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OFFICE OF RISK ASSESSMENT

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QUARTERLY STATEMENT

AS OF MARCH 31, 2019

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 82-6483792

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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]
Other[X] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 12/01/2017 Commenced Business 12/07/2017

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 (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, US 44710 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2600 Sixth Street SW (Street and Number)
Canton, OH, US 44710 (City or Town, State, Country and Zip Code) (330)363-4057 (Area Code) (Telephone Number)

Internet Web Site Address

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
Geofrrey 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 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)
Geoffrey Karcher	Robert Mullen	Frank Monaco
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 17 day of July, 2019

(Notary Public Signature)

CHRISTINE I. BERCZIK
Notary Public, State of Ohio
My Commission Expires 05-19-2024

a. Is this an original filing? Yes[ ] No[X]
b. If no, 1. State the amendment number 1
2. Date filed 06/03/2019
3. Number of pages attached 5

DIRECTORS OR TRUSTEES (continued)

Dennis Saunier
Joseph Feltes#
Amanda Sterling

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,680		1,680							
2. First Quarter	4,126		4,126							
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	11,885		11,885							
Total Member Ambulatory Encounters for Period:										
7. Physician	3,160		3,160							
8. Non-Physician	5,759		5,759							
9. Total	8,919		8,919							
10. Hospital Patient Days Incurred	163		163							
11. Number of Inpatient Admissions	44		44							
12. Health Premiums Written (a)	4,717,781		4,717,781							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,717,781		4,717,781							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,076,185		1,076,185							
18. Amount Incurred for Provision of Health Care Services	2,003,517		2,003,517							

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only 2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L	4,717,781						4,717,781	
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	4,717,781						4,717,781	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	XXX	4,717,781						4,717,781	
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 1

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 56

R – Registered - Non-domiciled RRGs

Q – Qualified - Qualified or accredited reinsurer

Amended Statement Cover

Update of the 1st quarter premiums on the Exhibit of Premiums and Schedule T.