



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
AultCare Insurance Company

NAIC Group Code	4805 (Current Period)	4805 (Prior Period)	NAIC Company Code	77216	Employer's ID Number	341624818
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	08/15/1989		Commenced Business	11/01/1989		
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)			
Main Administrative Office			2600 Sixth Street SW (Street and Number)			
	Canton, OH, 44710 (City or Town, State, Country and Zip Code)				(330)363-4057 (Area Code) (Telephone Number)	
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			2600 Sixth Street SW (Street and Number)			
	Canton, OH, 44710 (City or Town, State, Country and Zip Code)				(330)363-4057 (Area Code) (Telephone Number)	
Internet Website Address	www.aultcare.com					
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name)		(330)363-4057 (Area Code)(Telephone Number)(Extension)			
	jscheatzle@aultcare.com (E-Mail Address)		(330)363-5012 (Fax Number)			

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Stark ss

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

(Signature)	(Signature)	(Signature)
Rick L. Haines	Joseph J. Feltes	Mark D. Wright
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

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

a. Is this an original filing? Yes[X] No[]

b. If no, 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed	1,470,502	5,519	85,972			1,561,993
0299999 TOTAL Group	1,470,502	5,519	85,972			1,561,993
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	1,470,502	5,519	85,972			1,561,993

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	4,527,229	4,527,229	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	.....	.....	.....	4,527,229	4,527,229	.....
0299998 Claim Overpayment Receivables - Not Individually Listed	47,683	.....	.....	.....	.....	47,683
0299999 Subtotal - Claim Overpayment Receivables	47,683	.....	.....	.....	.....	47,683
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed	2,900,000	.....	.....	.....	170,000	2,730,000
0499999 Subtotal - Capitation Arrangement Receivables	2,900,000	.....	.....	.....	170,000	2,730,000
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	453,436	453,436	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	453,436	453,436	.....
0799999 Gross health care receivables	2,947,683	.....	.....	4,980,665	5,150,665	2,777,683

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	1,780,459	3,201,733		4,527,229	1,780,459	1,863,228
2. Claim overpayment receivables	95,416	231,728		47,683	95,416	
3. Loans and advances to providers						
4. Capitation arrangement receivables				2,900,000		
5. Risk sharing receivables						
6. Other health care receivables				453,436		
7. TOTALS (Lines 1 through 6)	1,875,874	3,433,461		7,928,348	1,875,874	1,863,228

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						32,475,439
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						32,475,439
0899999 Accrued Medical Incentive Pool and Bonus Amounts						420,159

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
AultCare Health Insuring Corporation	230,375					230,375	
0199999 Total - Individually listed receivables	230,375					230,375	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	230,375					230,375	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0399999 TOTAL Gross Payables	 X X X .....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	32,769,761	14.721	55,688	67.129	32,769,761	
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	32,769,761	14.721	55,688	67.129	32,769,761	
Other Payments:							
5.	Fee-for-service	39,356,066	17.680	X X X	X X X		39,356,066
6.	Contractual fee payments	150,481,539	67.600	X X X	X X X	13,855,204	136,626,335
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	189,837,605	85.279	X X X	X X X	13,855,204	175,982,401
13.	TOTAL (Line 4 plus Line 12)	222,607,366	100.000	X X X	X X X	46,624,965	175,982,401

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code 4805 NAIC Company Code 77216

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	84,677	6,950	38,604	526		9,534	1,667			27,396
2. First Quarter	85,987	8,752	37,737	580		9,652	1,651			27,615
3. Second Quarter	84,920	8,456	36,990	602		9,679	1,640			27,553
4. Third Quarter	83,806	8,063	36,260	641		9,482	1,630			27,730
5. Current Year	82,957	7,660	36,197	674		9,528	1,629			27,269
6. Current Year Member Months	1,019,369	100,609	444,929	7,355		115,426	19,667			331,383
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	206,878	36,139	158,261				12,478			
8. Non-Physician	409,657	73,984	307,233				28,440			
9. TOTAL	616,535	110,123	465,494				40,918			
10. Hospital Patient Days Incurred	15,249	2,547	11,596				1,106			
11. Number of Inpatient Admissions	3,200	552	2,459				189			
12. Health Premiums Written (b)	289,821,070	55,740,912	188,201,588	1,264,536		3,202,599	14,852,159			26,559,276
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	289,821,070	55,740,912	188,201,588	1,264,536		3,202,599	14,852,159			26,559,276
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	222,607,366	39,905,242	151,523,546	832,427		2,118,655	11,119,637			17,107,859
18. Amount Incurred for Provision of Health Care Services	247,988,001	43,457,912	162,558,294	832,427		2,178,054	12,072,262			26,889,051

(a) For health business: number of persons insured under PPO managed care products54,042 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4805 NAIC Company Code 77216

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	84,677	6,950	38,604	526		9,534	1,667			27,396
2. First Quarter	85,987	8,752	37,737	580		9,652	1,651			27,615
3. Second Quarter	84,920	8,456	36,990	602		9,679	1,640			27,553
4. Third Quarter	83,806	8,063	36,260	641		9,482	1,630			27,730
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6. Current Year Member Months	1,019,369	100,609	444,929	7,355		115,426	19,667			331,383
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	206,878	36,139	158,261				12,478			
8. Non-Physician	409,657	73,984	307,233				28,440			
9. TOTAL	616,535	110,123	465,494				40,918			
10. Hospital Patient Days Incurred	15,249	2,547	11,596				1,106			
11. Number of Inpatient Admissions	3,200	552	2,459				189			
12. Health Premiums Written (b)	289,821,070	55,740,912	188,201,588	1,264,536		3,202,599	14,852,159			26,559,276
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	289,821,070	55,740,912	188,201,588	1,264,536		3,202,599	14,852,159			26,559,276
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	222,607,366	39,905,242	151,523,546	832,427		2,118,655	11,119,637			17,107,859
18. Amount Incurred for Provision of Health Care Services	247,988,001	43,457,912	162,558,294	832,427		2,178,054	12,072,262			26,889,051

(a) For health business: number of persons insured under PPO managed care products54,042 and number of persons insured under indemnity only products0.
(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	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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 .....					.....	.....
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770278 ...	01/01/2015	McKinley Assur Spc	... CYM ...	 2,073,545	 454,290
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive					 2,073,545	 454,290
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					 2,073,545	 454,290
1899999 Total - Accident and Health - Affiliates					 2,073,545	 454,290
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
38636	13-3031176 ...	01/01/2010	PARTNER REINS CO OF THE US	... NY	 4,842,888	 1,060,010
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					 4,842,888	 1,060,010
2199999 Total - Accident and Health - Non-Affiliates					 4,842,888	 1,060,010
2299999 Total - Accident and Health					 6,916,433	 1,514,300
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					 4,842,888	 1,060,010
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					 2,073,545	 454,290
9999999 Total (Sum of 1199999 and 2299999)					 6,916,433	 1,514,300

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	Outstanding Surplus Relief		13	14
										11	12		
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 Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other													
38636	13-3031176	04/01/2008	PARTNER REINS CO OF THE US	NY	SSL/I	SLEL	10,670,000						
0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other							10,670,000						
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total							10,670,000						
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates							10,670,000						
1199999 Total - General Account Authorized							10,670,000						
General Account - Unauthorized - Affiliates - Non-U.S. - Captive													
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/I	SLEL	2,003,776						
1599999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive							2,003,776						
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total							2,003,776						
1899999 Total - General Account - Unauthorized - Affiliates							2,003,776						
2299999 Total - General Account - Unauthorized							2,003,776						
3499999 Total - General Account - Authorized, Unauthorized and Certified							12,673,777						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							10,670,000						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							2,003,776						
9999999 Total (Sum of 3499999 and 6899999)							12,673,777						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
1199999	Total - General Account - Life and Annuity								X X X					
General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
00000	AA-3770278	01/01/2015	McKinley Assur Spc		2,487,537		2,487,537				2,487,537			2,487,537
1599999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive				2,487,537		2,487,537		X X X		2,487,537			2,487,537
1799999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total				2,487,537		2,487,537		X X X		2,487,537			2,487,537
1899999	Total - General Account - Accident and Health - Affiliates				2,487,537		2,487,537		X X X		2,487,537			2,487,537
2299999	Total - General Account - Accident and Health				2,487,537		2,487,537		X X X		2,487,537			2,487,537
2399999	Total - General Account				2,487,537		2,487,537		X X X		2,487,537			2,487,537
2999999	Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total								X X X					
3099999	Total - Separate Accounts - Affiliates								X X X					
3499999	Total - Separate Accounts								X X X					
3599999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)								X X X					
3699999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				2,487,537		2,487,537		X X X		2,487,537			2,487,537
9999999	Total (Sum of 2399999 and 3499999)				2,487,537		2,487,537		X X X		2,487,537			2,487,537

(a)				
Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26			
															16	17	18	19	20	21					22		
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domi- ciliary Juris- diction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)		
2299999 Total - General Account - Accident and Health																			... X X X ..	.....	.....	.....	... X X X ..	... X X X ..	.....	.....	
2399999 Total - General Account																			... X X X ..	.....	.....	.....	... X X X ..	... X X X ..	.....	.....	
3499999 Total - Separate Accounts																			... X X X ..	.....	.....	.....	... X X X ..	... X X X ..	.....	.....	
3599999 Total - U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)																			... X X X ..	.....	.....	.....	... X X X ..	... X X X ..	.....	.....	
3699999 Total - Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)																			... X X X ..	.....	.....	.....	... X X X ..	... X X X ..	.....	.....	
9999999 Total (Sum of 2399999 and 3499999)																				... X X X ..				... X X X ..	... X X X ..		

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....				

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	12,674	10,744	8,680	8,943	8,966
2. Title XVIII-Medicare					275
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	6,916	1,255	2,827	4,285	5,799
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)	2,488				
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)	80,838,981		80,838,981
2. Accident and health premiums due and unpaid (Line 15)	1,310,351		1,310,351
3. Amounts recoverable from reinsurers (Line 16.1)	6,916,433		6,916,433
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	5,406,606		5,406,606
6. TOTAL Assets (Line 28)	94,472,371		94,472,371
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	30,961,139		30,961,139
8. Accrued medical incentive pool and bonus payments (Line 2)	420,159		420,159
9. Premiums received in advance (Line 8)	5,685,483		5,685,483
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)	9,094,067		9,094,067
15. TOTAL Liabilities (Line 24)	46,160,848		46,160,848
16. TOTAL Capital and Surplus (Line 33)	48,311,523	X X X	48,311,523
17. TOTAL Liabilities, Capital and Surplus (Line 34)	94,472,371		94,472,371
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 - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41	4805	00000	34-1445390				Aultman Health Foundation	US	UIP	Self	Board of Directors		Aultman Health Foundation	N	
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		77216	34-1624818				AultCare Insurance Company	US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1488123				AultCare Corporation	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	N	0000001
		00000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company & AultCare Health Insurance Corp & Aultman Hospital	Ownership	94.0	Aultman Health Foundation	N	
		00000	34-1795772				McKinley Life Insurance Agency, Ltd.	US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-4951704				Aultra Administrative Group	US	IA	AultCare Holding Company	Management		Aultman Health Foundation	N	
		00000	27-4379962				AultComp MCO, Inc.	US	NIA	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1853300				Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	CYM	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-1359433				Aultman College of Nursing and Health Sciences	US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	N	
		00000	31-1509904				Aultman MSO, Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-8090459				The Aultman Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	31-1509897				Ohio Physicians Professional Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1610344				North Central Medical Resources	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1871647				Ohio Hospital Based Physician Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	31-1689698				Tuscarawas Valley Regional Cancer Center	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	N	0000002
		00000	13-4246188				Aultman Specialty Hospital, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1243260				Canton Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	N	0000003
	4805	15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1088530				Aultman North Canton Medical	US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	N	
		00000	34-0733138				The Orville Hospital Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-3166014				Aultman Medical Group, Inc	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-1165287				AultCare Holding Company	US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-3587655				MainSight ASO, LLC	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1501390				Wayne Health Service and Supplies, Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	46-4625320				Integrated Health Collaborative	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-4215510				Aultman Oncology Center of Excellence	US	NIA	Other	Ownership, Other		Aultman Health Foundation	N	
		00000	46-2540184				Aultman Orthopedic Center of Excellence	US	NIA	Other	Ownership, Other		Aultman Health Foundation	N	
		00000	81-1342957				The Midwest Health Collaborative	US	NIA	Other	Other		Aultman Health Foundation	N	0000004
		00000	45-1731318				IHN Sourcing Group	US	NIA	Other	Other		Aultman Health Foundation	N	
		00000	81-0847842				Aultman Innovations, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	81-4224503				Aultman Radiation Oncology of ACH	US	NIA	Other	Ownership	50.0	Aultman Health Foundation	N	
		00000	81-3136598				IHN Post-Acute Network	US	NIA	Other	Ownership	57.4	Aultman Health Foundation	N	
		00000	34-0714581				Alliance Community Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1932972				Alliance Health Institute	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	26-3646817				Alliance Community Medical Foundation	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1531993				Health Alliance, Inc	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	91-1889215				Alliance Medical Associates	US	NIA	Other	Ownership	100.0	Alliance Community Hospital	N	0000005
		00000	34-1505340				Caring Hands, Inc	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1609338				Dasco/Alliance, Ltd DBA DASCO Home Medical	US	NIA	Health Alliance, Inc.	Ownership	100.0	Aultman Health Foundation	N	

Asterisk	Explanation
0000001	AultCare Corporation's governance is controlled by Aultman Health Foundation 50% and Stark Quality Care Physicians, Inc 50%, 100% of equity owned by Aultman Health Foundation
0000002	Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50%
0000003	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50%
0000004	The Midwest Health Collaborative is comprised of Cleveland Clinic Foundation, Tri-Health, ProMedica, Premier Health and Aultman Health Foundation working together to build quality network and pooling of resources.
0000005	Alliance Medical Associates is controlled by Alliance Community Hospital via Share Conrol Agreement

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 77216 ..	.. 34-1624818 ..	AULTCARE INS CO .....	.....	..... (654,094)	.....	.....	.. (22,705,626)	.....	.....	..... 230,375	.. (23,129,345)	.....
.. 15461 ..	.. 46-3305099 ..	AULTCARE HLTH INSURING CORP .....	.....	.....	.....	.....	.....	.....	.....	..... (230,375)	 (230,375)	.....
.. 00000 ..	.. AA-3770278 ..	McKinley Assur Spc .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 00000 ..	.. 47-1165287 ..	AultCare Holding Company .....	.....	..... 654,094	.....	.....	.....	.....	.....	.....	..... 654,094	.....
.....	.. 34-1445390 ..	Aultman Health Foundation .....	.....	.....	.....	.....	..... 732,495	.....	.....	.....	..... 732,495	.....
.....	.. 34-1488123 ..	AultCare Corporation .....	.....	.....	.....	.....	.. 21,973,131	.....	.....	.....	.. 21,973,131	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

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?

Yes
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?

Yes
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?

Yes
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?

Yes
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?

No

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



77216201830600000

2018

Document Code: 306

Health Life Supplement - April



77216201821100000

2018

Document Code: 211

LHA Guaranty Association Reconciliation



77216201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



77216201830000000

2018

Document Code: 300

Management's Report of Internal Control over Financial Reporting



77216201822300000

2018

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 4805
Address (City, State and Zip Code): Canton, OH 44710
Person Completing This Exhibit: Jeffrey Alan Scheatzle

NAIC Company Code: 77216
Title: Director of Finance
Telephone Number: (330)363-4057-

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
N/A		A	Yes	3,4	06/03/2010				PRIMETIME Choices					5,231	857	16.4	3
N/A		F	Yes	3,4	06/03/2010				PRIMETIME Choices					1,094,749	734,204	67.1	523
N/A		M	Yes	3,4	06/03/2010				PRIMETIME Choices					19,713	12,347	62.6	22
N/A		N	Yes	3,4	06/03/2010				PRIMETIME Choices					22,748	14,098	62.0	11
N/A		G	Yes	3,4	06/03/2010				PRIMETIME Choices					122,095	70,921	58.1	114
???			???														
0199999 Total Experience on Individual Policies														1,264,536	832,427	65.8	673
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state:
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O":

Supp12 Ohio

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