

16325

ANNUAL STATEMENT
RECEIVED
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OF THE
OFFICE OF RISK
ASSESSMENT

Canton Regional Chamber Health Fund

of
Canton
in the state of
Ohio

2018

TO THE
Insurance Department
OF THE STATE OF
Ohio

For the Year Ending
DECEMBER 31, 2018

HEALTH

2018

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Canton Regional Chamber Health Fund

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	Employer's ID Number
Organized under the Laws of		Ohio	State of Domicile or Port of Entry	
OH				
Country of Domicile United States of America				
Licensed as business type:		Life, Accident & Health[] Dental Service Corporation[] Other[X]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]
Incorporated/Organized		12/01/2017	Commenced Business	
Statutory Home Office		2600 Sixth Street SW (Street and Number)	Canton, OH, US 44710 (City or Town, State, Country and Zip Code)	
Main Administrative Office		2600 Sixth Street SW (Street and Number)	Canton, OH, US 44710 (330)363-4057 (Area Code) (Telephone Number)	
Primary Location of Books and Records		2600 Sixth Street SW (Street and Number)	Canton, OH, US 44710 (330)363-4057 (Area Code) (Telephone Number)	
Internet Website Address		Jeffrey Alan Scheatzle (Name) jscheatzle@aultcare.com (E-Mail Address)	(330)363-4057 (Area Code)(Telephone Number)(Extension) (330)363-5012 (Fax Number)	

OFFICERS

Name	Title
Geofrey Karcher	Chairman
Todd Hawke	Vice Chairman
Frank Monaco	Treasurer
Robert Mullen	Secretary

OTHERS

DIRECTORS OR TRUSTEES

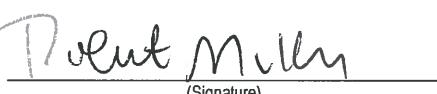
Brian Belden
Francis Hayden
Judith Barnes Lancaster
Frank Manaco
Robert Mullen

Todd Hawke
Geoffrey Karcher
Steven Meeks
Michael Moore
Mark Rosneck

State of Ohio
County of Stark 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)
 Geoffrey Karcher
 (Printed Name)
 1.
 Chairman
 (Title)


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


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

Subscribed and sworn to before me this
 28 day of MARCH, 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)



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

DIRECTORS OR TRUSTEES (continued)

Dennis Saunier
Joseph Feltes#

Amanda Sterling

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)				
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 (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 (\$.....786,053, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	786,053		786,053	749,862
6. Contract loans (including \$.....0 premium notes)				
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)	786,053		786,053	749,862
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	122,630		122,630	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	36,052		36,052	
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable	96,092	96,092		
25. Aggregate write-ins for other than invested assets	750,000		750,000	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,790,827	96,092	1,694,735	749,862
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	1,790,827	96,092	1,694,735	749,862
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Surplus Note Receivable	750,000		750,000	
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)	750,000		750,000	

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	194,000		194,000	
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	224,135		224,135	
9. General expenses due or accrued				
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	8,455		8,455	
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	426,591		426,591	
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		
29. Surplus notes	XXX	XXX	1,500,000	750,000
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(231,855)	(138)
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	1,268,145	749,862
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	1,694,735	749,862
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
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			
1. Member Months	XXX	10,412		
2. Net premium income (including \$.....0 non-health premium income)	XXX	1,591,978		
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	1,591,978		
Hospital and Medical:				
9. Hospital/medical benefits		1,697,204		
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area		103,974		
13. Prescription drugs		537,508		
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		2,338,686		
Less:				
17. Net reinsurance recoveries		1,049,903		
18. TOTAL Hospital and Medical (Lines 16 minus 17)		1,288,783		
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses				
21. General administrative expenses		474,873	138	
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. TOTAL Underwriting Deductions (Lines 18 through 22)		1,763,656	138	
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(171,678)	(138)	
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)				
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains (losses) (Lines 25 plus 26)				
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(171,678)	(138)	
31. Federal and foreign income taxes incurred	XXX	(36,052)		
32. Net income (loss) (Lines 30 minus 31)	XXX	(135,626)	(138)	
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (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	749,862	
34. Net income or (loss) from Line 32	(135,626)	(138)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(96,092)	
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes	750,000	750,000
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	518,283	749,862
49. Capital and surplus end of reporting year (Line 33 plus 48)	1,268,145	749,862
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1. Premiums collected net of reinsurance		1,701,938	
2. Net investment income			
3. Miscellaneous income			
4. TOTAL (Lines 1 through 3)		1,701,938	
5. Benefit and loss related payments		1,190,874	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions		474,873	138
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10. TOTAL (Lines 5 through 9)		1,665,747	138
11. Net cash from operations (Line 4 minus Line 10)		36,191	(138)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 TOTAL Investments acquired (Lines 13.1 to 13.6)			
14. Net increase (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			750,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)			
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)			750,000
RECONCILATION 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)		36,191	749,862
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		749,862	
19.2 End of year (Line 18 plus Line 19.1)		786,053	749,862

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

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2 Comprehensive (Hospital & Medical)	3	4	5	6	7	8	9	10	
	Total	1,591,978	1,591,978	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	1,591,978	1,591,978								
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										
4.	Risk revenue										
5.	Aggregate write-ins for other health care related revenues										
6.	Aggregate write-ins for other non-health care related revenues										
7.	TOTAL Revenues (Lines 1 to 6)	1,591,978	1,591,978								
8.	Hospital/medical benefits	1,697,204	1,697,204								
9.	Other professional services										
10.	Outside referrals										
11.	Emergency room and out-of-area	103,974	103,974								
12.	Prescription drugs	537,508	537,508								
13.	Aggregate write-ins for other hospital and medical										
14.	Incentive pool, withhold adjustments and bonus amounts										
15.	Subtotal (Lines 8 to 14)	2,338,686	2,338,686								
16.	Net reinsurance recoveries	1,049,903	1,049,903								
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	1,288,783	1,288,783								
18.	Non-Health claims (net)										
19.	Claims adjustment expenses including \$.0 cost containment expenses										
20.	General administrative expenses	474,873	474,873								
21.	Increase in reserves for accident and health contracts										
22.	Increase in reserves for life contracts										
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	1,763,666	1,763,666								
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(171,678)	(171,678)								
	DETAILS OF WRITE-INS										
0501.	.....									
0502.	.....									
0503.	.....									
0508.	Summary of remaining write-ins for Line 5 from overflow page										
0599.	TOTALS (Lines 0501 through 0503 plus 0508) (Line 5 above)										
0601.	.....									
0602.	.....									
0603.	.....									
0698.	Summary of remaining write-ins for Line 6 from overflow page										
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)										
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page										
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										

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)	4,090,628		2,498,650	1,591,978
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare				
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	4,090,628		2,498,650	1,591,978
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	4,090,628		2,498,650	1,591,978

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	2,144,686	2,144,686								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded		1,049,903	1,049,903							
1.4 Net		1,094,783	1,094,783							
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct		194,000	194,000							
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net		194,000	194,000							
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										
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										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
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										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct										
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net										
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVII Medicare	Title XIX Medicaid	Other Health	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										
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net										
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										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										

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		Claims Incurred During the Year	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	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						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)						
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)						

(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)

Section A - Paid Health Claims		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
Year in Which Losses Were Incurred	Prior	.....	.....	.....	.....	.....
1. Prior	2014	.....	.....	.....	.....	.....
2. 2015	.....	XXX	.....	.....	.....	.....
3. 2016	.....	XXX	XXX	.....	.....	.....
4. 2017	.....	XXX	XXX	XXX	.....	.....
5. 2017	.....	XXX	XXX	XXX	XXX	.....
6. 2018	.....	XXX	XXX	XXX	XXX	1,095

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserves 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				
4. 2016	XXX	XXX			
5. 2017	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	1,280

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

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	2014	2015	2016	2017	2018
1. Prior					
2. 2014					
3. 2015					
4. 2016					
5. 2017					
6. 2018					
					1,095

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				
	2014	2015	2016	2017	2018
1. Prior					
2. 2014					
3. 2015					
4. 2016					
5. 2017					
6. 2018					
					1,289

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

Years in Which Premiums were Earned and Claims Were Incurred	Incurred Year Health Claims and Claims Adjustment Expense Ratio				
	1	2	3	4	5
	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
1. 2014					
2. 2015					
3. 2016					
4. 2017					
5. 2018					
					1,095
					68,768
					194
					1,289
					80,955

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

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

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

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

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)					
2. Salaries, wages and other benefits					
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services					
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services			474,165		474,165
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges			708		708
18. Group service and administration fees					
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					
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)			474,873		(a) 474,873
27. Less expenses unpaid December 31, current year					
28. Add expenses unpaid December 31, prior year					
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)			474,873		474,873
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)	
1.1 Bonds exempt from U.S. tax		(a)	
1.2 Other bonds (unaffiliated)		(a)	
1.3 Bonds of affiliates		(a)	
2.1 Preferred stocks (unaffiliated)		(b)	
2.11 Preferred stocks of affiliates		(b)	
2.2 Common stocks (unaffiliated)			
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			
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)			
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					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)					
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)					

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	96,092		(96,092)
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)	96,092		(96,092)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	96,092		(96,092)
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						
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	271	665	665	665	1,396	1,680
DETAILS OF WRITE-INS						
0601. Multiple Employer Welfare Arrangement						
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)	271	665	665	665	1,396	1,680
						10,412

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed	122,630					
0299999 TOTAL Group	122,630					
0399999 Premiums due and unpaid from Medicare entities						122,630
0499999 Premiums due and unpaid from Medicaid entities						122,630
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	122,630					122,630

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	Name of Debtor	2	3	4	5	6	7
		1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998	Pharmaceutical Rebate Receivables - Not Individually Listed					96,092	
0199999	Subtotal - Pharmaceutical Rebate Receivables					96,092	
0299998	Claim Overpayment Receivables - Not Individually Listed					96,092	
0299999	Subtotal - Claim Overpayment Receivables					96,092	
0399998	Loans and Advances to Providers - Not Individually Listed						
0399999	Subtotal - Loans and Advances to Providers						
0499998	Capitation Arrangement Receivables - Not Individually Listed						
0499999	Subtotal - Capitation Arrangement Receivables						
0599998	Risk Sharing Receivables - Not Individually Listed						
0599999	Subtotal - Risk Sharing Receivables						
0699998	Other Receivables - Not Individually Listed						
0699999	Subtotal - Other Receivables						
0799998	Gross health care receivables					96,092	

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

Type of Health Care Receivable	Health Care Receivables Collected		Health Care Receivables Accrued		Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	
1. Pharmaceutical rebate receivables
2. Claim overpayment receivables
3. Loans and advances to providers
4. Capitalization arrangement receivables
5. Risk sharing receivables
6. Other health care receivables
7. TOTALS (Lines 1 through 6)	96,092	.....

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

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						194,000
0799999 TOTAL Claims Unpaid						
0899999 Accrued Medical Incentive Pool and Bonus Amounts						194,000

22 Exhibit 5 - Amounts Due From Parent NONE

23 Exhibit 6 - Amounts Due to Parent NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service						
6. Contractual fee payments						
7. Bonus/withhold arrangements - fee-for-service						
8. Bonus/withhold arrangements - contractual fee payments						
9. Non-contingent salaries						
10. Aggregate cost arrangements						
11. All other payments						
12. TOTAL Other Payments						
13. TOTAL (Line 4 plus Line 12)	1,094,783	100,000	100,000	100,000	1,094,783	1,094,783

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capital Paid	4 Average Monthly Capitalization	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
1	NONE				

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	TOTAL						
	NONE						

Notes to Financial Statements

Notes to Financial Statement

The Canton Regional Chamber Health Fund Trust was licensed effective December 7, 2017. The Fund began full operations February 1, which reflects 2018 as the first full year of operations.

1. SUMMARY OF SIGNIFICANT ACCOUNT POLICIES AND GOING CONCERN

A. Accounting Practices

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

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

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

Note 1A	SSAP #	F/S Page #	F/S Line #	2018	2017
Net Income					
(1) Company state basis (Page 4, Line 34, Columns 1 & 2)	XXX	XXX	XXX	<u>\$ (135,626)</u>	<u>\$ (138)</u>
(2) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable	XXX	XXX	XXX	<u>\$ (135,626)</u>	<u>\$ (138)</u>
(3) State permitted practices that increase/(decrease) NAIC SAP Not Applicable	---	---	---	<u>\$ -</u>	<u>\$ -</u>
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ -</u>	<u>\$ -</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 1 &2)	XXX	XXX	XXX	<u>\$ 518,145</u>	<u>\$ 749,862</u>
(6) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable	XXX	XXX	XXX	<u>\$ 518,145</u>	<u>\$ 749,862</u>
(7) State permitted practices that increase/(decrease) NAIC SAP Not Applicable	---	---	---	<u>\$ -</u>	<u>\$ -</u>
(8) NAIC SAP (5-6-7=8)	72	XXX	XXX	<u>\$ 750,000</u>	<u>\$ -</u>
	XXX	XXX	XXX	<u>\$ 1,268,145</u>	<u>\$749,862</u>

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

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

C. Accounting Policy

The Company uses the following accounting policies:

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

Notes to Financial Statements

13) The Company uses current year received pharmacy rebate as a percentage of current year claims expense to estimate current rebate receivable off of the annual (qtr) claims in accordance with SSAP 84.

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No changes in accounting principles or correction of errors have been recorded during the year ended December 31, 2018.

3. BUSINESS COMBINATIONS AND GOODWILL

A-D The Company was not party to a business combination during the year ended December 31, 2018, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

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

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

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

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

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

5. INVESTMENTS AND OTHER INVESTED ASSETS

A. Mortgage Loans

The Company has no investments in Mortgage Loans

B. Debt Restructuring

The Company has no Debt Restructuring investments

C. Reverse Mortgages

The Company has no investments in Reverse Mortgage

D. Loan Backed Securities

The Company has no investments in Loan Backed Securities

E-I. Repurchase Agreements

The Company has no investments in Repurchase Agreements

J. Real Estate

The Company has no Real Estate investments

K. Investments in low-income housing tax credits

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

L. Restricted Assets

The Company has no investments in Restricted Assets

M. Working Capital Finance Investments – Not applicable

N. Offsetting and Netting of Assets and Liabilities

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

O. Structured Notes

The Company does not have any Structured Notes

P. 5* Securities

The Company does not have any investments with an NAIC designation of 5* as of December 31, 2018.

Q. Short Sales

The Company has no Short Sale investments

R. Prepayment Penalty and Acceleration Fees

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

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

Notes to Financial Statements

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

7. INVESTMENT INCOME

- A. The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued – Not applicable.
- B. There were no investment income amounts excluded from the statutory basis financial statements

8. DERIVATIVE INSTRUMENTS

A-F The Company has no derivative instruments.

9. INCOME TAXES

A. Deferred Tax Asset/Liability

The Company does not have Deferred Tax Asset/Liability

B. Unrecognized Deferred Tax Liabilities

(1-4) There are no unrecognized deferred tax liabilities for the year ended December 31, 2018.

C. Significant Components of Income Taxes

- (1) The current federal income taxes incurred for the year ended December 31, 2018

Note 1C	2018	2017	(Col 1-2)
			Change
1. Current income tax			
(a) Federal	\$ (36,052.00)	\$ -	\$ (36,052.00)
(b) Foreign	\$ -	\$ -	\$ -
(c) Subtotal	<u>\$ (36,052.00)</u>	<u>\$ -</u>	<u>\$ (36,052.00)</u>
(d) Federal income tax on net capital gains	\$ -	\$ -	\$ -
(e) Utilization of capital loss carry forwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
(g) Total federal and foreign income taxes incurred	<u>\$ (36,052.00)</u>	<u>\$ -</u>	<u>\$ (36,052.00)</u>

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

The Company has no tax liability as of December 31, 2018.

	<u>December 31, 2018</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	\$ -	0%
Permanent Adjustments	\$ -	0%
Change in valuation allowance	\$ -	0%
Change in nonadmitted assets	\$ -	0%
Total statutory income taxes incurred	<u>\$ -</u>	<u>0%</u>
 Federal income taxes incurred	 \$ -	 0%
Change in net deferred income taxes	\$ -	0%
Total statutory income taxes	<u>\$ -</u>	<u>0%</u>

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

The Company has an operating loss of (\$36,052) and tax credit carry-forwards as of December 31, 2018.

F. Consolidated of Federal Income Tax Return

26.2

Notes to Financial Statements

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

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

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. Nature of the Relationship

The Canton Regional Chamber Health Fund Trust, is sponsored by the Canton Regional Chamber of Commerce.

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

B&C. Transactions with Affiliated Organizations

The Company has no transactions with Affiliated Organizations

D. Amounts Due to/from to related parties

The Company has no balances due to/from related parties

E. Guarantees or undertakings –None

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

G. Control Relationship

The Company's is sponsored by the Canton Regional Chamber of Commerce

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

I. Investment in SCA entity - None

J. Investment in impaired SCA entity - None

K. Investments in foreign insurance subsidiaries - None

L. Investments in downstream noninsurance holding company - None

M. All SCA investment – None

N. Investment in insurance SCAs - None

11. DEBT

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

12. RETIREMENT PLANS

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

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

1. The Canton Regional Chamber Health Fund Trust is solely owned by the Canton Regional Chamber of Commerce.

2. Dividend rate, liquidation value – Not applicable.

3. Dividend Restrictions – Not applicable.

4. Date and amounts of dividends paid – Not applicable.

5. Portion of reporting entity's profits that can be paid as ordinary dividends – Not applicable.

6. Restrictions on unassigned funds – None

7. Mutual Reciprocals – None

8. Stock held by the Company for special purposes – None

9. Special surplus funds – None

Notes to Financial Statements

10. The portion of unassigned surplus represented or reduced - None
11. Surplus Notes:

Note 11

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
11/15/2017	0%	\$750,000	\$750,000	\$0	\$0	N/A	N/A
3/15/2019	0%	\$750,000	\$750,000	\$0	\$0	N/A	N/A
1311999 Total		\$1,500,000	*	\$0	\$0	\$0	XXX

The surplus notes, totaling \$1,500,000, listed in the above table, was issued pursuant to Rule 144A under the Securities Act of 1933, underwritten by AultCare Insurance Company.

The surplus note has the following repayment conditions and restrictions:

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

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

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

Notes to Financial Statements

13. Quasi-reorganization effective date – Not applicable

14. CONTINGENCIES

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

15. LEASES

A. Lessee Operating Lease

The Company has not entered into any Lessee Operating Leases

B. Lessor Leases

The Company has not entered into any Lessor Leases.

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

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

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

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

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

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

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

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

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

20. FAIR VALUE MEASUREMENT

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

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

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

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

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

A. Assets and liabilities measured and reported at fair value.

G. Fair value measurements at the reporting date.

1) Fair value measurements at the reporting date:

A Fair Value	Description for each class of asset or liability	Level 1	Level 2	Level 3	Total
a. Assets at fair value					
Cash and short-term investments	\$786,053	\$0	\$0	\$0	\$786,053
Perpetual preferred stock					
Industrial and misc.	\$0	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0	\$0

Notes to Financial Statements

Total perpetual and preferred stock	\$0	\$0	\$0	\$0
Bonds				
U.S. Governments	\$0	\$0	\$0	\$0
Industrial and misc.	\$0	\$0	\$0	\$0
Hybrid securities	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0
Total Bonds	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Common Stock				
Industrial and misc.	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0
Total Common Stock	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Derivative assets				
Interest rate contracts	\$0	\$0	\$0	\$0
Foreign exchange contracts	\$0	\$0	\$0	\$0
Credit contracts	\$0	\$0	\$0	\$0
Commodity futures contracts	\$0	\$0	\$0	\$0
Commodity forwards contracts	\$0	\$0	\$0	\$0
Total derivatives	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Separate account assets				
	\$0	\$0	\$0	\$0
Total assets at fair value	\$786,053	\$0	\$0	\$786,053

b. Liabilities at fair value

Derivative Liabilities	\$0	\$0	\$0	\$0
Total liabilities at fair value	\$426,591	\$0	\$0	\$426,591

The company had no Level 2 or Level 3 assets.

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

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

3) Policy for determining when transfers between levels are recognized

Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the year ended December 31, 2018.

4) Investments

The Company has no investments in U.S. Treasury and U.S. Government Agency bond securities.

5) Derivative asset and liabilities

The Company has no derivative assets and liabilities to discuss.

A. Fair Value Combination - Not applicable

B. Aggregate Fair Value Hierarchy - Not applicable

C. Not practicable to estimate fair value - Not applicable

21. OTHER ITEMS

A. The Company did not encounter any unusual or infrequent items for the year ended December 31, 2018.

B. The Company has no troubled debt restructurings as of December 31, 2018.

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

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

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

F. The Company has no Subprime Mortgage Related Exposure.

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

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

Notes to Financial Statements

22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through March 31, 2019, which is the date these statutory basis financial statement were available for issuance.

TYPE I – Recognized Subsequent Events

The company secured an additional Surplus Note for \$750,000 recognized as capital for the December 31, 2018. The agreement and subsequent event was approved by the Ohio department of Insurance on March 14, 2019. The funds were deposited into the CRCHF's bank account on March 14, 2019.

TYPE II – Non –Recognized Subsequent Events

There are no Non-Recognized events subsequent to December 31, 2018, that require recognition and disclosure.

23. REINSURANCE

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

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

If yes, give full details.

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

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

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

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

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

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for other than for nonpayment of premium or other similar credits reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes () No (X)

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

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

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

Notes to Financial Statements

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

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACT SUBJECT TO REDETERMINATION

A-E. None

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

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

26. INTERCOMPANY POOLING ARRANGEMENTS

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

27. STRUCTURED SETTLEMENTS - None

28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE

A The Company has Pharmaceutical Rebates

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced	Actual Rebated Collected within 90 Days of Invoicing	Actual Rebates Collected within 91 to 180 Days of Invoicing	Actual Rebates Collected More than 180 Days After Invoicing
12/31/2018	96,092	-	-	-	-
9/30/2018	51,092	51,092	-	-	-
6/30/2018	9,291	9,291	-	-	-
3/31/2018	-	-	-	-	-
12/31/2017	-	-	-	-	-

B. The Company does not have any Risk-Sharing Receivables.

29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2018.

30. PREMIUM DEFICIENCY RESERVES

A. The Company does not have Premium Deficiency Reserves.

1. Liability carried for premium deficiency reserves
2. Date of the most recent evaluation of this liability

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

31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2018, the Company had no specific accruals established for outstanding subrogation.

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.

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:

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

3.2 State 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?

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?

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?

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.

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?
 If yes, give full information:

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).

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.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	No	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?
 Plante & Moran, PLLC, Suite 100, 1111 Michigan Ave, East Lansing, MI 48823

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:
 The Chamber Health Fund will establish an Audit Committee in 2019

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 - Acutary - Mr. Duane P. Lee

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
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value
 12.2 If yes, provide explanation
 \$ 0

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 or 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[X]
 Yes[] 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.
 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended?
 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?
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
 Yes[X] No[]
 Yes[] No[X]

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?
 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.
 Yes[] No[X]

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?
 Yes[X] No[]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
 Yes[X] No[]

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[]

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):
 20.11 To directors or other officers
 20.12 To stockholders not officers
 20.13 Trustees, supreme or grand (Fraternal only)
 \$ 0
 \$ 0
 \$ 0

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers
 20.22 To stockholders not officers
 20.23 Trustees, supreme or grand (Fraternal only)
 \$ 0
 \$ 0
 \$ 0

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?
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others
 21.22 Borrowed from others
 21.23 Leased from others
 21.24 Other
 \$ 0
 \$ 0
 \$ 0
 \$ 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment
 22.22 Amount paid as expenses
 22.23 Other amounts paid
 \$ 0
 \$ 0
 \$ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
 \$ 0

INVESTMENT

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
 Yes[X] No[]

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%?
 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?
 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
 Yes[] No[] N/A[X]
 Yes[] N/A[X]
 Yes[] No[] N/A[X]

GENERAL INTERROGATORIES (Continued)

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.

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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).

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:

Yes [] No [X]

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?
If no, attach a description with this statement. Yes No X

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 No X

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
.....

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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?
28.04 If yes, give full and complete information relating thereto: Yes[] No[X]

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

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
.....

28.057 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?

28.058 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?

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.

1 Central Registration Depository Number	2	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
	Name of Firm or Individual			

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)])?
29.2 If yes, complete the following schedule:

Yeast

GENERAL INTERROGATORIES (Continued)

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total		

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

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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds			
30.2 Preferred stocks			
30.3 Totals			

30.4 Describe the sources or methods utilized in determining the fair values:
The company owned no securities at December 31, 2018

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[] No[X]
 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[] N/A[X]
 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:
The company owned no securities at December 31, 2018

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[] No[X]
 32.2 If no, list exceptions:
The company had no investments as of December 31, 2018

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?
 34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: Yes[] No[X]
 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? \$ 0
 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

36.1 Amount of payments for legal expenses, if any? \$ 0
 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.

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? \$ 0
 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.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes[] No[X]
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: N/A	
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:	
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:	
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:	
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:	
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	1,591,978	
2.2 Premium Denominator	1,591,978	
2.3 Premium Ratio (2.1 / 2.2)	1.000	
2.4 Reserve Numerator	194,000	
2.5 Reserve Denominator	194,000	
2.6 Reserve Ratio (2.4 / 2.5)	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[] No[X]

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
- 5.32 Medical Only
- 5.33 Medicare Supplement
- 5.34 Dental & Vision
- 5.35 Other Limited Benefit Plan
- 5.36 Other

\$ 5,000
\$ 0
\$ 0
\$ 0
\$ 0
\$ 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

..... 0

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:

..... 0

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[] No[X]

10.2 If yes:

- 10.21 Maximum amount payable bonuses
- 10.22 Amount actually paid for year bonuses
- 10.23 Maximum amount payable withholds
- 10.24 Amount actually paid for year withholds

\$ 0
\$ 0
\$ 0
\$ 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[X] No[]

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

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

Ohio

Yes[X] No[]

11.4 If yes, show the amount required.

\$ 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?

\$ 0

Yes[] No[X]

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

\$ 0

Yes[] No[X]

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

\$ 0

Yes[] No[X]

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Canton Regional Chamber Health Fund
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	\$.....	0
15.2 Total incurred claims	\$.....	0
15.2 Number of covered lives		

*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? Yes[] No[X]
 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]

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)	1,694,735	749,862			
2. TOTAL Liabilities (Page 3, Line 24)	426,591				
3. Statutory minimum capital and surplus requirement	500,000	500,000			
4. TOTAL Capital and Surplus (Page 3, Line 33)	1,268,145	749,862			
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	1,591,978				
6. TOTAL Medical and Hospital Expenses (Line 18)	1,288,783				
7. Claims adjustment expenses (Line 20)					
8. TOTAL Administrative Expenses (Line 21)	474,873	138			
9. Net underwriting gain (loss) (Line 24)	(171,678)	(138)			
10. Net investment gain (loss) (Line 27)					
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(135,626)	(138)			
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	36,191	(138)			
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	1,268,145	749,862			
15. Authorized control level risk-based capital	105,255	1,125			
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	1,680				
17. TOTAL Members Months (Column 6, Line 7)	10,412				
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)	81.0				
20. Cost containment expenses					
21. Other claims adjustment expenses					
22. TOTAL Underwriting Deductions (Line 23)	110.8				
23. TOTAL Underwriting Gain (Loss) (Line 24)	(10.8)				
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)					
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]					
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)					
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					
32. TOTAL of Above Lines 26 to 31					
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:



0000201843059 00 (NAIC code not entered) 2018

Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:

2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 00000

NAIC Group Code 0000

	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	271			271						
2. First Quarter	665			665						
3. Second Quarter	1,396			1,396						
4. Third Quarter	1,080			1,080						
5. Current Year										
6. Current Year Member Months	10,412			10,412						
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	2,671			2,671						
8. Non-Physician	5,362			5,262						
9. TOTAL	7,933			7,933						
10. Hospital Patient Days Incurred	54			54						
11. Number of Inpatient Admissions	18			18						
12. Health Premiums Written (b)	4,090,628			4,090,628						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,090,628			4,090,628						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,094,783			1,094,783						
18. Amount Incurred for Provision of Health Care Services	2,338,886			2,338,886						

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

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year									
1	2	3	4				5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Reinsured		Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums
1199999 Total U.S. (Sum of 0399999 and 0899999)									
1299999 Total Non-U.S. (Sum of 0699999 and 0999999)									
9999999 Total (Sum of 0799999 and 1099999)									

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
2299999 Total - Accident and Health						
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)						

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year									
1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Uneamed Premiums
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates									
77216	34-1624818	01/01/2018	AULTCARE INS CO	OH	SSU/	SLEL	2,498,650		
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,498,650		
1099999 Total - General Account - Authorized - Non-Affiliates							2,498,650		
1199999 Total - General Account - Authorized - Non-Affiliates							2,498,650		
3499999 Total - General Account - Authorized, Unauthorized and Certified							2,498,650		
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3799999, 3099999, 4299999, 4899999, 5399999, 5899999 and 6499999)							2,498,650		
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							2,498,650		
9999999 Total (Sum of 3499999 and 6999999)							2,498,650		

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	2,499				
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

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

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	786,053		786,053
2. Accident and health premiums due and unpaid (Line 15)	122,630		122,630
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		XXX
5. All other admitted assets (Balance)	786,052		786,052
6. TOTAL Assets (Line 28)	1,694,735		1,694,735
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	194,000		194,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	224,135		224,135
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	8,455		8,455
15. TOTAL Liabilities (Line 24)	426,591		426,591
16. TOTAL Capital and Surplus (Line 33)	1,268,145	XXX	1,268,145
17. TOTAL Liabilities, Capital and Surplus (Line 34)	1,694,735		1,694,735
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - 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	4,090,628						4,090,628	
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	4,090,628						4,090,628	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. TOTAL (Direct Business)	XXX	4,090,628						4,090,628	

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

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

R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

1
56

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

39 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written NONE

40 Schedule Y - Part 1 NONE

41 Schedule Y - Part 1A NONE

42 Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	No
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	No

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes
--	-----

Explanation:

Bar Code:

Risk-Based Capital Filing



0000020183900000 (NAIC code not entered) 2018 Document Code: 390

Supplemental Investment Risks Interrogatories



0000020182850000 (NAIC code not entered) 2018 Document Code: 285

Medicare Supplement Insurance Experience Exhibit



0000020183600000 (NAIC code not entered) 2018 Document Code: 360

Health Life Supplement - March



0000020182050000 (NAIC code not entered) 2018 Document Code: 205

Schedule SIS



0000020184200000 (NAIC code not entered) 2018 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



0000020183710000 (NAIC code not entered) 2018 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



0000020183700000 (NAIC code not entered) 2018 Document Code: 370

Medicare Part D Coverage Supplement



0000020183650000 (NAIC code not entered) 2018 Document Code: 365

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

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



0000020182240000 (NAIC code not entered) 2018 Document Code: 224

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



0000020182250000 (NAIC code not entered) 2018 Document Code: 225

Approval for Relief related to Require. for Audit Committees



0000020182260000 (NAIC code not entered) 2018 Document Code: 226

LTC Supplemental Interrogatories



0000020183060000 (NAIC code not entered) 2018 Document Code: 306

Health Life Supplement - April



0000020182110000 (NAIC code not entered) 2018 Document Code: 211

Supplemental Health Care Exhibit's Expense Allocation Report



0000020182170000 (NAIC code not entered) 2018 Document Code: 217

LHA Guaranty Association Reconciliation



0000020182900000 (NAIC code not entered) 2018 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



0000020183000000 (NAIC code not entered) 2018 Document Code: 300

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Canton Regional Chamber Health Fund
SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities						
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations						
1.43 Revenue and assessment obligations						
1.44 Industrial development and similar obligations						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or Guaranteed by GNMA						
1.512 Issued or Guaranteed by FNMA and FHLMC						
1.513 All other						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521						
1.523 All other						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.2 Unaffiliated Non-U.S. securities (including Canada)						
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
3.21 Affiliated						
3.22 Unaffiliated						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated						
3.32 Unaffiliated						
3.4 Other equity securities:						
3.41 Affiliated						
3.42 Unaffiliated						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated						
3.52 Unaffiliated						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$.....0 of property acquired in satisfaction of debt)						
5.3 Property held for sale (including \$.....0 property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral)						
10. Cash, cash equivalents and short-term investments	786,053	100.000	786,053	XXX	XXX	XXX
11. Other invested assets						
12. TOTAL Invested assets	786,053	100.000	786,053		786,053	100.000

SI02 Schedule A - Verification NONE

SI02 Schedule B - Verification NONE

SI03 Schedule BA - Verification NONE

SI03 Schedule D - Verification NONE

SI04 Schedule D - Summary by Country NONE

SI05 Schedule D Part 1A Sn 1 - #1 NONE

SI06 Schedule D Part 1A Sn 1 - #2 NONE

SI07 Schedule D Part 1A Sn 1 - #3 NONE

SI08 Schedule D Part 1A Sn 2 - #1 NONE

SI09 Schedule D Part 1A Sn 2 - #2 NONE

SI10 Schedule DA - Verification NONE

SI11 Schedule DB Part A Verification NONE

SI11 Schedule DB Part B Verification NONE

SI12 Schedule DB Part C Sn 1 - Rep. (Syn Asset) Transactions NONE

SI13 Schedule DB Part C Sn 2 - Rep. (Syn Asset) Transactions NONE

SI14 Schedule DB Verification NONE

SI15 Schedule E - Part 2 - Verification NONE

SI02 - SI15

E01 Schedule A - Part 1 Real Estate Owned	NONE
E02 Schedule A - Part 2 Real Estate Acquired	NONE
E03 Schedule A - Part 3 Real Estate Disposed	NONE
E04 Schedule B Part 1 - Mortgage Loans Owned	NONE
E05 Schedule B Part 2 - Mortgage Loans Acquired	NONE
E06 Schedule B Part 3 - Mortgage Loans Disposed	NONE
E07 Schedule BA Part 1 - Long-Term Invested Assets Owned	NONE
E08 Schedule BA Part 2 - Long-Term Invested Assets Acquired	NONE
E09 Schedule BA Part 3 - Long-Term Invested Assets Disposed	NONE
E10 Schedule D - Part 1 LT Bonds Owned	NONE
E11 Schedule D - Part 2 Sn 1 Prfrd Stocks Owned	NONE
E12 Schedule D - Part 2 Sn 2 Common Stocks Owned	NONE
E13 Schedule D - Part 3 LT Bonds/Stock Acquired	NONE
E14 Schedule D - Part 4 LT Bonds/Stock Disposed	NONE
E15 Schedule D - Part 5 LT Bonds/Stocks Acquired/Disp	NONE
E16 Schedule D - Part 6 Sn 1	NONE
E16 Schedule D - Part 6 Sn 2	NONE
E17 Schedule DA - Part 1 Short-Term Investments Owned	NONE
E18 Schedule DB - Part A Sn 1 Opt/Cap/Floors/Collars/Swaps/Forwards Open	NONE
E19 Schedule DB - Part A Sn 2 Opt/Cap/Floors/Collars/Swaps/Forwards Term.	NONE
E20 Schedule DB - Part B Sn 1 Futures Contracts Open	NONE
E21 Schedule DB - Part B Sn 2 Futures Contracts Terminated	NONE
E22 Schedule DB - Part D Sn 1 Counterparty Exposure for Derivative Instruments ..	NONE
E23 Schedule DB - Part D Sn 2 - Collateral Pledged By Reporting Entity	NONE
E23 Schedule DB - Part D Sn 2 - Collateral Pledged To Reporting Entity	NONE
E24 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E25 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7
open depositories							*
Huntington National Bank	Canton, Ohio					786,053	XXX
0199998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories		XXX				XXX
0199999 Totals - Open Depositories			XXX			786,053	XXX
0299998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories		XXX				XXX
0299999 Totals - Suspended Depositories			XXX				XXX
0399999 Total Cash On Deposit			XXX			786,053	XXX
0499999 Cash in Company's Office			XXX	XXX	XXX		XXX
0599999 Total Cash			XXX			786,053	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	749,862	4. April	509,876	7. July	857,883	10. October	876,060
2. February	749,431	5. May	758,937	8. August	861,464	11. November	804,472
3. March	744,038	6. June	938,430	9. September	867,460	12. December	786,053

E27 Schedule E - Part 2 - Cash Equivalents **NONE**

E28 Schedule E - Part 3 Special Deposits **NONE**

E27 - E28

Supp13 SIS Title **NONE**

Supp14 SIS Financial Reporting **NONE**

Supp15 SIS Inform. - Management and Directors **NONE**

Supp16 SIS Statement Beneficial Ownership **NONE**

Supp13 - Supp16



Medicare Part D Coverage Supplement

(Net of Reinsurance)

NAIC Group Code: 0000

(To be Filed By March 1)

NAIC Company Code: 00000

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. TOTAL Premiums		XXX		XXX	
7. Claims Paid	NONE				
7.1 Standard Coverage				XXX	
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. TOTAL Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied					
12.2 Reimbursements Received but Not Applied - change					
12.3 Reimbursements Receivable - change					
12.4 Healthcare Receivables - change					
13. Aggregate Policy Reserves - change					
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

Supp17

APPR01 Appr. from St of Dom for Relief related to the 5-Yr Rotation of Lead AuditNONE

APPR02 Appr. from St of Dom for Relief related to the 1-Yr Cooling Off PeriodNONE

APPR03 Appr. from St of Dom for Relief related to the Req. for Audit Comm.NONE

APPR01 - APPR03

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