



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2019
OF THE CONDITION AND AFFAIRS OF THE
AultCare Health Insuring Corporation

NAIC Group Code	4805 (Current Period)	4805 (Prior Period)	NAIC Company Code	15461	Employer's ID Number	46-3305099
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	07/11/2013		Commenced Business	01/01/2015		
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.

Gregory A. Haban M.D.
Rick L. Haines
Mark D. Wright
Darryl J. Dillenback
Joseph J. Feltes Esq.

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?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Mark N. Rose M.D.	Barbara Hammontree-Bennett
John Westerbeck M.D.	Richard V. Maggiore
Todd Hawke	

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	28,883,036		28,883,036	27,328,067
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	63,335,486		63,335,486	57,261,219
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 (\$.....2,737,218), cash equivalents (\$.....0) and short-term investments (\$.....0)	2,737,218		2,737,218	2,057,699
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets	13,623,261		13,623,261	11,207,451
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)	108,579,002		108,579,002	97,854,436
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	177,365		177,365	159,789
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	449,253		449,253	1,058,528
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	3,222,330		3,222,330	1,590,233
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	17,466		17,466	17,466
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....5,162,543) and other amounts receivable	10,253,421	5,090,878	5,162,543	5,130,946
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)	122,698,838	5,090,878	117,607,960	105,811,398
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	122,698,838	5,090,878	117,607,960	105,811,398
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 \$.....0 reinsurance ceded)	11,281,604		11,281,604	14,301,604
2.	Accrued medical incentive pool and bonus amounts	958,082		958,082	1,505,332
3.	Unpaid claims adjustment expenses	407,500		407,500	407,500
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	1,663,901		1,663,901	201,518
9.	General expenses due or accrued	824,571		824,571	490,050
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	2,722,677		2,722,677	1,105,152
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	295,907		295,907	
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	6,000		6,000	236,375
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	416,740		416,740	416,742
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	Total liabilities (Lines 1 to 23)	18,576,982		18,576,982	18,664,272
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	68,069,349	68,069,349
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	30,961,629	19,077,777
32.	Less treasury stock, at cost:				
32.1	0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	99,030,978	87,147,126
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	117,607,960	105,811,398
DETAILS OF WRITE-INS					
2301.	0				
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.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

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	X X X	179,401	180,997	240,966
2.	Net premium income (including \$.....0 non-health premium income)	X X X	189,760,520	185,157,559	242,638,011
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	189,760,520	185,157,559	242,638,011
Hospital and Medical:					
9.	Hospital/medical benefits		124,584,078	121,429,431	160,121,747
10.	Other professional services				
11.	Outside referrals		4,596,142	3,769,973	5,012,850
12.	Emergency room and out-of-area		2,603,728	4,160,930	5,286,069
13.	Prescription drugs		25,138,465	25,684,979	29,993,487
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		2,690,278	3,432,521	4,432,443
16.	Subtotal (Lines 9 to 15)		159,612,690	158,477,834	204,846,595
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)		159,612,690	158,477,834	204,846,595
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....4,712,425 cost containment expenses		5,078,009	4,708,963	6,439,022
21.	General administrative expenses		18,186,762	17,676,888	23,449,063
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)		182,877,461	180,863,685	234,734,680
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	6,883,059	4,293,874	7,903,331
25.	Net investment income earned		641,045	554,339	823,062
26.	Net realized capital gains (losses) less capital gains tax of \$.....66,141		264,563	12,926	13,014
27.	Net investment gains or (losses) (Lines 25 plus 26)		905,608	567,265	836,077
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)	X X X	7,788,667	4,861,139	8,739,408
31.	Federal and foreign income taxes incurred	X X X	1,551,384	1,016,900	1,606,838
32.	Net income (loss) (Lines 30 minus 31)	X X X	6,237,283	3,844,239	7,132,570
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	Reinsurance Claims				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	87,147,126	90,023,432	90,023,432
34.	Net income or (loss) from Line 32	6,237,283	3,844,239	7,132,570
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....62,681	5,967,292	395,592	(1,713,736)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			271,803
39.	Change in nonadmitted assets	(320,722)	(2,194,080)	(2,466,943)
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			0
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			(6,100,000)
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	11,883,853	2,045,750	(2,876,306)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	99,030,979	92,069,183	87,147,126
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	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	192,128,084	189,923,053	242,285,234
2.	Net investment income	686,276	640,339	935,200
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	192,814,360	190,563,392	243,220,434
5.	Benefit and loss related payments	163,532,259	161,669,281	203,803,900
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	24,562,348	22,877,944	29,967,491
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	0	2,000,000	1,999,998
10.	TOTAL (Lines 5 through 9)	188,094,607	186,547,226	235,771,389
11.	Net cash from operations (Line 4 minus Line 10)	4,719,753	4,016,166	7,449,045
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	5,369,973	3,100,262	4,168,383
12.2	Stocks	550,000	615,449	615,449
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	(27)		
12.7	Miscellaneous proceeds	182,295		
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	6,102,241	3,715,711	4,783,832
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	6,988,199	3,408,214	4,523,621
13.2	Stocks	164,635	769,763	890,163
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets	2,576,971		9,727,147
13.6	Miscellaneous applications	182,296	127,500	
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	9,912,100	4,305,477	15,140,931
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)	(3,809,860)	(589,766)	(10,357,099)
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		0
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			6,100,000
16.6	Other cash provided (applied)	(230,375)	(581,548)	(527,225)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(230,374)	(581,548)	(6,627,226)
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)	679,519	2,844,851	(9,535,280)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	2,057,699	11,592,979	11,592,979
19.2	End of period (Line 18 plus Line 19.1)	2,737,218	14,437,830	2,057,699
Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:				
20.0001	Cumulative effect of changes in accounting principles			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	20,006							20,006		
2. First Quarter	20,044							20,044		
3. Second Quarter	19,920							19,920		
4. Third Quarter	19,594							19,594		
5. Current Year										
6. Current Year Member Months	179,401							179,401		
Total Member Ambulatory Encounters for Period:										
7. Physician	171,412							171,412		
8. Non-Physician	358,331							358,331		
9. Total	529,743							529,743		
10. Hospital Patient Days Incurred	53,402							53,402		
11. Number of Inpatient Admissions	6,187							6,187		
12. Health Premiums Written (a)	190,003,520							190,003,520		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	190,003,520							190,003,520		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	163,179,940							163,179,940		
18. Amount Incurred for Provision of Health Care Services	159,612,690							159,612,690		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....190,003,520.

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
Claims unpaid (Reported)						
.....						
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						11,281,604
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						11,281,604
0899999 Accrued Medical Incentive Pool And Bonus Amounts						958,082

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	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	14,370,131	145,572,282		11,281,604	14,370,131	14,301,604
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	14,370,131	145,572,282		11,281,604	14,370,131	14,301,604
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	1,443,669	1,793,858	61,663	896,419	1,505,332	1,505,332
13.	Totals (Lines 9 - 10 + 11 + 12)	15,813,800	147,366,140	61,663	12,178,023	15,875,463	15,806,936

(a) Excludes \$.00 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	\$6,237,282	\$7,132,570
(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	\$6,237,282	\$7,132,570
Capital and Surplus					
(5) Company state basis (Page3, Line 33, Columns 3 &4)	xxx	xxx	xxx	\$ 99,030,978	\$87,147,126
(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	\$ 99,030,978	\$87,147,126

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 \$67,228,546. Of this amount, \$53,605,285 is invested in AultCare Insurance Company. This represents the statutory equity of AultCare Insurance Company. The company has an investment in AultCare Corporation in the amount of \$3,804,118. The Company also has an investment in West Tuscarawas Property Management in the amount of \$9,819,143 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 had no repurchase agreements accounted for a secured borrowing.
- G. The Company had no reverse repurchase agreements accounted for a secured borrowing.
- H. The Company had no repurchase agreements accounted for as sales.
- I. The Company had no reverse repurchase agreements accounted for as sales
- J. The Company owns \$9,819,143 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.
- K. The Company has no investments in Low-Income Housing Tax Credits.
- L. The Company had no restricted assets.
- M. The Company had no Working Capital Finance Investments during the periods reported.
- N. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.
- O. The Company had no Structured Notes.
- P. The Company had no 5*Securities during the periods reported.
- Q. The Company had no short sale securities.
- R. The Company had no prepayment penalty or acceleration fees.

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 September, 30 2019 are as follows:

1. (reported in thousands)		9/30/2019			9/30/2018			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(f)	Deferred Tax Liabilities	\$ -	\$ 37	\$ 37	\$ 254	\$ -	\$ 254	\$ -	\$ 37	\$ (217)
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 55	\$ (37)	\$ 18	\$ (254)	\$ -	\$ (254)	\$ (254)	\$ (37)	\$ 272
2. (reported in thousands)		9/30/2019			9/30/2018			Change		
Admission Calculation Components		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Notes to Financial Statement

SSAP No. 101		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$(254)	\$ -	\$(254)	\$ 254	\$ -	\$ 254
(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)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55

Cont. Note 9 A 2

	1	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 55	\$ -	\$ 699	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
	2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$14,852	XXX	XXX	\$13,490	XXX	XXX	\$ 1,362
(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	\$ -	\$(37)	\$(37)	\$ -	\$ -	\$ -	\$ -	\$(37)	\$(37)
(d)		Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 55	\$(37)	\$ 18	\$ (254)	\$ -	\$ (254)	\$ 309	\$(37)	\$ 272
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	\$99,013		\$89,933						
4. (reported in thousands)			9/30/2019			9/30/2018			Change		
Impact of Tax Planning Strategies			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)		Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(b)		Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ 55	\$ -	\$ 55	\$ -	\$ -	\$ -	\$ 55	\$ -	\$ 55
(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) 9/30/2019	(2) 9/30/2018	(3) (Col 1-2) Change
1.	Current Income Tax			
(a)	Federal	\$1,617,525	\$584,113	\$1,033,412
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$1,617,525	\$584,113	\$1,033,412
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$1,617,525	\$584,113	\$1,033,412
2.	Deferred Tax Assets			
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve	\$ 8,464	\$ 1,487	\$ 6,977
(3)	Policyholder Reserves	\$ 46,131	\$ 16,643	\$ 29,488
(4)	Investments	\$ -	\$ -	\$ -
(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$ -	\$ -	\$ -
(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)	\$ -	\$ -	\$ -

Cont. Note 9 C 2

(14)	Subtotal	\$ 54,595	\$ 18,130	\$ 36,465
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 54,595	\$ -	\$ 36,465
(e)	Capital			
(1)	Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -

Notes to Financial Statement

	(2) Subtotal	\$ -	\$ -	\$ -
(f)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g)	Nonadmitted	\$ -	\$ -	\$ -
(h)	Admitted capital deferred tax assets (2e2 - 2f - 2g)	\$ -	\$ -	\$ -
(i)	Admitted deferred tax assets (2d + 2h)	\$ 54,595	\$ 18,130	\$ 36,465
3.	Deferred Tax Liabilities			
(a)	Ordinary			
	(1) Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(b)	Capital	\$ -	\$ -	\$ -
	(1) Investments	\$ 37,129	\$ 272,467	\$ (235,338)
	(2) Subtotal	\$ 37,129	\$ 272,467	\$ (235,338)
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ 37,129	\$ 272,467	\$ (235,338)
4.	Net deferred tax assets/liabilities (2i - 3c)	\$ 17,466	\$(254,337)	\$ 271,803

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

	9/30/2019	Effective Tax Rate
Provision computed at statutory rate	\$1,649,510	21.2%
Change in nonadmitted assets	\$ 320,722	4.1%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$13,796	0.2%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ -	0.0%
Other	\$ -	-16.7%
Total statutory income tax expense (benefit)	\$ 1,984,027	25.5%
	9/30/2019	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 1,617,525	20.8%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (36,465)	-.05%
Total statutory income tax expense (benefit)	\$ 1,581,060	20.4%

- E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits
- (1) At September, 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,

Notes to Financial Statement

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.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A, B, C, The Company had the following transactions with affiliates.
The Company is a party to a Master Services Agreement with Aultman Health Foundation, the ultimate controlling person, under which AHF provides the Company with certain professional management, administration, billing, purchasing, physical plant, and staffing services and support. The Company paid Aultman Health Foundation \$368,315 and \$366,432, respectively, for services provided under the Master Services Agreement as of September, 30 2019 and 2018, respectively.

The Company has a capitation arrangement with Aultman Hospital and has paid \$44,334,554 and \$46,102,939 in capitated claims for its commercial enrollees as of September 30, 2019 and 2018, respectively. The company paid claims to affiliated companies in the amount of \$15,956,469 as of September 30, 2019.

The Company also is a party to a Management and Administrative Services Agreement with AultCare Corporation under which AultCare Corporation provides the Company with certain specified services, including (among others) management and administrative services, provider networking services, marketing and sales services, and office facilities. The Company paid AultCare Corporation \$14,706,266 and \$14,185,658, respectively, for services provided under the Management and Administrative Services Agreement as of September, 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 owes \$0 and owed \$444,685 as of September, 30 2019 and September, 30 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 \$0 and \$268,633as of September, 30 2019and 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 September, 30 2019, the Company has paid \$5,064,971 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.
- O. The company did not have any SCA losses.

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 \$292,938 and \$279,840 as of September, 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 no common stock outstanding.
- (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.

Notes to Financial Statement

- (4) The Company paid \$0 dividends in 2019 to AultCare Holding Company.
- (5) There were no restrictions placed on the Company’s profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
For conversion of preferred stock: 0 shares.
A. For employee stock options: 0 shares.
B. For stock purchase warrants: 0 shares.
- (9) The Company did not have changes in the balances of any special surplus funds.
- (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. Lessee Operating Lease
(1) The Company has no operating leases. Corporate office facilities expense is covered through the management service agreement with AultCare Corporation in Note 10 above.

(2) At January 1, 2019, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2018	\$0
2.	2017	\$0
- B. Leasing is not a significant part of the lessor’s business activities in terms of revenue, net income, or assets.

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

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

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

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

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

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

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

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

20. FAIR VALUE MEASUREMENT

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

(1)

Fair Value Measurements at Reporting Date				
(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Common Stock	\$ 9,730,202	\$ -	\$ -	\$ 9,730,202
Total assets at fair value	\$ 9,730,202	\$ -	\$ -	\$ 9,730,202

- (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	Aggregate Fair	Admitted	(Level 1)	(Level 2)	(Level 3)	Not Practicable
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Notes to Financial Statement

Instrument	Value	Assets				(Carrying Value)
Bonds	\$18,642,518	\$18,339,630		\$18,642,518		
Industrial and Misc.	\$10,710,482	\$10,543,406		\$10,710,482		
Common Stock	\$9,730,202	\$9,730,202	\$9,730,202			

- D. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either September 30, 2019, or 2018.
- E. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either September 30, 2019, or 2018.

21. OTHER ITEMS

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

22. EVENTS SUBSEQUENT

- A. As of November 15, 2019, there have been no Type I events subsequent to September 30, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued November 15, 2019
- B. As of November 15, 2019, there have been no Type II events subsequent to September 30, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued November 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 19)

- A. The Company’s participation in the Medicare Advantage program involves a risk-sharing provision with CMS. CMS adjusts its payments to the Company based on how actual benefit cost varied from estimated benefit costs included in the Company Medicare Advantage bid.
- B. The Company records accrued retrospective premiums as an adjustment to earned premiums.
- C. Net Premiums Written subject to retrospective rating features were \$0 and \$0 in 2019 and 2018, respectively.
- D. The Company has no paid or payable medical loss rebates.
- E. The Company writes no business subject to the risk-sharing provisions of the Affordable Care Act.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

- A. Reserves as of December 31, 2018 were \$14,301,604. As of September 30, 2019, \$14,370,131 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years.

Notes to Financial Statement

Reserves remaining for prior years are now \$0. Therefore, there has been \$(68,527) 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
9/30/2019	\$4,584,300	\$ 2,310,477	\$ -	\$ -	\$ -
6/30/2019	\$4,190,774	\$ 2,332,698	\$ -	\$ -	\$ -
3/31/2019	\$4,081,541	\$ 2,279,663	\$ 2,386,475	\$ -	\$ -
12/31/2018	\$3,941,279	\$ 1,927,963	\$ -	\$ 2,082,766	\$ -
9/30/2018	\$3,981,433	\$ 1,910,217	\$ -	\$ 1,779,739	\$ -
6/30/2018	\$5,258,370	\$ 2,152,660	\$ -	\$ 1,945,743	\$ -
3/31/2018	\$1,892,789	\$ 1,927,178	\$ -	\$ 1,904,881	\$ -
12/31/2017	\$1,892,789	\$ 1,106,890	\$ -	\$ 930,973	\$ -
9/30/2017	\$793,005	\$ 1,078,489	\$ -	\$ 978,168	\$ -
6/30/2017	\$793,005	\$ 864,382	\$ -	\$ 958,569	\$ -
3/31/2017	\$793,005	\$ 1,129,757	\$ -	\$ 4,220,525	\$ -
12/31/2016	\$793,005	\$ 359,524	\$ -	\$ 299,990	\$ -
9/30/2016	\$742,354	\$ -	\$ -	\$ 404,355	\$ -
6/30/2016	\$742,354	\$ -	\$ -	\$ 1,386,700	\$ -
3/31/2016	\$742,354	\$ -	\$ -	\$ 1,244,136	\$ -

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

29. PARTICIPATING POLICIES

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

30. PREMIUM DEFICIENCY RESERVES

A. The Company does not have Premium Deficiency Reserves.

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	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....		

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

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

..... 12/31/2015
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

..... 04/28/2017
- 6.4 By what department or departments?

Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....		 No	 No	 No	 No

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(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.

Yes[X] No[]
- 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	48,311,523	53,605,285
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other	11,207,451	13,623,261
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	59,518,974	67,228,546
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

Yes[] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

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

If no, attach a description with this statement.

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

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

\$ 0

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

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

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

Yes[X] No[]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....		

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

Yes[] No[X]
- 17.4 If yes, give full and complete information relating thereto:

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

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

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

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

Yes[] No[X]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[] No[X]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

Yes[X] No[]
- 18.2 If no, list exceptions:

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

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

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

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

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018 .

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	88.360%
1.2 A&H cost containment percent	2.480%
1.3 A&H expense percent excluding cost containment expenses	9.570%
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

		1	Direct Business Only							
			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		190,030,187					190,030,187	
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)	X X X								
59.	Subtotal	X X X		190,030,187					190,030,187	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X		190,030,187					190,030,187	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

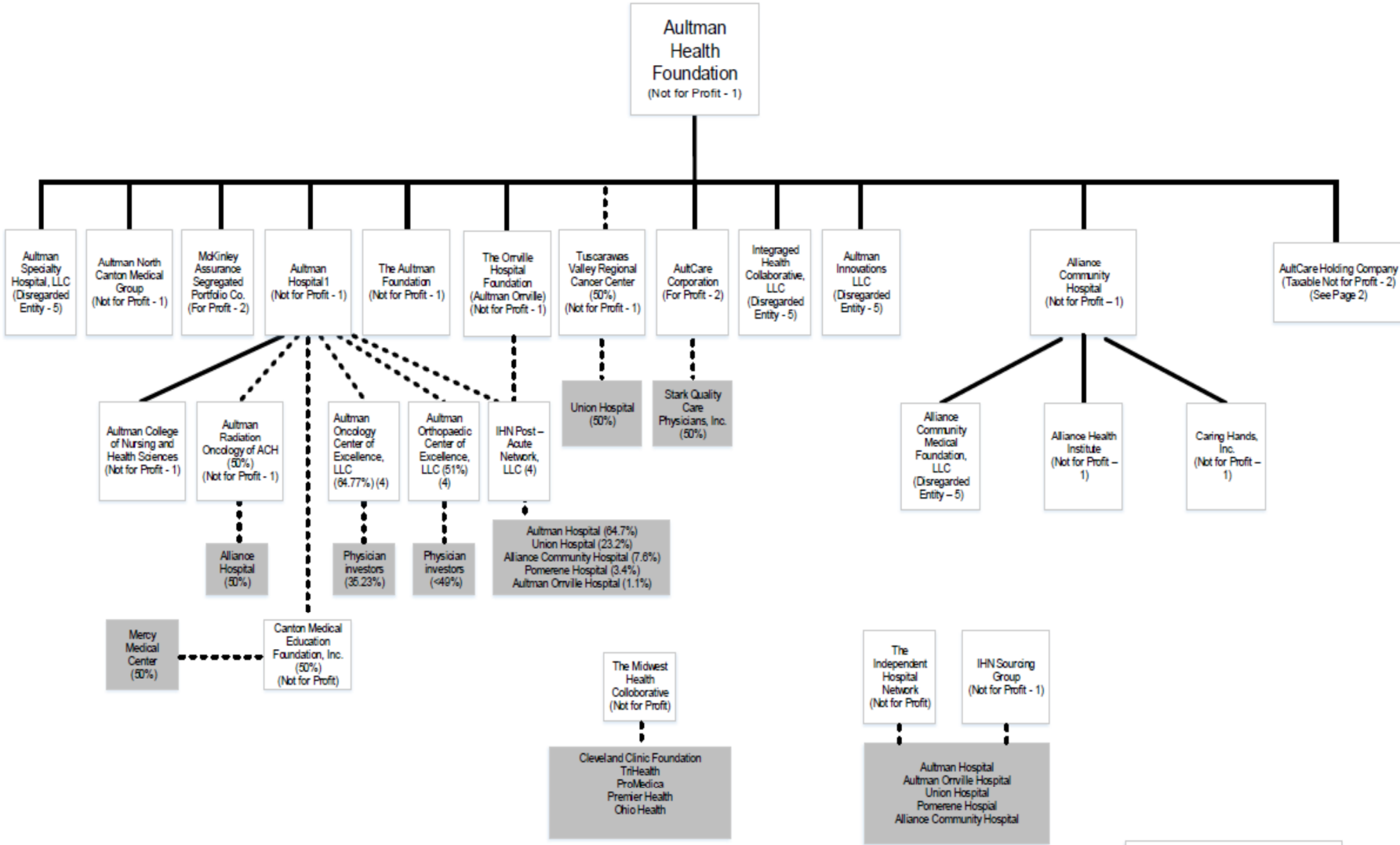
(a) Active Status Counts:

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

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

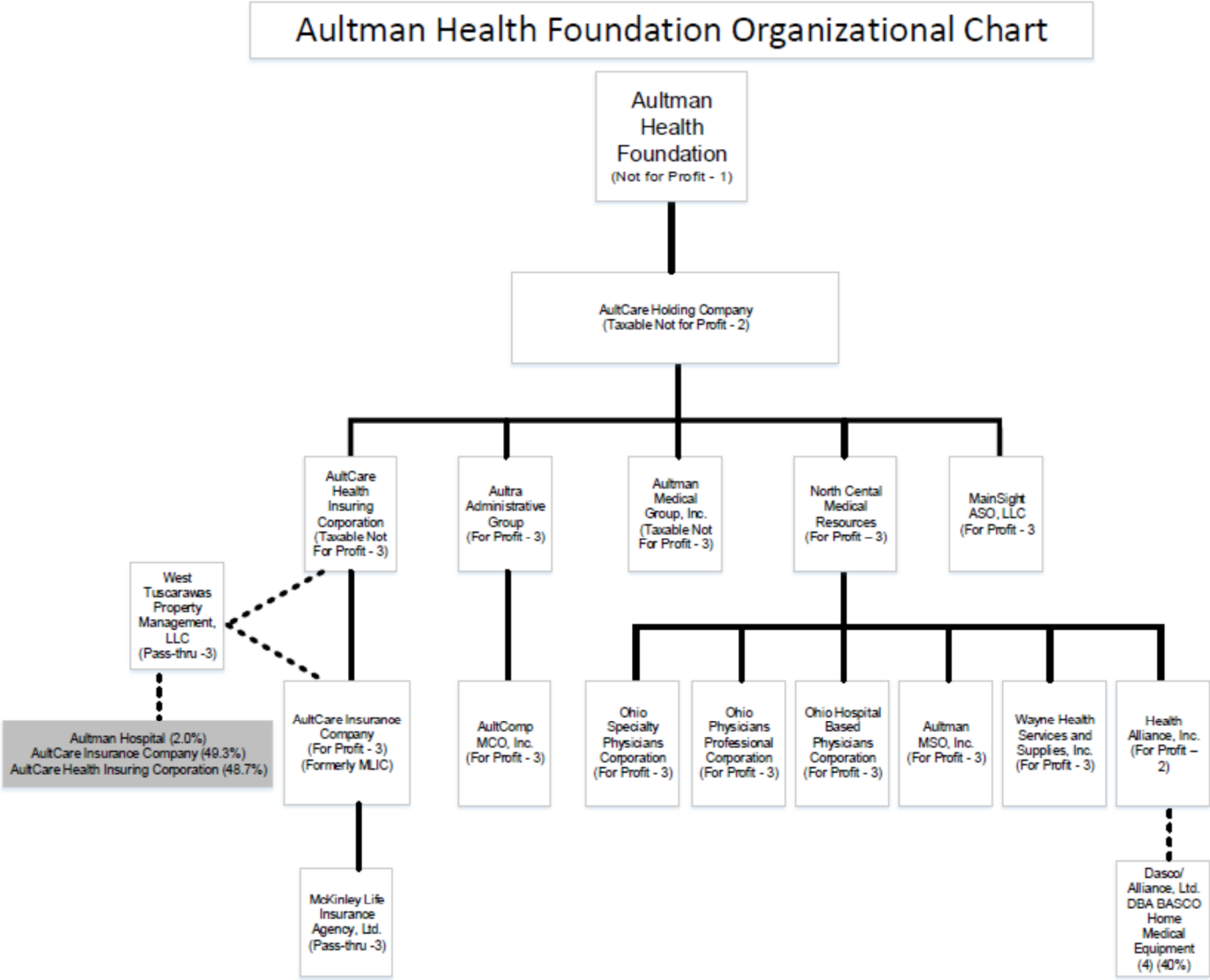
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP

Aultman Health Foundation Organizational Chart



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

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



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

916

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4805		00000	34-1445390				Aultman Health Foundation	US	UIP	Self	Board of Directors		Aultman Health Foundation	N	0000000
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		77216	34-1624818				AultCare Insurance Company	US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1488123				AultCare Corporation	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	N	
4805		00000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company & AultCare Health Insuring Corp & Aultman Hospital	Ownership	94.0	Aultman Health Foundation	N	0000001
		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	
		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	
		15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	Aultman Health Foundation	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	51.0	Aultman Health Foundation	N	
		00000	46-2540184				Aultman Orthopedic Center of Excellence	US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	N	
		00000	81-1342957				The Midwest Health Collaborative	US	NIA	Other	Other		Aultman Health Foundation	N	
		00000	45-1731318				IHN Sourcing Group	US	NIA	Other	Other		Aultman Health Foundation	N	
		00000	81-4224503				Aultman Radiation Oncology of ACH	US	NIA	Other	Ownership	50.0	Aultman Health Foundation	N	
		00000	81-0847842				Aultman Innovations, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	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	
		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%

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.

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

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



15461201936500003

2019

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **September 30, 2019** OF THE **AultCare Health Insuring Corporation**

SCHEDULE A - VERIFICATION
Real Estate

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

SCHEDULE B - VERIFICATION
Mortgage Loans

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

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	11,207,451	1,541,911
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		8,500,000
	2.2 Additional investment made after acquisition	2,576,971	1,227,147
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)	(161,161)	(61,606)
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	13,623,261	11,207,451
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	13,623,261	11,207,451

SCHEDULE D - VERIFICATION
Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	84,589,286	85,709,155
2.	Cost of bonds and stocks acquired	7,152,834	5,413,784
3.	Accrual of discount	18,175	15,833
4.	Unrealized valuation increase (decrease)	6,310,748	(1,652,129)
5.	Total gain (loss) on disposals	148,435	16,474
6.	Deduct consideration for bonds and stocks disposed of	5,919,973	4,783,832
7.	Deduct amortization of premium	80,984	129,998
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)	92,218,523	84,589,286
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	92,218,523	84,589,286

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)	24,813,061	2,184,664	600,149	(14,140)	25,258,884	24,813,061	26,383,437	25,226,507
2. NAIC 2 (a)	2,394,657	163,133	51,521	(6,669)	2,293,266	2,394,657	2,499,600	2,266,378
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	27,207,719	2,347,797	651,670	(20,810)	27,552,149	27,207,719	28,883,036	27,492,885
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	27,207,719	2,347,797	651,670	(20,810)	27,552,149	27,207,719	28,883,036	27,492,885

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

SCHEDULE DA - PART 1

Short - Term Investments

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

NONE

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	164,819	150,000
2.	Cost of short-term investments acquired	50,685	164,364
3.	Accrual of discount	130	456
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(27)	
6.	Deduct consideration received on disposals	215,071	150,000
7.	Deduct amortization of premium	536	
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)	0	164,819
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	0	164,819

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
CUSIP Identification	Name or Description	3	4	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
		City	State									
Capital Notes - Unaffiliated												
.....	AultCare - Affiliated	Canton	OH	AultCare Health Insuring Corporation		12/31/2018 .		1,227,147	3,172,381			100.000
.....	AultCare Insurance Company	Canton	OH	AultCare Health Insuring Corporation		09/30/2019 .			631,736			100.000
2999999 Subtotal - Capital Notes - Unaffiliated								1,227,147	3,804,118			X X X ...
4499999 Total - Unaffiliated								1,227,147	3,804,118			X X X ...
4599999 Total - Affiliated												X X X ...
4699999 TOTALS								1,227,147	3,804,118			X X X ...

SCHEDULE BA - PART 3

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

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.						
								N O N E											
4699999 TOTALS																			

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/ Market Indicator (a)
Bonds - U.S. Governments									
9128286T2 ..	US TREASURY N/B 2.375% 05/15/2029		08/15/2019 ..	HUNTINGTON BANK	X X X	376,496	350,000	2,101	1
9128283G3 ..	US TREASURY N/B 1.75% 11/15/2020		06/28/2019 ..	HUNTINGTON BANK	X X X	499,336	500,000	1,118	1
912828N30 ..	US TREASURY N/B 2.125% 12/31/2022		06/28/2019 ..	HUNTINGTON BANK	X X X	405,453	400,000	23	1
9128284V9 ..	US TREASURY N/B 2.875% 08/15/2028		07/08/2019 ..	HUNTINGTON BANK	X X X	107,098	100,000	1,144	1
912828V80 ..	US TREASURY N/B 2.25% 01/31/2024		07/03/2019 ..	HUNTINGTON BANK	X X X	306,750	300,000	2,890	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,695,133	1,650,000	7,275	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
14042TBH9 ..	CAPITAL ONE BNK USA CD 2.15% 08/01/2022		07/29/2019 ..	HUNTINGTON BANK	X X X	150,000	150,000		1
126650CV0 ..	CVS HEALTH CORP 3.7% 03/09/2023		08/08/2019 ..	HUNTINGTON BANK	X X X	51,945	50,000	786	2
337738AQ1 ..	FISERV INC 3.8% 10/01/2023		08/13/2019 ..	HUNTINGTON BANK	X X X	52,898	50,000	707	2
44932HAC7 ..	IBM CREDIT LLC 2.2% 09/08/2022		09/24/2019 ..	HUNTINGTON BANK	X X X	100,550	100,000	110	1
594918BH6 ..	MICROSOFT CORP 2.65% 11/03/2022		09/04/2019 ..	HUNTINGTON BANK	X X X	20,619	20,000	181	1
693476BN2 ..	PNC FUNDING CORP 3.300% 03/08/2022		07/22/2019 ..	HUNTINGTON BANK	X X X	61,624	60,000	748	1
822582AX0 ..	SHELL INTN'L FIN 3.4% 08/12/2023		07/11/2019 ..	HUNTINGTON BANK	X X X	78,229	75,000	1,084	1
871829BG1 ..	SYSCO CORP 3.55% 3/15/2025		08/06/2019 ..	HUNTINGTON BANK	X X X	58,290	55,000	776	2
89236TFN0 ..	TOYOTA MOTOR CR CORP 3.45% 09/20/2023		07/01/2019 ..	HUNTINGTON BANK	X X X	78,511	75,000	740	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	652,664	635,000	5,132	X X X
8399997 Subtotal - Bonds - Part 3					X X X	2,347,797	2,285,000	12,407	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	2,347,797	2,285,000	12,407	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X
Common Stocks - Mutual Funds									
31428Q739 ..	FEDERATED TOTAL BOND RETURN		07/01/2019 ..	HUNTINGTON BANK	1,027.377	11,250	X X X		L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		08/01/2019 ..	HUNTINGTON BANK	992.788	10,881	X X X		L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		09/03/2019 ..	HUNTINGTON BANK	947.301	10,543	X X X		L
922908728 ..	VANGUARD TOTAL STOCK MKT FUND		09/13/2019 ..	HUNTINGTON BANK	297.777	22,146	X X X		L
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	54,820	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	54,820	X X X		X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	54,820	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	54,820	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	2,402,617	X X X	12,407	X X X

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

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

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)
										11	12	13	14	15							
CUSIP Identification	Description		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	
Bonds - U.S. Governments																					
31331T4V0	FFCB 5.25% 8/13/2019		08/13/2019	Matured	X X X	250,000	250,000	292,502	252,129		(2,129)		(2,129)		250,000				13,125	08/13/2019	1
0599999	Subtotal - Bonds - U.S. Governments				X X X	250,000	250,000	292,502	252,129		(2,129)		(2,129)		250,000				13,125	X X X	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
05580AJQ8	BMW BANK NORTH AMERICA 1.6% 7/15/2019		07/15/2019	Matured	X X X	150,000	150,000	150,000	150,000						150,000				2,407	07/15/2019	1
10112RAR5	BOSTON PROP LP 5.63% 11/15/2020		09/18/2019	HUNTINGTON BANK	X X X	51,947	50,000	56,572	52,435		(914)		(914)		51,521		426	426	2,367	11/15/2020	2
822582AJ1	SHELL INTL FIN 4.300% 9/22/2019		09/22/2019	HUNTINGTON BANK	X X X	75,000	75,000	81,372	76,440		(1,440)		(1,440)		75,000				3,225	09/22/2019	1
89236TBP9	TOYOTA MTR CRED 2.125% 7/18/2019		07/18/2019	Matured	X X X	75,000	75,000	76,166	75,196		(196)		(196)		75,000				1,594	07/18/2019	1
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	351,947	350,000	364,110	354,071		(2,550)		(2,550)		351,521		426	426	9,593	X X X	X X X
8399997	Subtotal - Bonds - Part 4				X X X	601,947	600,000	656,612	606,200		(4,678)		(4,678)		601,521		426	426	22,718	X X X	X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	601,947	600,000	656,612	606,200		(4,678)		(4,678)		601,521		426	426	22,718	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X													X X X	X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X		X X X													X X X	X X X
9899999	Subtotal - Preferred and Common Stocks				X X X		X X X													X X X	X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	601,947	X X X	656,612	606,200		(4,678)		(4,678)		601,521		426	426	22,718	X X X	X X X

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

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
Huntington Bank - Trust	Canton, Ohio			1.810	3,190		151,302	68,053	98,005	X X X
Huntington National Bank	Canton, Ohio						3,767,312	21,138,730	2,512,105	X X X
Huntington Bank- Brokered CDs	Canton, Ohio			1.810	456		63,007	66,524	76,189	X X X
Huntington Bank-Mutual Funds	Canton, Ohio						618	620	621	X X X
Huntington Bank-Richmond Capital	Canton, Ohio			1.810	856		113,040	16,897	50,298	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	4,502		4,095,280	21,290,824	2,737,218	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	4,502		4,095,280	21,290,824	2,737,218	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	4,502		4,095,280	21,290,824	2,737,218	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
NONE								
8899999 Total - Cash Equivalents								

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