ANNUAL STATEMENT

OF THE

Canton Regional Chamber Health Fund

of

Canton

in the state of

Ohio

2019

TO THE

Insurance Department

OF THE STATE OF

Ohio

For the Year Ending
DECEMBER 31, 2019

HEALTH

2019

00000201920100105 (NAIC code not entered) 2019 Document Code: 201

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

Canton Regional Chamber Health Fund

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code _____ Employer's ID Number 82-6483792

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

Incorporated/Organized 12/01/2017 Commenced Business 12/07/2017

Statutory Home Office 2600 Sixth Street SW (Street and Number), Canton, OH, US 44710 (City or Town, State, Country and Zip Code)

Main Administrative Office 2600 Sixth Street SW (Street and Number)
Canton, OH, US 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, US 44710 (City or Town, State, Country and Zip Code)

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

Internet Website Address

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

OFFICERS

Name	Title
Geofrrey Karcher	Chairman
Todd Hawke	Vice Chairman
Frank Monaco	Treasurer
Robert Mullen	Secretary

OTHERS

DIRECTORS OR TRUSTEES

Brian Belden
Francis Hayden
Judith Barnes Lancaster
Frank Manaco
Robert Mullen
Todd Hawke
Geoffrey Karcher
Steven Meeks
Michael Moore
Mark Rosneck

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)
Geoffrey Karcher	Robert Mullen	Frank Monaco
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2020

a. Is this an original filing? Yes[ ] No[X]
b. If no: 1. State the amendment number 1
2. Date filed 06/04/2020
3. Number of pages attached 10

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Dennis Saunier
Joseph Feltes
Amanda Sterling

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	52,128	10,412
2.	Net premium income (including $.....0 non-health premium income)	X X X	8,249,345	1,591,978
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	8,249,345	1,591,978
Hospital and Medical:				
9.	Hospital/medical benefits		13,129,675	1,697,204
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area		405,028	103,974
13.	Prescription drugs		2,695,495	537,508
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		16,230,198	2,338,686
Less:				
17.	Net reinsurance recoveries		11,166,054	1,049,903
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		5,064,144	1,288,783
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....0 cost containment expenses			
21.	General administrative expenses		2,225,129	474,873
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)		7,289,273	1,763,656
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	960,072	(171,678)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of $.....0			
27.	Net investment gains (losses) (Lines 25 plus 26)			
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	960,072	(171,678)
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	960,072	(171,678)
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.				
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 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	1,122,986	749,862
34.	Net income or (loss) from Line 32	960,072	(171,678)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(22,726)	(205,198)
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		750,000
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	937,347	373,124
49.	Capital and surplus end of reporting year (Line 33 plus 48)	2,060,333	1,122,986
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1.	Net premium income	8,249,345	8,249,345								
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of $.....0 medical expenses)										XXX
4.	Risk revenue										XXX
5.	Aggregate write-ins for other health care related revenues										XXX
6.	Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.	TOTAL Revenues (Lines 1 to 6)	8,249,345	8,249,345								
8.	Hospital/medical benefits	13,129,675	13,129,675								XXX
9.	Other professional services										XXX
10.	Outside referrals										XXX
11.	Emergency room and out-of-area	405,028	405,028								XXX
12.	Prescription drugs	2,695,495	2,695,495								XXX
13.	Aggregate write-ins for other hospital and medical										XXX
14.	Incentive pool, withhold adjustments and bonus amounts										XXX
15.	Subtotal (Lines 8 to 14)	16,230,198	16,230,198								XXX
16.	Net reinsurance recoveries	11,166,054	11,166,054								XXX
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	5,064,144	5,064,144								XXX
18.	Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including $.....0 cost containment expenses										
20.	General administrative expenses	2,225,129	2,225,129								
21.	Increase in reserves for accident and health contracts										XXX
22.	Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	7,289,273	7,289,273								
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	960,072	960,072								
DETAILS OF WRITE-INS											
0501.											XXX
0502.											XXX
0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page										XXX
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.											XXX
1302.											XXX
1303.											XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page										XXX
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	15,868,198	15,868,198								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	11,166,054	11,166,054								
1.4 Net	4,702,144	4,702,144								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	556,000	556,000								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	556,000	556,000								
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										
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	194,000	194,000								
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	194,000	194,000								
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										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	16,230,198	16,230,198								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	11,166,054	11,166,054								
12.4 Net	5,064,144	5,064,144								
13. Incurred medical incentive pools and bonuses										

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000 BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code 00000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	1,680		1,680							
2. First Quarter	4,126		4,126							
3. Second Quarter	4,391		4,391							
4. Third Quarter	4,550		4,550							
5. Current Year	4,673		4,673							
6. Current Year Member Months	52,128		52,128							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	15,253		15,253							
8. Non-Physician	29,338		29,338							
9. TOTAL	44,591		44,591							
10. Hospital Patient Days Incurred	959		959							
11. Number of Inpatient Admissions	239		239							
12. Health Premiums Written (b)	20,799,099		20,799,099							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	20,799,099		20,799,099							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	4,702,144		4,702,144							
18. Amount Incurred for Provision of Health Care Services	16,230,198		16,230,198							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

00000201943059105 (NAIC code not entered) 2019 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 0000 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 00000

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	1,680		1,680							
2. First Quarter	4,126		4,126							
3. Second Quarter	4,391		4,391							
4. Third Quarter	4,550		4,550							
5. Current Year	4,673		4,673							
6. Current Year Member Months	52,128		52,128							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	15,253		15,253							
8. Non-Physician	29,338		29,338							
9. TOTAL	44,591		44,591							
10. Hospital Patient Days Incurred	959		959							
11. Number of Inpatient Admissions	239		239							
12. Health Premiums Written (b)	20,799,099		20,799,099							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	20,799,099		20,799,099							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	4,702,144		4,702,144							
18. Amount Incurred for Provision of Health Care Services	16,230,198		16,230,198							

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

30 Grand Total

Amended Explanation Page

The amendment was to correct some classifications of claims. The following pages changed, page 4, 5, 7, 9, 30.