



**DIRECTORS OR TRUSTEES (continued)**

Michael Hanke

Dick Maggiore

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	30,519,757		30,519,757	30,136,783
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	10,641,985		10,641,985	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 (\$.....20,282,905), cash equivalents (\$.....0) and short-term investments (\$.....184,604) .....	20,467,509		20,467,509	23,107,921
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....	18,599,047		18,599,047	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) .....	80,228,298		80,228,298	84,093,870
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	188,293		188,293	194,338
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,859,039		3,859,039	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 .....	3,100,330		3,100,330	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 .....	801,597		801,597	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 .....	444,685		444,685	714,175
24. Health care (\$.....2,997,362) and other amounts receivable .....	8,544,398	5,547,037	2,997,362	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) .....	98,302,054	5,547,037	92,755,017	95,573,257
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	98,302,054	5,547,037	92,755,017	95,573,257
<b>DETAILS OF WRITE-INS</b>				
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) .....	23,263,542		23,263,542	25,847,223
2. Accrued medical incentive pool and bonus amounts .....	432,326		432,326	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 .....				3,076,400
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	9,201,465		9,201,465	4,052,565
9. General expenses due or accrued .....	8,490,041		8,490,041	8,553,759
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	201,461		201,461	1,193,995
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....	1,235,463		1,235,463	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) .....	43,275,797		43,275,797	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	30,091,687	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	49,479,220	49,202,274
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	92,755,017	95,573,257
<b>DETAILS OF WRITE-INS</b>				
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	768,616	718,306	967,787
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	204,124,861	193,407,032	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	204,124,861	193,407,032	254,748,223
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		102,765,002	99,186,825	130,142,728
10. Other professional services .....				
11. Outside referrals .....		25,361,619	17,117,316	23,369,112
12. Emergency room and out-of-area .....		4,441,918	4,202,290	5,633,443
13. Prescription drugs .....		25,900,657	29,077,443	39,158,534
14. Aggregate write-ins for other hospital and medical .....		18,256,112	12,502,975	16,189,698
15. Incentive pool, withhold adjustments and bonus amounts .....		749,997	290,962	307,962
16. Subtotal (Lines 9 to 15) .....		177,475,304	162,377,811	214,801,477
<b>Less:</b>				
17. Net reinsurance recoveries .....		13,955,988	4,386,922	8,369,260
18. Total hospital and medical (Lines 16 minus 17) .....		163,519,316	157,990,889	206,432,216
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....3,856,756 cost containment expenses .....		6,522,295	5,690,313	8,186,835
21. General administrative expenses .....		29,196,033	21,862,355	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) .....		199,237,644	185,543,558	244,389,703
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	4,887,217	7,863,475	10,358,520
25. Net investment income earned .....		707,343	409,477	890,877
26. Net realized capital gains (losses) less capital gains tax of \$.....(20,039) .....		(38,899)	7,348	155,776
27. Net investment gains or (losses) (Lines 25 plus 26) .....		668,444	416,825	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	5,555,662	8,280,300	11,405,173
31. Federal and foreign income taxes incurred .....	X X X	2,027,505	2,789,765	4,919,053
32. Net income (loss) (Lines 30 minus 31) .....	X X X	3,528,157	5,490,536	6,486,121
<b>DETAILS OF WRITE-INS</b>				
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 .....		18,256,112	12,502,975	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) .....		18,256,112	12,502,975	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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	49,202,274	42,748,927	42,748,927
34. Net income or (loss) from Line 32 .....	3,528,157	5,490,536	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	35,760	719,483	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 .....	(3,286,971)	(263,101)	(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) .....	276,946	5,946,917	6,453,348
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	49,479,220	48,695,844	49,202,274
<b>DETAILS OF WRITE-INS</b>			
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 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	205,246,435	196,113,612	253,747,555
2. Net investment income .....	817,646	470,126	989,520
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	206,064,081	196,583,739	254,737,075
5. Benefit and loss related payments .....	171,328,796	150,388,810	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 .....	35,782,046	29,821,129	36,465,025
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	3,000,000	1,600,000	3,800,000
10. TOTAL (Lines 5 through 9) .....	210,110,841	181,809,938	244,660,457
11. Net cash from operations (Line 4 minus Line 10) .....	(4,046,760)	14,773,800	10,076,618
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	3,442,028	5,140,156	6,484,890
12.2 Stocks .....	721,879		500,000
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....	1,930,186		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		(22)	(22)
12.7 Miscellaneous proceeds .....		97,984	771
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	6,094,093	5,238,119	6,985,639
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	3,934,666	8,746,491	10,990,281
13.2 Stocks .....	888,592	2,138,198	2,258,741
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....		1,541,996	1,687,309
13.6 Miscellaneous applications .....	127,725		
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	4,950,983	12,426,685	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) .....	1,143,110	(7,188,566)	(7,950,692)
<b>Cash from Financing and Miscellaneous Sources</b>			
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) .....	263,238	2,520,234	775,733
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	263,238	2,520,234	775,733
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(2,640,413)	10,105,468	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) .....	20,467,509	30,311,730	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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	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 .....	83,806	8,063	36,260	641		9,482	1,630			27,730
5. Current Year .....										
6. Current Year Member Months .....	768,616	77,211	335,891	5,368		86,833	14,777			248,536
Total Member Ambulatory Encounters for Period:										
7. Physician .....	160,398	28,150	122,712				9,536			
8. Non-Physician .....	320,509	57,613	240,889				22,007			
9. Total .....	480,907	85,763	363,601				31,543			
10. Hospital Patient Days Incurred .....	11,779	1,996	8,863				920			
11. Number of Inpatient Admissions .....	2,530	435	1,953				142			
12. Health Premiums Written (a) .....	213,139,017	40,553,757	139,225,108	936,849		2,402,330	11,049,396			18,971,578
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	213,139,017	40,553,757	139,225,108	936,849		2,402,330	11,049,396			18,971,578
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	166,148,733	30,451,094	114,215,703	640,520		1,472,997	8,532,375			10,836,044
18. Amount Incurred for Provision of Health Care Services .....	177,475,304	30,683,708	116,853,061	640,520		1,439,316	9,602,587			18,256,112

(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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....						
0499999 Subtotals .....						
0599999 Unreported claims and other claim reserves .....						23,823,442
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						23,823,442
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						432,326

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	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) .....	21,370,840	122,502,170		17,411,355	21,370,840	21,129,378
2. Medicare Supplement .....		640,520				
3. Dental only .....		1,472,997		247,319		281,000
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....	1,634,570	6,897,808		1,224,267	1,634,570	1,001,244
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....	1,427,317	9,408,726		4,380,600	1,427,317	3,435,600
9. Health subtotal (Lines 1 to 8) .....	24,432,728	140,922,221		23,263,542	24,432,728	25,847,223
10. Healthcare receivables (a) .....	97,362				97,362	95,416
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....	795,733			432,326	795,733	478,062
13. Totals (Lines 9 - 10 + 11 + 12) .....	25,131,099	140,922,221		23,695,867	25,131,099	26,229,869

(a) Excludes \$.....0 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
<b>NET INCOME</b>		
1) AultCare Insurance Company State Basis	\$3,528,157	\$5,490,536
2) State Prescribed Practices that increase/(decrease) NAIC SAP	\$0	\$0
3) State Permitted Practices that increase/(decrease) NAIC SAP	\$0	\$0
4) NAIC SAP (1-2-3=4)	\$3,528,157	\$5,490,536
<b>SURPLUS</b>		
5) AultCare Insurance Company State Basis	\$49,479,220	\$48,695,844
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)	\$49,479,220	\$48,695,844

#### 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 \$17,868,578. Of this amount, \$863 is invested in McKinley Life Agency, Ltd, which is carried at GAAP equity value. In addition, \$7,696,595 is invested in AultCare Corporation, which is carried at statutory value. The remaining \$10,171,120 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 \$10,171,120 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.  
 G. The Company has no investments in Low-Income Housing Tax Credits.  
 H. None of the Company's assets was restricted during the periods reported.  
 I. The Company had no Working Capital Finance Investments during the periods reported.  
 J. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.  
 K. The Company had no Structured Notes during the periods reported.  
 L. The Company had no 5\*Securities during the periods reported.

### 6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

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

### 7. INVESTMENT INCOME

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

### 8. DERIVATIVE INSTRUMENTS

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

### 9. INCOME TAXES

- A. The components of the net deferred tax asset/ (liability) at September 30, 2018 are as follows:

1. (reported in thousands)		9/30/2018			9/30/2017			Change		
		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 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)		9/30/2018			9/30/2017			Change		
Admission Calculation Components SSAP No. 101		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 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	\$ 7,268.10	XXX	XXX	\$ 7,166.40	XXX	XXX
(c)		Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## Notes to Financial Statement

(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	\$48,454		\$47,776						
4. (reported in thousands)		9/30/2018			9/30/2017			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)
		9/30/2018	9/30/2017	(Col 1-2) Change
1.	Current Income Tax			
(a)	Federal	\$2,007,466	\$ 2,793,550	\$(786,084)
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$2,007,466	\$ 2,793,550	\$(786,084)
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$2,007,466	\$ 2,793,550	\$(786,084)
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:

	9/30/2018	Effective Tax Rate
Provision computed at statutory rate	\$1,166,689	21.0%
Change in nonadmitted assets	\$3,286,971	59.2%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$27,200	0.5%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ -	0.0%
Other	\$ -	0.0%
Total statutory income tax expense (benefit)	\$ 4,480,860	80.7%
	9/30/2018	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 1,574,166	28.3%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ 433,300	7.8%
Total statutory income tax expense (benefit)	\$2,007,466	36.1%

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

- (1) At September 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 \$24,877,607 and \$25,896,215 in capitated claims for its commercial enrollees as of September 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 \$386,851 and \$400,212 to Aultman Health Foundation for management services that were provided and paid \$15,979,589 and \$15,837,589 of expense to AultCare Corporation for management services as of September 30, 2018 and 2017, respectively.

## Notes to Financial Statement

The Company has an operating lease for office space and paid \$151,631 and \$151,631 to Aultman Health Foundation for rent as of September 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 \$444,685 due from the parent company, as of September 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 \$7,696,595 and \$10,211,937 as of September 30, 2018 and 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 September 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 \$299,468 and \$289,808 as of September 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 stock 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 September 30, 2018, the Company estimates the amount of HIT for data year 2018 to be \$4,158,348 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 September 30, 2018 and 2017 respectively, the company paid \$151,631 and \$151,631 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	\$ 10,641,985	\$ -	\$ -	\$ 10,641,985
Total assets at fair value	\$ 10,641,985	\$ -	\$ -	\$ 10,641,985

(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	\$17,725,019	\$18,210,669		\$17,75,019		
Industrial and Misc.	\$12,104,767	\$12,309,088		\$12,104,767		
Common Stock	\$10,641,985	\$10,641,985	\$10,641,985			

- D. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either September 30, 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 November 15, 2018, there have been no Type I events subsequent to September 30, 2018, which would have a material effect on the financial condition of the Company or on the financial statement issued November 15, 2018
- B. As of November 15, 2018, there have been no Type II events subsequent to September 30, 2018, which would have a material effect on the financial condition of the Company or on the financial statement issued November 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 September 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	\$2,180,000
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$0
3. Premium adjustments payable due to ACA Risk Adjustment	\$0
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$(3,037,628)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$(12,606)
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$0
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	\$111,906

## 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	\$0
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)	\$5,714
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.

	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		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
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$2,180,000	\$-	\$-	\$3,037,628	\$2,180,000	\$(3,037,628)	\$-	\$-	A	\$2,180,000	\$(3,037,628)
2. Premium adjustments (payable)	\$-	\$-	\$-	\$12,606	\$-	\$(12,606)	\$-	\$-	B	\$-	\$(12,606)
3. Subtotal ACA Permanent Risk Adjustment Program	\$2,180,000	\$-	\$-	\$3,050,234	\$2,180,000	\$(3,050,234)	\$-	\$-		\$2,180,000	\$(3,050,234)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	C	\$-	\$-
2. Amounts recoverable for claims unpaid (contra liability)	\$-	\$-	\$111,906	\$-	\$(111,906)	\$-	\$-	\$-	D	\$ (111,906)	\$-
3. Amounts receivable relating to uninsured plans	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	E	\$-	\$-
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	F	\$-	\$-
5. Ceded reinsurance premiums payable	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	G	\$-	\$-
6. Liability for amounts held under uninsured plans	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	H	\$-	\$-
7. Subtotal ACA Transitional Reinsurance Program	\$-	\$-	\$111,906	\$-	\$(111,906)	\$-	\$-	\$-		\$-	\$(111,906)
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	I	\$-	\$-
2. Reserve for rate credits or policy experience rating refunds	\$-	\$-	\$5,714	\$-	\$(5,174)	\$-	\$-	\$-	J	\$ (5,174)	\$-
3. Subtotal ACA Risk Corridors Program	\$-	\$-	\$5,714	\$-	\$(5,174)	\$-	\$-	\$-		\$ (5,174)	\$-
d. Total for ACA Risk Sharing Provisions	\$2,180,000	\$-	\$117,620	\$3,050,234	\$2,062,380	\$(3,050,234)	\$-	\$-		\$2,062,380	\$(3,050,234)

## 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		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
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	A	\$-	\$-
2. Reserve for rate credits or	\$-	\$-	\$5,714	\$-	\$(5,174)	\$-	\$-	\$-	B	\$ (5,174)	\$-

## 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	\$ -	\$ -	\$ 5,714	\$ -	\$ (5,174)	\$ -	\$ -	\$ -		\$ (5,174)	\$ -	

## 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 September 30, 2018, \$24,432,728 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,414,495. Therefore, there has been \$0 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

A.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
9/30/2018	\$5,010,343	\$ 2,232,431	\$ -	\$ -	\$ -
6/30/2018	\$3,334,882	\$ 1,842,247	\$ -	\$ 2,086,914	\$ -
3/31/2018	\$1,863,228	\$ 1,201,117	\$ -	\$ 1,114,819	\$ -
12/31/2017	\$1,863,228	\$855,806	\$ -	\$ 931,183	\$ -
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 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]  
If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2015.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....12/31/2015.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....04/28/2017.....
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	..... 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? Yes[X] No[ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 444,685

### 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 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....	20,649,457	17,849,047
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	20,649,457	17,849,047
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0  
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0  
 16.3 Total payable for securities lending reported on the liability page \$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes  No   
 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes  No   
 17.4 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Hartland 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? Yes  No   
 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes  No   
 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes  No   
 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.

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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

- |   |               |
|---|---------------|
| 1. Operating Percentages:   |               |
| 1.1 A&H loss percent  | ..... 79.760% |
| 1.2 A&H cost containment percent  | ..... 1.810%  |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 13.700% |
| 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

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

1	State, Etc.	Active Status (a)	Direct Business Only							
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L	202,089,621			11,049,396			213,139,017	
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	202,089,621			11,049,396			213,139,017	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	<b>Total (Direct Business)</b>	<b>X X X</b>	<b>202,089,621</b>			<b>11,049,396</b>			<b>213,139,017</b>	
<b>DETAILS OF WRITE-INS</b>										
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.	<b>TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)</b>	<b>X X X</b>								

(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

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

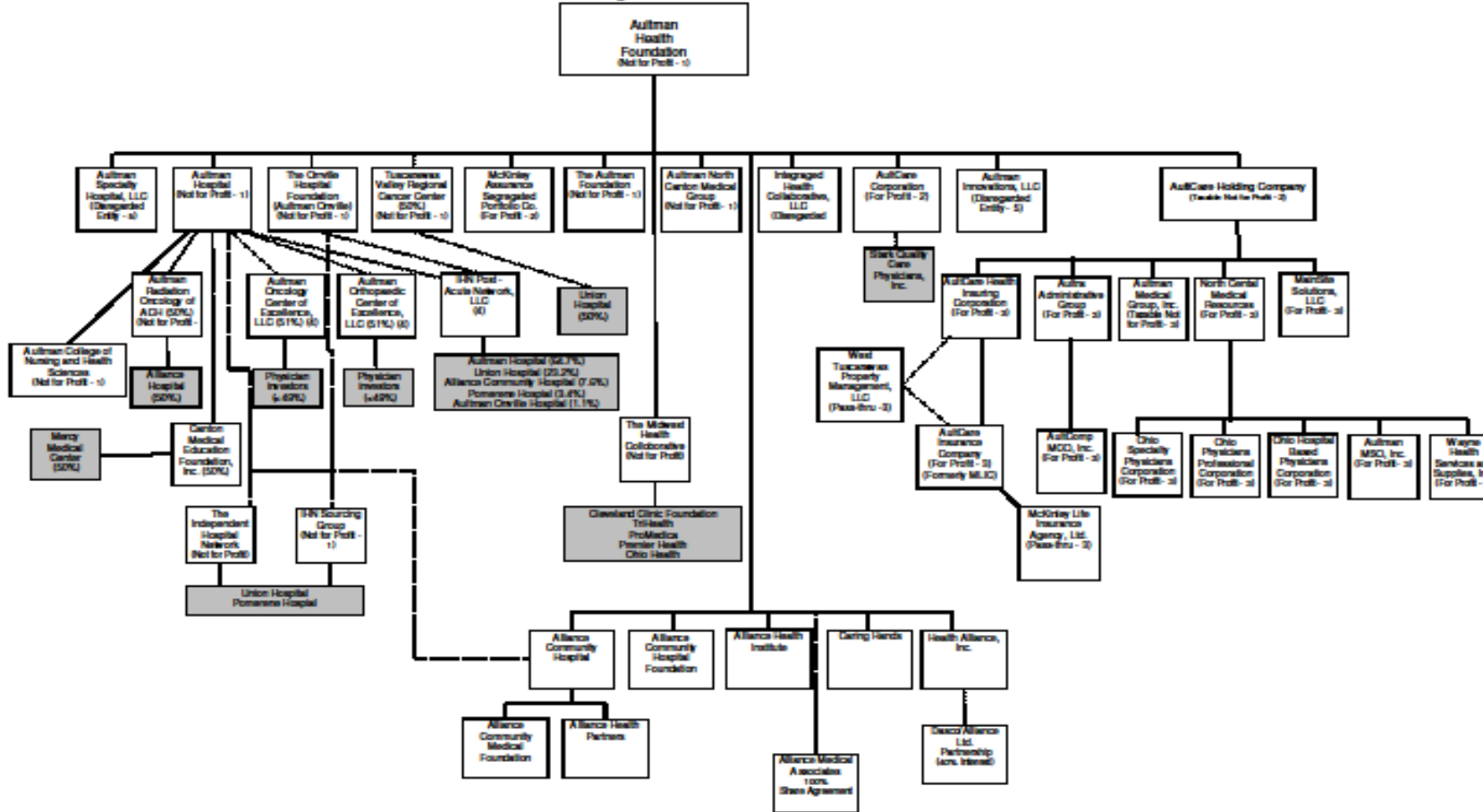
56

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

Aultman Health Foundation Organizational Chart



Q15

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
016	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
		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		Aultman Hospital	N	0000003
		4805		15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation
		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 Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide 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 Control 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.

**RESPONSE**

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



77216201836500003

2018

Document Code: 365



STATEMENT AS OF **September 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) .....		

**NONE**

**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) .....		

**NONE**

**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 .....		1,687,309
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....	(165,609)	(154,107)
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....	1,930,186	
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) .....	18,599,047	20,694,842
12. Deduct total nonadmitted amounts .....		45,385
13. Statement value at end of current period (Line 11 minus Line 12) .....	18,599,047	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 .....	4,823,258	13,249,022
3. Accrual of discount .....	20,272	22,240
4. Unrealized valuation increase (decrease) .....	328,869	773,187
5. Total gain (loss) on disposals .....	(58,712)	236,047
6. Deduct consideration for bonds and stocks disposed of .....	4,163,907	6,984,890
7. Deduct amortization of premium .....	124,529	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) .....	41,161,742	40,336,492
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	41,161,742	40,336,492

## 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**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	27,532,013	1,168,688	895,573	(20,197)	28,224,412	27,532,013	27,784,931	28,293,759
2. NAIC 2 (a) .....	2,840,495	90,404		(11,469)	2,216,950	2,840,495	2,919,431	2,145,416
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	30,372,508	1,259,092	895,573	(31,666)	30,441,363	30,372,508	30,704,361	30,439,176
<b>PREFERRED STOCK</b>								
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 .....	30,372,508	1,259,092	895,573	(31,666)	30,441,363	30,372,508	30,704,361	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 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

**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 .....	184,604	X X X	184,310	1,583	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 .....	294	
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) .....	184,604	302,393
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	184,604	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 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income	
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.							
<b>Non-collateral Loans - Affiliated</b>																				
.....	AultCare-Affiliated .....	Canton .....	OH .....	AultCare Insurance Company .....	01/01/2009 .....	09/30/2018 .....	9,607,250	(1,930,186)				(1,930,186)		7,677,064					61,473	
2899999 Subtotal - Non-collateral Loans - Affiliated .....								9,607,250	(1,930,186)				(1,930,186)		7,677,064				61,473	
4499999 Total - Unaffiliated .....																				
4599999 Total - Affiliated .....								9,607,250	(1,930,186)				(1,930,186)		7,677,064				61,473	
4699999 TOTALS .....								9,607,250	(1,930,186)				(1,930,186)		7,677,064				61,473	

QE03

## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
9128283F5	US TREASURY N/B 2.25% 11/15/2027		07/17/2018	HUNTINGTON BANK	X X X	570,117	600,000	2,348	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	570,117	600,000	2,348	X X X
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
90131HAS4	21st CENTURY FX AMERICA 8.875% 4/26/2023		07/06/2018	HUNTINGTON BANK	X X X	90,404	75,000	1,368	2
025816BR9	AMERICAN EXPRESS 3.0% 10/30/2024		09/05/2018	HUNTINGTON BANK	X X X	19,226	20,000	212	1
039483BL5	ARCHER-DANIELS CO 2.5% 08/11/2026		08/23/2018	HUNTINGTON BANK	X X X	60,344	65,000	72	1
31911QFJ9	FIRST BANK FIN CEN CD 2.95% 08/10/2021		07/18/2018	HUNTINGTON BANK	X X X	175,000	175,000		1
354613AJ0	FRANKLIN RES INC 2.8% 09/15/2022		08/20/2018	HUNTINGTON BANK	X X X	34,343	35,000	427	1
64017AAL8	NEIGHBORS FED CR CD 3.05% 09/28/2021		09/20/2018	HUNTINGTON BANK	X X X	125,000	125,000		1
74456QBK1	PUBLIC SVC ELEC&GAS CO 3.05% 11/15/2024		07/19/2018	HUNTINGTON BANK	X X X	9,657	10,000	58	1
89214PBX6	TOWNE BANK CD 2.7% 07/24/2020		07/18/2018	HUNTINGTON BANK	X X X	175,000	175,000		1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	688,975	680,000	2,137	X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,259,092	1,280,000	4,485	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	1,259,092	1,280,000	4,485	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
<b>Common Stocks - Mutual Funds</b>									
31428Q739	FEDERATED TOTAL BOND RETURN		07/02/2018	HUNTINGTON BANK	1,066.359	11,239	X X X		L
31428Q739	FEDERATED TOTAL BOND RETURN		08/01/2018	HUNTINGTON BANK	1,096.176	11,565	X X X		L
31428Q739	FEDERATED TOTAL BOND RETURN		09/04/2018	HUNTINGTON BANK	1,058.324	11,176	X X X		L
922908728	VANGUARD TOTAL MKT FUND		09/27/2018	HUNTINGTON BANK	352.981	25,701	X X X		L
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	59,681	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	59,681	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	59,681	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	59,681	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,318,772	X X X	4,485	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

QE04

## SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
<b>Bonds - U.S. Governments</b>																							
31331KSC5	FFCB 2.50% 7/19/2018		07/19/2018	HUNTINGTON BANK	X X X	500,000	500,000	502,250	500,178				(178)	(178)	500,000				12,500	07/19/2018	1		
0599999 Subtotal - Bonds - U.S. Governments					X X X	500,000	500,000	502,250	500,178				(178)	(178)	500,000				12,500	X X X	X X X		
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																							
14056MDA0	CAPITAL BANK CD 1.000% 7/17/2018		07/17/2018	HUNTINGTON BANK	X X X	150,000	150,000	150,000	150,000						150,000				871	07/17/2018	1		
14042E6V7	CAPITAL ONE NA CD 1.60% 9/17/2018		09/17/2018	HUNTINGTON BANK	X X X	135,000	135,000	135,000	135,000						135,000				2,166	09/17/2018	1		
26442CAG9	DUKE ENERGY CAROLINAS 7.00% 11/15/2018		08/23/2018	HUNTINGTON BANK	X X X	50,485	50,000	58,047	52,012			(1,485)	(1,485)		50,527		(43)	(43)	2,742	11/15/2018	1		
594918AV6	MICROSOFT CORP 1.63% 12/6/2018		07/06/2018	HUNTINGTON BANK	X X X	24,925	25,000	25,217	25,067			(37)	(37)		25,030		(105)	(105)	242	12/06/2018	1		
68389XAQ8	ORACLE CORP 2.38% 1/15/2019		07/06/2018	HUNTINGTON BANK	X X X	24,983	25,000	24,970	24,994			3	3		24,997		(14)	(14)	744	01/15/2019	1		
68389XAQ8	ORACLE CORP 2.38% 1/15/2019		07/06/2018	HUNTINGTON BANK	X X X	9,993	10,000	10,173	10,036			(18)	(18)		10,018		(25)	(25)	122	01/15/2019	1		
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	395,386	395,000	403,407	397,109			(1,536)	(1,536)		395,573		(187)	(187)	6,886	X X X	X X X		
8399997 Subtotal - Bonds - Part 4					X X X	895,386	895,000	905,657	897,288			(1,715)	(1,715)		895,573		(187)	(187)	19,386	X X X	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	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
8399999 Subtotal - Bonds					X X X	895,386	895,000	905,657	897,288			(1,715)	(1,715)		895,573		(187)	(187)	19,386	X X X	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	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	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	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	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	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	895,386	895,000	905,657	897,288			(1,715)	(1,715)		895,573		(187)	(187)	19,386	X X X	X X X		

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

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

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

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

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

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

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

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

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

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
Huntington Bank - Trust .....	Canton, Ohio .....		1.850	1,961		422,095	486,236	486,921	X X X
Huntington Bank - Brokered CDs .....	Canton, Ohio .....		1.850	732		186,763	16,219	33,725	X X X
Huntington National Bank .....	Canton, Ohio .....					34,967,589	27,382,286	19,726,723	X X X
Huntington Bank - Mutual Funds Cash .....	Canton, Ohio .....					681	682	683	X X X
Huntington Bank - Richmond Capital .....	Canton, Ohio .....		1.850	206		44,603	17,845	34,852	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	2,899		35,621,732	27,903,269	20,282,905	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	2,899		35,621,732	27,903,269	20,282,905	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	2,899		35,621,732	27,903,269	20,282,905	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
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>								
8899999 Total - Cash Equivalents .....								

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