

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

AultCare Health Insuring Corporation

NAIC Group Code

4805

(Current Period)

4805

(Prior Period)

NAIC Company Code

15461

Employer's ID Number

46-3305099

Organized under the Laws of

Ohio

State of Domicile or Port of Entry

OH

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[ ]

Property/Casualty[ ]

Hospital, Medical & Dental Service or Indemnity[ ]

Dental Service Corporation[ ]

Vision Service Corporation[ ]

Health Maintenance Organization[X]

Other[ ]

Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized

07/11/2013

Commenced Business

01/01/2015

Statutory Home Office

2600 Sixth Street SW

(Street and Number)

Canton, OH, 44710

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

Main Administrative Office

2600 Sixth Street SW

(Street and Number)

Canton, OH, 44710

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

(330)363-4057

(Area Code) (Telephone Number)

Mail Address

2600 Sixth Street SW

(Street and Number or P.O. Box)

Canton, OH, 44710

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

Primary Location of Books and Records

2600 Sixth Street SW

(Street and Number)

Canton, OH, 44710

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

(330)363-4057

(Area Code) (Telephone Number)

Internet Website Address

www.aultcare.com

Statutory Statement Contact

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OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

Michael E. Hanke  
Edward J. Roth III  
Michael A. Rich M.D.  
John B. Humphrey Jr., M.D.  
Allen Rovner M.D.  
Mark N. Rose M.D.

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

State of

Ohio

County of

Stark

ss

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

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

Subscribed and sworn to before me this

day of

, 2020

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)

Todd Hawke  
Richard V. Maggiore

John Westerbeck M.D.

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D) .....	28,858,490		28,858,490	27,328,066
2.	Stocks (Schedule D):				
2.1	Preferred stocks .....				
2.2	Common Stocks .....	65,250,185		65,250,185	57,261,219
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate (Schedule A):				
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 (\$.....5,616,073, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA) .....	5,616,073		5,616,073	2,057,699
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives (Schedule DB) .....				
8.	Other invested assets (Schedule BA) .....	12,525,351		12,525,351	11,207,451
9.	Receivables for securities .....				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	112,250,099		112,250,099	97,854,435
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	182,493		182,493	159,789
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,737,519		1,737,519	1,058,528
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....	473,401		473,401	
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 .....	1,846,692		1,846,692	1,590,233
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				17,466
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....				
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....				
24.	Health care (\$.....7,348,829) and other amounts receivable .....	10,789,831	3,441,003	7,348,829	5,130,946
25.	Aggregate write-ins for other than invested assets .....				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	127,280,036	3,441,003	123,839,033	105,811,397
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	127,280,036	3,441,003	123,839,033	105,811,397
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 Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	12,059,133		12,059,133	14,301,604
2.	Accrued medical incentive pool and bonus amounts .....	1,132,082		1,132,082	1,505,332
3.	Unpaid claims adjustment expenses .....	222,000		222,000	407,500
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserves .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	53,853		53,853	201,518
9.	General expenses due or accrued .....	498,322		498,322	490,050
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	3,992,953		3,992,953	1,105,152
10.2	Net deferred tax liability .....	340,568		340,568	
11.	Ceded reinsurance premiums payable .....	393,572		393,572	
12.	Amounts withheld or retained for the account of others .....				
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	6,000		6,000	236,375
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....	502,597		502,597	416,740
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24.	TOTAL Liabilities (Lines 1 to 23) .....	19,201,080		19,201,080	18,664,271
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	68,069,349	68,069,349
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	36,568,604	19,077,777
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	104,637,953	87,147,126
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	123,839,033	105,811,397
DETAILS OF WRITE-INS					
2301.	0 .....				
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months .....	X X X .....	238,141	240,966
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	251,832,042	242,638,011
3.	Change in unearned premium reserves and reserve for rate credits .....	X X X .....		
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....		
5.	Risk revenue .....	X X X .....		
6.	Aggregate write-ins for other health care related revenues .....	X X X .....		
7.	Aggregate write-ins for other non-health revenues .....	X X X .....		
8.	TOTAL Revenues (Lines 2 to 7) .....	X X X .....	251,832,042	242,638,011
Hospital and Medical:				
9.	Hospital/medical benefits .....		164,128,432	160,121,747
10.	Other professional services .....			
11.	Outside referrals .....		5,391,675	5,012,850
12.	Emergency room and out-of-area .....		5,207,312	5,286,069
13.	Prescription drugs .....		32,253,797	29,993,487
14.	Aggregate write-ins for other hospital and medical .....			
15.	Incentive pool, withhold adjustments and bonus amounts .....		3,990,851	4,432,443
16.	Subtotal (Lines 9 to 15) .....		210,972,067	204,846,595
Less:				
17.	Net reinsurance recoveries .....		473,401	
18.	TOTAL Hospital and Medical (Lines 16 minus 17) .....		210,498,666	204,846,595
19.	Non-health claims (net) .....			
20.	Claims adjustment expenses, including \$.....7,421,018 cost containment expenses .....		8,644,867	6,439,022
21.	General administrative expenses .....		22,941,154	23,449,063
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			
23.	TOTAL Underwriting Deductions (Lines 18 through 22) .....		242,084,687	234,734,680
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	9,747,355	7,903,331
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		882,270	823,062
26.	Net realized capital gains (losses) less capital gains tax of \$.....67,031 .....		268,125	13,014
27.	Net investment gains (losses) (Lines 25 plus 26) .....		1,150,395	836,077
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			
29.	Aggregate write-ins for other income or expenses .....			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	10,897,750	8,739,408
31.	Federal and foreign income taxes incurred .....	X X X .....	2,820,770	1,606,838
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	8,076,981	7,132,570
DETAILS OF WRITE-INS				
0601.	.....	X X X .....		
0602.	.....	X X X .....		
0603.	.....	X X X .....		
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....		
0701.	.....	X X X .....		
0702.	.....	X X X .....		
0703.	.....	X X X .....		
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....		
1401.	Reinsurance Claims .....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page .....			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page .....			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year .....	87,147,126	90,023,432
34.	Net income or (loss) from Line 32 .....	8,076,981	7,132,570
35.	Change in valuation basis of aggregate policy and claim reserves .....		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....1,688,545 .....	6,754,181	(1,713,736)
37.	Change in net unrealized foreign exchange capital gain or (loss) .....		
38.	Change in net deferred income tax .....	1,330,511	271,803
39.	Change in nonadmitted assets .....	1,329,153	(2,466,943)
40.	Change in unauthorized and certified reinsurance .....		
41.	Change in treasury stock .....		
42.	Change in surplus notes .....		
43.	Cumulative effect of changes in accounting principles .....		
44.	Capital Changes:		
44.1	Paid in .....		
44.2	Transferred from surplus (Stock Dividend) .....		
44.3	Transferred to surplus .....		
45.	Surplus adjustments:		
45.1	Paid in .....		0
45.2	Transferred to capital (Stock Dividend) .....		
45.3	Transferred from capital .....		
46.	Dividends to stockholders .....		(6,100,000)
47.	Aggregate write-ins for gains or (losses) in surplus .....		
48.	Net change in capital and surplus (Lines 34 to 47) .....	17,490,827	(2,876,306)
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	104,637,953	87,147,126
DETAILS OF WRITE-INS			
4701.	0 .....		
4702.	0 .....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page .....		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....		

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance .....	251,398,958	242,285,234
2.	Net investment income .....	942,435	935,200
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	252,341,393	243,220,434
5.	Benefit and loss related payments .....	214,476,518	203,803,900
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	31,933,852	29,967,491
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		1,999,998
10.	TOTAL (Lines 5 through 9) .....	246,410,369	235,771,389
11.	Net cash from operations (Line 4 minus Line 10) .....	5,931,023	7,449,045
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	10,129,573	4,168,383
12.2	Stocks .....	550,000	615,449
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	(27)	
12.7	Miscellaneous proceeds .....		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	10,679,546	4,783,832
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	11,738,861	4,523,621
13.2	Stocks .....	248,134	890,163
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		9,727,147
13.6	Miscellaneous applications .....	834,825	
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	12,821,821	15,140,931
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(2,142,275)	(10,357,099)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		0
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		6,100,000
16.6	Other cash provided (applied) .....	(230,375)	(527,225)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(230,375)	(6,627,226)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	3,558,374	(9,535,280)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	2,057,699	11,592,979
19.2	End of year (Line 18 plus Line 19.1) .....	5,616,073	2,057,699

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

20.0001	Cumulative effect of changes in accounting principles .....		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income .....	251,832,042						251,832,042			
2.	Change in unearned premium reserves and reserve for rate credit .....										
3.	Fee-for-service (net of \$.....0 medical expenses) .....										X X X .....
4.	Risk revenue .....										X X X .....
5.	Aggregate write-ins for other health care related revenues .....										X X X .....
6.	Aggregate write-ins for other non-health care related revenues .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
7.	TOTAL Revenues (Lines 1 to 6) .....	251,832,042						251,832,042			
8.	Hospital/medical benefits .....	164,128,432						164,128,432			X X X .....
9.	Other professional services .....										X X X .....
10.	Outside referrals .....	5,391,675						5,391,675			X X X .....
11.	Emergency room and out-of-area .....	5,207,312						5,207,312			X X X .....
12.	Prescription drugs .....	32,253,797						32,253,797			X X X .....
13.	Aggregate write-ins for other hospital and medical .....										X X X .....
14.	Incentive pool, withhold adjustments and bonus amounts .....	3,990,851						3,990,851			X X X .....
15.	Subtotal (Lines 8 to 14) .....	210,972,067						210,972,067			X X X .....
16.	Net reinsurance recoveries .....	473,401						473,401			X X X .....
17.	TOTAL Hospital and Medical (Lines 15 minus 16) .....	210,498,666						210,498,666			X X X .....
18.	Non-health claims (net) .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
19.	Claims adjustment expenses including \$.....7,421,018 cost containment expenses .....	8,644,867						8,644,867			
20.	General administrative expenses .....	22,941,154						22,941,154			
21.	Increase in reserves for accident and health contracts .....										X X X .....
22.	Increase in reserves for life contracts .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
23.	TOTAL Underwriting Deductions (Lines 17 to 22) .....	242,084,687						242,084,687			
24.	Net underwriting gain or (loss) (Line 7 minus Line 23) .....	9,747,355						9,747,355			
DETAILS OF WRITE-INS											
0501.	.....										X X X .....
0502.	.....										X X X .....
0503.	.....										X X X .....
0598.	Summary of remaining write-ins for Line 5 from overflow page .....										X X X .....
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										X X X .....
0601.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0602.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0603.	.....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0698.	Summary of remaining write-ins for Line 6 from overflow page .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	X X X .....	
1301.	Reinsurance Claims .....										X X X .....
1302.	.....										X X X .....
1303.	.....										X X X .....
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										X X X .....
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										X X X .....

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	252,070,884	.....	238,842	251,832,042
7.	Title XIX - Medicaid .....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 through 8) .....	252,070,884	.....	238,842	251,832,042
10.	Life .....	.....	.....	.....	.....
11.	Property/casualty .....	.....	.....	.....	.....
12.	TOTALS (Lines 9 to 11) .....	252,070,884	.....	238,842	251,832,042

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	209,223,687						209,223,687			
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....	473,401						473,401			
1.4 Net .....	208,750,286						208,750,286			
2. Paid medical incentive pools and bonuses .....	4,364,101						4,364,101			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	12,059,133						12,059,133			
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....	12,059,133						12,059,133			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year .....	1,132,082						1,132,082			
6. Net healthcare receivables (a) .....										
7. Amounts recoverable from reinsurers December 31, current year ..										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	14,301,604						14,301,604			
8.2 Reinsurance assumed .....										
8.3 Reinsurance ceded .....										
8.4 Net .....	14,301,604						14,301,604			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed .....										
9.3 Reinsurance ceded .....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year .....	1,505,332						1,505,332			
11. Amounts recoverable from reinsurers December 31, prior year .....										
12. Incurred benefits:										
12.1 Direct .....	206,981,216						206,981,216			
12.2 Reinsurance assumed .....										
12.3 Reinsurance ceded .....	473,401						473,401			
12.4 Net .....	206,507,815						206,507,815			
13. Incurred medical incentive pools and bonuses .....	3,990,851						3,990,851			

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....										
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....										
2. Incurred but Unreported:										
2.1 Direct .....	12,059,133						12,059,133			
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....										
2.4 Net .....	12,059,133						12,059,133			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS										
4.1 Direct .....	12,059,133						12,059,133			
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....	12,059,133						12,059,133			

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3.	Dental only .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6.	Title XVIII - Medicare .....	14,771,858	193,978,428	.....	12,059,133	14,771,858	14,301,604
7.	Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8.	Other health .....	.....	.....	.....	.....	.....	.....
9.	Health subtotal (Lines 1 to 8) .....	14,771,858	193,978,428	.....	12,059,133	14,771,858	14,301,604
10.	Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11.	Other non-health .....	.....	.....	.....	.....	.....	.....
12.	Medical incentive pool and bonus amounts .....	1,269,669	3,094,432	235,663	896,419	1,505,332	1,505,332
13.	TOTALS (Lines 9 - 10 + 11 + 12) .....	16,041,527	197,072,860	235,663	12,955,552	16,277,190	15,806,936

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

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....					
2.	2015 .....	9,961	9,961	9,961	9,961	9,961
3.	2016 .....	X X X	202,805	202,805	202,805	202,805
4.	2017 .....	X X X	X X X	196,814	196,814	196,814
5.	2018 .....	X X X	X X X	X X X	189,797	189,797
6.	2019 .....	X X X	X X X	X X X	X X X	197,073

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....					
2.	2015 .....	209,653	9,961	9,961	9,961	9,961
3.	2016 .....	X X X	217,515	202,805	202,805	202,805
4.	2017 .....	X X X	X X X	209,398	196,814	196,814
5.	2018 .....	X X X	X X X	X X X	205,604	189,797
6.	2019 .....	X X X	X X X	X X X	X X X	210,264

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2015 .....	226,733	9,961	4,180	41.960	14,141	6.237			14,141	6.237
2.	2016 .....	245,045	202,805	5,072	2.501	207,877	84.832			207,877	84.832
3.	2017 .....	244,820	196,814	5,700	2.896	202,514	82.719			202,514	82.719
4.	2018 .....	242,637	189,797	5,914	3.116	195,711	80.660			195,711	80.660
5.	2019 .....	251,832	197,073	8,114	4.117	205,187	81.478	13,191	222	218,600	86.804

12 Grand Total

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP . . . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP . . . . . NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....					
2.	2015 .....	9,961	9,961	9,961	9,961	9,961
3.	2016 .....	X X X	202,805	202,805	202,805	202,805
4.	2017 .....	X X X	X X X	196,814	196,814	196,814
5.	2018 .....	X X X	X X X	X X X	189,797	189,797
6.	2019 .....	X X X	X X X	X X X	X X X	197,073

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	Prior .....					
2.	2015 .....	209,653	9,961	9,961	9,961	9,961
3.	2016 .....	X X X	217,515	202,805	202,805	202,805
4.	2017 .....	X X X	X X X	209,398	196,814	196,814
5.	2018 .....	X X X	X X X	X X X	205,604	189,797
6.	2019 .....	X X X	X X X	X X X	X X X	210,264

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1.	2015 .....	226,733	9,961	4,180	41.960	14,141	6.237			14,141	6.237
2.	2016 .....	245,045	202,805	5,072	2.501	207,877	84.832			207,877	84.832
3.	2017 .....	244,820	196,814	5,700	2.896	202,514	82.719			202,514	82.719
4.	2018 .....	242,637	189,797	5,914	3.116	195,711	80.660			195,711	80.660
5.	2019 .....	251,832	197,073	8,114	4.117	205,187	81.478	13,191	222	218,600	86.804

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other . . . . . NONE

13 Underwriting Invest Exh Pt 2D - A & H Reserve . . . . . NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building) .....	72,748	12,080	239,563		324,391
2.	Salaries, wages and other benefits .....	3,136,134	938,691	9,791,520		13,866,345
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed) .....			1,290,699		1,290,699
4.	Legal fees and expenses .....	329,521		3,854		333,375
5.	Certifications and accreditation fees .....					
6.	Auditing, actuarial and other consulting services .....	333,742		2,376,070		2,709,812
7.	Traveling expenses .....	335,601		146,838		482,439
8.	Marketing and advertising .....	13,614	142	1,318,203		1,331,960
9.	Postage, express and telephone .....	103,449	14,872	339,942		458,263
10.	Printing and office supplies .....	36,925	98,263	359,070		494,258
11.	Occupancy, depreciation and amortization .....	149,854	24,883	493,475		668,213
12.	Equipment .....	42,269		209,866		252,134
13.	Cost or depreciation of EDP equipment and software .....	311,465	74,961	1,550,892		1,937,317
14.	Outsourced services including EDP, claims, and other services .....	2,056,301		2,222,137		4,278,438
15.	Boards, bureaus and association fees .....	19,721		902,076		921,797
16.	Insurance, except on real estate .....					
17.	Collection and bank service charges .....			80,067		80,067
18.	Group service and administration fees .....	281,315		1,047,925		1,329,241
19.	Reimbursements by uninsured plans .....					
20.	Reimbursements from fiscal intermediaries .....					
21.	Real estate expenses .....					
22.	Real estate taxes .....					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes .....					
23.2	State premium taxes .....					
23.3	Regulatory authority licenses and fees .....					
23.4	Payroll taxes .....	198,358	59,958	568,956		827,271
23.5	Other (excluding federal income and real estate taxes) .....					
24.	Investment expenses not included elsewhere .....					
25.	Aggregate write-ins for expenses .....					
26.	TOTAL Expenses Incurred (Lines 1 to 25) .....	7,421,018	1,223,850	22,941,154		(a) 31,586,021
27.	Less expenses unpaid December 31, current year .....	190,572	31,428	498,322		720,322
28.	Add expenses unpaid December 31, prior year .....	462,227	27,823	490,050		980,100
29.	Amounts receivable relating to uninsured plans, prior year .....					
30.	Amounts receivable relating to uninsured plans, current year .....					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	7,692,673	1,220,245	22,932,882		31,845,799
DETAILS OF WRITE-INS						
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) .....					

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a)..... 344,167	..... 354,573
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a)..... 333,898	..... 279,563
1.3	Bonds of affiliates .....	(a).....	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....	.....
2.11	Preferred stocks of affiliates .....	(b).....	.....
2.2	Common stocks (unaffiliated) .....	..... 248,134	..... 248,134
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e).....	.....
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL gross investment income .....	..... 926,199	..... 882,270
11.	Investment expenses .....	(g).....	
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	(g).....	
13.	Interest expense .....	(h).....	
14.	Depreciation on real estate and other invested assets .....	(i).....	
15.	Aggregate write-ins for deductions from investment income .....	.....	
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	
17.	Net Investment income (Line 10 minus Line 16) .....	..... 882,270	
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$......0 accrual of discount less \$......0 amortization of premium and less \$......0 paid for accrued interest on purchases.			
(b) Includes \$......0 accrual of discount less \$......0 amortization of premium and less \$......0 paid for accrued dividends on purchases.			
(c) Includes \$......0 accrual of discount less \$......0 amortization of premium and less \$......0 paid for accrued interest on purchases.			
(d) Includes \$......0 for company's occupancy of its own buildings; and excludes \$......0 interest on encumbrances.			
(e) Includes \$......0 accrual of discount less \$......0 amortization of premium and less \$......0 paid for accrued interest on purchases.			
(f) Includes \$......0 accrual of discount less \$......0 amortization of premium.			
(g) Includes \$......0 investment expenses and \$......0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$......0 interest on surplus notes and \$......0 interest on capital notes.			
(i) Includes \$......0 depreciation on real estate and \$......0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	..... 1,242	.....	..... 1,242	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	..... 2,762	.....	..... 2,762	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	..... 331,180	.....	..... 331,180	..... 1,327,001	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	..... 6,632,651	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	..... (27)	.....	..... (27)	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	..... 483,075	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	TOTAL Capital gains (losses) .....	..... 335,157	.....	..... 335,157	..... 8,442,727	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D) .....			
2.	Stocks (Schedule D):			
2.1	Preferred stocks .....			
2.2	Common stocks .....			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens .....			
3.2	Other than first liens .....			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company .....			
4.2	Properties held for the production of income .....			
4.3	Properties held for sale .....			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6.	Contract loans .....			
7.	Derivatives (Schedule DB) .....			
8.	Other invested assets (Schedule BA) .....			
9.	Receivables for securities .....			
10.	Securities lending reinvested collateral assets (Schedule DL) .....			
11.	Aggregate write-ins for invested assets .....			
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....			
13.	Title plants (for Title insurers only) .....			
14.	Investment income due and accrued .....			
15.	Premium and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection .....			
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3	Accrued retrospective premiums and contracts subject to redetermination .....			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers .....			
16.2	Funds held by or deposited with reinsured companies .....			
16.3	Other amounts receivable under reinsurance contracts .....			
17.	Amounts receivable relating to uninsured plans .....			
18.1	Current federal and foreign income tax recoverable and interest thereon .....			
18.2	Net deferred tax asset .....			
19.	Guaranty funds receivable or on deposit .....			
20.	Electronic data processing equipment and software .....			
21.	Furniture and equipment, including health care delivery assets .....			
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....			
23.	Receivables from parent, subsidiaries and affiliates .....			
24.	Health care and other amounts receivable .....	3,441,003	4,770,156	1,329,153
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) .....	3,441,003	4,770,156	1,329,153
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28.	TOTAL (Lines 26 and 27) .....	3,441,003	4,770,156	1,329,153
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) .....			

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations .....	20,006	20,044	19,920	19,626	19,547	238,141
2.	Provider Service Organizations .....						
3.	Preferred Provider Organizations .....						
4.	Point of Service .....						
5.	Indemnity Only .....						
6.	Aggregate write-ins for other lines of business .....						
7.	TOTAL .....	20,006	20,044	19,920	19,626	19,547	238,141
DETAILS OF WRITE-INS							
0601.	.....						
0602.	.....						
0603.	.....						
0698.	Summary of remaining write-ins for Line 6 from overflow page .....						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....						

Notes to Financial Statements

CoSECTION A

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

The accompanying financial statements of AultCare Health Insuring 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
<b>Net Income</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	\$8,076,981	\$7,132,570
(2) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(3) State permitted practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	xxx	xxx	xxx	\$8,076,981	\$7,132,570
<b>Capital and Surplus</b>					
(5) Company state basis (Page3, Line 33, Columns 3 &4)	xxx	xxx	xxx	\$ 105,388,435	\$87,147,126
(6) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(7) State permitted practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	xxx	xxx	xxx	\$ 105,388,435	\$87,147,126

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

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

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$67,469,525. Of this amount, \$54,944,174 is invested in AultCare Insurance Company. This represents the statutory equity of AultCare Insurance Company. The company has an investment in AultCare Corporation in the amount of \$2,061,972. The Company also has an investment in West Tuscarawas Property Management in the amount of \$10,463,379 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 Statements

- 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’s pharmacy rebates receivables are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates 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 \$10,463,379 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 5\*Securities during the periods reported.
- P. The Company had no short sale securities.
- Q. 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-B. 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 December, 31 2019 are as follows:

1. (reported in thousands)		12/31/2019			12/31/2018			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 35	\$ -	\$ 35	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 35	\$ -	\$ 35	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 35	\$ -	\$ 35	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(f)	Deferred Tax Liabilities	\$ -	\$ 375	\$ 375	\$ -	\$ 37	\$ 37	\$ -	\$ (338)	\$ 338
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 35	\$ (375)	\$ (375)	\$ 55	\$ (37)	\$ 18	\$ (20)	\$ (338)	\$ (358)
2. (reported in thousands)		12/31/2019			12/31/2018			Change		
Admission Calculation Components		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Notes to Financial Statements

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 lessor of 2(b)1 and 2(b)2 Below)	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (55)	\$ -	\$ (20)

Cont. Note 9 A 2

	1	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (55)	\$ -	\$ (20)
	2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	\$15,696	XXX	\$ 15,696	XXX	XXX	\$ 13,098	XXX	XXX	\$ 2,598
(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	\$ -	\$(375)	\$ (375)	\$ -	\$ (37)	\$ (37)	\$ -	\$(338)	\$ (338)
(d)		Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 35	\$(375)	\$ (340)	\$ 55	\$ (37)	\$ 18	\$ (20)	\$(338)	\$ (358)
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	\$104,638		\$87,300						
4. (reported in thousands)			12/31/2019			12/31/2018			Change		
Impact of Tax Planning Strategies			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)		Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(b)		Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(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) 12/31/2019	(2) 12/31/2018	(3) (Col 1-2) Change
1.	Current Income Tax			
(a)	Federal	\$ 2,887,801	\$ 1,610,297	\$ 1,277,504
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$ 2,887,801	\$ 1,610,297	\$ 1,277,504
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$ 2,887,801	\$ 1,610,297	\$ 1,277,504
2.	Deferred Tax Assets			
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve	\$ 2,262	\$ 8,464	\$ (6,202)
(3)	Policyholder Reserves	\$ 32,411	\$ 46,131	\$ (13,720)
(4)	Investments	\$ -	\$ -	\$ -
(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$ -	\$ -	\$ -
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward	\$ -	\$ -	\$ -
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
(13)	Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -

Cont. Note 9 C 2

(14)	Subtotal	\$ 34,673	\$ 54,595	\$ (19,922)
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 34,673	\$ 54,595	\$ (19,922)
(e)	Capital			
(1)	Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -

Notes to Financial Statements

	(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)	\$ 34,673	\$ 54,595	\$ (19,922)
3.	Deferred Tax Liabilities			
( a )	Ordinary			
	(1) Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
( b )	Capital	\$ -	\$ -	\$ -
	(1) Investments	\$ 375,241	\$ 37,129	\$ 338,112
	(2) Subtotal	\$ 375,241	\$ 37,129	\$ 338,112
( c )	Deferred tax liabilities (3a2 + 3b2)	\$ 375,241	\$ 37,129	\$ 338,112
4.	Net deferred tax assets/liabilities (2i - 3c)	\$ (340,568)	\$ 17,466	\$ (358,034)

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

	12/31/2019	Effective Tax Rate
Provision computed at statutory rate	\$ 2,302,604	21.1%
Change in nonadmitted assets	\$ -	0.0%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ 8,491	0.1%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ 698	0.0%
Other	\$ 595,930	5.5%
Total statutory income tax expense (benefit)	\$ 2,907,723	26.7%
	12/31/2019	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 2,887,801	26.5%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ 19,922	0.2%
Total statutory income tax expense (benefit)	\$ 2,942,396	26.7%

- E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits
- (1) At December, 31 2019, the Company had no net operating loss carry forwards available to offset against future taxable income.
  - (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
    - (a) 2018 \$0
    - (b) 2017 \$0
    - (c) 2016 \$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 Insurance Company; 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 Statements

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 \$816,037 and \$499,949, respectively, for services provided under the Master Services Agreement as of December, 31 2019 and 2018, respectively.

The Company has a capitation arrangement with Aultman Hospital and has paid \$58,456,156 and \$61,305,186 in capitated claims for its commercial enrollees as of December 31, 2019 and 2018, respectively. The company paid claims to affiliated companies in the amount of \$22,452,203 as of December 31, 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 \$19,456,830 and \$17,193,283, respectively, for services provided under the Management and Administrative Services Agreement as of December, 31 2019 and 2018, respectively.

D. The Company has an intercompany revolving credit facility in place with AultCare Insurance Company, a subsidiary. The Company owes \$772,027 and owed \$230,375 as of December, 31 2019 and December, 31 2018, respectively.

The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows AultCare to borrow and repay operating funds. AultCare owes \$1,289,945 and owed \$1,227,147 as of December, 31 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 December, 31 2019, the Company has paid \$4,930,960 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 Holding Company, 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 owns 100% of SCA entity AultCare Insurance Company which is carried at statutory equity as presented in AultCare Insurance Company's Quarterly statement. AultCare Insurance Company has assets valued at \$95,809,700, liabilities valued at \$40,865,525, and results from operations of \$54,944,174.
- J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have an investment in a foreign insurance subsidiary.
- L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.
- M. The Company did not hold any other SCA Investments.
- N. The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.
- O. The company did not have any SCA losses.

**11. DEBT**

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

**12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS**

- A-D. The Company had no defined benefit plans.
- E. The Company participates in a defined contribution plan sponsored by Aultman Health Foundation. Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$389,242 and \$380,375 as of December, 31 2019 and 2018 respectively.
- F-I. The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans during the periods reported.

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

- (1) The Company has no common stock outstanding.
- (2) The Company had no preferred stock outstanding.

Notes to Financial Statements

- (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 and \$6,100,000 in 2018 to AultCare Holding Company.
- (5) There were no restrictions placed on the Company’s profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:  
For conversion of preferred stock: 0 shares.  
A. For employee stock options: 0 shares.  
B. For stock purchase warrants: 0 shares.
- (9) The Company did not have changes in the balances of any special surplus funds.
- (10) The Company did not have any surplus funds represented that were reduced
- (11) The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- (12) The Company had no restatements due to quasi-reorganizations during the periods reported.
- (13) The Company was not involved in a quasi-reorganization during the periods reported.

14. CONTINGENCIES

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

15. LEASES

- A. Lessee Operating Lease  
(1) The Company has no operating leases. Corporate office facilities expense is covered through the management service agreement with AultCare Corporation in Note 10 above.  
  
(2) At January 1, 2020, the minimum aggregate rental commitments are as follows:
- |    |                         |                  |
|----|-------------------------|------------------|
|    | Year Ending December 31 | Operating Leases |
| 1. | 2019                    | \$0              |
| 2. | 2018                    | \$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	\$ 10,306,011	\$ -	\$ -	\$ 10,306,011
Total assets at fair value	\$ 10,306,011	\$ -	\$ -	\$ 10,306,011

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

Notes to Financial Statements

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$18,545,783	\$18,334,485		\$18,545,783		
Industrial and Misc.	\$10,682,685	\$10,524,005		\$10,682,685		
Common Stock	\$10,306,011	\$10,306,011	\$10,306,011			

- 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 December 31, 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 December 31, 2019, or 2018.

21. OTHER ITEMS

- A. The Company did not experience an unusual or infrequent items 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 March 1, 2020, there have been no Type I events subsequent to December 31, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2020
- B. As of March 1, 2020, there have been no Type II events subsequent to December 31, 2019, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2020

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 –TITLI

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

Notes to Financial Statements

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A-B. Reserves as of December 31, 2018 were \$14,301,604. As of December 31, 2019, \$14,771,858 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0. Therefore, there has been \$470,254 in unfavorable 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. The Company follows the guidance of Statement of Statutory Accounting Principles (SSAP) No. 84 for its pharmacy rebates receivable. Pharmacy rates receivables consist of estimated amounts and billed amounts. Estimated amounts are related to prescriptions filled during the three months immediately following year-end. Billed amounts represent those that have been accepted in writing, but not collected at the time of the reporting date. Being that the Company does not confirm billed amounts within two months of the reporting date, only estimated amounts are admitted at the time of year-end.

Pharmacy rebates receivables are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates. Pharmacy rebates as of the end of each quarter for the years ended December 31, 2019, 2018, and 2017 are as follows:

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
12/31/2019	\$ 4,929,938	\$ 2,270,343	\$ -	\$ -	\$ -
9/30/2019	\$ 4,584,300	\$ 2,310,477	\$ 2,522,534	\$ -	\$ -
6/30/2019	\$ 4,190,774	\$ 2,332,698	\$ 2,739,362	\$ -	\$ -
3/31/2019	\$ 4,081,541	\$ 2,279,663	\$ 2,386,475	\$ -	\$ -
12/31/2018	\$ 3,941,279	\$ 1,927,963	\$ -	\$ 2,082,766	\$ -
9/30/2018	\$ 3,981,433	\$ 1,910,217	\$ -	\$ 1,779,739	\$ -
6/30/2018	\$ 5,258,370	\$ 2,152,660	\$ -	\$ 1,945,743	\$ -
3/31/2018	\$ 1,892,789	\$ 1,927,178	\$ -	\$ 1,904,881	\$ -
12/31/2017	\$ 1,892,789	\$ 1,106,890	\$ -	\$ 930,973	\$ -
9/30/2017	\$ 793,005	\$ 1,078,489	\$ -	\$ 978,168	\$ -
6/30/2017	\$ 793,005	\$ 864,382	\$ -	\$ 958,569	\$ -
3/31/2017	\$ 793,005	\$ 1,129,757	\$ -	\$ 4,220,525	\$ -

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

29. PARTICIPATING POLICIES

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

30. PREMIUM DEFICIENCY RESERVES

A. The Company does not have Premium Deficiency Reserves.

1. Liability carried for premium deficiency reserves

\$0

2. Date of the most recent evaluation of this liability

12/31/2019

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 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, 1A and 2.

Yes[X] No[ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[ ] N/A[ ]
- 1.3 State Regulating?

Ohio
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[ ] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 3.2 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
- 3.3 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
- 3.4 By what department or departments?  
Ohio Department of Insurance
- 3.5 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]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[ ] No[ ] N/A[X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes[ ] No[X]  
Yes[ ] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes[ ] No[X]  
Yes[ ] No[X]
- 5.1 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.

Yes[ ] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the 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]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[ ] No[X]
- 7.2 If yes,  
7.21 State the percentage of foreign control  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

0.000%

1	2
Nationality	Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
CliftonLarsonAllen, LLP, 4505 Stephen Circle NW, Suite 200, Canton, OH 44718
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[ ] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[ ] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[ ] N/A[ ]
- 10.6 If the response to 10.5 is no or n/a please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Lee Benefits Consulting, 702 Saxony Drive, Seven Fields, PA 16046 - Actuary - Mr. Duane P. Lee

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[X] No[ ]
- 12.11 Name of real estate holding company

West Tuscarawas Property Management
- 12.12 Number of parcels involved

6
- 12.13 Total book/adjusted carrying value

\$ 10,463,379
- 12.2 If yes, provide explanation

AultCare Health Insuring Corporation owns \$10,463,379.23 worth of shares of West Tusc Property Mgmt, which is a for profit real estate holding company located in Canton, OH.
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[ ] No[ ] N/A[X]
- 13.3 Have there been any changes made to any of the trust indentures during the year?

Yes[ ] No[ ] N/A[X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes[ ] No[ ] N/A[X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes[ ] No[X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA)			
Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[ ] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers

\$ 0
- 20.12 To stockholders not officers

\$ 0
- 20.13 Trustees, supreme or grand (Fraternal only)

\$ 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers

\$ 0
- 20.22 To stockholders not officers

\$ 0
- 20.23 Trustees, supreme or grand (Fraternal only)

\$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[ ] No[X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others

\$ 0
- 21.22 Borrowed from others

\$ 0
- 21.23 Leased from others

\$ 0
- 21.24 Other

\$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[ ] No[X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment

\$ 0
- 22.22 Amount paid as expenses

\$ 0
- 22.23 Other amounts paid

\$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[ ] No[X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes[X] No[ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes[ ] No[ ] N/A[X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.

\$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes[ ] No[ ] N/A[X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

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

GENERAL INTERROGATORIES (Continued)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

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

\$0

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

\$0

24.103 Total payable for securities lending reported on the liability page.

\$0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

\$0

25.22 Subject to reverse repurchase agreements

\$0

25.23 Subject to dollar repurchase agreements

\$0

25.24 Subject to reverse dollar repurchase agreements

\$0

25.25 Placed under option agreements

\$0

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$0

25.27 FHLB Capital Stock

\$0

25.28 On deposit with states

\$0

25.29 On deposit with other regulatory bodies

\$0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

\$0

25.31 Pledged as collateral to FHLB - including assets backing funding agreements

\$0

25.32 Other

\$0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

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

If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108

Yes[ ] No[X]

26.42 Permitted Accounting Practice

Yes[ ] No[X]

26.43 Other Accounting Guidance

Yes[ ] No[X]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.

- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

27.2 If yes, state the amount thereof at December 31 of the current year.

\$0

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

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

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

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

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

28.05 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

GENERAL INTERROGATORIES (Continued)

- 28.0597

For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[ ] No[X]
- 28.0598

For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[ ] No[X]
- 28.06

For those firms or individuals listed in the table for 28.05 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 .....

- 29.1

Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[X] No[ ]
- 29.2

If yes, complete the following schedule:

1  CUSIP #	2  Name of Mutual Fund	3 Book/Adjusted Carrying Value
..... 60934N708 .....	WILLIAM BLAIR INT EQUITY FUND .....	..... 598,091 .....
..... 89354D338 .....	TRANSAMERICA INT EQUITY FUND .....	..... 620,544 .....
..... 922908728 .....	VANGUARD TOTAL MKT IDX ADMIRAL FUND .....	..... 5,259,343 .....
29.2999 Total .....		..... 6,477,978 .....

- 29.3

For each mutual fund listed in the table above, complete the following schedule:

1  Name of Mutual Fund (from above table)	2  Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4  Date of Valuation
WILLIAM BLAIR INT EQUITY FUND .....	Alibaba Group Holding LTD .....	..... 12,799 .....	... 12/31/2019 ..
TRANSAMERICA INT EQUITY FUND .....	Nestle SA .....	..... 12,907 .....	... 12/31/2019 ..
VANGUARD TOTAL MKT IDX ADMIRAL FUND .....	Microsoft Corp .....	..... 19,751 .....	... 12/31/2019 ..

30.

Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1  Statement (Admitted) Value	2  Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	..... 25,804,581 .....	..... 25,458,411 .....	..... (346,170) .....
30.2 Preferred stocks .....	..... .....	..... .....	..... .....
30.3 Totals .....	..... 25,804,581 .....	..... 25,458,411 .....	..... (346,170) .....

- 30.4

Describe the sources or methods utilized in determining the fair values:  
The market value of the bonds reported on the Huntington Investment statements are used to report Fair Value.
- 31.1

Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[ ]
- 31.2

If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[ ] No[X] N/A[ ]
- 31.3

If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 32.1

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

Yes[X] No[ ]
- 32.2

If no, list exceptions:

33.

By self-designation 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]

34.

By self-designating PLGI securities, the reporting entity is certifying the following elements of 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 an 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]

35.

By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.

GENERAL INTERROGATORIES (Continued)

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes[ ] No[X]

OTHER

36.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$. 303,159  
36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid

37.1 Amount of payments for legal expenses, if any? \$. 333,375  
37.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Squire Patton Boggs LLP	269,784

38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$. 254,146  
38.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
American Health Insurance Plans	9,644
Alliance of Community Health Plans	56,655

## GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

- |   |              |
|---|--------------|
| 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?                               | Yes[ ] No[X] |
| 1.2 If yes, indicate premium earned on U.S. business only:  | \$ ..... 0   |
| 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?             | \$ ..... 0   |
| 1.31 Reason for excluding:  |              |
| 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. | \$ ..... 0   |
| 1.5 Indicate total incurred claims on all Medicare Supplement insurance.  | \$ ..... 0   |
| 1.6 Individual policies - Most current three years:   |              |
| 1.61 TOTAL Premium earned   | \$ ..... 0   |
| 1.62 TOTAL Incurred claims  | \$ ..... 0   |
| 1.63 Number of covered lives  | ..... 0      |
| All years prior to most current three years:  |              |
| 1.64 TOTAL Premium earned   | \$ ..... 0   |
| 1.65 TOTAL Incurred claims  | \$ ..... 0   |
| 1.66 Number of covered lives  | ..... 0      |
| 1.7 Group policies - Most current three years:  |              |
| 1.71 TOTAL Premium earned   | \$ ..... 0   |
| 1.72 TOTAL Incurred claims  | \$ ..... 0   |
| 1.73 Number of covered lives  | ..... 0      |
| All years prior to most current three years:  |              |
| 1.74 TOTAL Premium earned   | \$ ..... 0   |
| 1.75 TOTAL Incurred claims  | \$ ..... 0   |
| 1.76 Number of covered lives  | ..... 0      |

## 2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	251,832,042	242,638,011
2.2	Premium Denominator .....	251,832,042	242,638,011
2.3	Premium Ratio (2.1 / 2.2) .....	1.000	1.000
2.4	Reserve Numerator .....	13,191,215	15,806,936
2.5	Reserve Denominator .....	13,191,215	15,806,936
2.6	Reserve Ratio (2.4 / 2.5) .....	1.000	1.000

- |       |   |                     |
|-------|---|---------------------|
| 3.1   | Has the reporting entity received any endorsement or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?   | Yes[ ] No[X]        |
| 3.2   | If yes, give particulars:   |                     |
| 4.1   | Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?   | Yes[X] No[ ]        |
| 4.2   | If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?  | Yes[ ] No[X] N/A[ ] |
| 5.1   | Does the reporting entity have stop-loss reinsurance?   | Yes[X] No[ ]        |
| 5.2   | If no, explain:   |                     |
| 5.3   | Maximum retained risk (see instructions):   |                     |
| 5.31  | Comprehensive Medical   | \$ ..... 350,000    |
| 5.32  | Medical Only  | \$ ..... 0          |
| 5.33  | Medicare Supplement   | \$ ..... 0          |
| 5.34  | Dental & Vision   | \$ ..... 0          |
| 5.35  | Other Limited Benefit Plan  | \$ ..... 0          |
| 5.36  | Other   | \$ ..... 0          |
| 6.    | Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:<br>N/A |                     |
| 7.1   | Does the reporting entity set up its claim liability for provider services on a service date basis?   | Yes[X] No[ ]        |
| 7.2   | If no, give details:  |                     |
| 8.    | Provide the following information regarding participating providers:  |                     |
| 8.1   | Number of providers at start of reporting year  | ..... 3,564         |
| 8.2   | Number of providers at end of reporting year  | ..... 3,589         |
| 9.1   | Does the reporting entity have business subject to premium rate guarantees?   | Yes[ ] No[X]        |
| 9.2   | If yes, direct premium earned:  |                     |
| 9.21  | Business with rate guarantees between 15-36 months  | ..... 0             |
| 9.22  | Business with rate guarantees over 36 months  | ..... 0             |
| 10.1  | Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?  | Yes[X] No[ ]        |
| 10.2  | If yes:   |                     |
| 10.21 | Maximum amount payable bonuses  | \$ ..... 4,364,101  |
| 10.22 | Amount actually paid for year bonuses   | \$ ..... 1,132,082  |
| 10.23 | Maximum amount payable withholds  | \$ ..... 0          |
| 10.24 | Amount actually paid for year withholds   | \$ ..... 0          |
| 11.1  | Is the reporting entity organized as:   |                     |
| 11.12 | A Medical Group/Staff Model,  | Yes[ ] No[X]        |
| 11.13 | An Individual Practice Association (IPA), or,   | Yes[ ] No[X]        |
| 11.14 | A Mixed Model (combination of above)?   | Yes[ ] No[X]        |
| 11.2  | Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?  | Yes[X] No[ ]        |
| 11.3  | If yes, show the name of the state requiring such minimum capital and surplus.<br>Ohio  |                     |
| 11.4  | If yes, show the amount required.   | \$ ..... 1,500,000  |
| 11.5  | Is this amount included as part of a contingency reserve in stockholder's equity?   | Yes[ ] No[X]        |
| 11.6  | If the amount is calculated, show the calculation.  |                     |
| 12.   | List service areas in which the reporting entity is licensed to operate:  |                     |

1	
Name of Service Area	
Ohio .....	

- |  |  |   |
|--|--|---|
| 13.1 Do you act as a custodian for health savings accounts?                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                              |   |
| 13.2 If yes, please provide the amount of custodial funds held as of the reporting date:         | \$ .....   | 0 |
| 13.3 Do you act as an administrator for health savings accounts?                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                              |   |
| 13.4 If yes, please provide the balance of the funds administered as of the reporting date:      | \$ .....   | 0 |
| 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> |   |
| 14.2 If the answer to 14.1 is yes, please provide the following:                                 |  |   |

GENERAL INTERROGATORIES (Continued)

1  Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)
- 15.1 Direct Premium Written

\$ ..... 0
- 15.2 Total incurred claims

\$ ..... 0
- 15.2 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[ ] No[X]
- 16.1 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]

FIVE-YEAR HISTORICAL DATA

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	123,839,033	105,811,397	106,588,873	97,250,275	82,605,983
2. TOTAL Liabilities (Page 3, Line 24) .....	19,201,080	18,664,271	16,565,441	20,356,777	18,053,084
3. Statutory minimum capital and surplus requirement .....	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	104,637,953	87,147,126	90,023,432	76,893,498	64,552,899
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	251,832,042	242,638,011	244,820,482	245,044,953	226,733,360
6. TOTAL Medical and Hospital Expenses (Line 18) .....	210,498,666	204,846,595	206,033,258	214,190,994	209,652,550
7. Claims adjustment expenses (Line 20) .....	8,644,867	6,439,022	5,592,814	5,328,428	4,525,234
8. TOTAL Administrative Expenses (Line 21) .....	22,941,154	23,449,063	22,913,122	18,496,151	19,237,702
9. Net underwriting gain (loss) (Line 24) .....	9,747,355	7,903,331	10,281,289	7,029,380	(6,682,126)
10. Net investment gain (loss) (Line 27) .....	1,150,395	836,077	707,855	704,145	719,769
11. TOTAL Other Income (Lines 28 plus 29) .....					
12. Net income or (loss) (Line 32) .....	8,076,981	7,132,570	7,493,428	5,060,871	(3,928,339)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	5,931,023	7,449,045	6,685,563	9,277,432	(1,682,376)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	104,637,953	87,147,126	90,023,432	76,893,498	64,552,899
15. Authorized control level risk-based capital .....	21,039,219	18,979,222	17,031,576	16,794,342	17,020,703
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	19,547	20,006	20,745	21,026	20,252
17. TOTAL Members Months (Column 6, Line 7) .....	238,141	240,966	248,939	251,691	241,831
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	83.6	84.4	84.2	87.4	92.5
20. Cost containment expenses .....	2.9	2.5	2.3	2.2	2.0
21. Other claims adjustment expenses .....	0.5	0.2			
22. TOTAL Underwriting Deductions (Line 23) .....	96.1	96.7	95.8	97.1	102.9
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	3.9	3.3	4.2	2.9	(2.9)
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	16,277,190	11,826,482	11,297,496	11,643,671	
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	15,806,936	12,583,676	14,662,367	14,920,022	
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....	54,944,174	48,311,523	49,189,872	42,748,927	35,784,341
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....	12,525,351	11,207,451	1,541,911	1,567,694	390,997
32. TOTAL of Above Lines 26 to 31 .....	67,469,525	59,518,974	50,731,783	44,316,621	36,175,337
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS  
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only							
		Active Status (a)	2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
State, Etc.										
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		252,070,884						252,070,884	
37. Oklahoma (OK) .....	N									
38. Oregon (OR) .....	N									
39. Pennsylvania (PA) .....	N									
40. Rhode Island (RI) .....	N									
41. South Carolina (SC) .....	N									
42. South Dakota (SD) .....	N									
43. Tennessee (TN) .....	N									
44. Texas (TX) .....	N									
45. Utah (UT) .....	N									
46. Vermont (VT) .....	N									
47. Virginia (VA) .....	N									
48. Washington (WA) .....	N									
49. West Virginia (WV) .....	N									
50. Wisconsin (WI) .....	N									
51. Wyoming (WY) .....	N									
52. American Samoa (AS) .....	N									
53. Guam (GU) .....	N									
54. Puerto Rico (PR) .....	N									
55. U.S. Virgin Islands (VI) .....	N									
56. Northern Mariana Islands (MP) .....	N									
57. Canada (CAN) .....	N									
58. Aggregate other alien (OT) .....	X X X									
59. Subtotal .....	X X X		252,070,884						252,070,884	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X									
61. TOTAL (Direct Business) .....	X X X		252,070,884						252,070,884	
DETAILS OF WRITE-INS										
58001. ....	X X X									
58002. ....	X X X									
58003. ....	X X X									
58998.Summary of remaining write-ins for Line 58 from overflow page .....	X X X									
58999.TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X									

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

N - None of the above - Not allowed to write business in the state

1

56

R - Registered - Non-domiciled RRGs

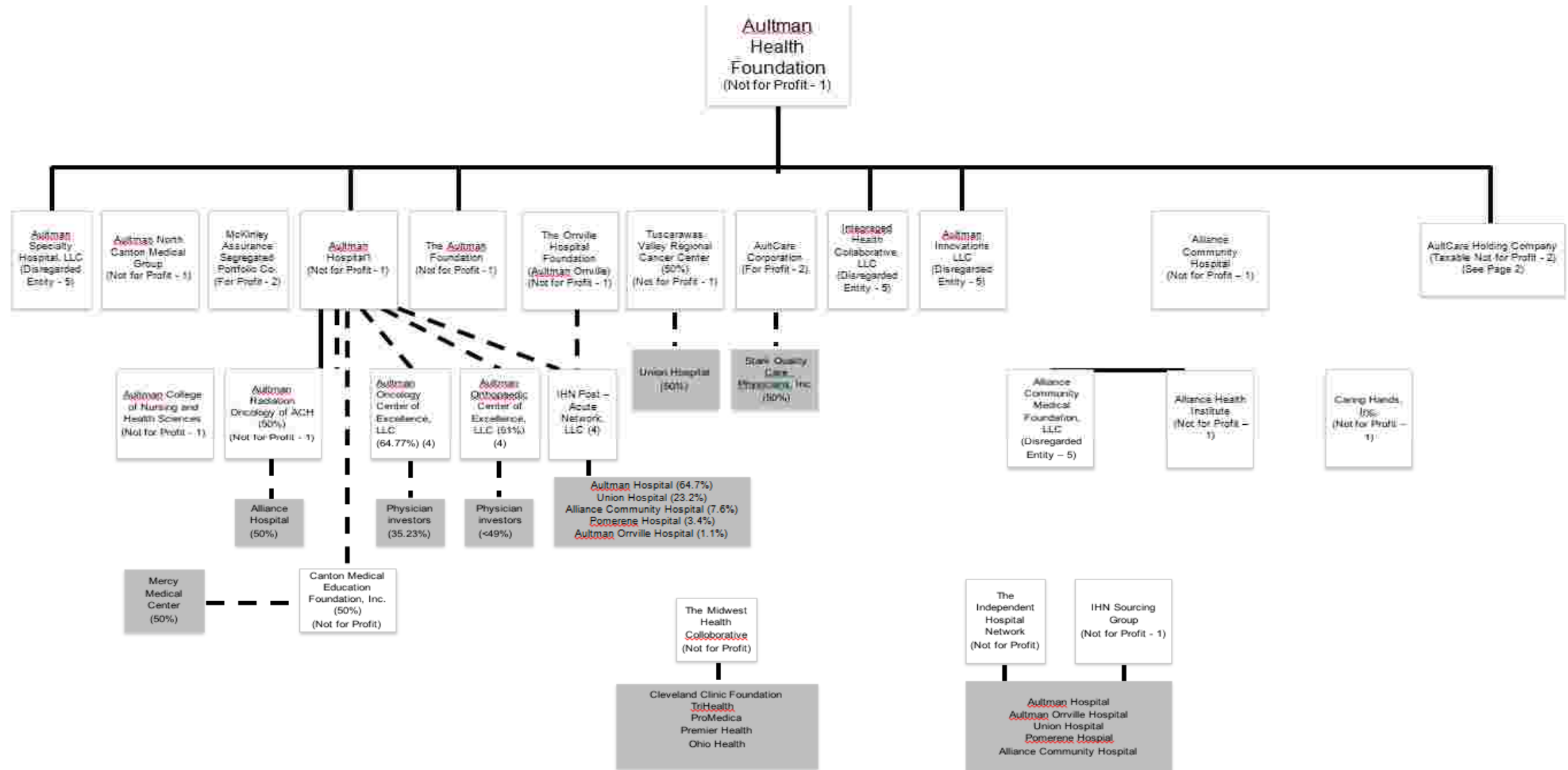
Q - Qualified - Qualified or accredited reinsurer

(b) Explanation of basis of allocation by state, premiums by state, etc.:

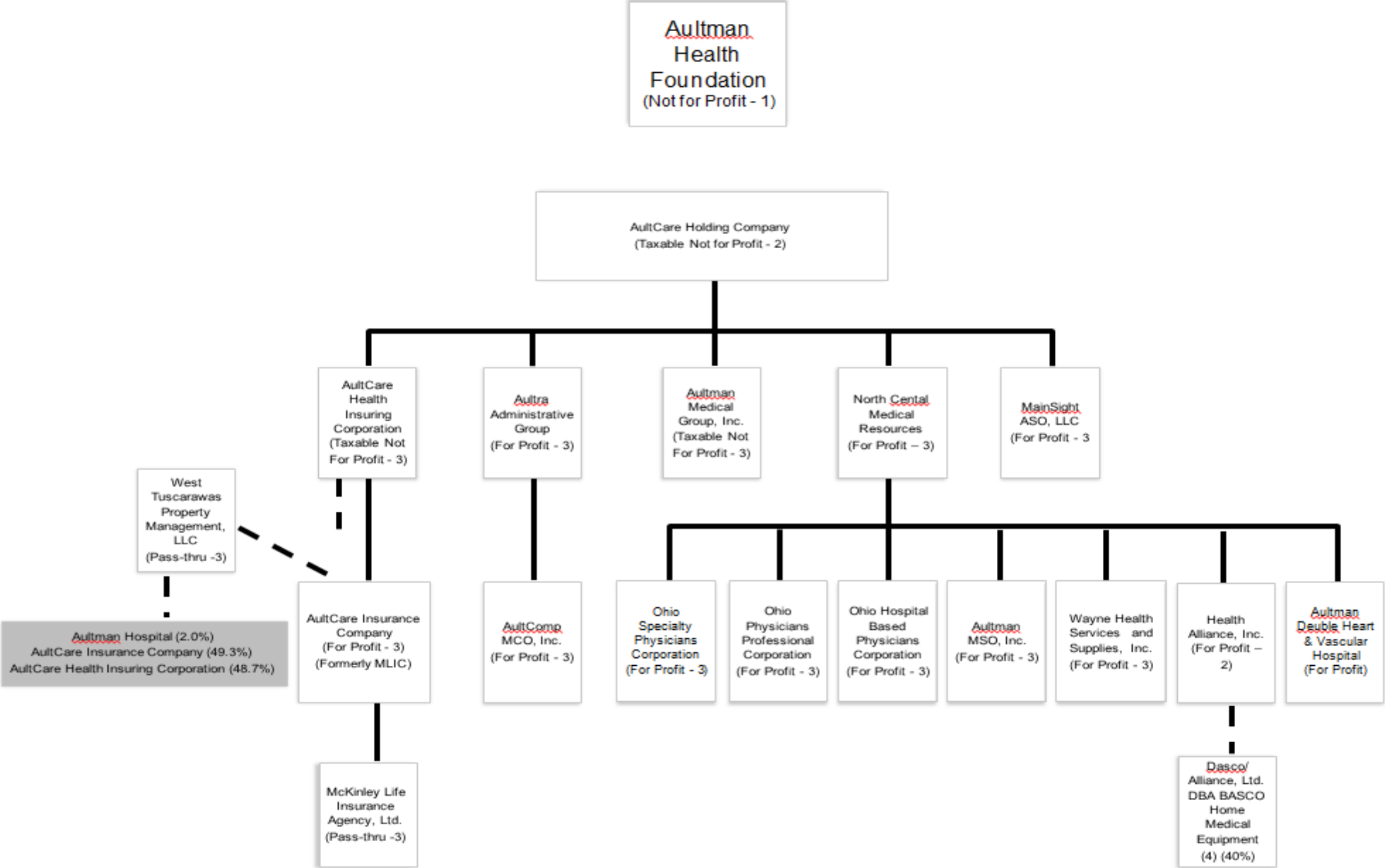
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**Tax Return Key**

- 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



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