



15461201820100100

2018

Document Code: 201

104-61201820100

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2018

OF THE CONDITION AND AFFAIRS OF THE

AultCare Health Insuring Corporation

NAIC Group Code (Current Period)	4805	NAIC Company Code	15461	Employer's ID Number	46-3305099
Organized under the Laws of	Ohio	State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>		
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
Incorporated/Organized	07/11/2013		Commenced Business	01/01/2015	
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)		
Main Administrative Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Primary Location of Books and Records	2600 Sixth Street SW (Street and Number)		2600 Sixth Street SW (Street and Number)		
	Canton, OH, 44710 (City or Town, State, Country and Zip Code)		(330)363-4057 (Area Code) (Telephone Number)		
Internet Website Address	www.aultcare.com				
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name)		(330)363-4057 (Area Code)(Telephone Number)(Extension)		
	jscheatzle@aultcare.com (E-Mail Address)		(330)363-5012 (Fax Number)		

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

William Wallace M.D.
Edward J. Roth III
Michael A. Rich M.D.
John B. Humphrey Jr., M.D.
Allen Rovner M.D.
Mark N. Rose M.D.
Gregory A. Haban M.D.
Rick L. Haines
Mark D. Wright
Darryl J. Dillenback
Joseph J. Feltes Esq.
Barbara Hammontree-Bennett

State of Ohio
County of Stark ss

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

(Signature)
Rick L. Haines
(Printed Name)
1.
President
(Title)

(Signature)
Joseph J. Feltes
(Printed Name)
2.
Secretary
(Title)

(Signature)
Mark D. Wright
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this
____ day of _____, 2019

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	27,328,066		27,328,066	27,092,789
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	57,261,219		57,261,219	58,616,364
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
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 (\$.....1,892,879, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....164,819, Schedule DA)	2,057,699		2,057,699	11,592,979
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)	11,207,451		11,207,451	1,541,911
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	97,854,435		97,854,435	98,844,043
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	159,789		159,789	157,762
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,058,528		1,058,528	688,734
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	1,590,233		1,590,233	1,481,010
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	17,466		17,466	
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....5,130,946) and other amounts receivable	9,901,102	4,770,156	5,130,946	5,417,324
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)	110,581,553	4,770,156	105,811,397	106,588,873
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	110,581,553	4,770,156	105,811,397	106,588,873
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	14,301,604		14,301,604	10,975,094
2. Accrued medical incentive pool and bonus amounts	1,505,332		1,505,332	1,608,582
3. Unpaid claims adjustment expenses	407,500		407,500	155,600
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	201,518		201,518	184,501
9. General expenses due or accrued	490,050		490,050	705,460
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))	1,105,152		1,105,152	1,494,853
10.2 Net deferred tax liability				254,337
11. Ceded reinsurance premiums payable				
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	236,375		236,375	763,600
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	416,740		416,740	423,414
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	18,664,271		18,664,271	16,565,441
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	68,069,349	68,069,349
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	19,077,777	21,954,083
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	87,147,126	90,023,432
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	105,811,397	106,588,873
DETAILS OF WRITE-INS				
2301. 0				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	240,966	248,939
1. Member Months	XXX	240,966	248,939
2. Net premium income (including \$.....0 non-health premium income)	XXX	242,638,011	244,820,482
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	242,638,011	244,820,482
Hospital and Medical:			
9. Hospital/medical benefits		160,121,747	160,499,534
10. Other professional services			
11. Outside referrals		5,012,850	2,802,957
12. Emergency room and out-of-area		5,286,069	4,734,964
13. Prescription drugs		29,993,487	33,145,014
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		4,432,443	4,850,788
16. Subtotal (Lines 9 to 15)		204,846,595	206,033,258
Less:			
17. Net reinsurance recoveries			
18. TOTAL Hospital and Medical (Lines 16 minus 17)		204,846,595	206,033,258
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....6,073,439 cost containment expenses		6,439,022	5,592,814
21. General administrative expenses		23,449,063	22,913,122
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)		234,734,680	234,539,193
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	7,903,331	10,281,289
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		823,062	701,155
26. Net realized capital gains (losses) less capital gains tax of \$.....3,459		13,014	6,700
27. Net investment gains (losses) (Lines 25 plus 26)		836,077	707,855
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	8,739,408	10,989,144
31. Federal and foreign income taxes incurred	XXX	1,606,838	3,495,716
32. Net income (loss) (Lines 30 minus 31)	XXX	7,132,570	7,493,428
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401. Reinsurance Claims			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	90,023,432	76,893,498
34. Net income or (loss) from Line 32	7,132,570	7,493,428
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	(1,713,736)	7,112,017
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	271,803	(230,320)
39. Change in nonadmitted assets	(2,466,943)	(1,245,191)
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	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(6,100,000)	
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	(2,876,306)	13,129,934
49. Capital and surplus end of reporting year (Line 33 plus 48)	87,147,126	90,023,432
DETAILS OF WRITE-INS		
4701. 0		
4702. 0		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE **AultCare Health Insuring Corporation**
CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	242,285,234	245,037,111
2.	Net investment income	935,200	847,748
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	243,220,434	245,884,859
5.	Benefit and loss related payments	203,803,900	209,267,730
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	29,967,491	27,504,032
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	1,999,998	2,427,533
10.	TOTAL (Lines 5 through 9)	235,771,389	239,199,296
11.	Net cash from operations (Line 4 minus Line 10)	7,449,045	6,685,563
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	4,168,383	6,410,668
12.2	Stocks	615,449	
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	4,783,832	6,410,668
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	4,523,621	6,888,891
13.2	Stocks	890,163	1,013,285
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets	9,727,147	
13.6	Miscellaneous applications		272,468
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	15,140,931	8,174,644
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(10,357,099)	(1,763,976)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	0	0
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders	6,100,000	
16.6	Other cash provided (applied)	(527,225)	(2,962,965)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(6,627,226)	(2,962,964)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(9,535,280)	1,958,623
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	11,592,979	9,634,356
19.2	End of year (Line 18 plus Line 19.1)	2,057,699	11,592,979

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

20.0001	Cumulative effect of changes in accounting principles		
---------	---	--	--

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income	242,638,011						242,638,011			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Other Non-Health
7. TOTAL Revenues (Lines 1 to 6)	242,638,011						242,638,011			
8. Hospital/medical benefits	160,121,747						160,121,747			XXX
9. Other professional services										XXX
10. Outside referrals	5,012,850						5,012,850			XXX
11. Emergency room and out-of-area	5,286,069						5,286,069			XXX
12. Prescription drugs	29,993,487						29,993,487			XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts	4,432,443						4,432,443			XXX
15. Subtotal (Lines 8 to 14)	204,846,595						204,846,595			XXX
16. Net reinsurance recoveries										XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	204,846,595						204,846,595			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....6,073,439 cost containment expenses										
20. General administrative expenses	6,439,022						6,439,022			
21. Increase in reserves for accident and health contracts	23,449,063						23,449,063			
22. Increase in reserves for life contracts										XXX
23. TOTAL Underwriting Deductions (Lines 17 to 22)	234,734,680						234,734,680			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	7,903,331						7,903,331			
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page										
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)										
1301. Reinsurance Claims										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare	242,960,334	.....	322,323	242,638,011
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8)	242,960,334	.....	322,323	242,638,011
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11)	242,960,334	.....	322,323	242,638,011

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	197,398,943						197,398,943			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	311,300						311,300			
1.4 Net	197,087,643						197,087,643			
2. Paid medical incentive pools and bonuses	4,535,693						4,535,693			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	14,301,604						14,301,604			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	14,301,604						14,301,604			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	1,505,332						1,505,332			
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	11,286,394						11,286,394			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded	311,300						311,300			
8.4 Net	10,975,094						10,975,094			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	1,608,582						1,608,582			
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	200,414,153						200,414,153			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	200,414,153						200,414,153			
13. Incurred medical incentive pools and bonuses	4,432,443						4,432,443			

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct	14,301,604	.....	.....	.....	.....	.....	14,301,604	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net	14,301,604	.....	.....	.....	.....	.....	14,301,604	.....	.....	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct	14,301,604	.....	.....	.....	.....	.....	14,301,604	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net	14,301,604	.....	.....	.....	.....	.....	14,301,604	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare	10,217,900	186,869,743	.....	14,301,604	10,217,900	10,975,094
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	10,217,900	186,869,743	.....	14,301,604	10,217,900	10,975,094
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pool and bonus amounts	1,608,582	2,927,111	.....	1,505,332	1,608,582	1,608,582
13. TOTALS (Lines 9 - 10 + 11 + 12)	11,826,482	189,796,854	.....	15,806,936	11,826,482	12,583,676

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.....	.....	.....	.....	.....
2. 2014 .....	.....	.....	.....	.....	.....
3. 2015	XXX	9,961	9,961	9,961	9,961
4. 2016	XXX	XXX	202,805	202,805	202,805
5. 2017	XXX	XXX	XXX	196,814	196,814
6. 2018	XXX	XXX	XXX	XXX	189,797

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.....	.....	.....	.....	.....
2. 2014 .....	.....	.....	.....	.....	.....
3. 2015	XXX	209,653	9,961	9,961	9,961
4. 2016	XXX	XXX	217,515	202,805	202,805
5. 2017	XXX	XXX	XXX	209,398	196,814
6. 2018	XXX	XXX	XXX	XXX	205,604

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2014 .....	.....	.....	409 .....	.....	409 .....	.....	.....	.....	409 .....	.....
2. 2015	226,733	9,961	4,180	41.960	14,141	6.237 .....	.....	.....	14,141	6.237
3. 2016	245,045	202,805	5,072	2.501	207,877	84.832 .....	.....	.....	207,877	84.832
4. 2017	244,820	196,814	5,700	2.896	202,514	82.719 .....	.....	.....	202,514	82.719
5. 2018	242,637	189,797	5,013	2.641	194,810	80.288	15,807	408	211,024	86.971

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Title XVIII - Medicare
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.....	.....	.....	.....	.....
2. 2014 .....	.....	.....	.....	.....	.....
3. 2015	XXX	9,961	9,961	9,961	9,961
4. 2016	XXX	XXX	202,805	202,805	202,805
5. 2017	XXX	XXX	XXX	196,814	196,814
6. 2018	XXX	XXX	XXX	XXX	189,797

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.....	.....	.....	.....	.....
2. 2014 .....	.....	.....	.....	.....	.....
3. 2015	XXX	209,653	9,961	9,961	9,961
4. 2016	XXX	XXX	217,515	202,805	202,805
5. 2017	XXX	XXX	XXX	209,398	196,814
6. 2018	XXX	XXX	XXX	XXX	205,604

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2014 .....	.....	.....	409	.....	409	.....	.....	.....	409	.....
2. 2015	226,733	9,961	4,180	41.960	14,141	6.237	.....	.....	14,141	6.237
3. 2016	245,045	202,805	5,072	2.501	207,877	84.832	.....	.....	207,877	84.832
4. 2017	244,820	196,814	5,700	2.896	202,514	82.719	.....	.....	202,514	82.719
5. 2018	242,637	189,797	5,013	2.641	194,810	80.288	15,807	408	211,024	86.971

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

13 Underwriting Invest Exh Pt 2D - A & H Reserve NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	52,935		233,675		286,610
2. Salaries, wages and other benefits	2,430,022	186,552	11,138,285		13,754,858
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			664,024		664,024
4. Legal fees and expenses	313,493		164,401		477,894
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	319,057		2,029,308		2,348,365
7. Traveling expenses	273,650		180,180		453,830
8. Marketing and advertising	9,756		1,168,211		1,177,966
9. Postage, express and telephone	91,819		403,978		495,797
10. Printing and office supplies	75,033	103,397	804,627		983,056
11. Occupancy, depreciation and amortization	130,330		575,323		705,653
12. Equipment	42,538		353,959		396,497
13. Cost or depreciation of EDP equipment and software	234,129	75,635	1,719,503		2,029,267
14. Outsourced services including EDP, claims, and other services	1,808,025		2,318,793		4,126,818
15. Boards, bureaus and association fees	27,546		718,403		745,949
16. Insurance, except on real estate					
17. Collection and bank service charges			178,607		178,607
18. Group service and administration fees	265,107		797,537		1,062,643
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			250		250
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	6,073,439	365,583	23,449,063		(a) 29,888,085
27. Less expenses unpaid December 31, current year	462,227	27,823	490,050		980,100
28. Add expenses unpaid December 31, prior year	155,600		705,460		861,060
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	5,766,812	337,760	23,664,473		29,769,045

DETAILS OF WRITE-INS

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)					

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	313,699	319,671
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)	273,726	228,680
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)	274,711	274,711	
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)		
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			
10. TOTAL gross investment income	862,137	823,062	
11. Investment expenses	(g)		
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			
16. TOTAL Deductions (Lines 11 through 15)			
17. Net Investment income (Line 10 minus Line 16)			823,062

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	94		94		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(5,891)		(5,891)		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	22,270		22,270	(773,780)	
2.21 Common stocks of affiliates				(878,349)	
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets				(61,606)	
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)	16,474		16,474	(1,713,736)	

DETAILS OF WRITE-INS

0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				

AultCare Health Insuring Corporation
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)
2. Stocks (Schedule D):			
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):			
4.1 Properties occupied by the company
4.2 Properties held for the production of income
4.3 Properties held for sale
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)
6. Contract loans
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants (for Title insurers only)
14. Invested income due and accrued
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due
15.3 Accrued retrospective premiums and contracts subject to redetermination
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers
16.2 Funds held by or deposited with reinsured companies
16.3 Other amounts receivable under reinsurance contracts
17. Amounts receivable relating to uninsured plans
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care and other amounts receivable	4,770,156	2,303,213	(2,466,943)
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)	4,770,156	2,303,213	(2,466,943)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts
28. TOTAL (Lines 26 and 27)	4,770,156	2,303,213	(2,466,943)
DETAILS OF WRITE-INS			
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)
2501.
2502.
2503.
2598. Summary of remaining write-ins for Line 25 from overflow page
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	20,745	20,173	20,052	20,020	20,006	240,966
2. Provider Service Organizations
3. Preferred Provider Organizations
4. Point of Service
5. Indemnity Only
6. Aggregate write-ins for other lines of business
7. TOTAL	20,745	20,173	20,052	20,020	20,006	240,966
DETAILS OF WRITE-INS						
0601.
0602.
0603.
0698. Summary of remaining write-ins for Line 6 from overflow page
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)

Notes to Financial Statements

SECTION A

1. SUMMARY OF SIGNIFICANT ACCOUNT POLICIES AND GOING CONCERN

A. Accounting Practices

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

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

	2018	2017
NET INCOME		
1) AultCare Health Insuring Corporation State Basis	\$7,132,570	\$7,493,428
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)	\$7,132,570	\$7,493,428
SURPLUS		
5) AultCare Health Insuring Corporation State Basis	\$87,147,126	\$90,023,432
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)	\$87,147,126	\$90,023,432

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

The Company uses the following accounting policies:

- (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 \$58,291,827. Of this amount, \$48,311,523 is invested in AultCare Insurance Company. This represents the statutory equity of AultCare Insurance Company. The Company also has an investment in West Tuscarawas Property Management in the amount of \$9,980,304 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

Notes to Financial Statements

year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84.

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTION 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 AND OTHER INVESTED ASSETS

A. The Company had no investment in Mortgage Loan during the periods reported.
 B. The Company had no investments in Restructured Loans during the periods reported.
 C. The Company had no investments in Reverse Mortgages during the periods reported.
 D. The Company had no investments in Loan-Backed Securities during the periods reported.
 E. The Company had no investments in Repurchase Agreements during the periods reported.
 F. The Company also owns \$9,980,304 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 December 31, 2018 are as follows:

1. (reported in thousands)		12/31/2018			12/31/2017			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	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(f)	Deferred Tax Liabilities	\$ -	\$ 37	\$ 37	\$ 254	\$ -	\$ 254	\$ (254)	\$ 37	\$ (217)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 55	\$ (37)	\$ 18	\$ (254)	\$ -	\$ (254)	\$ 309	\$ (37)	\$ 272
2. (reported in thousands)		12/31/2018			12/31/2017			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	\$ -	\$ -	\$ -	\$ (254)	\$ -	\$ (254)	\$ 254	\$ -	\$ 254

Notes to Financial Statements

(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ 55	\$ -	\$ 55
-----	---	-------	------	-------	------	------	-------	------	-------

Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ 55	\$ -	\$ 55
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$13,098	XXX	XXX	\$ 13,682	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	\$ -	\$ (37)	\$ (37)	\$ -	\$ -	\$ -	\$ (37)	\$ (37)
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 55	\$ (37)	\$ 18	\$ (254)	\$ -	\$ (254)	\$309	\$ (37)
3. (reported in thousands)		2018		2017					
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	520%		15%					
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$ 87,300		\$ 91,212					
4. (reported in thousands)		12/31/2018		12/31/2017					Change
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Impact of Tax Planning Strategies	Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ 55	\$ -	\$ 55
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ 55	\$ -	\$ 55
(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)
		12/31/2018	12/31/2017	(Col 1-2) Change
1. Current Income Tax				
(a)	Federal	\$ 1,610,297	\$ 3,495,716	\$ (1,885,419)
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$ 1,610,297	\$ 3,495,716	\$ (1,885,419)
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$ 1,610,297	\$ 3,495,716	\$ (1,885,419)
2. Deferred Tax Assets				
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve	\$ 8,464	\$ 1,487	\$ 6,977
(3)	Policyholder Reserves	\$ 46,131	\$ 16,643	\$ 29,488
(4)	Investments	\$ -	\$ -	\$ -
(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$ -	\$ -	\$ -
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward	\$ -	\$ -	\$ -
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
(13)	Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -

Cont. Note 9 C 2

(b)	Subtotal	\$ 54,595	\$ 18,130	\$ 36,465
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 54,595	\$ 18,130	\$ 36,465
(e)	Capital			

Notes to Financial Statements

	(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)	\$ 54,595	\$ 18,130	\$ 36,465
3.	Deferred Tax Liabilities			
(a)	Ordinary			
	(1) Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(b)	Capital			
	(1) Investments	\$ 37,129	\$ 272,467	\$ (235,338)
	(2) Subtotal	\$ 37,129	\$ 272,467	\$ (235,338)
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ 37,129	\$ 272,467	\$ (235,338)
4.	Net deferred tax assets/liabilities (2i - 3c)	\$ 17,466	\$ (254,337)	\$ 271,803

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

	12/31/2018	Effective Tax Rate
Provision computed at statutory rate	\$ 1,836,002	21.0%
Change in nonadmitted assets	\$ -	0.0%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ 13,796	0.2%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ (17,305)	-0.2%
Other	\$ (258,661)	-3.0%
Total statutory income tax expense (benefit)	\$ 1,573,832	18.0%
	12/31/2018	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 1,610,297	18.4%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (36,465)	-0.4%
Total statutory income tax expense (benefit)	\$ 1,573,832	18.0%

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

- (1) At December 31, 2018, the Company had no net operating loss carry forwards available to offset against future taxable income.
- (2) The Company had no income taxes in current or prior years
- (3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.

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

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

Notes to Financial Statements

shall be made in the event that it is subsequently determined that a Tax Benefit Item did not reduce the Consolidated Group's federal income Tax liabilities, including by reason of any such Tax Benefit Item being subsequently disallowed in whole or in part or by reason of other Tax benefits becoming available.

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

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

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

The Company has a capitation arrangement with Aultman Hospital for their Medicare enrollees and has paid \$61,305,186 and \$64,108,773 in capitated claims for its Medicare enrollees as of December 31, 2018 and 2017, respectively. The company paid claims to affiliated companies in the amount of \$18,196,488 as of December 31, 2018.

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 \$499,949 and \$502,790 to Aultman Health Foundation and \$9,012,173 and \$17,193,283 to AultCare Corporation for management services as of December 31, 2018 and 2017, respectively.

The Company has an operating lease for office space and paid \$286,610 and \$284,231 to Aultman Health Foundation for rent as of December 31, 2018 and 2017, respectively.

- D. The Company has an intercompany revolving credit facility in place with AultCare Insurance Company, a subsidiary. The Company owes \$230,375 and owed \$714,174 as of December 31, 2018 and December 31, 2017, respectively.

The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate. The Company is owed \$1,227,147 and owed \$43,425 as of December 31, 2018 and December 31, 2017, respectively.

The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of December 31, 2018, the Company has paid \$5,110,000 Aultman Hospital for these future services.

- E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.
- F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.
- G. The Company has no common stock outstanding.
- H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.
- I. The Company owns 100% of SCA entity AultCare Insurance Company which is carried at statutory equity as presented in AultCare Insurance Company's Quarterly statement. AultCare Insurance Company has assets valued at \$109,223,557, liabilities valued at \$58,631,728, and results from operations of \$50,591,829.
- 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, PSOTEMPLOYMENT 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 \$380,375 and \$358,325 as of December 31, 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.

Notes to Financial Statements

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

- (1) The Company has no common stock outstanding.
- (2) The Company had no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- (4) The Company paid \$6,100,000 dividends in 2018 to Aultman Health Foundation.
- (5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
For conversion of preferred stock: 0 shares.
 - A. For employee stock options: 0 shares.
 - B. For stock purchase warrants: 0 shares.
- (9) The Company did not have changes in the balances of any special surplus funds.
- (10) The Company did not have any surplus funds represented that were reduced
- (11) The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- (12) The Company had no restatements due to quasi-reorganizations during the periods reported.
- (13) The Company was not involved in a quasi-reorganization during the periods reported.

14. CONTINGENCIES

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

15. LEASES

- A. Lessee Operating Lease
 - (1) The Company leases office space in buildings from Aultman Health Foundation through operating lease agreements that will expire December 31, 2018. As of December 31, 2018 and 2017 respectively, the company paid \$286,610 and \$284,231 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, 2019, the minimum aggregate rental commitments are as follows:

Year Ending December 31	Operating Leases
1. 2018	\$ 284,222
- B. Leasing is not a significant part of the lessor's business activities in terms of revenue, net income, or assets.

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

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

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

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

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

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

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

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

20. FAIR VALUE MEASUREMENT

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

Fair Value Measurements at Reporting Date				
(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Common Stock	\$ 8,949,696	\$ -	\$ -	\$ 8,949,696

Notes to Financial Statements

Total assets at fair value	\$ 8,949,696	\$ -	\$ -	\$ 8,949,696
----------------------------	--------------	------	------	--------------

(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	\$17,401,272	\$17,662,276	\$17,401,272		
Industrial and Misc.	\$9,542,323	\$9,665,789	\$9,542,323		
Common Stock	\$8,949,696	\$8,949,696	\$8,949,696		

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 December 31, 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

A. As of March 1, 2019, there have been no Type I events subsequent to December 31, 2018, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2019.

B. As of March 1, 2019, there have been no Type II events subsequent to December 31, 2018, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2019.

Description	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	No	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ -
C. ACA fee assessment paid	\$ -	\$ -
D. Premium written subject to ACA 9010 assessment	\$ -	\$ -
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ -	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ -	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ -	
H. Would reporting the ACA assessment as of December 31, 2018 have triggered an RBC action level (YES/NO)?	No	

23. REINSURANCE

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

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

Section 2 – Ceded Reinsurance Report – Part A

Notes to Financial Statements

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

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

Section 3 – Ceded Reinsurance Report – part B

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

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

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

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

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

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

A. The Company's participation in the Medicare Advantage program involves a risk-sharing provision with CMS. CMS adjusts its payments to the Company based on how actual benefit cost varied from estimated benefit costs included in the Company Medicare Advantage bid.

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

C. Net Premiums Written subject to retrospective rating features were \$0 and \$0 in 2018 and 2017, respectively.

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

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

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Reserves as of December 31, 2017 were \$10,975,094. As of December 31, 2018, \$10,217,900 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0. Therefore, there has been \$757,194 in favorable prior-year development on the unpaid claim reserves 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
12/31/2018	\$3,941,279	\$ -	\$ -	\$ -	\$ -
9/30/2018	\$3,981,433	\$1,910,217	\$ -	\$1,779,739	\$ -
6/30/2018	\$5,258,370	\$2,152,660	\$ -	\$1,945,743	\$ -
3/31/2018	\$1,892,789	\$1,927,178	\$ -	\$1,904,881	\$ -
12/31/2017	\$1,892,789	\$1,106,890	\$ -	\$930,973	\$ -
9/30/2017	\$793,005	\$1,078,489	\$ -	\$978,168	\$ -
6/30/2017	\$793,005	\$864,382	\$ -	\$958,569	\$ -
3/31/2017	\$793,005	\$1,129,757	\$ -	\$4,220,525	\$ -
12/31/2016	\$793,005	\$359,524	\$ -	\$299,990	\$ -
9/30/2016	\$742,354	\$ -	\$ -	\$404,355	\$ -
6/30/2016	\$742,354	\$ -	\$ -	\$1,386,700	\$ -
3/31/2016	\$742,354	\$ -	\$ -	\$1,244,136	\$ -

Notes to Financial Statements

12/31/2015	\$742,354	\$ -	\$ -	\$287,490	\$ -
------------	-----------	------	------	-----------	------

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	<u>12/31/2018</u>
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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[]

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?

2.2 If yes, date of change:

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

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

3.2 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.

3.3 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).

3.4 By what department or departments?
 Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

12/31/2015
12/31/2015
04/28/2017

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?
 4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?
 4.22 renewals?

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

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the 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.

Yes[] No[X]

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

6.1 Has the 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?

6.2 If yes, give full information:

Yes[] No[X]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

7.2 If yes,

7.21 State the percentage of foreign control
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

Yes[] No[X]

0.000%

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

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?

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.

Yes[] No[X]

Yes[] No[X]

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 CliftonLarsonAllen, LLP, 4505 Stephen Circle NW, Suite 200, Canton, OH 44718

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

10.6 If the response to 10.5 is no or n/a please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Lee Benefits Consulting, 702 Saxony Drive, Seven Fields, PA 16046 - Actuary - Mr. Duane P. Lee

Yes[] No[X]

Yes[] No[X]

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

GENERAL INTERROGATORIES (Continued)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
 12.11 Name of real estate holding company
 West Tuscarawas Property Management
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value
 12.2 If yes, provide explanation
 AultCare Health Insuring Corporation owns 9,980,304.47 worth of shares of West Tusc Property Mgmt, which is a for profit real estate holding company located in Canton, OH.

Yes[X] No[]

\$..... 9,980,304 6

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
 13.3 Have there been any changes made to any of the trust indentures during the year?
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

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

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.

Yes[X] No[]

14.11 If the response to 14.1 is no, please explain:

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

Yes[] No[X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes[] No[X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[]

Yes[X] No[]

Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

\$..... 0
\$..... 0
\$..... 0

20.11 To directors or other officers

20.12 To stockholders not officers

20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

\$..... 0
\$..... 0
\$..... 0

20.21 To directors or other officers

20.22 To stockholders not officers

20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]

21.2 If yes, state the amount thereof at December 31 of the current year:

\$..... 0
\$..... 0
\$..... 0
\$..... 0

21.21 Rented from others

21.22 Borrowed from others

21.23 Leased from others

21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]

22.2 If answer is yes:

\$..... 0
\$..... 0
\$..... 0

22.21 Amount paid as losses or risk adjustment

22.22 Amount paid as expenses

22.23 Other amounts paid

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

Yes[] No[X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

Yes[] No[X]

Yes[] No[X]

Yes[] No[X]

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

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

\$..... 0
\$..... 0

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

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

GENERAL INTERROGATORIES (Continued)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:	
24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$
24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$
24.103 Total payable for securities lending reported on the liability page.	\$
25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
25.2 If yes, state the amount thereof at December 31 of the current year:	
25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
25.32 Other	\$
25.3 For category (25.26) provide the following:	

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[] No[X]
 27.2 If yes, state the amount thereof at December 31 of the current year. \$..... 0

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]
 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

28.02 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)

28.05 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
Clearstead Advisors LLC- Investment Advisor	U
Huntington Bank - Custodial	U
AultCare Investment Committee	A

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[] No[X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[] No[X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES (Continued)

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	Clearstead Advisors LLC	34-1597728	SEC-801-33554	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[X] No[]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.... 60934N708	WILLIAM BLAIR INT EQUITY FUND .....	..... 457,762
.... 89354D338	TRANSAMERICA INT EQUITY FUND .....	..... 511,628
29.2999 Total .....	.....	..... 969,390

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
WILLIAM BLAIR INT EQUITY FUND	AIA Group Ltd. ....	..... 8,423	.... 12/31/2018 ..
TRANSAMERICA INT EQUITY FUND	Nestle SA .....	..... 10,079	.... 12/31/2018 ..
VANGUARD TOTAL MKT IDX ADMIRAL FUND	Microsoft Corp .....	..... 132,040	.... 12/31/2018 ..

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1	2 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	..... 23,536,037	..... 23,882,878	..... 346,841
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals .....	..... 23,536,037	..... 23,882,878	..... 346,841

30.4 Describe the sources or methods utilized in determining the fair values:

The market value of the bonds reported on the Huntington Investment statements are used to report Fair Value.

Yes[X] No[]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[] No[X] N/A[]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]

32.2 If no, list exceptions:

33. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- 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 5GI securities?

Yes[] No[X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: Yes[X] No[]

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

OTHER

35.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 234,067

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Alliance of Community Health Plans .....	..... 15,547

36.1 Amount of payments for legal expenses, if any? \$ 477,894

36.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$..... 28,555
 37.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
America's Health Insurance Plans .....	..... 6,227
Alliance of Community Health Plans .....	..... 15,547

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

	Yes [] No [X]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	\$..... 0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
1.6 Individual policies - Most current three years:	\$..... 0
1.61 TOTAL Premium earned	\$..... 0
1.62 TOTAL Incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
1.7 Group policies - Most current three years:	\$..... 0
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	\$..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	242,638,011	244,820,482
2.2 Premium Denominator	242,638,011	244,820,482
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	15,806,936	12,583,676
2.5 Reserve Denominator	15,806,936	12,583,676
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 350,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

N/A

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 3,619
8.2 Number of providers at end of reporting year	..... 3,564

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 0
9.22 Business with rate guarantees over 36 months	..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 1,505,332
10.22 Amount actually paid for year bonuses	\$..... 4,535,693
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes[] No[X]

11.12 A Medical Group/Staff Model,	Yes[] No[X]
11.13 An Individual Practice Association (IPA), or,	Yes[] No[X]
11.14 A Mixed Model (combination of above)?	Yes[] No[X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes[X] No[]

11.3 If yes, show the name of the state requiring such minimum capital and surplus:

Ohio

11.4 If yes, show the amount required.	\$..... 1,500,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity?	Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Ohio

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

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

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

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

GENERAL INTERROGATORIES (Continued)

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written
15.2 Total incurred claims
15.2 Number of covered lives

\$.....0
\$.....0
.....0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

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

16.1 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]

Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	105,811,397	106,588,873	97,250,275	82,605,983	66,342,640
2. TOTAL Liabilities (Page 3, Line 24)	18,664,271	16,565,441	20,356,777	18,053,084	.....
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33)	87,147,126	90,023,432	76,893,498	64,552,899	66,342,640
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	242,638,011	244,820,482	245,044,953	226,733,360	.....
6. TOTAL Medical and Hospital Expenses (Line 18)	204,846,595	206,033,258	214,190,994	209,652,550	.....
7. Claims adjustment expenses (Line 20)	6,439,022	5,592,814	5,328,428	4,525,234	.....
8. TOTAL Administrative Expenses (Line 21)	23,449,063	22,913,122	18,496,151	19,237,702	753
9. Net underwriting gain (loss) (Line 24)	7,903,331	10,281,289	7,029,380	(6,682,126)	(753)
10. Net investment gain (loss) (Line 27)	836,077	707,855	704,145	719,769	21,681
11. TOTAL Other Income (Lines 28 plus 29) .....	.....	.....	.....	.....	.....
12. Net income or (loss) (Line 32)	7,132,570	7,493,428	5,060,871	(3,928,339)	21,024
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	7,449,045	6,685,563	9,277,432	(1,682,376)	3,871
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	87,147,126	90,023,432	76,893,498	64,552,899	.....
15. Authorized control level risk-based capital	18,979,222	17,031,576	16,794,342	17,020,703	.....
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	20,006	20,745	21,026	20,252	.....
17. TOTAL Members Months (Column 6, Line 7)	240,966	248,939	251,691	241,831	.....
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	84.4	84.2	87.4	92.5	.....
20. Cost containment expenses	2.5	2.3	2.2	2.0	.....
21. Other claims adjustment expenses	0.2	.....	.....	.....	.....
22. TOTAL Underwriting Deductions (Line 23)	96.7	95.8	97.1	102.9	.....
23. TOTAL Underwriting Gain (Loss) (Line 24)	3.3	4.2	2.9	(2.9)	.....
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	11,826,482	11,297,496	11,643,671	.....	.....
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	12,583,676	14,662,367	14,920,022	.....	.....
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....	.....	.....	.....	.....	.....
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....	.....	.....	.....	.....	.....
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)	48,311,523	49,189,872	42,748,927	35,784,341	64,621,616
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	.....	.....	.....	.....	.....
30. Affiliated mortgage loans on real estate .....	.....	.....	.....	.....	.....
31. All other affiliated	11,207,451	1,541,911	1,567,694	390,997	(753)
32. TOTAL of Above Lines 26 to 31	59,518,974	50,731,783	44,316,621	36,175,337	64,620,863
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....	.....	.....	.....	.....	.....

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes [] No [] N/A [X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & 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	242,960,334						242,960,334	
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	242,960,334						242,960,334	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. TOTAL (Direct Business)	XXX	242,960,334						242,960,334	

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 N - None of the above - Not allowed to write business in the state

1

R - Registered - Non-domiciled RRGs

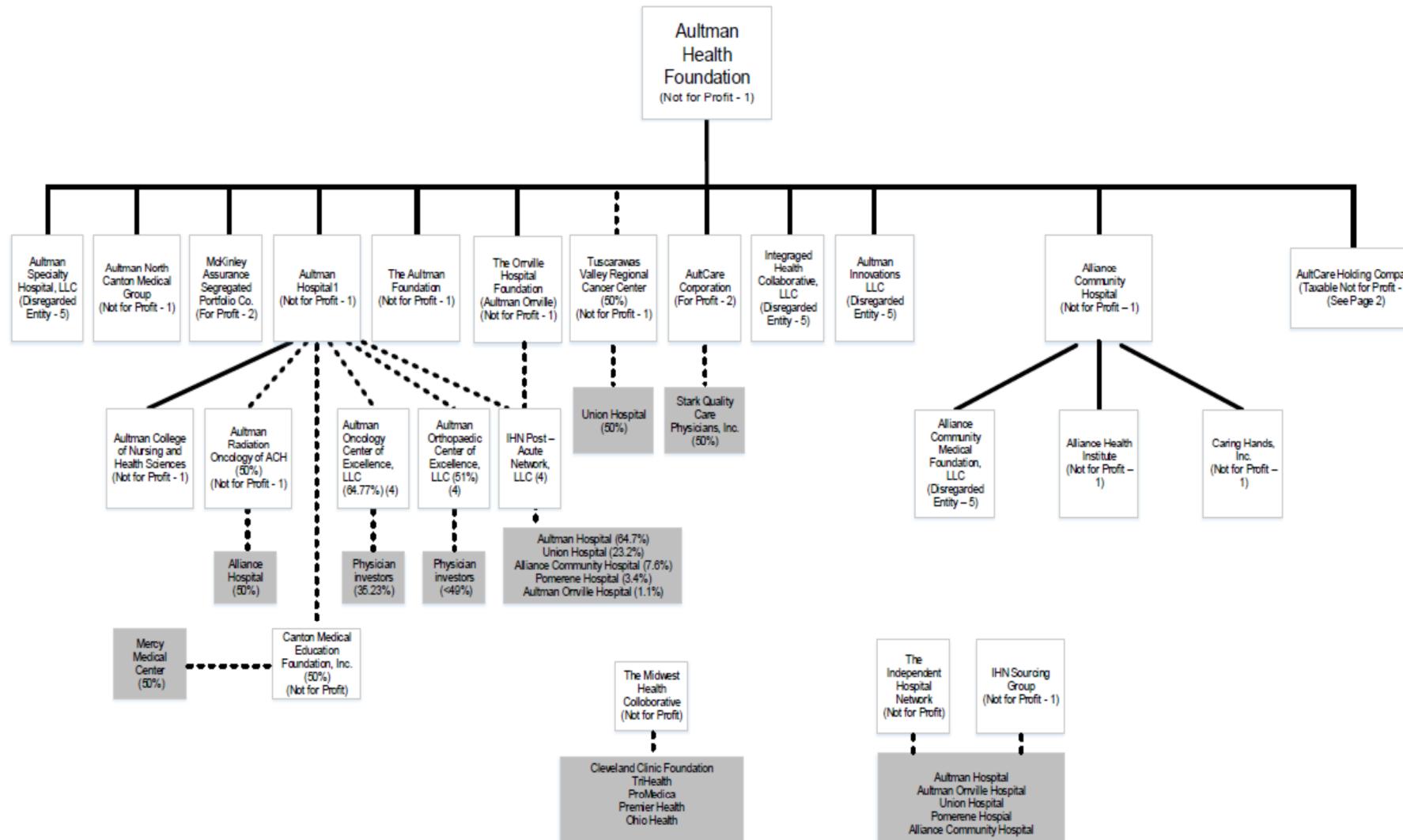
Q - Qualified - Qualified or accredited reinsurer

56

Explanation of basis of allocation by state, premiums by state, etc.:

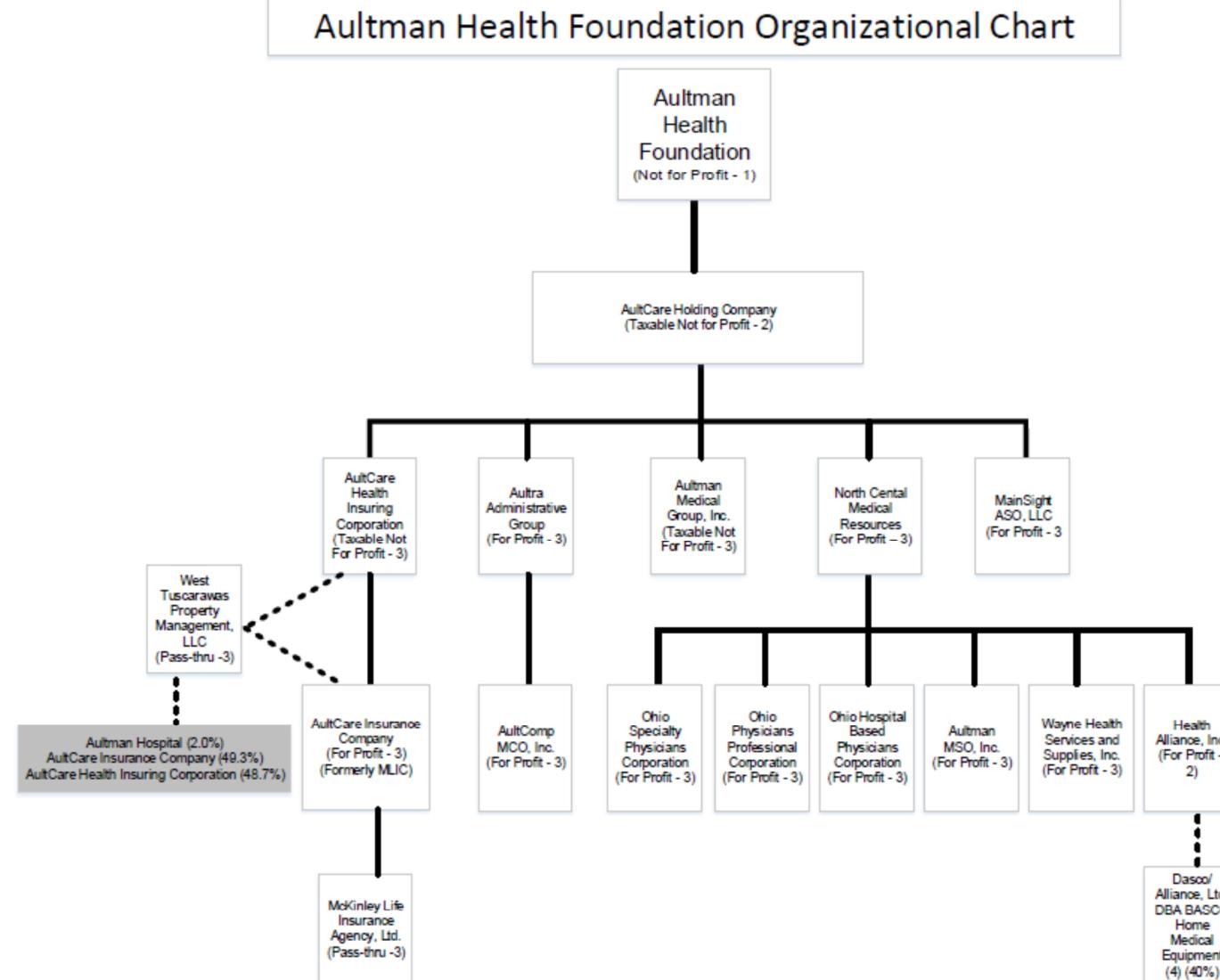
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

Aultman Health Foundation Organizational Chart



Tax Return Key
 1 - 501 (C)(3) - Form 990
 2 - Taxable - Form 1120
 3 - Taxable - Consolidated with Parent
 4 - Taxable - Form 1065
 5 - Single Member LLC (disregarded entity)

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



INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E28
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14