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2019

Document Code: 201

QUARTERLY STATEMENT
AS OF MARCH 31, 2019
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] | Property/Casualty[] | Hospital, Medical & Dental Service or Indemnity[] | | | |
| | Dental Service Corporation[] | Vision Service Corporation[] | Health Maintenance Organization[] | | | |
| | Other[] | Is HMO Federally Qualified? Yes[X] No[] N/A[] | | | | |
| 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) | | | |
| Primary Location of Books and Records | 2600 Sixth Street SW (Street and Number) | | Canton, OH, 44710 (City or Town, State, Country and Zip Code) | | | |
| Internet Web Site Address | www.aultcare.com | | (Area Code) (Telephone Number) | | | |
| Statutory Statement Contact | 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 |
|--------------------|--------------------------|
| 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 said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

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

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

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

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 31,306,583 | | 31,306,583 | 30,571,026 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | 10,570,824 | | 10,570,824 | 9,674,463 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. Cash (\$.....15,368,017), cash equivalents (\$.....0) and short-term investments (\$.....0) | 15,368,017 | | 15,368,017 | 20,320,842 |
| 6. Contract loans (including \$.....0 premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | 21,075,970 | 183,694 | 20,892,277 | 20,272,649 |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 78,321,394 | 183,694 | 78,137,701 | 80,838,981 |
| 13. Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 207,100 | | 207,100 | 192,867 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | 4,336,980 | 4,336,980 | 1,199,408 |
| 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) | 99,849 | | 99,849 | 110,943 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 5,572,292 | | 5,572,292 | 6,916,433 |
| 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 | 905,280 | | 905,280 | 1,151,911 |
| 18.2 Net deferred tax asset | 279,105 | | 279,105 | 279,105 |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | 754,670 | | 754,670 | 774,665 |
| 21. Furniture and equipment, including health care delivery assets (\$.....0) | | | | |
| 22. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | 53,043 | | 53,043 | 230,375 |
| 24. Health care (\$.....3,049,837) and other amounts receivable | 7,014,864 | 4,155,027 | 2,859,837 | 2,777,683 |
| 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) | 97,544,578 | 4,338,721 | 93,205,858 | 94,472,371 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. TOTAL (Lines 26 and 27) | 97,544,578 | 4,338,721 | 93,205,858 | 94,472,371 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....559,900 reinsurance ceded) | 26,012,076 | | 26,012,076 | 30,961,139 |
| 2. Accrued medical incentive pool and bonus amounts | 526,659 | | 526,659 | 420,159 |
| 3. Unpaid claims adjustment expenses | 523,355 | | 523,355 | 523,355 |
| 4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act | 63,782 | | 63,782 | |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | 5,586,007 | | 5,586,007 | 5,685,483 |
| 9. General expenses due or accrued | 6,074,058 | | 6,074,058 | 4,722,268 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | 3,541,604 | | 3,541,604 | 3,848,444 |
| 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 | 3,093 | | 3,093 | |
| 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) | 42,330,633 | | 42,330,633 | 46,160,848 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 3,000,000 | |
| 26. Common capital stock | XXX | XXX | 1,000,000 | 1,000,000 |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 18,387,534 | 18,387,534 |
| 29. Surplus notes | XXX | XXX | | |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | | |
| 31. Unassigned funds (surplus) | XXX | XXX | 28,487,421 | 28,923,989 |
| 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 | 50,874,955 | 48,311,523 |
| 34. Total Liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 93,205,588 | 94,472,371 |
| 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. Health Insurance Tax | XXX | XXX | 3,000,000 | |
| 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 | 3,000,000 | |
| 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 To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|------------|--------------------|------------------------------|
| | | | | 4 Total |
| | 1 Uncovered | 2 Total | 3 Total | |
| 1. Member Months | | 223,984 | 259,950 | 1,019,369 |
| 2. Net premium income (including \$.....0 non-health premium income) | | 64,501,488 | 68,063,005 | 277,147,294 |
| 3. Change in unearned premium reserves and reserves for rate credits | | | | |
| 4. Fee-for-service (net of \$.....0 medical expenses) | | | | |
| 5. Risk revenue | | | | |
| 6. Aggregate write-ins for other health care related revenues | | | | |
| 7. Aggregate write-ins for other non-health revenues | | | | |
| 8. Total revenues (Lines 2 to 7) | | 64,501,488 | 68,063,005 | 277,147,294 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 31,010,388 | 36,586,530 | 138,625,409 |
| 10. Other professional services | | | | |
| 11. Outside referrals | | 9,163,751 | 6,437,294 | 32,038,871 |
| 12. Emergency room and out-of-area | | 1,284,843 | 1,239,177 | 5,681,709 |
| 13. Prescription drugs | | 8,143,401 | 7,554,990 | 43,809,629 |
| 14. Aggregate write-ins for other hospital and medical | | 8,511,550 | 4,916,393 | 26,889,051 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 256,500 | 249,999 | 943,330 |
| 16. Subtotal (Lines 9 to 15) | | 58,370,433 | 56,984,383 | 247,988,001 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 5,623,540 | 3,288,539 | 20,324,621 |
| 18. Total hospital and medical (Lines 16 minus 17) | | 52,746,893 | 53,695,844 | 227,663,380 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$.....987,008 cost containment expenses | | 1,915,766 | 1,690,164 | 8,266,194 |
| 21. General administrative expenses | | 8,890,983 | 12,447,352 | 37,790,977 |
| 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) | | 63,553,642 | 67,833,359 | 273,720,550 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | | 947,846 | 229,646 | 3,426,744 |
| 25. Net investment income earned | | 244,222 | 220,750 | 1,046,553 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....12 | | 24 | (618) | (49,504) |
| 27. Net investment gains or (losses) (Lines 25 plus 26) | | 244,245 | 220,132 | 997,049 |
| 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) | | 1,192,092 | 449,778 | 4,423,793 |
| 31. Federal and foreign income taxes incurred | | 246,619 | 1,590,104 | 667,253 |
| 32. Net income (loss) (Lines 30 minus 31) | | 945,473 | (1,140,326) | 3,756,539 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | X X X | | | |
| 0602. | X X X | | | |
| 0603. | X X X | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | X X X | | | |
| 0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | | |
| 0701. | X X X | | | |
| 0702. | X X X | | | |
| 0703. | X X X | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | X X X | | | |
| 0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | | |
| 1401. Reinsurance Claims | | 8,511,550 | 4,916,393 | 26,889,051 |
| 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) | | 8,511,550 | 4,916,393 | 26,889,051 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|---|
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 48,311,523 | 49,202,274 | 49,202,275 |
| 34. Net income or (loss) from Line 32 | 945,473 | (1,140,326) | 3,756,539 |
| 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 | 806,285 | (197,062) | (1,011,325) |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | | | (745,366) |
| 39. Change in nonadmitted assets | 811,674 | 349,972 | (2,890,600) |
| 40. Change in unauthorized and certified reinsurance | | | |
| 41. Change in treasury stock | | | |
| 42. Change in surplus notes | | | |
| 43. Cumulative effect of changes in accounting principles | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | | |
| 44.2 Transferred from surplus (Stock Dividend) | | | |
| 44.3 Transferred to surplus | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | | | |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Transferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | | | |
| 48. Net change in capital and surplus (Lines 34 to 47) | 2,563,432 | (987,416) | (890,752) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 50,874,955 | 48,214,858 | 48,311,523 |
| DETAILS OF WRITE-INS | | | |
| 4701. 0 | | | |
| 4702. 0 | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | | | |

CASH FLOW

| | | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|---|---------------------------------|-------------------------------|---|
| Cash from Operations | | | | |
| 1. | Premiums collected net of reinsurance | 61,032,476 | 69,802,228 | 280,025,498 |
| 2. | Net investment income | 256,941 | 261,284 | 1,181,587 |
| 3. | Miscellaneous income | | | |
| 4. | TOTAL (Lines 1 to 3) | 61,289,417 | 70,063,512 | 281,207,085 |
| 5. | Benefit and loss related payments | 55,331,831 | 44,571,012 | 230,987,481 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 9,454,959 | 8,946,861 | 49,816,807 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | | 3,000,000 |
| 10. | TOTAL (Lines 5 through 9) | 64,786,790 | 53,517,873 | 283,804,288 |
| 11. | Net cash from operations (Line 4 minus Line 10) | (3,497,373) | 16,545,639 | (2,597,203) |
| Cash from Investments | | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| 12.1 | Bonds | 2,011,370 | 729,125 | 4,919,316 |
| 12.2 | Stocks | | | 721,879 |
| 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 | (5) | (109) | (345) |
| 12.7 | Miscellaneous proceeds | | | 186,324 |
| 12.8 | TOTAL investment proceeds (Lines 12.1 to 12.7) | 2,011,365 | 729,016 | 5,827,174 |
| 13. | Cost of investments acquired (long-term only): | | | |
| 13.1 | Bonds | 2,773,839 | 822,602 | 5,496,134 |
| 13.2 | Stocks | 41,405 | 52,474 | 1,025,396 |
| 13.3 | Mortgage loans | | | |
| 13.4 | Real estate | | | |
| 13.5 | Other invested assets | 851,993 | 307,973 | |
| 13.6 | Miscellaneous applications | | | |
| 13.7 | TOTAL investments acquired (Lines 13.1 to 13.6) | 3,667,236 | 1,183,048 | 6,521,530 |
| 14. | Net increase (or decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (1,655,871) | (454,032) | (694,356) |
| Cash from Financing and Miscellaneous Sources | | | | |
| 16. | Cash provided (applied): | | | |
| 16.1 | Surplus notes, capital notes | | | |
| 16.2 | Capital and paid in surplus, less treasury stock | | 0 | |
| 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) | 200,419 | 143,899 | 504,480 |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | 200,419 | 143,899 | 504,480 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (4,952,825) | 16,235,506 | (2,787,079) |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| 19.1 | Beginning of year | 20,320,842 | 23,107,921 | 23,107,921 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 15,368,017 | 39,343,427 | 20,320,842 |

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

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 82,957 | 7,660 | 36,197 | 674 | | 9,528 | 1,629 | | | 27,269 |
| 2. First Quarter | 74,160 | 7,211 | 33,121 | 748 | | 8,064 | 1,599 | | | 23,417 |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 223,984 | 22,461 | 99,882 | 2,235 | | 24,236 | 4,820 | | | 70,350 |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 51,186 | 9,193 | 38,670 | | | | 3,323 | | | |
| 8. Non-Physician | 95,050 | 17,888 | 70,629 | | | | 6,533 | | | |
| 9. Total | 146,236 | 27,081 | 109,299 | | | | 9,856 | | | |
| 10. Hospital Patient Days Incurred | 4,139 | 621 | 3,230 | | | | 288 | | | |
| 11. Number of Inpatient Admissions | 851 | 134 | 674 | | | | 43 | | | |
| 12. Health Premiums Written (a) | 67,885,244 | 12,532,197 | 42,560,320 | 366,256 | | 780,017 | 3,407,546 | | | 8,238,908 |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 67,885,244 | 12,532,197 | 42,560,320 | 366,256 | | 780,017 | 3,407,546 | | | 8,238,908 |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 57,589,506 | 9,941,015 | 38,178,104 | 281,247 | | 466,185 | 3,606,313 | | | 5,116,642 |
| 18. Amount Incurred for Provision of Health Care Services | 58,370,433 | 10,092,498 | 36,119,900 | 281,247 | | 501,185 | 2,864,053 | | | 8,511,550 |

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

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

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0199999 Individually Listed Claims Unpaid | | | | | | |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | | | | | | |
| 0499999 Subtotals | | | | | | |
| 0599999 Unreported claims and other claim reserves | | | | | | 26,571,976 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 26,571,976 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts | | | | | | 526,659 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1+3) | 6 Estimated Claim Reserve and Claim Liability Dec 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 Dec 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| | | | | | | |
| 1. Comprehensive (hospital & medical) | 20,326,452 | 27,744,821 | 4,728,880 | 15,338,124 | 25,055,333 | 24,254,546 |
| 2. Medicare Supplement | | 281,247 | | | | |
| 3. Dental only | | 466,185 | 216,092 | 159,307 | 216,092 | 340,400 |
| 4. Vision only | | | | | | |
| 5. Federal Employees Health Benefits Plan | 1,030,638 | 2,575,675 | 130,316 | 233,198 | 1,160,954 | 1,106,037 |
| 6. Title XVIII - Medicare | | | | | | |
| 7. Title XIX - Medicaid | | | | | | |
| 8. Other health | 1,422,738 | 3,693,904 | 42,380 | 5,163,777 | 1,465,117 | 5,260,156 |
| 9. Health subtotal (Lines 1 to 8) | 22,779,828 | 34,761,832 | 5,117,669 | 20,894,407 | 27,897,497 | 30,961,139 |
| 10. Healthcare receivables (a) | 149,837 | | | | 149,837 | 47,683 |
| 11. Other non-health | | | | | | |
| 12. Medical incentive pools and bonus amounts | 150,000 | | 270,159 | 256,500 | 420,159 | 420,159 |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 22,779,991 | 34,761,832 | 5,387,828 | 21,150,907 | 28,167,819 | 31,333,615 |

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

Notes to Financial Statement

CoSECTION A

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

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

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

| | 2019 | 2018 |
|---|--------------|--------------|
| NET INCOME | | |
| 1) AultCare Insurance Company State Basis | \$945,473 | \$3,756,539 |
| 2) State Prescribed Practices that increase/(decrease) NAIC SAP | \$0 | \$0 |
| 3) State Permitted Practices that increase/(decrease) NAIC SAP | \$0 | \$0 |
| 4) NAIC SAP (1-2-3=4) | \$945,473 | \$3,756,539 |
| SURPLUS | | |
| 5) AultCare Insurance Company State Basis | \$50,874,955 | \$48,311,523 |
| 6) State Prescribed Practices that increase/(decrease) NAIC SAP | \$0 | \$0 |
| 7) State Permitted Practices that increase/(decrease) NAIC SAP | \$0 | \$0 |
| 8) NAIC SAP (1-2-3=4) | \$50,874,955 | \$48,311,523 |

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

The preparation of financial statement in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$20,835,069. Of this amount, \$863 is invested in McKinley Life Agency, Ltd, and a MEWA note receivable of \$1,500,000 which is carried at GAAP equity value. \$240,902 was non admitted. In addition, \$9,522,919 is invested in AultCare Corporation, which is carried at statutory value. The remaining \$10,052,188 invested in West Tuscarawas Property Management, carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. The Company obtains an estimate of the liabilities for unpaid losses from its independent actuary calculations quarterly.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84

D. Going Concern

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

Notes to Financial Statement

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

A. The Company had no change in accounting principles and/or correction of errors during the periods reported.

3. BUSINESS COMBINATIONS AND GOODWILL

A. The Company had no business combinations accounted for under the statutory purchase method during the periods reported.

B. The Company was not part of any merger during the periods reported.

C. The Company had no assumption of reinsurance during the periods reported.

D. An impairment loss was not recognized during the periods reported.

4. DISCONTINUED OPERATIONS

A-D. The Company did not discontinue any operations during the periods reported.

5. INVESTMENTS

A. The Company had no investment in Mortgage Loan during the periods reported.

B. The Company had no investments in Restructured Loans during the periods reported.

C. The Company had no investments in Reverse Mortgages during the periods reported.

D. The Company had no investments in Loan-Backed Securities during the periods reported.

E. The Company had no investments in Repurchase Agreements during the periods reported.

F. The Company owns \$10,052,188 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.

G. The Company has no investments in Low-Income Housing Tax Credits.

H. None of the Company's assets was restricted during the periods reported.

I. The Company had no Working Capital Finance Investments during the periods reported.

J. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.

K. The Company had no Structured Notes during the periods reported.

L. The Company had no 5*Securities during the periods reported.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

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

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

7. INVESTMENT INCOME

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

8. DERIVATIVE INSTRUMENTS

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

9. INCOME TAXES

A. The components of the net deferred tax asset/ (liability) at March 31, 2019 are as follows:

| 1. (reported in thousands) | | 3/31/2019 | | | 3/31/2018 | | | Change | | |
|--|---|-----------------|----------------|-------------------------|-----------------|----------------|-------------------------|----------------------------|---------------------------|-------------------------|
| | | (1) Ordinary | (2) Capital | (3) Col 1+2 Total | (4) Ordinary | (5) Capital | (6) Col 4+5 Total | (7) Col 1-4 Ordinary | (8) Col 2-5 Capital | (9) Col 7+8 Total |
| (a) | Gross Deferred Tax Assets | \$ 699 | \$ - | \$ 699 | \$ 1,352 | \$ - | \$ 1,352 | \$ (653) | \$ - | \$ (653) |
| (b) | Statutory Valuation Allowance Adjustment | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| (c) | Adjusted Gross Deferred Tax Assets(1a-1b) | \$ 699 | \$ - | \$ 699 | \$ 1,352 | \$ - | \$ 1,352 | \$ (653) | \$ - | \$ (653) |
| (d) | Deferred Tax Assets Nonadmitted | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| (e) | Subtotal (Net Deferred Tax Assets) (1c-1d) | \$ 699 | \$ - | \$ 699 | \$ 1,352 | \$ - | \$ 1,352 | \$ (653) | \$ - | \$ (653) |
| (f) | Deferred Tax Liabilities | \$ - | \$ 420 | \$ 420 | \$ - | \$ 328 | \$ 328 | \$ - | \$ 92 | \$ 92 |
| (g) | Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f) | \$ 699 | \$(420) | \$ 279 | \$ 1,352 | \$(328) | \$ 1,024 | \$ (653) | \$(92) | \$(745) |
| 2. (reported in thousands) | | 3/31/2019 | | | 3/31/2018 | | | Change | | |
| Admission Calculation Components SSAP No. 101 | | (1) Ordinary | (2) Capital | (3) Col 1+2 Total | (4) Ordinary | (5) Capital | (6) Col 4+5 Total | (7) Col 1-4 Ordinary | (8) Col 2-5 Capital | (9) Col 7+8 Total |
| (a) | Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| (b) | Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below) | \$ 699 | \$ - | \$ 699 | \$ 1,352 | \$ - | \$ 1,352 | \$ (653) | \$ - | \$ (653) |

Cont. Note 9 A 2

| | | | | | | | | | | |
|-----|--|---------|---------|---------|----------|---------|----------|----------|--------|----------|
| 1 | Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date | \$ 699 | \$ - | \$ 699 | \$ 1,352 | \$ - | \$ 1,352 | \$ (653) | \$ - | \$ (653) |
| 2 | Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold | \$7,246 | XXX | \$7,609 | \$7,190 | XXX | \$7,268 | \$ 341 | XXX | \$ 341 |
| (c) | Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities | \$ - | \$(420) | \$(420) | \$ - | \$(328) | \$(328) | \$ - | \$(92) | \$(92) |

Notes to Financial Statement

| | | | | | | | | | | |
|-----------------------------------|--|-----------------|--|-------------------------|-----------------|----------------|-------------------------|----------------------------|---------------------------|-------------------------|
| (d) | Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c)) | \$ 699 | \$(420) | \$ 279 | \$ 1,352 | \$(328) | \$ 1,024 | \$ (653) | \$ (92) | \$ (745) |
| 3. (reported in thousands) | | 2019 | | 2018 | | | | | | |
| (a) | Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount | | 15% | | 15% | | | | | |
| (b) | Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above | | \$50,729 | | \$48,454 | | | | | |
| 4. (reported in thousands) | | 3/31/2019 | | | 3/31/2018 | | | Change | | |
| Impact of Tax Planning Strategies | | (1) Ordinary | (2) Capital | (3) Col 1+2 Total | (4) Ordinary | (5) Capital | (6) Col 4+5 Total | (7) Col 1-4 Ordinary | (8) Col 2-5 Capital | (9) Col 7+8 Total |
| (a) | Adjusted Gross DTA's (% of total adjusted gross DTA's) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| (b) | Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| (c) | Does the Company's Tax Planning Strategies Include the Use of Reinsurance? | Yes | No <input checked="" type="checkbox"/> | | | | | | | |

B. Not Applicable

C. Current Income Taxes Incurred consist of the following major components:

| | (1) 3/31/2019 | (2) 3/31/2018 | (3) (Col 1-2) Change |
|--|------------------|------------------|----------------------------|
| 1. Current Income Tax | | | |
| (a) Federal | \$246,631 | \$1,589,786 | \$(1,343,155) |
| (b) Foreign | \$ - | \$ - | \$ - |
| (c) Subtotal | \$246,631 | \$1,589,786 | \$(1,343,155) |
| (d) Federal Income Tax on Net Capital Gains | \$ - | \$ - | \$ - |
| (e) Utilization of Capital Loss Carry-Forwards | \$ - | \$ - | \$ - |
| (f) Other | \$ - | \$ - | \$ - |
| (g) Federal and Foreign Income Taxes Incurred | \$246,631 | \$1,589,786 | \$(1,343,155) |
| 2. Deferred Tax Assets | | | |
| (a) Ordinary | | | |
| (1) Discounting of Unpaid Losses | \$ - | \$ - | \$ - |
| (2) Unearned Premium Reserve | \$ 238,790 | \$ 127,093 | \$ 111,697 |
| (3) Policyholder Reserves | \$ 99,868 | \$ 39,195 | \$ 60,673 |
| (4) Investments | \$ 78,935 | \$ 975,004 | \$ (896,069) |
| (5) Deferred Acquisition Costs | \$ - | \$ - | \$ - |
| (6) Policyholder Dividends Accrual | \$ - | \$ - | \$ - |
| (7) Fixed Assets | \$ - | \$ - | \$ - |
| (8) Compensation and Benefits Accrual | \$ 281,249 | \$ 211,644 | \$ 69,605 |
| (9) Pension Accrual | \$ - | \$ - | \$ - |
| (10) Receivables – Allowance | \$ - | \$ - | \$ - |
| (11) Net Operating Loss Carry-Forward | \$ - | \$ - | \$ - |
| (12) Tax Credit Carry-Forward | \$ - | \$ - | \$ - |
| Other (including items <5% of total ordinary tax assets) | \$ 698,842 | \$ 1,352,936 | \$ (654,094) |

Cont. Note 9 C 2

| | | | |
|--|------------|--------------|--------------|
| (14) Subtotal | \$ 698,842 | \$ 1,352,936 | \$ (654,094) |
| (b) Statutory valuation allowance adjustment | \$ - | \$ - | \$ - |
| (c) Nonadmitted | \$ - | \$ - | \$ - |
| (d) Admitted ordinary deferred tax assets (2a14- 2b-2c) | \$ 698,842 | \$ 1,352,936 | \$ (654,094) |
| (e) Capital | | | |
| (1) Net Capital Loss Carry-Forward | \$ - | \$ - | \$ - |
| (2) Subtotal | \$ - | \$ - | \$ - |
| (f) Statutory valuation allowance adjustment | \$ - | \$ - | \$ - |
| (g) Nonadmitted | \$ - | \$ - | \$ - |
| (h) Admitted capital deferred tax assets (2e2 - 2f - 2g) | \$ - | \$ - | \$ - |
| (i) Admitted deferred tax assets (2d + 2h) | \$ 698,842 | \$ 1,352,936 | \$ (654,094) |
| 3. Deferred Tax Liabilities | | | |
| (a) Ordinary | | | |
| (1) Investments | \$ - | \$ - | \$ - |
| (2) Subtotal | \$ - | \$ - | \$ - |
| (b) Capital | | | |
| (1) Investments | \$ 419,737 | \$ 328,465 | \$ 91,272 |
| (2) Subtotal | \$ 419,737 | \$ 328,465 | \$ 91,272 |
| (c) Deferred tax liabilities (3a2 + 3b2) | \$ 419,737 | \$ 328,465 | \$ 91,272 |
| 4. Net deferred tax assets/liabilities (2i - 3c) | \$ 279,105 | \$ 1,024,471 | \$ (745,366) |

Notes to Financial Statement

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

| | 3/31/2019 | Effective Tax Rate |
|---|---------------------|--------------------|
| Provision computed at statutory rate | \$250,339 | 21.0% |
| Change in nonadmitted assets | \$(944,736) | -79.3% |
| Tax exempt income, net of proration | \$ - | 0.0% |
| Dividends received deduction, net of proration | \$ - | 0.0% |
| Nondeductible expenses | \$904,294 | 75.9% |
| Elimination of IMR Amortization | \$ - | 0.0% |
| Small Life Insurance Company Deduction | \$ - | 0.0% |
| Prior year under (over) accrual | \$ 62,397 | 5.2% |
| Other | \$ (584,736) | -49.1% |
| Total statutory income tax expense (benefit) | \$ (312,442) | -26.2% |
| | 3/31/2019 | Effective Tax Rate |
| Federal and foreign income taxes incurred | \$ 1,308,188 | 75.6% |
| Realized capital gains (losses) tax | \$ - | 0.0% |
| Change in net deferred income taxes | \$ (654,094) | -54.9% |
| Total statutory income tax expense (benefit) | \$ 654,094 | 20.7% |

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

- (1) At March 31, 2019, the Company had no net operating loss carry forwards available to offset against future taxable income.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
 - (a) 2016 \$0
 - (b) 2015 \$0
 - (c) 2014 \$0
- (3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.

F. The Company is included in a consolidated federal income tax return with the following affiliates:
 AultCare Holding Company; AultCare Health Insuring Corporation; Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; and MainSite Solutions ASO, LLC.

The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity in which is a party to the consolidation. In the event any federal Tax Benefit Item of the AultCare Companies for any taxable period after they cease being Members of the Consolidated Group is eligible to be carried back to a taxable period while the AultCare Companies were Members of the Consolidated Group, the AultCare Companies shall, where possible, elect to carry such amounts forward to subsequent taxable periods. If the AultCare Companies are required by law to carry back any such federal Tax Benefit Item, the AultCare Companies shall be entitled to a payment at the time and to the extent that such Tax Benefit Item reduces the federal income Tax liability of the Consolidated Group. For purposes of computing the amount of the payment described in this section, one or more federal Tax Benefit Items shall be considered to have reduced the Consolidated Group's federal income Tax liability in a given taxable period by an amount equal to the difference, if any, between (i) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed without regard to such federal Tax Benefit Item or Items and (ii) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed with regard to such federal Tax Benefit Item or Items. For the avoidance of doubt, if the AultCare Companies are required to carry back a federal Tax Benefit Item, such federal Tax Benefit Item shall reduce the Consolidated Group's federal income Tax liability only after all federal Tax Benefit Items of AultCare Holdings have been applied to reduce the Consolidated Group's federal income Tax liability in such taxable period. Appropriate reconciliation payments shall be made in the event that it is subsequently determined that a Tax Benefit Item did not reduce the Consolidated Group's federal income Tax liabilities, including by reason of any such Tax Benefit Item being subsequently disallowed in whole or in part or by reason of other Tax benefits becoming available.

G. Federal or Foreign Income Tax Loss Contingencies

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

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

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

The Company has a capitation arrangement with Aultman Hospital and has paid \$7,906,058 and \$8,477,457 in capitated claims for its commercial enrollees as of March 31, 2019 and 2018, respectively. The company paid claims to affiliated companies in the amount of \$2,755,064 as of March 31, 2019.

The Company has a management services agreement with Aultman Health Foundation, the ultimate controlling entity and AultCare Corporation, an affiliate that allows various administrative, marketing, and claims processing services to be completed on behalf of the Company. The Company paid \$133,455 and \$115,466 to Aultman Health Foundation for management services that were provided and paid \$6,717,540 and \$5,701,248 of expense to AultCare Corporation for management services as of March 31, 2019 and 2018, respectively.

Notes to Financial Statement

The Company has an operating lease for office space and paid \$59,176 and \$50,544 to Aultman Health Foundation for rent as of March 31, 2019 and 2018, respectively.

D. The Company has an intercompany revolving credit facility in place with the parent company, AultCare Health Insuring Corporation; The Company reported \$53,043 and \$623,083 due from the parent as of March 31, 2019 and March 31, 2018, respectively.

The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows AultCare to borrow and repay operating funds. AultCare owed \$9,522,919 and \$9,420,926 as of March 31, 2019 and December 2018, respectively, under the terms of the agreement.

The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of March 31, 2019, the Company has paid \$2,710,000 Aultman Hospital for these future services.

E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.

F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.

G. All outstanding shares of the Company were owned by the Company's parent, AultCare Health Insuring Corporation, a not-for-profit corporation domiciled in the State of Ohio.

H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.

I. The Company did not have an investment in an SCA entity that exceeds 10% of admitted assets of the insurer.

J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

K. The Company does not have an investment in a foreign insurance subsidiary.

L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.

M. The Company did not hold any other SCA Investments.

N. The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.

11. DEBT
A-B. The Company did not have any debt including capital notes.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS
A-D. The Company had no defined benefit plans.

E. The Company participates in a defined contribution plan sponsored by Aultman Health Foundation. Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$97,118 and \$94,940 as of March 31, 2019 and 2018 respectively.

F-I. The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans during the periods reported.

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

- (1)** The Company has \$1,000,000 in common stock outstanding, which is owned by its direct parent, AultCare Health Insuring Corporation.
- (2)** The Company had no preferred stock outstanding.
- (3)** Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- (4)** The Company paid \$0 dividends in 2019 to AultCare Health Insurance Company.
- (5)** There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- (6)** There were no restrictions placed on the Company's surplus.
- (7)** The Total Amount of advances to surplus not repaid is \$0.
- (8)** The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
 For conversion of preferred stock: 0 shares.
 - A. For employee stock options: 0 shares.
 - B. For stock purchase warrants: 0 shares.
- (9)** The Company had changes in the balances for write-ins for special surplus funds, which are related to the Health Insurer Fee (HIT) under the ACA. There was no amount established at December 31, 2018 because of the waiver of the fee for the 2018 data year.
- (10)** The Company did not have any surplus funds represented that were reduced
- (11)** The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- (12)** The Company had no restatements due to quasi-reorganizations during the periods reported.
- (13)** The Company was not involved in a quasi-reorganization during the periods reported.

14. CONTINGENCIES
A. The Company is not aware of any material contingent commitments.

Notes to Financial Statement

- B. The Company is subject to the Ohio Life and Health Insurance Guaranty and do not know of any assessments that could have a material financial effect.
- C. The Company had no Gain Contingencies.
- D-F. Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

15. LEASES

- A. Lessee Operating Lease
 - (1) The Company leases office space in buildings from Aultman Health Foundation through operating lease agreements that will expire December 31, 2018. As of March 31, 2019 and 2018 respectively, the company paid \$50,176 and \$50,544 to Aultman Health Foundation for rent expense. Certain rental commitments have renewal options extending through the year 2019. Some of these renewals are subject to adjustments in future periods.
 - (2) At January 1, 2019, the minimum aggregate rental commitments are as follows:

| | Year Ending December 31 | Operating Leases |
|----|-------------------------|------------------|
| 1. | 2019 | \$ 206,052 |

- B. Leasing is not a significant part of the lessor's business activities in terms of revenue, net income, or assets.

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

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

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

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

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

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

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

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

20. FAIR VALUE MEASUREMENT

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

| (1) | Fair Value Measurements at Reporting Date | | | | |
|-----|---|------------------|------------------|------------------|---------------|
| | (1) Description | (2) (Level 1) | (3) (Level 2) | (4) (Level 3) | (5) Total |
| | a. Assets at fair value | | | | |
| | Common Stock | \$ 10,570,824 | \$ - | \$ - | \$ 10,570,824 |
| | Total assets at fair value | \$ 10,570,824 | \$ - | \$ - | \$ 10,570,824 |

- (2) The Company had no assets with fair value measurements using significant unobservable inputs.
- (3) The Company uses the valuation technique that is based on the quoted prices in the active markets.
- (4) The Company has no Level 2 or Level 3 assets.
- (5) The Company does not have any derivative assets or liabilities.

- B. The Company does not have any other fair value assets to disclose.
- C. Fair Value Measurement

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|--------------|-----------|----------------------------------|
| Bonds | \$18,587,077 | \$18,642,385 | | \$18,587,077 | | |
| Industrial and Misc. | \$12,665,366 | \$12,664,198 | | \$12,665,366 | | |
| Common Stock | \$10,570,824 | \$10,570,824 | \$10,570,824 | | | |

- D. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either March 31, 2019, or 2018.

21. OTHER ITEMS

- A. The Company did not experience an extraordinary event or transaction that resulted in a gain or loss.
- B. The Company had no troubled debt to restructure.
- C. There are no other applicable disclosures.
- D. The Company did not have any Business Interruption Insurance Recoveries.
- E. The Company did not have any State Transferable Tax Credits.
- F. The Company had no Subprime Mortgage Related Risk Exposure.
- G. The Company had no retained assets.
- H. The Company has no Insurance Linked Securities.

Notes to Financial Statement

22. EVENTS SUBSEQUENT

- A. As of May 15, 2019, there have been no Type I events subsequent to March 31, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2019
- B. As of May 15, 2019, there have been no Type II events subsequent to March 31, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued May 15, 2019.

23. REINSURANCE

- A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the company?
Yes () No (X)
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Section 3 – Ceded Reinsurance Report – part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.
\$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year this statement, to included policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes () No (X)
- B. The Company did not write off any uncollectible reinsurance during the periods reported.
- C. The Company did not have any commutation of ceded reinsurance during the periods reported.
- D. The Company did not have a Reinsurer Rating Downgrade or Status Subject to Revocation during the periods reported.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION (N/A – TITL)

- A. The Company has one contract with Federal Employees Health Benefit Plan that is subject to redetermination upon audits performed by the Office of Personnel Management.
- B. The Company records accrued retrospective premiums as an adjustment to earned premiums.
- C. The Company has accrued \$0 of net premiums written as of March 31, 2019 for the group health plan. No other net premiums written by the Company are subject to retrospective rating features.
- D. Not Applicable

E. Risk Sharing Provisions of the Affordable Care Act

- 1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? YES

- 2. Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

| Description | Amount |
|--|-----------|
| a. Permanent ACA Risk Adjustment Program | |
| Assets | |
| 1. Premium adjustments receivable due to ACA Risk Adjustment | \$4,617 |
| Liabilities | |
| 2. Risk adjustment user fees payable for ACA Risk Adjustment | \$0 |
| 3. Premium adjustments payable due to ACA Risk Adjustment | \$0 |
| Operations (Revenue & Expense) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$0 |
| 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) | \$0 |
| b. Transitional ACA Reinsurance Program | |
| Assets | |
| 1. Amounts recoverable for claims paid due to ACA Reinsurance | \$0 |
| 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) | \$0 |
| 3. Amounts receivable relating to uninsured plans for contributions for ACA | \$102,043 |

Notes to Financial Statement

| Reinsurance | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|---------|
| Liabilities | | | | | | | | | |
| 4. | Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium | | | | | | | | \$0 |
| 5. | Ceded reinsurance premiums payable due to ACA Reinsurance | | | | | | | | \$0 |
| 6. | Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | | | | | | | | \$0 |
| Operations (Revenue & Expense) | | | | | | | | | |
| 7. | Ceded reinsurance premiums due to ACA Reinsurance | | | | | | | | \$0 |
| 8. | Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | | | | | | | | \$9,863 |
| 9. | ACA Reinsurance contributions – not reported as ceded premium | | | | | | | | \$0 |
| c. Temporary ACA Risk Corridors Program | | | | | | | | | |
| Assets | | | | | | | | | |
| 1. | Accrued retrospective premium due to ACA Risk Corridors | | | | | | | | \$0 |
| Liabilities | | | | | | | | | |
| 2. | Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | | | | | | | | \$0 |
| Operations (Revenue & Expense) | | | | | | | | | |
| 3. | Effect of ACA Risk Corridors on net premium income (paid/received) | | | | | | | | \$0 |
| 4. | Effect of ACA Risk Corridors on change in reserves for rate credits | | | | | | | | \$0 |

3. Roll-forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

| | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | Unsettled Balances as of the Reporting Date | | |
|---|--|-----------|--|-----------|--|--|------------------------|------------------------|---|---|-----------|
| | | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable | (Payable) |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | | |
| 1. Premium adjustments receivable | \$4,617 | \$ - | \$ - | \$ - | \$4,617 | \$ - | \$ - | \$ - | A | \$4,617 | \$ - |
| 2. Premium adjustments (payable) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | B | \$ - | \$ - |
| 3. Subtotal ACA Permanent Risk Adjustment Program | \$4,617 | \$ - | \$ - | \$ - | \$4,617 | \$ - | \$ - | \$ - | | \$4,617 | \$ - |
| b. Transitional ACA Reinsurance Program | | | | | | | | | | | |
| 1. Amounts recoverable for claims paid | \$ - | \$ - | \$9,863 | \$ - | \$ (9,863) | \$ - | \$ - | \$ - | C | \$ (9,863) | \$ - |
| 2. Amounts recoverable for claims unpaid (contra liability) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | D | \$ (102,043) | \$ - |
| 3. Amounts receivable relating to uninsured plans | \$ - | \$ - | \$102,043 | \$ - | \$ (102,043) | \$ - | \$ - | \$ - | E | \$ - | \$ - |
| 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | F | \$ - | \$ - |
| 5. Ceded reinsurance premiums payable | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | G | \$ - | \$ - |
| 6. Liability for amounts held under uninsured plans | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | H | \$ - | \$ - |
| 7. Subtotal ACA Transitional Reinsurance Program | \$ - | \$ - | \$111,906 | \$ - | \$ (111,906) | \$ - | \$ - | \$ - | | \$ (111,906) | \$ - |
| c. Temporary ACA Risk Corridors Program | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | I | \$ - | \$ - |
| 2. Reserve for rate credits or policy experience rating refunds | \$ - | \$ - | \$5,714 | \$ - | \$ - | \$ - | \$ - | \$ - | J | \$ - | \$ - |
| 3. Subtotal ACA Risk Corridors Program | \$ - | \$ - | \$5,714 | \$ - | \$ - | \$ - | \$ - | \$ - | | \$ - | \$ - |
| d. Total for ACA Risk Sharing Provisions | \$4,617 | \$ - | \$117,620 | \$874,688 | \$ (107,289) | \$ - | \$ - | \$ - | | \$ (107,289) | \$ - |

Explanation of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

4.

| Risk Corridors Program Year | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | Unsettled Balances as of the Reporting Date | | |
|----------------------------------|--|-----------|--|-----------|--|--|------------------------|------------------------|---|---|-----------|
| | | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable | (Payable) |
| a. 2014 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | A | \$ - | \$ - |

Notes to Financial Statement

| | | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|---|------|------|
| 2. Reserve for rate credits or policy experience rating refunds | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | B | \$ - | \$ - |
| b. 2015 | | | | | | | | | C | \$ - | \$ - |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | | |
| 2. Reserve for rate credits or policy experience rating refunds | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | D | \$ - | \$ - |
| c. 2016 | | | | | | | | | E | \$ - | \$ - |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | | |
| 2. Reserve for rate credits or policy experience rating refunds | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | F | \$ - | \$ - |
| d. Total for risk corridors | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | | |

Explanation of Adjustments

A.

B.

C.

D.

E.

F.

5.

| Risk Corridors Program Year | (1) Estimated Amount to be Filed or Final Amount Filed with CMS | (2) Non-Accrued Amounts for Impairment or Other Reasons | (3) Amounts received from CMS | (4) Asset Balance (Gross of Non-admissions) (1-2-3) | (5) Non-admitted Amount | (6) Net Admitted Asset (4-5) |
|-----------------------------|--|--|----------------------------------|--|----------------------------|---------------------------------|
| a. 2015 | \$129,608 | \$139,327 | \$(9,719) | \$ - | \$ - | \$ - |
| b. 2016 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| c. 2017 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| d. Total (a+b+c) | \$129,608 | \$139,327 | \$(9,719) | \$ - | \$ - | \$ - |

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Reserves as of December 31, 2018 were \$30,961,139. As of March 31, \$22,138,387 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$5,759,110. Therefore, there has been \$3,063,642 in favorable prior-year development since December 31, 2018. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company had no intercompany pooling arrangements.

27. STRUCTURED SETTLEMENTS

A. The Company had no structured settlements.

28. HEALTH CARE RECEIVABLES

A.

| Quarter | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received within 90 Days of Billing | Actual Rebates Received within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|------------|--|---|---|--|--|
| 3/31/2019 | \$3,965,027 | \$1,873,182 | \$ - | \$ - | \$ - |
| 12/31/2018 | \$2,191,701 | \$2,335,528 | \$ - | \$ - | \$ - |
| 9/30/2018 | \$5,010,343 | \$2,232,431 | \$ - | \$2,242,202 | \$ - |
| 6/30/2018 | \$3,334,882 | \$1,842,247 | \$ - | \$2,086,914 | \$ - |
| 3/31/2018 | \$1,863,228 | \$1,201,117 | \$ - | \$1,114,819 | \$ - |
| 12/31/2017 | \$1,863,228 | \$855,806 | \$ - | \$931,183 | \$ - |
| 9/30/2017 | \$1,223,357 | \$795,460 | \$ - | \$849,275 | \$42,135 |
| 6/30/2017 | \$1,223,357 | \$650,192 | \$ - | \$1,000,603 | \$21,845 |
| 3/31/2017 | \$1,223,357 | \$658,529 | \$ - | \$759,036 | \$24,980 |
| 12/31/2016 | \$1,223,357 | \$469,308 | \$ - | \$580,327 | \$ - |
| 9/30/2016 | \$940,602 | \$ - | \$ - | \$534,015 | \$ - |
| 6/30/2016 | \$940,602 | \$ - | \$ - | \$556,059 | \$ - |
| 3/31/2016 | \$940,602 | \$ - | \$ - | \$417,122 | \$ - |
| 12/31/2015 | \$932,154 | \$8,449 | \$ - | \$540,028 | \$ - |

B. The Company did not have any risk sharing receivables during the periods reported.

29. PARTICIPATING POLICIES

A. The Company does not have participating policies or policyholder dividends.

30. PREMIUM DEFICIENCY RESERVES

A. The Company does not have Premium Deficiency Reserves.

Notes to Financial Statement

| | |
|--|-------------------|
| 1. Liability carried for premium deficiency reserves | \$ 0 |
| 2. Date of the most recent evaluation of this liability | <u>12/31/2018</u> |
| 3. Was anticipated investment income utilized in the calculation? (Yes / No) | <u>No</u> |

31. ANTICIPATED SALVAGE AND SUBROGATION

A. The Company did not have anticipated salvage and subrogation included as a reduction of loss reserves.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 Yes [] No [X]
 Yes [] No [] N/A [X]

1.2 If yes, has the report been filed with the domiciliary state?
.....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?
 Yes [] No [X]

2.2 If yes, date of change:
.....

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.
 Yes[X] No []

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?
 Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes:
 Yes [] No [X]

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
 Yes [] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
.....

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.
 Yes [] No [] N/A [X]

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
..... 12/31/2015

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
..... 12/31/2015

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
..... 04/28/2017

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
 Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with?
 Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
..... Yes [] No [X]

7.2 If yes, give full information
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
..... Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
..... Yes [] No [X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
..... Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.
.....

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
..... Yes[X] No []
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
..... Yes [] No [X]
(c) Compliance with applicable governmental laws, rules and regulations;
..... Yes [] No [X]
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
..... Yes [] No [X]
(e) Accountability for adherence to the code.
.....

9.11 If the response to 9.1 is No, please explain:
..... Yes [] No [X]

9.2 Has the code of ethics for senior managers been amended?
..... Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
..... Yes [] No [X]

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
..... Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
..... Yes[X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
..... \$ 53,043

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
..... Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
..... \$ 0

13. Amount of real estate and mortgages held in short-term investments:
..... \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
..... Yes[X] No []

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.2 If yes, please complete the following:

| | | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|-------|---|--|---|
| 14.21 | Bonds | | |
| 14.22 | Preferred Stock | | |
| 14.23 | Common Stock | | |
| 14.24 | Short-Term Investments | | |
| 14.25 | Mortgages Loans on Real Estate | | |
| 14.26 | All Other | 20,272,649 | 19,335,069 |
| 14.27 | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | 20,272,649 | 19,335,069 |
| 14.28 | Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

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

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|--|------------------|
| Clearstead Advisors LLC - Investment Advisor | U |
| Huntington Bank - Custodial | U |
| AultCare Investment Committee | A |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

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

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

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

- 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 a 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]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

| | | |
|---|-------|---------|
| 1.1 A&H loss percent | ..... | 86.290% |
| 1.2 A&H cost containment percent | ..... | 1.450% |
| 1.3 A&H expense percent excluding cost containment expenses | ..... | 13.100% |

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

Yes[] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

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

Yes[] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

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

Yes[] No[X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Reinsurer | 8 Certified Reinsurer Rating (1 through 6) | 9 Effective Date of Certified Reinsurer Rating |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--------------------------------------|---------------------------|---|---|
| | | | | N O N E | | | | |
| | | | | | | | | |

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 | 64,477,698 | | | 3,407,546 | | | 67,885,244 | |
| 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 | 64,477,698 | | | 3,407,546 | | | 67,885,244 | |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | |
| 61. Total (Direct Business) | XXX | 64,477,698 | | | 3,407,546 | | | 67,885,244 | |

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 | | | | | | | | |

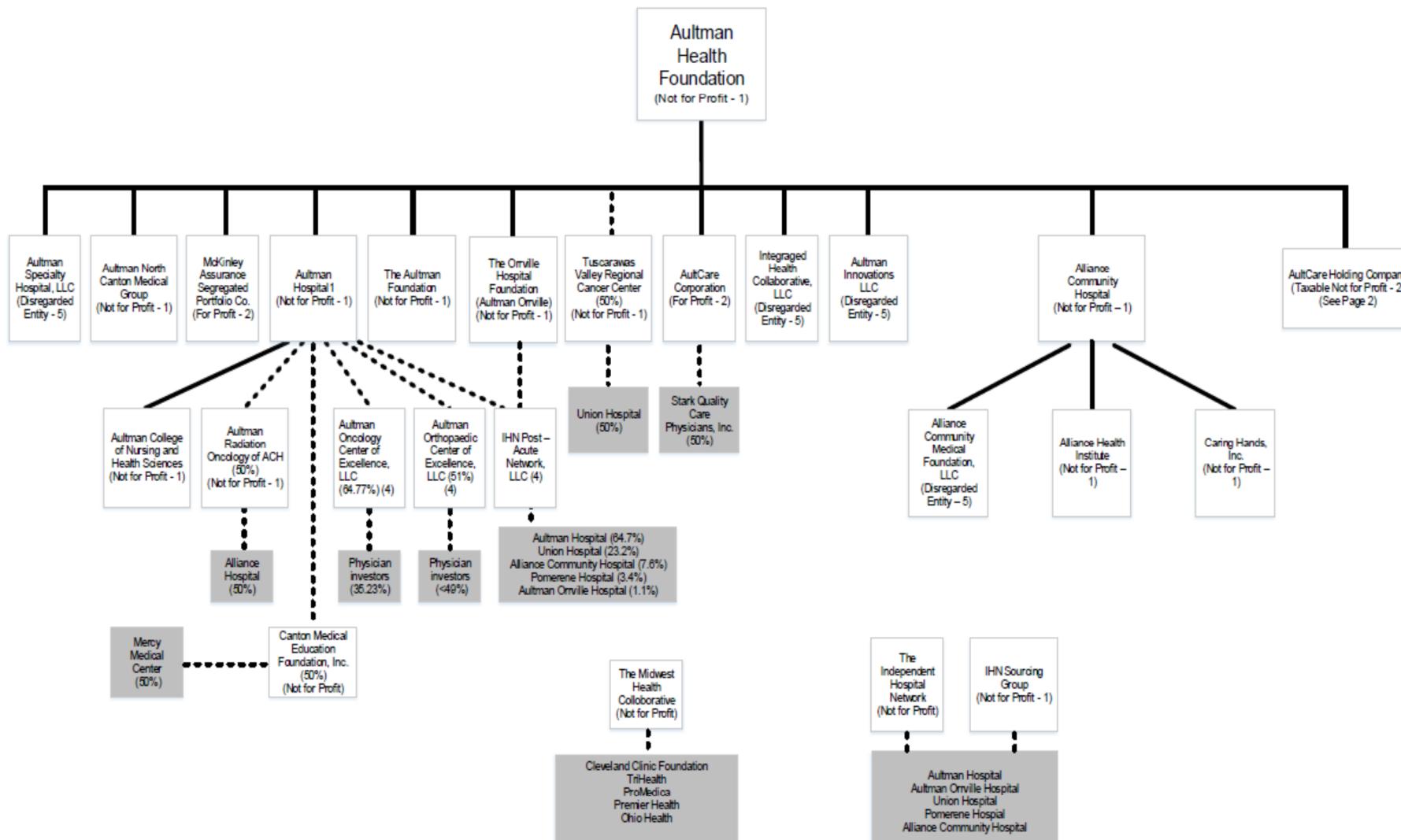
(a) Active Status Counts:

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

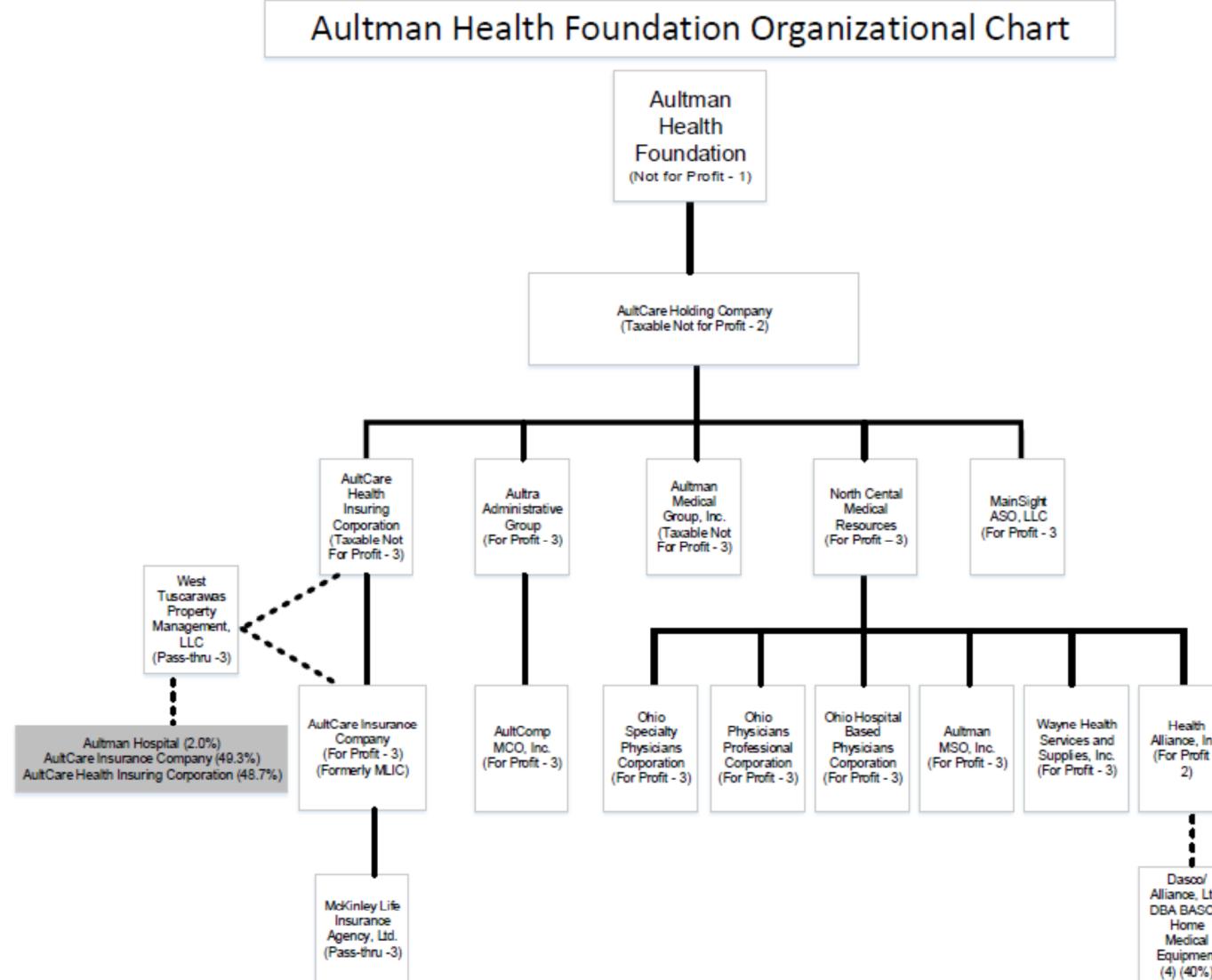
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

Aultman Health Foundation Organizational Chart



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

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



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 | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? | * |
| | | 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 | | | Aulta Administrative Group | | US | IA | Aulta Administrative Group | Management | | Aultman Health Foundation | N | |
| | | 00000 | 27-4379962 | | | AultComp MCO, Inc. | | US | NIA | Aulta 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 |
| | | 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 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2019

Document Code: 365

7721620193650001

SCHEDULE A - VERIFICATION**Real Estate**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other-than-temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION**Mortgage Loans**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage interest points | | |
| 9. Total foreign exchange change in book value/recorded investment | | |
| 10. Deduct current year's other-than-temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION**Other Long-Term Invested Assets**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 20,272,649 | 20,694,842 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 851,993 | ..... |
| 2.2 Additional investment made after acquisition ..... | ..... | ..... |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | (48,671) | (422,193) |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other-than-temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | 21,075,970 | 20,272,649 |
| 12. Deduct total nonadmitted amounts | 183,694 | ..... |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 20,892,277 | 20,272,649 |

SCHEDULE D - VERIFICATION**Bonds and Stocks**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 40,245,490 | 40,336,492 |
| 2. Cost of bonds and stocks acquired | 2,815,243 | 6,521,530 |
| 3. Accrual of discount | 9,592 | 29,259 |
| 4. Unrealized valuation increase (decrease) | 854,956 | (775,456) |
| 5. Total gain (loss) on disposals | 41 | (62,319) |
| 6. Deduct consideration for bonds and stocks disposed of | 2,011,370 | 5,641,195 |
| 7. Deduct amortization of premium | 36,545 | 162,822 |
| 8. Total foreign exchange change in book/adjusted carrying value ..... | ..... | ..... |
| 9. Deduct current year's other-than-temporary impairment recognized ..... | ..... | ..... |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees ..... | ..... | ..... |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) | 41,877,407 | 40,245,490 |
| 12. Deduct total nonadmitted amounts ..... | ..... | ..... |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 41,877,407 | 40,245,490 |

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 27,783,723 | 2,484,747 | 1,771,082 | (39,076) | 28,458,312 | | | 27,783,723 |
| 2. NAIC 2 (a) | 2,922,119 | 289,092 | 375,170 | 12,230 | 2,848,271 | | | 2,922,119 |
| 3. NAIC 3 (a) | | | | | | | | |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 30,705,842 | 2,773,839 | 2,146,252 | (26,846) | 31,306,583 | | | 30,705,842 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 30,705,842 | 2,773,839 | 2,146,252 | (26,846) | 31,306,583 | | | 30,705,842 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

| | 1 Book/Adjusted Carrying Value | 2 | 3 | 4 | 5 Paid for Accrued Interest Year To Date |
|-----------------------|---|---|---|---|---|
| 9199999. Totals | | | | | |

N O N E**SCHEDULE DA - Verification****Short-Term Investments**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 134,816 | 302,393 |
| 2. Cost of short-term investments acquired | | 184,310 |
| 3. Accrual of discount | 106 | 488 |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | (5) | (345) |
| 6. Deduct consideration received on disposals | 134,918 | 350,266 |
| 7. Deduct amortization of premium | | 1,765 |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | | 134,816 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | 134,816 |

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

SCHEDULE BA - PART 2**Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter**

| 1 CUSIP Identification | 2 Name or Description | Location | | 5 Name of Vendor or General Partner | 6 NAIC Designation and Administrative Symbol/ Market Indicator | 7 Date Originally Acquired | 8 Type and Strategy | 9 Actual Cost at Time of Acquisition | 10 Additional Investment Made After Acquisition | 11 Amount of Encumbrances | 12 Commitment for Additional Investment | 13 Percentage of Ownership |
|--|-----------------------------|-----------|------------|---|---|-------------------------------------|---------------------------|--|--|---------------------------------|--|----------------------------------|
| | | 3 City | 4 State | | | | | | | | | |
| Non-collateral Loans - Affiliated | | | | | | | | | | | | |
| AultCare Affiliated | | Canton | OH | AultCare Insurance Company | | 01/01/2009 | | | 101,993 | | | 100.000 |
| 2899999 Subtotal - Non-collateral Loans - Affiliated | | | | | | | | | 101,993 | | | XXX |
| Capital Notes - Affiliated | | | | | | | | | | | | |
| Canton Regional chamber Health Fund Trust - MEWA | | Canton | OH | AultCare Insurance Company | | 12/01/2017 | | | 750,000 | | | 100.000 |
| 3099999 Subtotal - Capital Notes - Affiliated | | | | | | | | | 750,000 | | | XXX |
| 4499999 Total - Unaffiliated | | | | | | | | | | | | XXX |
| 4599999 Total - Affiliated | | | | | | | | | 851,993 | | | XXX |
| 4699999 TOTALS | | | | | | | | | 851,993 | | | XXX |

SCHEDULE BA - PART 3**Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter**

| 1 CUSIP Identification | 2 Name or Description | Location | | 5 Name of Purchaser or Nature of Disposal | 6 Date Originally Acquired | 7 Disposal Date | 8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year | Change in Book/Adjusted Carrying Value | | | | | 15 Book/Adjusted Carrying Value Less Encumbrances on Disposal | 16 Consideration | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Investment Income |
|------------------------------|-----------------------------|-----------|------------|---|-------------------------------------|-----------------------|---|--|--|---|--|---|--|---------------------|---|---|--|----------------------------|
| | | 3 City | 4 State | | | | | 9 Unrealized Valuation Increase (Decrease) | 10 Current Year's (Depreciation) or (Amortization)/ Accretion | 11 Current Year's Other Than Temporary Impairment Recognized | 12 Capitalized Deferred Interest and Other | 13 Total Change in B./A.C.V. (9 + 10 - 11 + 12) | | | | | | |
| NONE | | | | | | | | | | | | | | | | | | |
| 4699999 TOTALS | | | | | | | | | | | | | | | | | | |

QE03

SCHEDULE D - PART 3

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

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation and Administrative Symbol/ Market Indicator (a) |
|--|---|--------------|--------------------|------------------------|-----------------------------------|------------------|-----------------|--|--|
| Bonds - U.S. Governments | | | | | | | | | |
| 912828SF8 .. | U.S. TREASURY NT 2.00% 2/15/2022 | | 03/27/2019 .. | HUNTINGTON BANK | XXX | 498,184 | 500,000 | 1,133 | 1 |
| 912828ND8 .. | US TREASURY 3.5% 05/15/2020 | | 01/30/2019 .. | HUNTINGTON BANK | XXX | 404,422 | 400,000 | 2,978 | 1 |
| 912828TJ9 .. | US TREASURY N/B 1.625% 08/15/2022 | | 02/27/2019 .. | HUNTINGTON BANK | XXX | 485,898 | 500,000 | 292 | 1 |
| 912828J27 .. | US TREASURY N/B 2.0% 02/15/2025 | | 01/30/2019 .. | HUNTINGTON BANK | XXX | 241,367 | 250,000 | 2,296 | 1 |
| 9128284N7 .. | US TREASURY NB 2.875% 05/15/2028 | | 01/30/2019 .. | HUNTINGTON BANK | XXX | 101,207 | 100,000 | 612 | 1 |
| 0599999 Subtotal - Bonds - U.S. Governments | | | | | XXX | 1,731,078 | 1,750,000 | 7,310 | XXX |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | |
| 00440EAS6 .. | ACE INA HOLDINGS 3.15% 03/15/2025 | | 01/11/2019 .. | HUNTINGTON BANK | XXX | 98,223 | 100,000 | 1,050 | 1 |
| 001055AM4 .. | AFLAC INC 3.625% 11/15/2024 | | 03/25/2019 .. | HUNTINGTON BANK | XXX | 51,942 | 50,000 | 665 | 1 |
| 209111FE8 .. | CONSOLIDATED EDISON CO 3.3% 12/01/2024 | | 03/15/2019 .. | HUNTINGTON BANK | XXX | 25,089 | 25,000 | 248 | 1 |
| 126404HB2 .. | CSX CORP 3.4% 08/01/2024 | | 03/05/2019 .. | HUNTINGTON BANK | XXX | 70,313 | 70,000 | 238 | 2 |
| 532457AM0 .. | ELI LILLY & CO. 7.125% 06/01/2025 | | 03/07/2019 .. | HUNTINGTON BANK | XXX | 85,540 | 70,000 | 1,385 | 1 |
| 29379VBE2 .. | ENTERPRISE PRODUCTS OP 3.75% 02/15/2025 | | 03/05/2019 .. | HUNTINGTON BANK | XXX | 66,118 | 65,000 | 149 | 2 |
| 26875PAK7 .. | EOG RESOURCES INC 2.625% 03/15/2023 | | 03/19/2019 .. | HUNTINGTON BANK | XXX | 24,679 | 25,000 | 11 | 2 |
| 320165JD6 .. | FIRST FARMERS BK CD 2.65% 02/28/2022 | | 02/22/2019 .. | HUNTINGTON BANK | XXX | 125,000 | 125,000 | 1 | |
| 361582AD1 .. | GEICO CORP 7.35% 07/15/2023 | | 02/08/2019 .. | HUNTINGTON BANK | XXX | 117,011 | 100,000 | 551 | 1 |
| 478160AF1 .. | JOHNSON & JOHNSON 6.73% 11/15/2023 | | 02/19/2019 .. | HUNTINGTON BANK | XXX | 87,575 | 75,000 | 1,346 | 1 |
| 655844BP2 .. | NORFOLK SOUTHERN CORP 3.85% 01/15/2024 | | 01/14/2019 .. | HUNTINGTON BANK | XXX | 50,746 | 50,000 | 5 | 2 |
| 68389XBC8 .. | ORACLE CORP 2.95% 05/15/2025 | | 03/05/2019 .. | HUNTINGTON BANK | XXX | 73,787 | 75,000 | 688 | 1 |
| 907818DV7 .. | UNION PACIFIC CORP 3.75% 03/15/2024 | | 03/05/2019 .. | HUNTINGTON BANK | XXX | 77,237 | 75,000 | 1,344 | 2 |
| 254687CN4 .. | WALT DISNEY CO SERIES 8.875% 04/26/2023 | | 03/20/2019 .. | HUNTINGTON BANK | XXX | 89,501 | 75,000 | 1 | |
| 3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | XXX | 1,042,761 | 980,000 | 7,680 | XXX |
| 8399997 Subtotal - Bonds - Part 3 | | | | | XXX | 2,773,839 | 2,730,000 | 14,990 | XXX |
| 8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX |
| 8399999 Subtotal - Bonds | | | | | XXX | 2,773,839 | 2,730,000 | 14,990 | XXX |
| 8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX |
| 8999999 Subtotal - Preferred Stocks | | | | | XXX | | XXX | | XXX |
| Common Stocks - Mutual Funds | | | | | | | | | |
| 31428Q739 .. | FEDERATED TOTAL BOND RETURN | | 01/07/2019 .. | HUNTINGTON BANK | 125,091 | 1,303 | XXX | | L |
| 31428Q739 .. | FEDERATED TOTAL BOND RETURN | | 01/08/2019 .. | HUNTINGTON BANK | 1,167,198 | 12,186 | XXX | | L |
| 922908728 .. | VANGUARD TOTAL MKT FUND | | 03/22/2019 .. | HUNTINGTON BANK | 401,721 | 27,916 | XXX | | L |
| 9299999 Subtotal - Common Stocks - Mutual Funds | | | | | XXX | 41,405 | XXX | | XXX |
| 9799997 Subtotal - Common Stocks - Part 3 | | | | | XXX | 41,405 | XXX | | XXX |
| 9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX |
| 9799999 Subtotal - Common Stocks | | | | | XXX | 41,405 | XXX | | XXX |
| 9899999 Subtotal - Preferred and Common Stocks | | | | | XXX | 41,405 | XXX | | XXX |
| 9999999 Total - Bonds, Preferred and Common Stocks | | | | | XXX | 2,815,243 | XXX | 14,990 | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter**

| 1 CUSIP Identification | 2 Description | 3 F o r e i g n | 4 Disposal Date | 5 Name of Purchaser | 6 Number of Shares of Stock | 7 Consideration | 8 Par Value | 9 Actual Cost | 10 Prior Year Book/ Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/ Stock Dividends Received During Year | 21 Stated Contractual Maturity Date | 22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a) | | | | |
|--|---|--------------------------------------|-----------------------|---------------------------|--------------------------------------|--------------------|-------------------|---------------------|--|--|---|---|--|---|--|---|--|---|---|---|--|------------|--------|------------|------|
| | | | | | | | | | | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's Amortization)/ Accretion | 13 Current Year's Other Than Temporary Impairment Recognized | 14 Total Change in B/A.C.V. (11 + 12 - 13) | 15 Total Foreign Exchange Change in B/A.C.V. | | | | | | | | | | | |
| Bonds - U.S. Governments | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31331KAU4 | FFCB 3.33% 1/28/2019 | | 01/28/2019 | HUNTINGTON BANK | XXX | 250,000 | 250,000 | 249,056 | 249,986 | | 14 | | | 14 | | | | | | | 4,163 | 01/28/2019 | 1 | | |
| 912828SD3 | U.S. TREASURY NT 1.25% 1/31/2019 | | 01/31/2019 | HUNTINGTON BANK | XXX | 250,000 | 250,000 | 250,156 | 250,002 | | (2) | | | (2) | | | | | | | 1,563 | 01/31/2019 | 1 | | |
| 912828SD3 | U.S. TREASURY NT 1.25% 1/31/2019 | | 01/31/2019 | HUNTINGTON BANK | XXX | 250,000 | 250,000 | 247,500 | 249,966 | | 34 | | | 34 | | | | | | | 1,563 | 01/31/2019 | 1 | | |
| 912828SH4 | U.S. TREASURY NT 1.38% 2/28/2019 | | 02/28/2019 | HUNTINGTON BANK | XXX | 250,000 | 250,000 | 247,891 | 249,931 | | 69 | | | 69 | | | | | | 1,719 | 02/28/2019 | 1 | | | |
| 912828SH4 | U.S. TREASURY NT 1.38% 2/28/2019 | | 02/28/2019 | HUNTINGTON BANK | XXX | 250,000 | 250,000 | 249,800 | 249,991 | | 9 | | | 9 | | | | | | 1,719 | 02/28/2019 | 1 | | | |
| 05999999 | Subtotal - Bonds - U.S. Governments | | | | XXX | 1,250,000 | 1,250,000 | 1,244,402 | 1,249,877 | | 123 | | | 123 | | | | | | 1,250,000 | | 10,725 | XX X | XX X | |
| Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90131HAS4 | 21st CENTURY FX AMERICA 8.875% | | | | | | | | | | | | | | | | | | | | | | | | |
| 020002AX9 | 4/26/2023 | | 03/20/2019 | HUNTINGTON BANK | XXX | 89,501 | 75,000 | 90,404 | 89,008 | | (652) | | | (652) | | | | | | 88,356 | 1,145 | 1,145 | 2,663 | 04/26/2023 | 2 |
| 020002AX9 | ALLSTATE CORP 7.45% 5/16/2019 | | 03/05/2019 | HUNTINGTON BANK | XXX | 25,212 | 25,000 | 31,502 | 25,464 | | (220) | | | (220) | | | | | | 25,244 | (32) | (32) | 574 | 05/16/2019 | 1 |
| 05531FAQ6 | BB&T CORPORATION 2.250% 2/1/2019 | | 01/14/2019 | HUNTINGTON BANK | XXX | 64,969 | 65,000 | 65,716 | 65,020 | | (9) | | | (9) | | | | | | 65,011 | (42) | (42) | 670 | 02/01/2019 | 1 |
| 097023AW5 | BOEING CO 6.00% 3/15/2019 | | 03/07/2019 | HUNTINGTON BANK | XXX | 50,017 | 50,000 | 54,925 | 50,444 | | (396) | | | (396) | | | | | | 50,048 | (31) | (31) | 1,467 | 03/15/2019 | 1 |
| 097023AW5 | BOEING CO 6.00% 3/15/2019 | | 02/19/2019 | HUNTINGTON BANK | XXX | 30,071 | 30,000 | 36,092 | 30,246 | | (160) | | | (160) | | | | | | 30,086 | (16) | (16) | 780 | 03/15/2019 | 1 |
| 126410LK3 | BOEING CO 6.00% 3/15/2019 | | 02/19/2019 | HUNTINGTON BANK | XXX | 20,047 | 20,000 | 25,331 | 20,181 | | (117) | | | (117) | | | | | | 20,064 | (17) | (17) | 520 | 03/15/2019 | 1 |
| 307660KJ8 | CSX TRANSPORTATION 9.750% | | | | | | | | | | | | | | | | | | | 81,782 | (677) | (677) | 1,666 | 06/15/2020 | 2 |
| 307660KJ8 | 6/15/2020 | | 03/05/2019 | HUNTINGTON BANK | XXX | 81,105 | 75,000 | 92,507 | 82,713 | | (931) | | | (931) | | | | | | 120,000 | | | 210 | 02/19/2019 | 1 |
| 316773CQ1 | FARM BUREAU BANK CD 1.000% | | | | | | | | | | | | | | | | | | | 81,782 | (677) | (677) | 1,666 | 06/15/2020 | 2 |
| 316773CQ1 | 2/19/2019 | | 02/19/2019 | HUNTINGTON BANK | XXX | 120,000 | 120,000 | 120,000 | 120,000 | | | | | | | | | | 120,000 | | | | | | |
| 452308AJ8 | FIFTH THIRD BANKCORP 2.30% | | | | | | | | | | | | | | | | | | | 120,000 | | | | | |
| 452308AJ8 | 3/1/2019 | | 03/01/2019 | HUNTINGTON BANK | XXX | 50,000 | 50,000 | 50,149 | 50,005 | | (5) | | | (5) | | | | | | 50,000 | | | 575 | 03/01/2019 | 2 |
| 452308AJ8 | ILLINOIS TOOL WORKS 6.25% 4/1/2019 | | 03/05/2019 | HUNTINGTON BANK | XXX | 50,116 | 50,000 | 59,908 | 50,484 | | (345) | | | (345) | | | | | | 50,140 | (24) | (24) | 1,354 | 04/01/2019 | 1 |
| 452308AJ8 | ILLINOIS TOOL WORKS 6.25% 4/1/2019 | | 03/05/2019 | HUNTINGTON BANK | XXX | 25,058 | 25,000 | 27,190 | 25,287 | | (204) | | | (204) | | | | | | 25,083 | (25) | (25) | 677 | 04/01/2019 | 1 |
| 822582AJ1 | SHELL INTL FIN 4.300% 9/22/2019 | | 03/25/2019 | HUNTINGTON BANK | XXX | 35,258 | 35,000 | 37,974 | 35,672 | | (215) | | | (215) | | | | | | 35,457 | (199) | (199) | 351 | 09/22/2019 | 1 |
| 871829AM9 | SYSCO CORPORATION 5.38% | | | | | | | | | | | | | | | | | | | 70,059 | (41) | (41) | 1,819 | 03/17/2019 | 2 |
| 907818DB1 | 3/17/2019 | | 03/07/2019 | HUNTINGTON BANK | XXX | 70,018 | 70,000 | 78,124 | 70,448 | | (389) | | | (389) | | | | | | 70,059 | (41) | (41) | 1,819 | 03/17/2019 | 2 |
| 907818DB1 | UNION PAC CORP 7.88% 1/15/2019 | | 01/15/2019 | HUNTINGTON BANK | XXX | 15,000 | 15,000 | 19,641 | 15,031 | | (31) | | | (31) | | | | | | 15,000 | (31) | (31) | 591 | 01/15/2019 | 1 |
| 907818DB1 | UNION PAC CORP 7.88% 1/15/2019 | | 01/15/2019 | HUNTINGTON BANK | XXX | 35,000 | 35,000 | 38,035 | 35,082 | | (82) | | | (82) | | | | | | 35,000 | (82) | (82) | 1,378 | 01/15/2019 | 1 |
| 38999999 | Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | XXX | 761,370 | 740,000 | 827,498 | 765,086 | | (3,756) | | | (3,756) | | | | | | 761,330 | 41 | 41 | 15,295 | XX X | XX X |
| 8399997 | Subtotal - Bonds - Part 4 | | | | XXX | 2,011,370 | 1,990,000 | 2,071,900 | 2,014,963 | | (3,633) | | | (3,633) | | | | | | 2,011,330 | 41 | 41 | 26,020 | XX X | XX X |
| 8399998 | Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | | | | | | | | | | | XXX | XXX | XXX | XXX | XX X | XX X |
| 8399999 | Subtotal - Bonds | | | | XXX | 2,011,370 | 1,990,000 | 2,071,900 | 2,014,963 | | (3,633) | | | (3,633) | | | | | | 2,011,330 | 41 | 41 | 26,020 | XX X | XX X |
| 8999998 | Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | | | | | | | | | | | XXX | XXX | XXX | XXX | XX X | XX X |
| 8999999 | Subtotal - Preferred Stocks | | | | XXX | XXX | XXX | XXX | XXX | | | | | | | | | | | XXX | XXX | XXX | XXX | XX X | XX X |
| 9799998 | Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | | | | | | | | | | | XXX | XXX | XXX | XXX | XX X | XX X |
| 9799999 | Subtotal - Common Stocks | | | | XXX | XXX | XXX | XXX | XXX | | | | | | | | | | | XXX | XXX | XXX | XXX | XX X | XX X |
| 9899999 | Subtotal - Preferred and Common Stocks | | | | XXX | XXX | XXX | XXX | XXX | | | | | | | | | | | XXX | XXX | XXX | XXX | XX X | XX X |
| 9999999 | Total - Bonds, Preferred and Common Stocks | | | | XXX | 2,011,370 | XXX | 2,071,900 | 2,014,963 | | (3,633) | | | (3,633) | | | | | | 2,011,330 | 41 | 41 | 26,020 | XX X | XX X |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

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

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

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

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

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

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

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

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

| 1 Depository | | | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|---|---|--|-----------|--------------------------|--|--|---|----------------------|---------------------|--------|
| | | | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| open depositories | | | | | | | | | | |
| Huntington Bank - Trust | Canton, Ohio | | | 2.300 | 3,545 | | 631,495 | 722,345 | 224,208 | XXX |
| Huntington Bank - Brokered CDs | Canton, Ohio | | | 2.300 | 222 | | 24,867 | 34,855 | 43,241 | XXX |
| Huntington National Bank | Canton, Ohio | | | | | | 10,049,710 | 15,705,785 | 15,092,276 | XXX |
| Huntington Bank - Mutual Funds Cash | Canton, Ohio | | | | | | 688 | 689 | 691 | XXX |
| Huntington Bank - Richmond Capital | Canton, Ohio | | | 2.300 | 250 | | 62,368 | 7,352 | 7,602 | XXX |
| 0199998 Deposits in | 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories | | XXX | XXX .. | | | | | | XXX |
| 0199999 Totals - Open Depositories | | | XXX | XXX .. | 4,017 | | 10,769,128 | 16,471,026 | 15,368,017 | XXX |
| 0299998 Deposits in | 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories | | XXX | XXX .. | | | | | | XXX |
| 0299999 Totals - Suspended Depositories | | | XXX | XXX .. | | | | | | XXX |
| 0399999 Total Cash On Deposit | | | XXX | XXX .. | 4,017 | | 10,769,128 | 16,471,026 | 15,368,017 | XXX |
| 0499999 Cash in Company's Office | | | XXX | XXX .. | XXX .. | XXX .. | | | | XXX |
| 0599999 Total Cash | | | XXX | XXX .. | 4,017 | | 10,769,128 | 16,471,026 | 15,368,017 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 Cusip | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due & Accrued | 9 Amount Received During Year |
|--|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|---------------------------------------|----------------------------------|
| | | | | | | | | |
| 8899999 Total - Cash Equivalents | | | | | | | | |

N O N E

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