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2019

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QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2019
OF THE CONDITION AND AFFAIRS OF THE
AultCare Insurance Company

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

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

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

State of Ohio
 County of Stark ss

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

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

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

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

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

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

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

John Westerbeck M.D.
Todd Hawke

Richard V. Maggiore

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	31,977,330		31,977,330	30,571,026
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	11,327,651		11,327,651	9,674,463
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....17,827,810), cash equivalents (\$.....0) and short-term investments (\$.....0)	17,827,810		17,827,810	20,320,842
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	20,633,121	486,518	20,146,603	20,272,649
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	81,765,911	486,518	81,279,393	80,838,981
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	205,439		205,439	192,867
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection		1,002,207	1,002,207	1,199,408
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)	33,283		33,283	110,943
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	6,014,336		6,014,336	6,916,433
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	438,654		438,654	1,151,911
18.2 Net deferred tax asset	279,105		279,105	279,105
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	733,634		733,634	774,665
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				230,375
24. Health care (\$.....2,859,555) and other amounts receivable	6,875,757	4,070,557	2,805,200	2,777,683
25. Aggregate write-ins for other-than-invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	97,348,326	4,557,075	92,791,251	94,472,371
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	97,348,326	4,557,075	92,791,251	94,472,371
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....559,900 reinsurance ceded)	22,494,297		22,494,297	30,961,139
2. Accrued medical incentive pool and bonus amounts	358,222		358,222	420,159
3. Unpaid claims adjustment expenses	523,355		523,355	523,355
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	6,861,810		6,861,810	5,685,483
9. General expenses due or accrued	4,711,520		4,711,520	4,722,268
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	5,121,171		5,121,171	3,848,444
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	22,901		22,901	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	40,093,276		40,093,276	46,160,848
25. Aggregate write-ins for special surplus funds	XXX	XXX	3,000,000	
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	18,387,534	18,387,534
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	30,310,441	28,923,989
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	52,697,975	48,311,523
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	92,791,251	94,472,371
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. Health Insurance Tax	XXX	XXX	3,000,000	
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	3,000,000	
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months	XXX	823,023	768,616	1,019,369
2. Net premium income (including \$.....0 non-health premium income)	XXX	196,180,093	204,124,861	277,147,294
3. Change in unearned premium reserves and reserves for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	196,180,093	204,124,861	277,147,294
Hospital and Medical:				
9. Hospital/medical benefits		96,422,115	102,765,002	138,625,409
10. Other professional services				
11. Outside referrals		25,058,464	25,361,619	32,038,871
12. Emergency room and out-of-area		2,437,767	4,441,918	5,681,709
13. Prescription drugs		27,719,805	25,900,657	43,809,629
14. Aggregate write-ins for other hospital and medical		23,220,447	18,256,112	26,889,051
15. Incentive pool, withhold adjustments and bonus amounts		632,750	749,997	943,330
16. Subtotal (Lines 9 to 15)		175,491,347	177,475,304	247,988,001
Less:				
17. Net reinsurance recoveries		13,726,505	13,955,988	20,324,621
18. Total hospital and medical (Lines 16 minus 17)		161,764,842	163,519,316	227,663,380
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....3,917,585 cost containment expenses		6,408,585	6,522,295	8,266,194
21. General administrative expenses		25,390,352	29,196,033	37,790,977
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		193,563,779	199,237,644	273,720,550
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,616,314	4,887,217	3,426,744
25. Net investment income earned		806,431	707,343	1,046,553
26. Net realized capital gains (losses) less capital gains tax of \$.....26,017		104,066	(38,899)	(49,504)
27. Net investment gains or (losses) (Lines 25 plus 26)		910,498	668,444	997,049
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3,526,812	5,555,662	4,423,793
31. Federal and foreign income taxes incurred	XXX	687,240	2,027,505	667,253
32. Net income (loss) (Lines 30 minus 31)	XXX	2,839,571	3,528,157	3,756,539
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401. Reinsurance Claims		23,220,447	18,256,112	26,889,051
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		23,220,447	18,256,112	26,889,051
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	48,311,523	49,202,274	49,202,275
34. Net income or (loss) from Line 32	2,839,571	3,528,157	3,756,539
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....39,176	953,291	35,760	(1,011,325)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			(745,366)
39. Change in nonadmitted assets	593,590	(3,286,971)	(2,890,600)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	4,386,452	276,946	(890,752)
49. Capital and surplus end of reporting period (Line 33 plus 48)	52,697,975	49,479,220	48,311,523
DETAILS OF WRITE-INS			
4701. 0			
4702. 0			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	198,904,008	205,246,435	280,025,498
2.	Net investment income	869,254	817,646	1,181,587
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	199,773,262	206,064,081	281,207,085
5.	Benefit and loss related payments	168,338,933	171,328,796	230,987,481
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	31,809,685	35,782,046	49,816,807
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)		3,000,000	3,000,000
10.	TOTAL (Lines 5 through 9)	200,148,617	210,110,841	283,804,288
11.	Net cash from operations (Line 4 minus Line 10)	(375,355)	(4,046,760)	(2,597,203)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	5,057,423	3,442,028	4,919,316
12.2	Stocks	275,000	721,879	721,879
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets	631,736	1,930,186	
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	(5)		(345)
12.7	Miscellaneous proceeds			186,324
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	5,964,154	6,094,093	5,827,174
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	6,540,310	3,934,666	5,496,134
13.2	Stocks	680,511	888,592	1,025,396
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets	404,547		
13.6	Miscellaneous applications	750,769	127,725	
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	8,376,138	4,950,983	6,521,530
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(2,411,984)	1,143,110	(694,356)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock		0	
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	294,306	263,238	504,480
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	294,306	263,238	504,480
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,493,032)	(2,640,413)	(2,787,079)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	20,320,842	23,107,921	23,107,921
19.2	End of period (Line 18 plus Line 19.1)	17,827,810	20,467,509	20,320,842

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

20.0001	Cumulative effect of changes in accounting principles			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	82,957	7,660	36,197	674		9,528	1,629			27,269
2. First Quarter	90,898	7,211	33,121	748		8,064	1,599			40,155
3. Second Quarter	92,420	7,026	32,690	766		8,079	1,569			42,290
4. Third Quarter	91,843	6,651	32,676	1,023		8,182	1,546			41,765
5. Current Year										
6. Current Year Member Months	823,023	64,187	296,229	7,448		72,996	14,207			367,956
Total Member Ambulatory Encounters for Period:										
7. Physician	142,921	25,551	107,966				9,404			
8. Non-Physician	267,104	50,479	197,694				18,931			
9. Total	410,025	76,030	305,660				28,335			
10. Hospital Patient Days Incurred	12,223	2,044	9,207				972			
11. Number of Inpatient Admissions	2,360	398	1,811				151			
12. Health Premiums Written (a)	206,239,937	38,949,616	129,423,542	1,235,902		999,142	10,356,266			25,275,470
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	206,239,937	38,949,616	129,423,542	1,235,902		999,142	10,356,266			25,275,470
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	170,293,671	29,788,348	111,097,562	970,838		1,339,438	10,240,354			16,857,131
18. Amount Incurred for Provision of Health Care Services	175,491,347	31,229,059	109,039,343	970,838		1,324,438	9,707,222			23,220,447

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

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves	23,054,197
0699999 Total Amounts Withheld
0799999 Total Claims Unpaid	23,054,197
0899999 Accrued Medical Incentive Pool And Bonus Amounts	358,222

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	25,688,774	114,549,967		17,350,943	25,688,774	24,254,546
2. Medicare Supplement		970,838				
3. Dental only	159,357	1,180,081	181,043	144,357	340,400	340,400
4. Vision only						
5. Federal Employees Health Benefits Plan	1,236,984	9,003,370		561,797	1,236,984	1,106,037
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	3,551,721	13,305,410		4,256,156	3,551,721	5,260,156
9. Health subtotal (Lines 1 to 8)	30,636,835	139,009,666	181,043	22,313,253	30,817,878	30,961,139
10. Healthcare receivables (a)	95,200				95,200	47,683
11. Other non-health						
12. Medical incentive pools and bonus amounts	694,687			358,222	694,687	420,159
13. Totals (Lines 9 - 10 + 11 + 12)	31,236,322	139,009,666	181,043	22,671,476	31,417,366	31,333,615

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

Notes to Financial Statement

CoSECTION A

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

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

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

Note 1A	SSAP #	F/S Page #	F/S Line #	2019	2018
Net Income					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	<u>\$2,839,571</u>	<u>\$3,756,539</u>
(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	<u>\$2,839,571</u>	<u>\$3,756,539</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	<u>\$52,697,975</u>	<u>\$48,311,523</u>
(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	<u>\$52,697,975</u>	<u>\$48,311,523</u>

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

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

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$19,764,088. Of this amount, \$1,633 is invested in McKinley Life Agency, Ltd, which is carried at GAAP equity value. In addition, \$9,825,473 is invested in AultCare Corporation, which is carried at statutory value. The remaining \$9,937,752 invested in West Tuscarawas Property Management, carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually

Notes to Financial Statement

reviewed and any adjustments are reflected in the period determined. The Company obtains an estimate of the liabilities for unpaid losses from its independent actuary calculations quarterly.

- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

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

3. BUSINESS COMBINATIONS AND GOODWILL

- A. The Company had no business combinations accounted for under the statutory purchase method during the periods reported.
- B. The Company was not part of any merger during the periods reported.
- C. The Company had no assumption of reinsurance during the periods reported.
- D. An impairment loss was not recognized during the periods reported.

4. DISCONTINUED OPERATIONS

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

5. INVESTMENTS

- A. The Company had no investment in Mortgage Loan during the periods reported.
- B. The Company had no investments in Restructured Loans during the periods reported.
- C. The Company had no investments in Reverse Mortgages during the periods reported.
- D. The Company had no investments in Loan-Backed Securities during the periods reported.
- E. The Company had no investments in Repurchase Agreements during the periods reported.
- F. The Company 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 \$9,937,752 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) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 699	\$ -	\$ 699	\$ 1,024	\$ -	\$ 1,024	\$ (325)	\$ -	\$ (325)
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 699	\$ -	\$ 699	\$ 1,024	\$ -	\$ 1,024	\$ (325)	\$ -	\$ (325)
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 699	\$ -	\$ 699	\$ 1,024	\$ -	\$ 1,024	\$ (325)	\$ -	\$ (325)
(f)	Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 699	\$ -	\$ 699	\$ 1,024	\$ -	\$ 1,024	\$ (325)	\$ -	\$ (325)
2. (reported in thousands)		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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	\$ 699	\$ -	\$ 699	\$ 1,024	\$ -	\$ 1,024	\$ (325)	\$ -	\$ (325)

Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 699	\$ -	\$ 699	\$ 1,024	\$ -	\$ 1,024	\$ (325)	\$ -	\$ (325)
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$7,838	XXX	XXX	\$7,268	XXX	XXX	\$ (1,024)
(c)	Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ (420)	\$ (420)	\$ -	\$ (328)	\$ (328)	\$ -	\$ (92)	\$ (92)
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 699	\$ (420)	\$ 279	\$ 1,024	\$ (328)	\$ 696	\$ (325)	\$ (92)	\$ (417)
3. (reported in thousands)		2019		2018						
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	15%		15%						
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$52,418		\$49,567						
4. (reported in thousands)		9/30/2019			9/30/2018			Change		
Impact of Tax Planning Strategies	(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total	
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No X							

B. Not Applicable

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

1. Current Income Tax			(1) 9/30/2019	(2) 9/30/2018	(3) (Col 1-2) Change
(a)	Federal		\$713,257	\$2,007,466	\$ (1,294,209)
(b)	Foreign		\$ -	\$ -	\$ -
(c)	Subtotal		\$713,257	\$2,007,466	\$ (1,294,209)
(d)	Federal Income Tax on Net Capital Gains		\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards		\$ -	\$ -	\$ -
(f)	Other		\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred		\$713,257	\$2,007,466	\$ (1,294,209)
2. Deferred Tax Assets					
(a)	Ordinary				
(1)	Discounting of Unpaid Losses		\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve		\$ 238,790	\$ 127,093	\$ 111,697
(3)	Policyholder Reserves		\$ 99,868	\$ 39,195	\$ 60,673
(4)	Investments		\$ 78,935	\$ 975,004	\$ (896,069)
(5)	Deferred Acquisition Costs		\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual		\$ -	\$ -	\$ -
(7)	Fixed Assets		\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual		\$ 281,249	\$ 211,644	\$ 69,605
(9)	Pension Accrual		\$ -	\$ -	\$ -
(10)	Receivables – Allowance		\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward		\$ -	\$ -	\$ -
(12)	Tax Credit Carry-Forward		\$ -	\$ -	\$ -
	Other (including items <5% of total ordinary tax assets)		\$ 698,842	\$ 1,352,936	\$ (654,094)

Cont. Note 9 C 2

(14)	Subtotal	\$ 698,842	\$ 1,352,936	\$ (654,094)
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 698,842	\$ 1,352,936	\$ (654,094)
(e)	Capital			
(1)	Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -

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)	\$ 698,842	\$ 1,352,936	\$ (654,094)
3.	Deferred Tax Liabilities			
(a)	Ordinary			
(1)	Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(b)	Capital	\$ -	\$ -	\$ -
(1)	Investments	\$ 419,737	\$ 328,465	\$ 91,272
	(2) Subtotal	\$ 419,737	\$ 328,465	\$ 91,272
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ 419,737	\$ 328,465	\$ 91,272
4.	Net deferred tax assets/liabilities (2i - 3c)	\$ 279,105	\$ 1,024,471	\$ (745,366)

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

	9/30/2019	Effective Tax Rate
Provision computed at statutory rate	\$740,630	21.0%
Change in nonadmitted assets	\$ (593,590)	-16.9%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$904,294	25.8%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ 62,397	1.8%
Other	\$ (584,736)	-16.7%
Total statutory income tax expense (benefit)	\$ 528,996	15.0%
	9/30/2019	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 1,367,351	39.0%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (654,094)	-18.7%
Total statutory income tax expense (benefit)	\$ 713,257	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 \$419,330 and \$386,851, 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 \$23,414,940 and \$24,877,607 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 \$6,909,970 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 \$19,122,775 and \$18,169,811, 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 reported \$0 and \$444,685 due from the parent and \$0 due to the parent company, 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 \$9,825,473 and \$7,696,595 as of September, 30 2019 and 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 \$2,710,000 Aultman Hospital for these future services.

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

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

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

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

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

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

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

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

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

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

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 POSTRETIREE 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 \$321,044 and \$299,468 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 \$1,000,000 in common stock outstanding, which is owned by its direct parent, AultCare Health Insuring Corporation.

(2) The Company had no preferred stock outstanding.

Notes to Financial Statement

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

14. CONTINGENCIES

- A. The Company is not aware of any material contingent commitments.
- 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	\$ 11,327,651	\$ -	\$ -	\$ 11,327,651	
Total assets at fair value	\$ 11,327,651	\$ -	\$ -	\$ 11,327,651	

- (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.

Notes to Financial Statement

(4) The Company has no Level 2 or Level 3 assets.
 (5) The Company does not have any derivative assets or liabilities.
 B. The Company does not have any other fair value assets to disclose.
 C. Fair Value Measurement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$19,219,390	\$18,891,527		\$19,219,390		
Industrial and Misc.	\$13,285,758	\$13,085,802		\$13,285,758		
Common Stock	\$10,827,651	\$10,827,651		\$10,827,651		

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)

A. The Company has one contract with Federal Employees Health Benefit Plan that is subject to redetermination upon audits performed by the Office of Personnel Management.
 B. The Company records accrued retrospective premiums as an adjustment to earned premiums.
 C. The Company has accrued \$0 of net premiums written as of September 30, 2019 for the group health plan. No other net premiums written by the Company are subject to retrospective rating features.
 D. Not Applicable
 E. Risk Sharing Provisions of the Affordable Care Act

Notes to Financial Statement

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

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

Description								Amount	
a. Permanent ACA Risk Adjustment Program									
Assets									
1. Premium adjustments receivable due to ACA Risk Adjustment								\$4,617	
Liabilities								\$0	
2. Risk adjustment user fees payable for ACA Risk Adjustment								\$0	
3. Premium adjustments payable due to ACA Risk Adjustment								\$0	
Operations (Revenue & Expense)									
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment								\$0	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)								\$0	
b. Transitional ACA Reinsurance Program									
Assets								\$0	
1. Amounts recoverable for claims paid due to ACA Reinsurance								\$0	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)								\$0	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance								\$102,043	
Liabilities								\$0	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium								\$0	
5. Ceded reinsurance premiums payable due to ACA Reinsurance								\$0	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance								\$0	
Operations (Revenue & Expense)								\$0	
7. Ceded reinsurance premiums due to ACA Reinsurance								\$0	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments								\$9,863	
9. ACA Reinsurance contributions – not reported as ceded premium								\$0	
c. Temporary ACA Risk Corridors Program								\$0	
Assets								\$0	
1. Accrued retrospective premium due to ACA Risk Corridors								\$0	
Liabilities								\$0	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors								\$0	
Operations (Revenue & Expense)								\$0	
3. Effect of ACA Risk Corridors on net premium income (paid/received)								\$0	
4. Effect of ACA Risk Corridors on change in reserves for rate credits								\$0	

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

	Ac crued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences				Adjustments		Unsettled Balances as of the Reporting Date	
			Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balanc es	To Prior Year Balanc es	Ref	Receivable	(Payable)	Cumulative Balance from Prior Years (Col 1 - 3 +7)
			1	2	3	4				
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	\$4,617	\$ -	\$ -	\$ -	\$4,617	\$ -	\$ -	A	\$4,617	\$ -
2. Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$4,617	\$ -	\$ -	\$ -	\$4,617	\$ -	\$ -		\$4,617	\$ -
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	\$109,286	\$ -	\$9,863	\$ -	\$99,423	\$ -	\$ -	C	\$99,423	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$102,043	\$ -	(\$102,043)	\$ -	\$ -	E	(\$102,043)	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -
6. Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$109,286	\$ -	\$111,906	\$ -	(\$2,620)	\$ -	\$ -		(\$2,620)	\$ -
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2. Reserve for rate credits or policy experience rating	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -

Notes to Financial Statement

refunds											
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$113,903	\$ -	\$111,906	\$ -	\$1,997	\$ -	\$ -	\$ -	\$1,997	\$ -	\$ -

Explanation of Adjustments

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

4.

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
			Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)		
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable (Payable)
a. 2014										
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -
b. 2015									C	\$ -
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -
c. 2016									E	\$ -
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -
d. Total for risk corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -

Explanation of Adjustments

A.

B.

C.

D.

E.

F.

5.

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

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A. Reserves as of December 31, 2018 were \$30,961,139. As of September 30, 2019, \$30,636,835 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$181,043. Therefore, there has been \$143,261 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	\$3,818,865	\$2,120,006	\$ -	\$ -	\$ -
6/30/2019	\$3,393,084	\$2,110,168	\$ -	\$ -	\$ -
3/31/2019	\$3,965,027	\$ 1,873,182	\$ 1,912,219	\$ -	\$ -
12/31/2018	\$2,191,701	\$ 2,335,528	\$ -	\$ 2,970,543	\$ -
9/30/2018	\$5,010,343	\$ 2,232,431	\$ -	\$ 2,242,202	\$ -

Notes to Financial Statement

6/30/2018	\$3,334,882	\$ 1,842,247	\$ -	\$2,086,914	\$ -
3/31/2018	\$1,863,228	\$ 1,201,117	\$ -	\$1,114,819	\$ -
12/31/2017	\$1,863,228	\$855,806	\$ -	\$931,183	\$ -
9/30/2017	\$1,223,357	\$795,460	\$ -	\$849,275	\$42,135
6/30/2017	\$1,223,357	\$650,192	\$ -	\$1,000,603	\$21,845
3/31/2017	\$1,223,357	\$658,529	\$ -	\$759,036	\$24,980
12/31/2016	\$1,223,357	\$469,308	\$ -	\$580,327	\$ -
9/30/2016	\$940,602	\$ -	\$ -	\$534,015	\$ -
6/30/2016	\$940,602	\$ -	\$ -	\$536,059	\$ -
3/31/2016	\$940,602	\$ -	\$ -	\$417,122	\$ -

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

29. PARTICIPATING POLICIES

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

30. PREMIUM DEFICIENCY RESERVES

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	<u>12/31/2018</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 By what department or departments?
Ohio Department of Insurance

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

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

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

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

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

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

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No

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

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

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

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

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

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
..... Yes [] No [X] 0

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

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:
..... \$

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

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

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other	20,272,649	18,646,603
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	20,272,649	18,646,603
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	.....	84.470%
1.2 A&H cost containment percent	.....	1.900%
1.3 A&H expense percent excluding cost containment expenses	.....	12.310%

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

Yes[] No[X]

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

\$..... 0

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

Yes[] No[X]

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

\$..... 0

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

Yes[] No[X]

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

Yes[] No[X]

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

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L	195,883,672			10,356,266			206,239,937	
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	195,883,672			10,356,266			206,239,937	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	XXX	195,883,672			10,356,266			206,239,937	

DETAILS OF WRITE-INS

58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

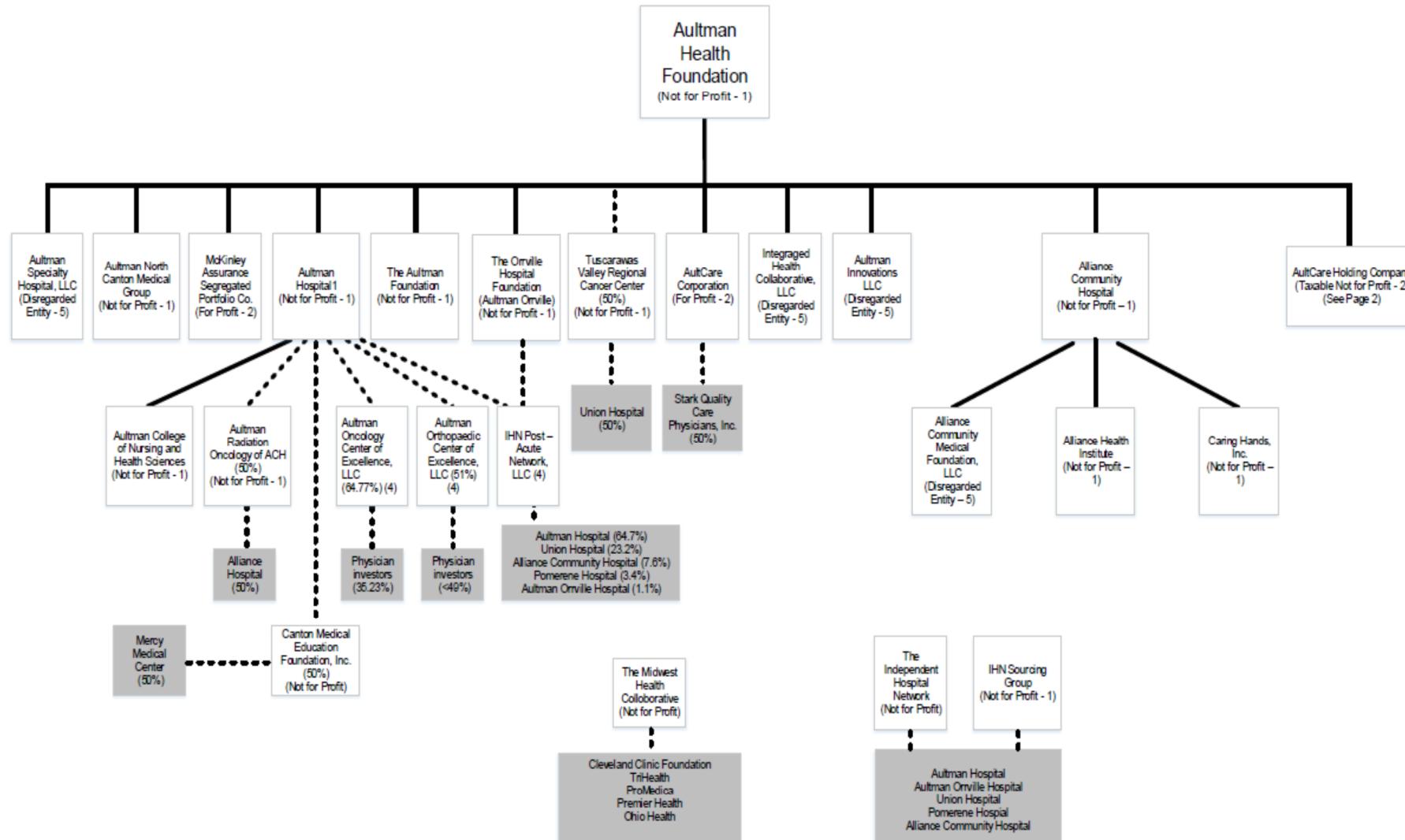
(a) Active Status Counts:

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

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

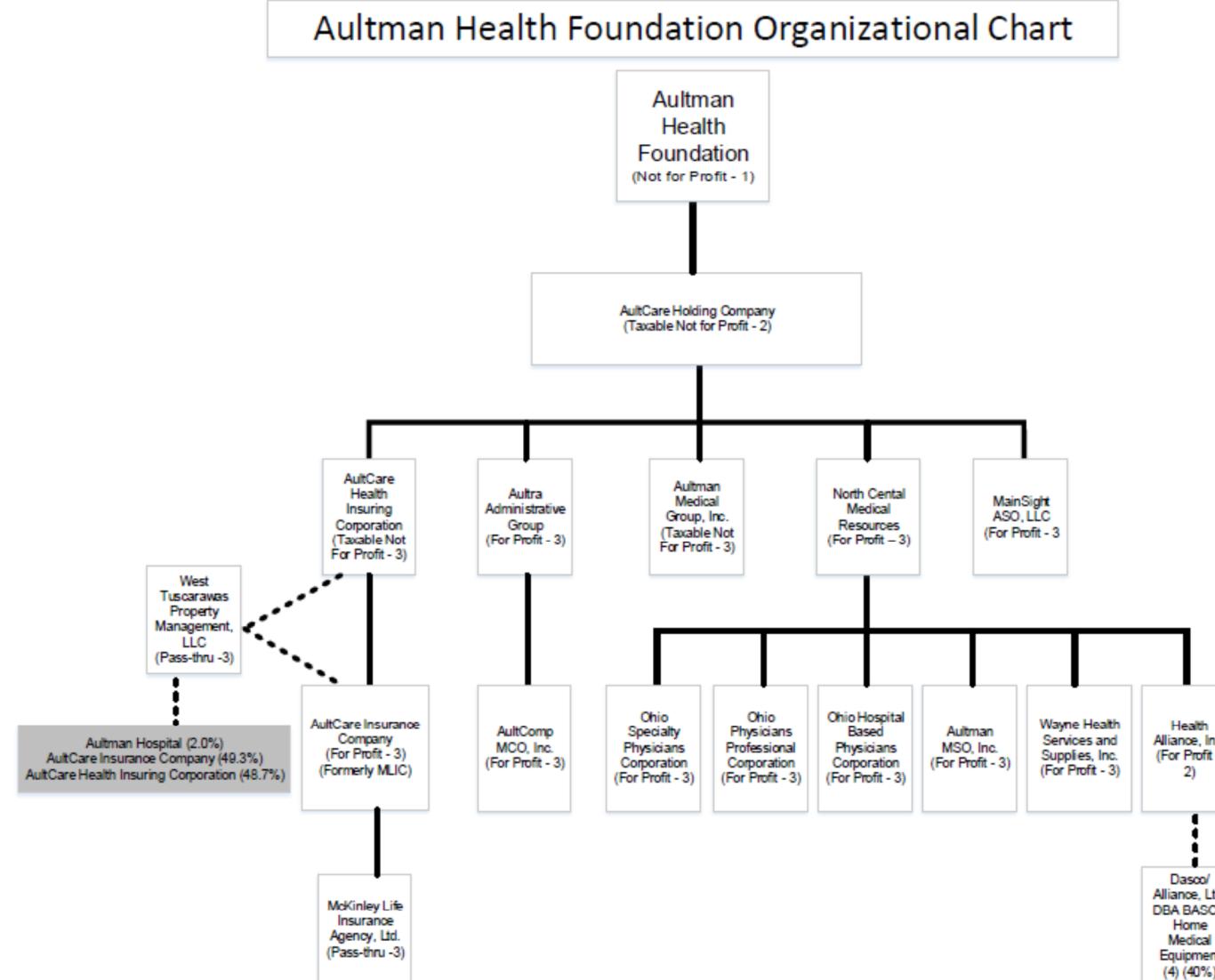
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

Aultman Health Foundation Organizational Chart



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**

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?	*
		00000	34-1445390			Aultman Health Foundation		US	UIP	Self	Board of Directors		Aultman Health Foundation	N	
		00000	34-0714538			Aultman Hospital		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
4805		77216	34-1624818			AultCare Insurance Company		US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1488123			AultCare Corporation		US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	N	0000001
		00000	20-0090246			West Tuscarawas Property Management, LLC		US	DS	AultCare Insurance Company & AultCare Health Insurance Corp & Aultman Hospital	Ownership	94.0	Aultman Health Foundation	N	
		00000	34-1795772			McKinley Life Insurance Agency, Ltd.		US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-4951704			Aulta Administrative Group		US	IA	Aulta Administrative Group	Management		Aultman Health Foundation	N	
		00000	27-4379962			AultComp MCO, Inc.		US	NIA	Aulta Administrative Group	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1853300			Ohio Specialty Physician's Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	98-0468384			McKinley Assurance Segregated Portfolio Company (SPC)		CYM	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-1359433			Aultman College of Nursing and Health Sciences		US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	N	
		00000	31-1509904			Aultman MSO, Inc.		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-8090459			The Aultman Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	31-1509897			Ohio Physicians Professional Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1610344			North Central Medical Resources		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1871647			Ohio Hospital Based Physician Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	31-1689698			Tuscarawas Valley Regional Cancer Center		US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	N	0000002
		00000	13-4246188			Aultman Specialty Hospital, LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1243260			Canton Medical Education Foundation		US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	N	0000003
		15461	46-3305099			AultCare Health Insuring Corporation		US	UDP	AultCare Holding Company	Ownership	50.0	Aultman Health Foundation	N	
Q16		00000	34-1088530			Aultman North Canton Medical		US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	N	
		00000	34-0733138			The Orville Hospital Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-3166014			Aultman Medical Group, Inc		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-1165287			AultCare Holding Company		US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-3587655			MainSight ASO, LLC		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1501390			Wayne Health Service and Supplies, Inc		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	46-4625320			Integrated Health Collaborative		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-4215510			Aultman Oncology Center of Excellence		US	NIA	Other	Ownership, Other		Aultman Health Foundation	N	
		00000	46-2540184			Aultman Orthopedic Center of Excellence		US	NIA	Other	Ownership, Other		Aultman Health Foundation	N	
		00000	81-1342957			The Midwest Health Collaborative		US	NIA	Other	Other		Aultman Health Foundation	N	0000004
		00000	45-1731318			IHN Sourcing Group		US	NIA	Other	Other		Aultman Health Foundation	N	
		00000	81-0847842			Aultman Innovations, LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	81-4224503			Aultman Radiation Oncology of ACH		US	NIA	Other	Ownership	50.0	Aultman Health Foundation	N	
		00000	81-3136598			IHN Post-Acute Network		US	NIA	Other	Ownership	57.4	Aultman Health Foundation	N	
		00000	34-0714581			Alliance Community Hospital		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1932972			Alliance Health Institute		US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	26-3646817			Alliance Community Medical Foundation		US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1531993			Health Alliance, Inc		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	91-1889215			Alliance Medical Associates		US	NIA	Other	Ownership	100.0	Alliance Community Hospital	N	0000005
		00000	34-1505340			Caring Hands, Inc		US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1609338			Dasco/Alliance, Ltd DBA DASCO Home Medical		US	NIA	Health Alliance, Inc.	Ownership	100.0	Aultman Health Foundation	N	

STATEMENT AS OF **September 30, 2019** OF THE **AultCare Insurance Company**

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2019

Document Code: 365

77216201936500003

STATEMENT AS OF **September 30, 2019** OF THE **AultCare Insurance Company**
SCHEDULE A - VERIFICATION
Real Estate

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

SCHEDULE B - VERIFICATION
Mortgage Loans

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

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	20,272,649	20,694,842
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	404,547	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease)	587,661	(422,193)
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals	631,736	.....
8. Deduct amortization of premium and depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	20,633,121	20,272,649
12. Deduct total nonadmitted amounts	486,518	.....
13. Statement value at end of current period (Line 11 minus Line 12)	20,146,603	20,272,649

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	40,245,490	40,336,492
2. Cost of bonds and stocks acquired	7,220,821	6,521,530
3. Accrual of discount	29,782	29,259
4. Unrealized valuation increase (decrease)	1,032,960	(775,456)
5. Total gain (loss) on disposals	213,527	(62,319)
6. Deduct consideration for bonds and stocks disposed of	5,332,423	5,641,195
7. Deduct amortization of premium	105,177	162,822
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	43,304,980	40,245,490
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12)	43,304,980	40,245,490

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	27,248,631	2,520,109	891,741	(17,405)	28,458,312	27,248,631	28,859,595	27,783,723
2. NAIC 2 (a)	3,025,028	237,227	137,294	(7,226)	2,848,271	3,025,028	3,117,735	2,922,119
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	30,273,659	2,757,336	1,029,035	(24,631)	31,306,583	30,273,659	31,977,330	30,705,842
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	30,273,659	2,757,336	1,029,035	(24,631)	31,306,583	30,273,659	31,977,330	30,705,842

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

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

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

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

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

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

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

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

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

SI07 Schedule DB - Verification **NONE**

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

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

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

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation and Administrative Symbol/ Market Indicator	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
Capital Notes - Unaffiliated												
.....	AultCare - Affiliated	Canton	OH	AultCare Insurance Company		01/01/2009		9,420,926	404,547			100.000
2999999 Subtotal - Capital Notes - Unaffiliated								9,420,926	404,547			XXX
4499999 Total - Unaffiliated								9,420,926	404,547			XXX
4599999 Total - Affiliated												XXX
4699999 TOTALS								9,420,926	404,547			XXX

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

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value					15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income	
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.						
Capital Notes - Unaffiliated																			
.....	AultCare - Affiliated	Canton	OH	AultCare Insurance Company	01/01/2009	09/30/2019	9,420,926	(631,736)				(631,736)		9,420,926					75,110
AultCare Health Insuring Corporation	Canton	OH	OH	AultCare Insurance Company	09/30/2019	09/30/2019	9,420,926	(631,736)				(631,736)		9,420,926					75,110
2999999 Subtotal - Capital Notes - Unaffiliated							9,420,926	(631,736)				(631,736)		9,420,926					75,110
4499999 Total - Unaffiliated							9,420,926	(631,736)				(631,736)		9,420,926					75,110
4599999 Total - Affiliated																			
4699999 TOTALS							9,420,926	(631,736)				(631,736)		9,420,926					75,110

QE03

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/ Market Indicator (a)
Bonds - U.S. Governments									
9128283G3 ..	US TREASURY N/B 1.75% 11/15/2020		06/28/2019 ..	HUNTINGTON BANK	XXX	499,336	500,000	1,118	1
912828N30 ..	US TREASURY N/B 2.125% 12/31/2022		06/28/2019 ..	HUNTINGTON BANK	XXX	405,453	400,000	23	1
912828V80 ..	US TREASURY N/B 2.25% 01/31/2024		07/03/2019 ..	HUNTINGTON BANK	XXX	306,750	300,000	2,890	1
9128286T2 ..	US TREASURY N/B 2.375% 05/15/2029		08/15/2019 ..	HUNTINGTON BANK	XXX	430,281	400,000	2,401	1
9128284V9 ..	US TREASURY N/B 2.875% 08/15/2028		07/08/2019 ..	HUNTINGTON BANK	XXX	107,098	100,000	1,144	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	1,748,918	1,700,000	7,575	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
05531FAX1 ..	BB&T CORP SERIES MTN 2.75% 04/01/2022		07/19/2019 ..	HUNTINGTON BANK	XXX	50,609	50,000	428	1
14042TBH9 ..	CAPITAL ONE BNK USA CD 2.15% 08/01/2022		07/29/2019 ..	HUNTINGTON BANK	XXX	150,000	150,000	1	1
126650CV0 ..	CVS HEALTH CORP 3.7% 03/9/2023		08/08/2019 ..	Purchased	XXX	51,945	50,000	786	2
337738AQ1 ..	FISERV INC 3.8% 10/01/2023		08/13/2019 ..	HUNTINGTON BANK	XXX	105,796	100,000	1,414	2
44932HAC7 ..	IBM CREDIT LLC 2.2% 09/08/2022		09/24/2019 ..	HUNTINGTON BANK	XXX	150,825	150,000	165	1
594918BH6 ..	MICROSOFT CORP 2.65% 11/03/2022		09/04/2019 ..	HUNTINGTON BANK	XXX	36,083	35,000	317	1
693476BN2 ..	PNC FUNDING CORP 3.300% 03/08/2022		07/22/2019 ..	HUNTINGTON BANK	XXX	77,030	75,000	935	1
822582AX0 ..	SHELL INT'L FINANCE 3.4% 08/12/2023		07/11/2019 ..	HUNTINGTON BANK	XXX	104,305	100,000	1,445	1
871829BG1 ..	SYSCO CORP 3.55% 03/15/2025		08/06/2019 ..	HUNTINGTON BANK	XXX	79,486	75,000	1,058	2
87270LCR2 ..	TIAA FSB MED TRM CD 1.95% 08/26/2022		08/15/2019 ..	HUNTINGTON BANK	XXX	150,000	150,000	1	1
89236TFN0 ..	TOYOTA MOTOR CR CORP 3.45% 09/20/2023		07/01/2019 ..	HUNTINGTON BANK	XXX	52,341	50,000	494	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	1,008,418	985,000	7,042	XXX
8399997 Subtotal - Bonds - Part 3					XXX	2,757,336	2,685,000	14,617	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	2,757,336	2,685,000	14,617	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8999999 Subtotal - Preferred Stocks					XXX	XXX	XXX	XXX	XXX
Common Stocks - Mutual Funds									
31428Q739 ..	FEDERATED TOTAL BOND RETURN		07/01/2019 ..	HUNTINGTON BANK	1,144,816	12,536	XXX		L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		08/01/2019 ..	HUNTINGTON BANK	1,106,272	12,125	XXX		L
31428Q739 ..	FEDERATED TOTAL BOND RETURN		09/03/2019 ..	HUNTINGTON BANK	1,055,585	11,749	XXX		L
922908728 ..	VANGUARD TOTAL MKT FUND		09/13/2019 ..	HUNTINGTON BANK	326,175	24,258	XXX		L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	60,667	XXX		XXX
9799997 Subtotal - Common Stocks - Part 3					XXX	60,667	XXX		XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9799999 Subtotal - Common Stocks					XXX	60,667	XXX		XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	60,667	XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	2,818,003	XXX	14,617	XXX

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

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

1 CUSIP Identification	2 Description	3 F o r e i n g	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)				
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A.C.V.											
Bonds - U.S. Governments																									
31331T4V0	FFCB 5.25% 8/13/2019		08/13/2019	Matured		XXX	250,000	250,000	248,875	249,930		70		70		250,000					13,125	08/13/2019	1		
05999999 Subtotal - Bonds - U.S. Governments						XXX	250,000	250,000	248,875	249,930		70		70		250,000					13,125	XXX	XXX		
Bonds - Industrial and Miscellaneous (Unaffiliated)																									
05531FAS2	BB&T CORP SERIES MTN 2.45%		08/08/2019	HUNTINGTON BANK		XXX	75,023	75,000	76,198	75,516			(299)		(299)		75,218			(195)		1,975	01/15/2020	1	
05580AJQ8	BMW BANK N AMERICA 1.6% 7/15/2019		07/15/2019	Matured		XXX	150,000	150,000	150,000	150,000						150,000			(195)		2,407	07/15/2019	1		
10112RAR5	BOSTON PROP LP 5.63% 11/15/2020		09/18/2019	HUNTINGTON BANK		XXX	51,947	50,000	56,572	52,435			(914)		(914)		51,521			426		426	11/15/2020	2	
166764AY6	CHEVRON CORP 2.419% 11/17/2020		09/24/2019	HUNTINGTON BANK		XXX	100,556	100,000	101,585	100,947			(365)		(365)		100,582			(26)		(26)	11/17/2020	1	
459200AG6	IBM CORP 8.38% 11/11/2019		08/06/2019	HUNTINGTON BANK		XXX	50,692	50,000	61,614	51,892			(1,353)		(1,353)		50,538			153		3,222	11/01/2019	1	
49306SYP5	KEY BANC NA CD 1.6% 8/9/2019		08/09/2019	Matured		XXX	100,000	100,000	100,000	100,000						100,000					1,600	08/09/2019	1		
822582AJ1	SHELL INTL FIN 4.300% 9/22/2019		07/22/2019	HUNTINGTON BANK		XXX	40,114	40,000	43,398	40,983			(806)		(806)		40,177			(63)		(63)	2,216	09/22/2019	1
822582AJ1	SHELL INTL FIN 4.300% 9/22/2019		07/22/2019	HUNTINGTON BANK		XXX	50,142	50,000	52,774	50,953			(734)		(734)		50,219			(77)		(77)	1,804	09/22/2019	1
86366AB7	STRYKER CORP 4.375% 01/15/2020		08/13/2019	HUNTINGTON BANK		XXX	85,701	85,000	88,865	86,891			(1,118)		(1,118)		85,773			(71)		(71)	4,029	01/15/2020	2
892367BP9	TOYOTA MTR CRED 2.125% 7/18/2019		07/11/2019	HUNTINGTON BANK		XXX	74,997	75,000	76,166	75,196			(189)		(189)		75,007			(10)		(10)	1,580	07/18/2019	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						XXX	779,171	775,000	807,172	784,813			(5,778)		(5,778)		779,035			137		137	23,276	XXX	XXX
8399997 Subtotal - Bonds - Part 4						XXX	1,029,171	1,025,000	1,056,047	1,034,742			(5,708)		(5,708)		1,029,035			137		137	36,401	XXX	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)						XXX	XXX	XXX	XXX	XXX			XXX		XXX		XXX			XXX		XXX	XXX	XXX	
8399999 Subtotal - Bonds						XXX	1,029,171	1,025,000	1,056,047	1,034,742			(5,708)		(5,708)		1,029,035			137		137	36,401	XXX	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)						XXX	XXX	XXX	XXX	XXX			XXX		XXX		XXX			XXX		XXX	XXX	XXX	
8999999 Subtotal - Preferred Stocks						XXX	XXX	XXX	XXX	XXX			XXX		XXX		XXX			XXX		XXX	XXX	XXX	
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)						XXX	XXX	XXX	XXX	XXX			XXX		XXX		XXX			XXX		XXX	XXX	XXX	
9799999 Subtotal - Common Stocks						XXX	XXX	XXX	XXX	XXX			XXX		XXX		XXX			XXX		XXX	XXX	XXX	
9899999 Subtotal - Preferred and Common Stocks						XXX	XXX	XXX	XXX	XXX			XXX		XXX		XXX			XXX		XXX	XXX	XXX	
9999999 Total - Bonds, Preferred and Common Stocks						XXX	1,029,171	XXX	1,056,047	1,034,742			(5,708)		(5,708)		1,029,035			137		137	36,401	XXX	XXX

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

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

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

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

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

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

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

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

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

1 Depository			2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
							6 First Month	7 Second Month	8 Third Month	
open depositories										
Huntington Bank - Trust	Canton, Ohio			1.810	3,713		262,106	146,582	155,478	XXX
Huntington Bank - Brokered CDs	Canton, Ohio			1.810	612		74,464	30,292	39,775	XXX
Huntington National Bank	Canton, Ohio						12,997,796	12,566,014	17,591,870	XXX
Huntington Bank - Mutual Funds Cash	Canton, Ohio						696	697	698	XXX
Huntington Bank - Richmond Capital	Canton, Ohio			1.810	492		42,343	38,506	39,989	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		XXX	XXX ..						XXX
0199999 Totals - Open Depositories			XXX	XXX ..	4,817		13,377,404	12,782,090	17,827,810	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories			XXX	XXX ..						XXX
0399999 Total Cash On Deposit			XXX	XXX ..	4,817		13,377,404	12,782,090	17,827,810	XXX
0499999 Cash in Company's Office			XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash			XXX	XXX ..	4,817		13,377,404	12,782,090	17,827,810	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

N O N E

INDEX TO HEALTH QUARTERLY STATEMENT

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

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30

Premiums and Considerations

 Advance; Q3

 Collected; Q6

 Deferred; Q2

 Direct; Q7; Q13

 Earned; Q7

 Retrospective; Q2

 Uncollected; Q2

 Unearned; Q4

 Written; Q4; Q7

Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13

Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 24

Reinsurance; Q9; Q10, Note 23

 Ceded; Q3; Q12

 Funds Held; Q2

 Payable; Q3

 Premiums; Q3

 Receivable; Q2; Q4

 Unauthorized; Q3; Q5

Reserves

 Accident and Health; Q3; Q4

 Claim; Q3; Q5; Q8

 Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 24

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 31

Securities Lending; Q2; Q3; QE09; QE11

Servicing of Financial Assets; Q10, Note 17

Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6

Subsequent Events; Q10, Note 22

Surplus; Q3; Q5; Q6

Surplus Notes; Q3; Q5; Q6

Swaps; QE07; QSI04

Synthetic Assets; QSI04; QSI05

Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01

Wash Sales; Q10, Note 17

Withholds; Q4; Q8