE **AultCare Insurance Company**

SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	20,694,842	19,161,640
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		1,687,309
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)	(120,903)	(154,107)
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals	1,308,161	
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	19,265,778	20,694,842
12. Deduct total nonadmitted amounts		45,385
13. Statement value at end of current period (Line 11 minus Line 12)	19,265,778	20,649,456

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	40,336,492	33,198,369
2. Cost of bonds and stocks acquired	3,504,486	13,249,022
3. Accrual of discount	12,876	22,240
4. Unrealized valuation increase (decrease)	4,644	773,187
5. Total gain (loss) on disposals	(58,525)	236,047
6. Deduct consideration for bonds and stocks disposed of	3,268,521	6,984,890
7. Deduct amortization of premium	85,267	157,482
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	40,446,184	40,336,492
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	40,446,184	40,336,492

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	28,224,412	1,351,024	2,020,020	(23,404)	28,224,412	27,532,013		28,293,759
2. NAIC 2 (a)	2,216,950	686,258	52,206	(10,508)	2,216,950	2,840,495		2,145,416
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	30,441,363	2,037,283	2,072,225	(33,912)	30,441,363	30,372,508		30,439,176
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	30,441,363	2,037,283	2,072,225	(33,912)	30,441,363	30,372,508		30,439,176

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....184,403; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	184,403	X X X	184,310		693

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	302,393	148,177
2.	Cost of short-term investments acquired	184,310	305,007
3.	Accrual of discount	92	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(225)	(22)
6.	Deduct consideration received on disposals	300,403	145,019
7.	Deduct amortization of premium	1,765	5,750
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	184,403	302,393
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	184,403	302,393

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

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
NONE												
4699999 TOTALS												 X X X ...

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9 + 10 - 11 + 12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
Non-collateral Loans - Affiliated																			
	AultCare - Affiliated	Canton	OH	AultCare Insurance Company	01/01/2009	06/30/2018	9,607,250	(1,308,161)				(1,308,161)		8,299,089					44,964
2899999 Subtotal - Non-collateral Loans - Affiliated							9,607,250	(1,308,161)				(1,308,161)		8,299,089					44,964
4499999 Total - Unaffiliated																			
4599999 Total - Affiliated							9,607,250	(1,308,161)				(1,308,161)		8,299,089					44,964
4699999 TOTALS							9,607,250	(1,308,161)				(1,308,161)		8,299,089					44,964

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828P38 ..	US TREASURY N/B 1.75% 01/31/2023		05/11/2018 ..	HUNTINGTON BANK	X X X	95,266	100,000	503	1
9128283W8 ..	US TREASURY N/B 2.75% 02/15/2028		04/24/2018 ..	HUNTINGTON BANK	X X X	195,953	200,000	1,048	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	291,219	300,000	1,551	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
002824BD1 ..	ABBOTT LABS 2.9% 11/30/2021		05/31/2018 ..	HUNTINGTON BANK	X X X	54,425	55,000	18	2
037411BD6 ..	APACHE CORP 2.625% 1/15/2023		05/24/2018 ..	HUNTINGTON BANK	X X X	23,822	25,000	244	2
05348EAR0 ..	AVALONBAY COMM INC 2.85% 03/15/2023		05/24/2018 ..	HUNTINGTON BANK	X X X	29,057	30,000	176	1
05565QBP2 ..	BP CAPITAL PLC 4.50% 10/1/2020		06/15/2018 ..	HUNTINGTON BANK	X X X	103,247	100,000	975	1
133131AT9 ..	CAMDEN PROPERTY TRUST 2.95% 12/15/2022		06/04/2018 ..	HUNTINGTON BANK	X X X	24,396	25,000	350	1
808513AD7 ..	CHARLES SCHWAB CORP 4.45% 7/22/2020		05/18/2018 ..	HUNTINGTON BANK	X X X	67,009	65,000	964	1
17312QJ59 ..	CITIBANK NA CD 2/8% 04/26/2021		04/18/2018 ..	HUNTINGTON BANK	X X X	125,000	125,000 .....	.....	1
172967FF3 ..	CITIGROUP INC 5.375% 08/09/2020		05/24/2018 ..	HUNTINGTON BANK	X X X	73,321	70,000	1,150	2
31428XAS5 ..	FEDEX CORP 2.625% 08/01/2022		04/19/2018 ..	HUNTINGTON BANK	X X X	82,788	85,000	508	2
38141GRD8 ..	GOLDMAN SACHS GRP INC 3.625% 01/22/2023		04/10/2018 ..	HUNTINGTON BANK	X X X	75,571	75,000	604	1
487836BD9 ..	KELLOGG CO 4.0% 12/15/2020		04/19/2018 ..	HUNTINGTON BANK	X X X	87,015	85,000	1,209	2
49326EED1 ..	KEYCORP SERIES MTN 5.1% 03/24/2021		04/19/2018 ..	HUNTINGTONG BANK	X X X	89,494	85,000	349	2
655844BP2 ..	NORFOLK SOUTHERN CORP 3.85% 01/15/2024		04/23/2018 ..	HUNTINGTON BANK	X X X	75,815	75,000	802	2
67077MAC2 ..	NUTRIEN LTD 3.625% 03/15/2024		04/10/2018 ..	HUNTINGTON BANK	X X X	52,546	50,000 .....	.....	2
743315AN3 ..	PROGRESSIVE CORP 3.750% 8/23/2021		04/18/2018 ..	HUNTINGTON BANK	X X X	81,603	80,000	475	1
74340XAW1 ..	PROLOGIS INC LP 4.25% 08/15/2023		05/07/2018 ..	HUNTINGTON BANK	X X X	51,510	50,000	496	1
74456QBK1 ..	PUBLIC SVC ELEC&GAS CO 3.05% 11/15/2024		04/20/2018 ..	HUNTINGTON BANK	X X X	29,342	30,000	404	1
875127BB7 ..	TAMPA ELEC CO. 2.6% 9/15/2022		06/21/2018 ..	HUNTINGTON BANK	X X X	62,259	65,000	469	2
89114QBG2 ..	TORONTO-DOMINION BANK 2.125% 04/07/2021		04/11/2018 ..	HUNTINGTON BANK	X X X	73,109	75,000	27	1
89114QBG2 ..	TORONTO-DOMINION BANK 2.125% 04/07/2021		04/13/2018 ..	HUNTINGTON BANK	X X X	58,431	60,000	35	1
909557HF0 ..	UNITED BANKERS BANK CD 2.3% 11/12/2019		04/18/2018 ..	HUNTINGTON BANK	X X X	125,000	125,000 .....	.....	1
91159HHG8 ..	US BANKCORP SERIES MTN 3.7% 01/30/2024		04/13/2018 ..	HUNTINGTON BANK	X X X	116,993	115,000	910	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	1,561,753	1,550,000	10,166	X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,852,972	1,850,000	11,717	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,852,972	1,850,000	11,717	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X .....	.....	X X X .....	.....	X X X
Common Stocks - Mutual Funds									
31428Q739 ..	FEDERATED TOTAL BOND RETURN		04/02/2018 ..	HUNTINGTON BANK	1,022.589	10,901	X X X .....	.....	L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		05/01/2018 ..	HUNTINGTON BANK	1,040.493	10,998	X X X .....	.....	L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		06/01/2018 ..	HUNTINGTON BANK	1,038.184	10,984	X X X .....	.....	L
89354D338 ..	TRANSAMERICA INTERNATIONAL EQUITY R6		05/04/2018 ..	HUNTINGTON BANK	36,168.936	721,932	X X X .....	.....	L
922908728 ..	VANGUARD TOTAL MKT FUND		06/21/2018 ..	VANGUARD	312.300	21,624	X X X .....	.....	L
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	776,438	X X X .....	.....	X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	776,438	X X X .....	.....	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	776,438	X X X .....	.....	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	776,438	X X X .....	.....	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	2,629,411	X X X	11,717	X X X

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

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
Huntington Bank - Trust	Canton, Ohio			1.750	1,673		395,991	448,512	473,911	X X X
Huntington Bank - Brokered CDs	Canton, Ohio			1.750	481		145,652	199,661	204,425	X X X
Huntington National Bank	Canton, Ohio						38,765,280	37,609,249	36,261,079	X X X
Huntington Bank - Mutual Funds Cash	Canton, Ohio						579	526	680	X X X
Huntington Bank - Richmond Capital	Canton, Ohio			1.750	367		49,649	168,140	50,563	X X X
										X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X	2,521		39,357,150	38,426,087	36,990,659	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	2,521		39,357,150	38,426,087	36,990,659	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	2,521		39,357,150	38,426,087	36,990,659	X X X

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
NONE								
8899999 Total - Cash Equivalents								

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