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QUARTERLY STATEMENT

AS OF JUNE 30, 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) (330)363-4057 (Area Code) (Telephone Number)

Mail Address 2600 Sixth Street SW (Street and Number or P.O. Box), Canton, OH, 44710 (City or Town, State, Country and Zip Code)

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

Internet Web Site Address www.aultcare.com

Statutory Statement Contact Jeffrey Alan Scheatzle (Name) (330)363-4057 (Area Code)(Telephone Number)(Extension)
jscheatzle@aultcare.com (E-Mail Address) (330)363-5012 (Fax Number)

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Stark ss

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

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

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

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

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

John Westerbeck
Todd Hawke
Richard V. Maggiore

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	30,273,659		30,273,659	30,571,026
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	10,698,668		10,698,668	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 $.....0 encumbrances)				
5. Cash ($.....15,360,937), cash equivalents ($.....0) and short-term investments ($.....0)	15,360,937		15,360,937	20,320,842
6. Contract loans (including $.....0 premium notes)				
7. Derivatives				
8. Other invested assets	20,480,097		20,480,097	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)	76,813,361		76,813,361	80,838,981
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	193,577		193,577	192,867
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,309,931		5,309,931	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 ($.....0)	66,566		66,566	110,943
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	3,512,524		3,512,524	6,916,433
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	683,952		683,952	1,151,911
18.2 Net deferred tax asset	279,105		279,105	279,105
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	759,179		759,179	774,665
21. Furniture and equipment, including health care delivery assets ($.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				230,375
24. Health care ($.....2,937,209) and other amounts receivable	6,547,300	3,745,833	2,801,467	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)	94,165,496	3,745,833	90,419,663	94,472,371
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	94,165,496	3,745,833	90,419,663	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)	21,834,297		21,834,297	30,961,139
2.	Accrued medical incentive pool and bonus amounts	369,472		369,472	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				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	7,425,046		7,425,046	5,685,483
9.	General expenses due or accrued	3,655,833		3,655,833	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	4,101,176		4,101,176	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 $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	16,628		16,628	
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....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)	37,925,807		37,925,807	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	30,106,323	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	52,493,856	48,311,523
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	90,419,663	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
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	546,445	515,995	1,019,369
2.	Net premium income (including $.....0 non-health premium income)	XXX	130,036,455	138,433,540	277,147,294
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	130,036,455	138,433,540	277,147,294
Hospital and Medical:					
9.	Hospital/medical benefits		61,251,190	70,075,682	138,625,409
10.	Other professional services				
11.	Outside referrals		16,578,218	16,451,915	32,038,871
12.	Emergency room and out-of-area		2,437,767	3,233,590	5,681,709
13.	Prescription drugs		18,807,956	16,092,500	43,809,629
14.	Aggregate write-ins for other hospital and medical		16,510,787	11,564,645	26,889,051
15.	Incentive pool, withhold adjustments and bonus amounts		482,750	499,998	943,330
16.	Subtotal (Lines 9 to 15)		116,068,668	117,918,331	247,988,001
Less:					
17.	Net reinsurance recoveries		9,145,623	8,358,096	20,324,621
18.	Total hospital and medical (Lines 16 minus 17)		106,923,045	109,560,236	227,663,380
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....2,509,836 cost containment expenses		4,352,223	4,077,412	8,266,194
21.	General administrative expenses		17,119,910	20,389,438	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)		128,395,178	134,027,085	273,720,550
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,641,277	4,406,455	3,426,744
25.	Net investment income earned		533,293	467,578	1,046,553
26.	Net realized capital gains (losses) less capital gains tax of $.....25,989		103,957	(38,775)	(49,504)
27.	Net investment gains or (losses) (Lines 25 plus 26)		637,250	428,803	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)	XXX	2,278,526	4,835,258	4,423,793
31.	Federal and foreign income taxes incurred	XXX	441,970	1,893,901	667,253
32.	Net income (loss) (Lines 30 minus 31)	XXX	1,836,557	2,941,356	3,756,539
DETAILS OF WRITE-INS					
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.	Reinsurance Claims		16,510,787	11,564,645	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)		16,510,787	11,564,645	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	1,836,557	2,941,356	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	940,944	(116,260)	(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	1,404,832	(1,435,542)	(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)	4,182,333	1,389,555	(890,752)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	52,493,856	50,591,829	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	127,962,604	140,430,890	280,025,498
2.	Net investment income	583,347	543,206	1,181,587
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	128,545,951	140,974,096	281,207,085
5.	Benefit and loss related payments	111,315,617	109,791,298	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	22,538,568	18,386,461	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)	133,854,184	128,177,759	283,804,288
11.	Net cash from operations (Line 4 minus Line 10)	(5,308,234)	12,796,338	(2,597,203)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	4,028,251	2,546,642	4,919,316
	12.2 Stocks	275,000	721,879	721,879
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets	220,516	1,308,161	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(5)		(345)
	12.7 Miscellaneous proceeds			186,324
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	4,523,762	4,576,682	5,827,174
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	3,782,975	2,675,574	5,496,134
	13.2 Stocks	119,844	828,912	1,025,396
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets	(214,897)		
	13.6 Miscellaneous applications	750,000	226	
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	4,437,922	3,504,711	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)	85,841	1,071,971	(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)	262,488	198,831	504,480
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	262,488	198,831	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)	(4,959,905)	14,067,140	(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)	15,360,937	37,175,061	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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	82,957	7,660	36,197	674		9,528	1,629			27,269
2. First Quarter	90,898	7,211	33,121	748		8,064	1,599			40,155
3. Second Quarter	92,420	7,026	32,690	766		8,079	1,569			42,290
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	546,445	43,764	198,080	4,523		48,497	9,544			242,037
Total Member Ambulatory Encounters for Period:										
7. Physician	97,266	17,400	73,376				6,490			
8. Non-Physician	183,461	35,064	135,366				13,031			
9. Total	280,727	52,464	208,742				19,521			
10. Hospital Patient Days Incurred	8,606	1,207	6,711				688			
11. Number of Inpatient Admissions	1,665	277	1,284				104			
12. Health Premiums Written (a)	136,772,905	25,465,637	86,304,669	745,483		845,726	6,774,550			16,636,840
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	136,772,905	25,465,637	86,304,669	745,483		845,726	6,774,550			16,636,840
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	116,100,625	19,508,138	77,502,799	666,710		904,906	6,860,998			10,657,074
18. Amount Incurred for Provision of Health Care Services	116,068,668	19,726,020	72,240,737	666,710		904,906	6,019,508			16,510,787

(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						22,394,197
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						22,394,197
0899999 Accrued Medical Incentive Pool And Bonus Amounts						369,472

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	6
	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	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	23,246,053	73,275,231	1,809,263	14,563,849	25,055,316	24,254,546
2. Medicare Supplement		666,710				
3. Dental only	145,213	759,693	195,187	145,213	340,400	340,400
4. Vision only						
5. Federal Employees Health Benefits Plan	1,126,500	5,734,498	34,471	230,157	1,160,971	1,106,037
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	1,422,738	9,234,336	42,380	4,813,777	1,465,117	5,260,156
9. Health subtotal (Lines 1 to 8)	25,940,504	89,670,468	2,081,300	19,752,996	28,021,804	30,961,139
10. Healthcare receivables (a)	91,467				91,467	47,683
11. Other non-health						
12. Medical incentive pools and bonus amounts	533,437			369,472	533,437	420,159
13. Totals (Lines 9 - 10 + 11 + 12)	26,382,474	89,670,468	2,081,300	20,122,468	28,463,774	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.

Note 1A	SSAP #	F/S Page #	F/S Line #	2019	2018
Net Income					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	$1,836,557	$3,756,539
(2) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(3) State permitted practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(4) NAIC SAP (1-2-3=4)	xxx	xxx	xxx	$1,836,557	$3,756,539
Capital and Surplus					
(5) Company state basis (Page3, Line 33, Columns 3 &4)	xxx	xxx	xxx	$52,533,856	$48,311,523
(6) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(7) State permitted practices that increase/(decrease) NAIC SAP Not Applicable				$ -	$ -
(8) NAIC SAP (5-6-7=8)	xxx	xxx	xxx	$52,533,856	$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 $19,194,994. Of this amount, $863 is invested in McKinley Life Agency, Ltd. In addition, $9,200,410 is invested in AultCare Corporation, which is carried at statutory value. The remaining $9,993,721 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

Notes to Financial Statement

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.

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 $9,993,721 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 June 30, 2019 are as follows:

1. (reported in thousands)		6/30/2019			6/30/2018			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	$ 1,024	$ -	$ 1,024	$ (325)	$ -	$ (325)
(b)	Statutory Valuation Allowance Adjustment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	$ 699	$ -	$ 699	$ 1,024	$ -	$ 1,024	$ (325)	$ -	$ (325)
(d)	Deferred Tax Assets Nonadmitted	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	$ 699	$ -	$ 699	$ 1,024	$ -	$ 1,024	$ (325)	$ -	$ (325)
(f)	Deferred Tax Liabilities	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	$ 699	$ -	$ 699	$ 1,024	$ -	$ 1,024	$ (325)	$ -	$ (325)
2. (reported in thousands)		6/30/2019			6/30/2018			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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Notes to Financial Statement

(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 lessor of 2(b)1 and 2(b)2 Below)	$ 699	$ -	$ 699	$ 1,024	$ -	$ 1,024	$ (325)	$ -	$ (325)

Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	$ 699	$ -	$ 699	$ 1,024	$ -	$ 1,024	$ (325)	$ -	$ (325)
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	$7,246	XXX	$7,838	$7,190	XXX	$7,435	$ 341	XXX	$ 403
(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)
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	$ 699	$(420)	$ 279	$ 1,024	$(328)	$ 696	$ (325)	$ (92)	$ (417)

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	$52,255	$49,567

4. (reported in thousands)		6/30/2019			6/30/2018			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 X							

B. Not Applicable

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

		(1) 6/30/2019	(2) 6/30/2018	(3) (Col 1-2) Change
1.	Current Income Tax			
(a)	Federal	$467,959	$1,873,926	$(1,405,967)
(b)	Foreign	$ -	$ -	$ -
(c)	Subtotal	$467,959	$1,873,926	$(1,405,967)
(d)	Federal Income Tax on Net Capital Gains	$ -	$ -	$ -
(e)	Utilization of Capital Loss Carry-Forwards	$ -	$ -	$ -
(f)	Other	$ -	$ -	$ -
(g)	Federal and Foreign Income Taxes Incurred	$467,959	$1,873,926	$(1,405,967)
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	$ -	$ -	$ -
(13)	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	$ -	$ -	$ -

Notes to Financial Statement

	(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)

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

	6/30/2019	Effective Tax Rate
Provision computed at statutory rate	$474,670	21.0%
Change in nonadmitted assets	$(1,404,832)	-62.2%
Tax exempt income, net of proration	$ -	0.0%
Dividends received deduction, net of proration	$ -	0.0%
Nondeductible expenses	$904,294	40.0%
Elimination of IMR Amortization	$ -	0.0%
Small Life Insurance Company Deduction	$ -	0.0%
Prior year under (over) accrual	$ 62,397	2.8%
Other	$ (584,736)	-25.9%
Total statutory income tax expense (benefit)	$ (548,207)	-24.3%
	6/30/2019	Effective Tax Rate
Federal and foreign income taxes incurred	$ 1,122,053	49.6%
Realized capital gains (losses) tax	$ -	0.0%
Change in net deferred income taxes	$ (654,094)	-28.9%
Total statutory income tax expense (benefit)	$ 467,959	20.7%

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

(1) At June 30, 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

Notes to Financial Statement

(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 $15,715,835 and $16,769,338 in capitated claims for its commercial enrollees as of June 30, 2019 and 2018, respectively. The company paid claims to affiliated companies in the amount of $4,155,455 as of June 30, 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 $276,097 and $250,495 to Aultman Health Foundation for management services that were provided and paid $13,147,860 and $11,644,553 of expense to AultCare Corporation for management services as of June 30, 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 $0 and $523,711 due from the parent as of June 30, 2019 and June 30, 2018, respectively. The Company reported $214,897 and $0 due to parent as of June 30, 2019 and 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 $9,200,410 and $8,299,089 as of June 30, 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 June 30, 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 $208,621 and $197,600 as of June 30, 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.

Notes to Financial Statement

(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.

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. The Company does not have any operating leases

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	$ 10,698,668	$ -	$ -	$ 10,698,668
Total assets at fair value	$ 10,698,668	$ -	$ -	$ 10,698,668

(2)
The Company had no assets with fair value measurements using significant unobservable inputs.

(3) The Company uses the valuation technique that is based on the quoted prices in the active markets.

(4) The Company has no Level 2 or Level 3 assets.

(5) The Company does not have any derivative assets or liabilities.

B. The Company does not have any other fair value assets to disclose.

C. Fair Value Measurement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	$17,605,806	$17,393,077		$17,605,806		
Industrial and Misc.	$13,011,873	$12,880,583		$13,011,873		
Common Stock	$10,698,668	$10,698,668	$10,698,668			

D. The Company had no fair value instruments or classes of financial instruments where it was not practible 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.

Notes to Financial Statement

F. The Company had no Subprime Mortgage Related Risk Exposure.
G. The Company had no retained assets.
H. The Company has no Insurance Linked Securities.

22. EVENTS SUBSEQUENT

A. As of August 15, 2019, there have been no Type I events subsequent to June 30, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued August 15, 2019.

B. As of August 15, 2019, there have been no Type II events subsequent to June 30, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued August 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 –TITLE

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 June 30, 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	

Notes to Financial Statement

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 Reinsurance	$102,043
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	$109,286	$ -	$ 9,863	$ -	$99,423	$ -	$ -	$ -	C	$99,423	$ -
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	$109,286	$ -	$111,906	$ -	$(2,620)	$ -	$ -	$ -		$(2,620)	$ -
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	I	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	J	$ -	$ -
3. Subtotal ACA Risk Corridors Program	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
d. Total for ACA Risk Sharing Provisions	$113,903	$ -	$111,906	$ -	$1,997	$ -	$ -	$ -		$1,997	$ -

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

Notes to Financial Statement

	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	A	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	B	$ -	$ -
b. 2015											
1. Accrued retrospective premium	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	C	$ -	$ -
2. Reserve for rate credits or policy experience rating refunds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	D	$ -	$ -
c. 2016											
1. Accrued retrospective premium	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	E	$ -	$ -
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 June 30, 2019, $25,940,504 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $2,081,300. Therefore, there has been $2,939,335 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
6/30/2019	$3,393,084	2,110,168	$ -	$ -	$ -
3/31/2019	$3,965,027	$1,873,182	$ -	$ -	$ -
12/31/2018	$2,191,701	$2,335,528	$ -	$2,970,543	$ -
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	$ -

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

Notes to Financial Statement

A. The Company does not have Premium Deficiency Reserves.

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

31. ANTICIPATED SALVAGE AND SUBROGATION

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

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? Yes[X] No[ ]
If yes, complete Schedule Y, Parts 1 and 1A.
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:
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? Yes[ ] No[X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
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? Yes[ ] No[ ] N/A[X]
If yes, attach an explanation.

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.
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? Yes[X] No[ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:
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).
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[ ] No[X]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

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	18,980,097
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	20,272,649	18,980,097
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 - Invesment 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 86.720%
   1.2 A&H cost containment percent 1.840%
   1.3 A&H expense percent excluding cost containment expenses 1.260%

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
			NONE					

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

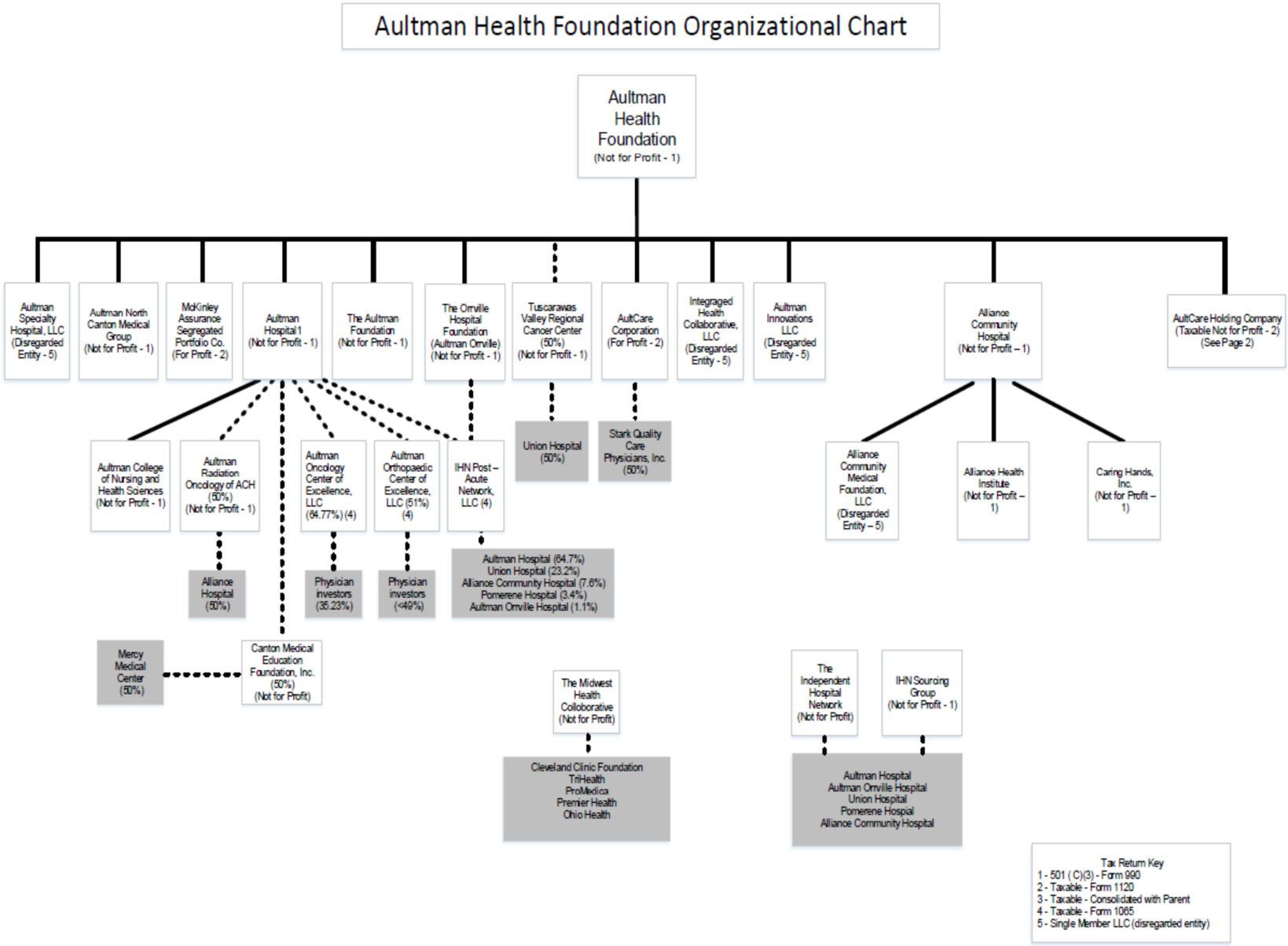
		Direct Business Only							
	1	2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	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	129,998,356			6,774,550			136,772,905	
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	129,998,356			6,774,550			136,772,905	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	XXX	129,998,356			6,774,550			136,772,905	
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG	1	R Registered - Non-domiciled RRGs	
E Eligible - Reporting entities eligible or approved to write surplus lines in the state		Q Qualified - Qualified or accredited reinsurer	
N None of the above Not allowed to write business in the state	56		

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

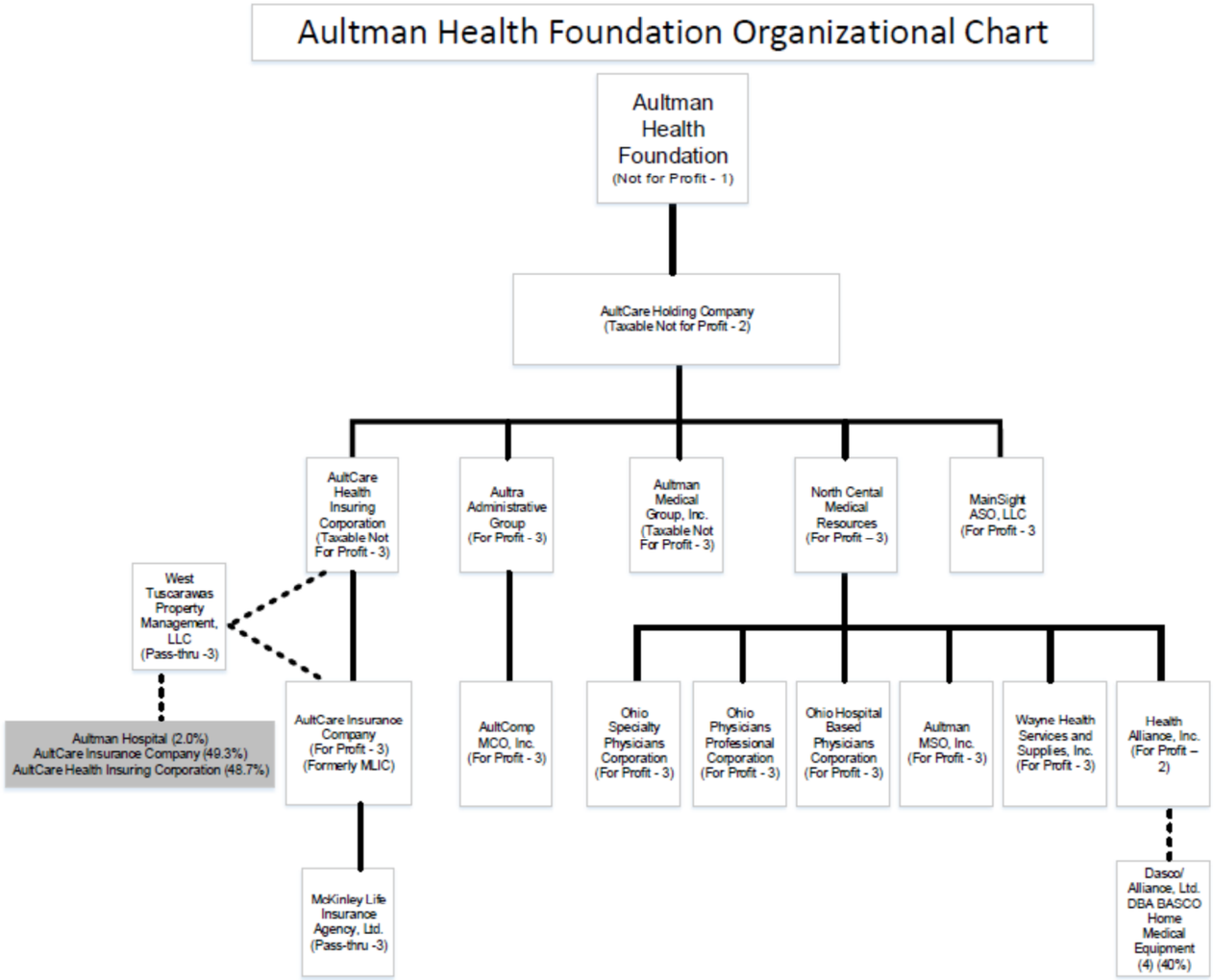
MEMBERS OF A HOLDING COMPANY GROUP



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



Q15.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

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
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

77216201936500002 2019 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

NONE

		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 va		
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

NONE

		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 poin		
9.	Total foreign exchange change in book value/recorded inve		
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	(214,897)	
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)	642,861	(422,193)
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals	220,516	
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)	20,480,097	20,272,649
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	20,480,097	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	3,902,819	6,521,530
3.	Accrual of discount	19,699	29,259
4.	Unrealized valuation increase (decrease)	964,644	(775,456)
5.	Total gain (loss) on disposals	213,391	(62,319)
6.	Deduct consideration for bonds and stocks disposed of	4,303,251	5,641,195
7.	Deduct amortization of premium	70,463	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)	40,972,327	40,245,490
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	40,972,327	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)	28,458,312	622,275	1,815,089	(16,868)	28,458,312	27,248,631		27,783,723
2. NAIC 2 (a)	2,848,271	386,860	203,159	(6,944)	2,848,271	3,025,028		2,922,119
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	31,306,583	1,009,136	2,018,248	(23,811)	31,306,583	30,273,659		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	31,306,583	1,009,136	2,018,248	(23,811)	31,306,583	30,273,659		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 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals		X X X			

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	2	Location		5	6	7	8	9	10	11	12	13
		3	4									
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Designation and Administrative Symbol/ Market Indicator	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership
Non-collateral Loans - Affiliated												
	AultCare Health Insuring Corporation	Canton	OH	AultCare Insurance Company		06/30/2019		(214,897)				100.000
2899999 Subtotal - Non-collateral Loans - Affiliated								(214,897)				XXX
4499999 Total - Unaffiliated												XXX
4599999 Total - Affiliated								(214,897)				XXX
4699999 TOTALS								(214,897)				XXX

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9 + 10 - 11 + 12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
Non-collateral Loans - Affiliated																			
	AultCare - Affiliated	Canton	OH	AultCare Insurance Company	01/01/2009	06/30/2019	9,420,926	(220,516)				(220,516)		94,200,410					55,311
2899999 Subtotal - Non-collateral Loans - Affiliated							9,420,926	(220,516)				(220,516)		94,200,410					55,311
4499999 Total - Unaffiliated																			
4599999 Total - Affiliated							9,420,926	(220,516)				(220,516)		94,200,410					55,311
4699999 TOTALS							9,420,926	(220,516)				(220,516)		94,200,410					55,311

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 - Industrial and Miscellaneous (Unaffiliated)									
001055AM4	AFLAC INC 3.625% 11/15/2024		04/25/2019	HUNTINGTON BANK	XXX	36,280	35,000	578	1
025816BR9	AMERICAN EXPRESS 3.0% 10/30/2024		04/25/2019	HUNTINGTON BANK	XXX	19,987	20,000	298	1
031162BV1	AMGEN INC 3.625% 05/22/2024		06/06/2019	HUNTINGTON BANK	XXX	41,579	40,000	73	2
035242AA4	ANHEUSER-BUSCH FIN 2.625% 01/17/2023		06/17/2019	HUNTINGTON BANK	XXX	115,417	115,000	1,275	2
06426KBB3	BANK OF NEW ENGLAND CD 2.45% 05/23/2022		05/01/2019	HUNTINGTON BANK	XXX	150,000	150,000		1
20033AV78	COMENITY CAPITAL BK CD 2.55% 04/29/2022		04/22/2019	HUNTINGTON BANK	XXX	150,000	150,000	10	1
278062AC8	EATON CORP 2.75% 11/02/2022		04/08/2019	HUNTINGTON BANK	XXX	44,912	45,000	543	2
370334BT0	GENERAL MILLS INC 3.65% 02/15/2024		04/12/2019	HUNTINGTON BANK	XXX	81,567	80,000	495	2
46625HJX9	JP MORGAN CHASE & CO 3.625% 05/13/2024		04/25/2019	HUNTINGTON BANK	XXX	77,074	75,000	1,254	1
61746BDQ6	MORGAN STANLEY SRES F 3.875% 04/29/2024		04/25/2019	HUNTINGTON BANK	XXX	51,698	50,000		1
74456QBK1	PUBLIC SVC ELEC&GAS CO 3.05% 11/15/2024		06/12/2019	HUNTINGTON BANK	XXX	30,614	30,000	74	1
806854AH8	SCHLUMBERGER INV 3.65% 12/01/2023		05/08/2019	HUNTINGTON BANK	XXX	66,173	64,000	1,032	1
863667AF8	STRYKER CORP 3.375% 05/15/20224		05/15/2019	HUNTINGTON BANK	XXX	40,952	40,000	8	2
86787EAV9	SUNTRUST BANKS SERIES BK 3.0% 02/02/2023		04/25/2019	HUNTINGTON BANK	XXX	30,069	30,000	218	1
907818EU8	UNION PACIFIC CORP 3.5% 06/08/2023		06/27/2019	HUNTINGTON BANK	XXX	62,434	60,000	117	2
91159HHG8	US BANKCORP SERIES MTN 3.7% 01/30/2024		04/05/2019	HUNTINGTON BANK	XXX	10,381	10,000	71	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	1,009,136	994,000	6,043	XXX
8399997 Subtotal - Bonds - Part 3					XXX	1,009,136	994,000	6,043	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	1,009,136	994,000	6,043	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		02/01/2019	HUNTINGTON BANK	1,072.769	11,350	XXX		L
31428Q739	FEDERATED TOTAL BOND RETURN		03/01/2019	HUNTINGTON BANK	1,019.577	10,787	XXX		L
31428Q739	FEDERATED TOTAL BOND RETURN		04/01/2019	HUNTINGTON BANK	1,104.117	11,847	XXX		L
31428Q739	FEDERATED TOTAL BOND RETURN		05/01/2019	HUNTINGTON BANK	1,165.150	12,502	XXX		L
31428Q739	FEDERATED TOTAL BOND RETURN		06/03/2019	HUNTINGTON BANK	1,208.552	13,077	XXX		L
922908728	VANGUARD TOTAL MKT FUND		06/14/2019	HUNTINGTON BANK	263.716	18,877	XXX		L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	78,440	XXX		XXX
9799997 Subtotal - Common Stocks - Part 3					XXX	78,440	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	78,440	XXX		XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	78,440	XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	1,087,576	XXX	6,043	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Administrative Symbol/ Market Indicator (a)
Bonds - U.S. Governments																					
3133XTYY6	FHLB 4.38% 6/14/2019		06/14/2019	HUNTINGTON BANK	XXX	250,000	250,000	250,625	250,026		(26)		(26)		250,000				5,469	06/14/2019	1
912828SN1	U.S. TREASURY NT 1.50% 3/31/2019		03/31/2019	HUNTINGTON BANK	XXX	500,000			499,639		361		361		500,000				3,750	03/31/2019	1
912828WL0	U.S. TREASURY NT 1.50% 5/31/2019		05/31/2019	HUNTINGTON BANK	XXX	500,000	500,000	500,000	500,000						500,000				3,750	05/31/2019	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	1,250,000	750,000	750,625	1,249,666		334		334		1,250,000				12,969	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
037411BD6	APACHE CORP 2.625% 1/15/2023		06/21/2019	HUNTINGTON BANK	XXX	67,666	70,000	68,693	68,971		114		114		69,085		(1,420)	(1,420)	3,815	01/15/2023	2
037411BD6	APACHE CORP 2.625% 1/15/2023		06/21/2019	HUNTINGTON BANK	XXX	24,166	25,000	23,822	23,961		113		113		24,074		92	92	1,363	01/15/2023	2
209111EX7	CONSOLIDATED EDISON CO NY 6.65% 4/1/2019		04/01/2019	HUNTINGTON BANK	XXX	40,000	40,000	43,180	40,486		(486)		(486)		40,000				1,330	04/01/2019	1
26875PAD3	EOG RESOURCES 5.625% 6/1/2019		06/01/2019	HUNTINGTON BANK	XXX	50,000	50,000	54,262	50,548		(548)		(548)		50,000				1,406	06/01/2019	2
26875PAD3	EOG RESOURCES 5.625% 6/1/2019		06/01/2019	HUNTINGTON BANK	XXX	10,000	10,000	10,944	10,130		(130)		(130)		10,000				281	06/01/2019	2
29976D2P4	EVERBANK CD 1.550% 4/16/2019		04/16/2019	HUNTINGTON BANK	XXX	150,000	150,000	150,000	150,000						150,000				1,153	04/16/2019	1
46625HHL7	JPMORGAN CHASE 6.30% 4/23/2019		04/12/2019	HUNTINGTON BANK	XXX	50,033	50,000	59,246	50,560		(505)		(505)		50,055		(22)	(22)	1,514	04/23/2019	1
46625HHL7	JPMORGAN CHASE 6.30% 4/23/2019		04/12/2019	HUNTINGTON BANK	XXX	25,017	25,000	26,899	25,346		(312)		(312)		25,034		(17)	(17)	757	04/23/2019	1
74432QBG9	PRUDENTIAL FIN SERIES 7.375% 6/15/2019		06/15/2019	HUNTINGTON BANK	XXX	50,000	50,000	53,860	51,191		(1,191)		(1,191)		50,000				1,844	06/15/2019	1
74456QBG0	PUBLIC SERVICE MTN 1.80% 6/1/2019		06/01/2019	HUNTINGTON BANK	XXX	75,000	75,000	74,419	74,948		52		52		75,000				675	06/01/2019	1
74456QBG0	PUBLIC SERVICE MTN 1.80% 6/1/2019		06/01/2019	HUNTINGTON BANK	XXX	25,000	25,000	25,310	25,047		(47)		(47)		25,000				225	06/01/2019	1
867914BG7	SUNTRUST BANKS 2.50% 5/1/2019		05/01/2019	HUNTINGTON BANK	XXX	50,000	50,000	50,182	50,012		(12)		(12)		50,000				625	05/01/2019	2
966594AY9	WHITNEY BANK CD 1.650% 4/22/2019		04/22/2019	HUNTINGTON BANK	XXX	150,000	150,000	150,000	150,000						150,000				1,248	04/22/2019	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	766,881	770,000	790,815	771,200		(2,951)		(2,951)		768,248		(1,367)	(1,367)	16,235	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	2,016,881	1,520,000	1,541,440	2,020,865		(2,617)		(2,617)		2,018,248		(1,367)	(1,367)	29,204	XXX	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	2,016,881	1,520,000	1,541,440	2,020,865		(2,617)		(2,617)		2,018,248		(1,367)	(1,367)	29,204	XXX	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999 Subtotal - Preferred Stocks					XXX		XXX													XXX	XXX
Common Stocks - Mutual Funds																					
922908728	VANGUARD TOTAL MKT FUND		04/22/2019	VANGUARD	3,808.337	275,000	XXX	60,283	236,460	(176,177)			(176,177)		60,283		131,277	131,277	1,415	XXX	L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	275,000	XXX	60,283	236,460	(176,177)			(176,177)		60,283		131,277	131,277	1,415	XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	275,000	XXX	60,283	236,460	(176,177)			(176,177)		60,283		131,277	131,277	1,415	XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999 Subtotal - Common Stocks					XXX	275,000	XXX	60,283	236,460	(176,177)			(176,177)		60,283		131,277	131,277	1,415	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	275,000	XXX	60,283	236,460	(176,177)			(176,177)		60,283		131,277	131,277	1,415	XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	2,291,881	XXX	1,601,723	2,257,325	(176,177)	(2,617)		(178,794)		2,078,531		129,910	129,910	30,619	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

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			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Huntington Bank - Trust	Canton, Ohio			2.200	4,166		724,376	1,297,399	1,573,754	X X X
Huntington Bank - Brokered CDs	Canton, Ohio			2.200	707		354,213	57,460	63,326	X X X
Huntington National Bank	Canton, Ohio						10,803,087	13,256,779	13,594,123	X X X
Huntington Bank - Mutual Funds Cash	Canton, Ohio						692	693	695	X X X
Huntington Bank - Richmond Capital	Canton, Ohio			2.200	352		65,886	42,493	129,040	X X X
										X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X	5,225		11,948,253	14,654,824	15,360,937	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	5,225		11,948,253	14,654,824	15,360,937	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	5,225		11,948,253	14,654,824	15,360,937	X X X

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
	NONE							
8899999 Total - Cash Equivalents								

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
  Realized; Q4
  Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
  Accrued; Q2
  Earned; Q2; QSI03
  Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
- Advance; Q3
- Collected; Q6
- Deferred; Q2
- Direct; Q7; Q13
- Earned; Q7
- Retrospective; Q2
- Uncollected; Q2
- Unearned; Q4
- Written; Q4; Q7

Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
- Ceded; Q3; Q12
- Funds Held; Q2
- Payable; Q3
- Premiums; Q3
- Receivable; Q2; Q4
- Unauthorized; Q3; Q5

Reserves
- Accident and Health; Q3; Q4
- Claim; Q3; Q5; Q8
- Life; Q3

Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8