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2019

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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

AultCare Health Insuring Corporation

NAIC Group Code (Current Period)	4805	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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>		
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
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 (330)363-4057 (Area Code) (Telephone Number)		
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Primary Location of Books and Records	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Internet Website Address	www.aultcare.com				
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name)		(330)363-4057 (Area Code)(Telephone Number)(Extension)		
	jscheatzle@aultcare.com (E-Mail Address)		(330)363-5012 (Fax Number)		

OFFICERS

Name	Title
Rick L. Haines	President
Joseph J. Fiteles	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)
Rick L. Haines
(Printed Name)
1.
President
(Title)

(Signature)
Joseph J. Feltes

(Printed Name)
2.
Secretary

(Title)

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

Subscribed and sworn to before me this
____ day of _____, 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.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299997 Subtotal - Group Subscribers: .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed	1,718,131	18,415	973	.....	.....	1,737,519
0299999 TOTAL Group	1,718,131	18,415	973	.....	.....	1,737,519
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,718,131	18,415	973	.....	.....	1,737,519

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	2,270,343	.....	.....	2,659,496	2,659,595	2,270,343
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,270,343	.....	.....	2,659,496	2,659,595	2,270,343
Claim Overpayment Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed	184,122	.....	.....	.....	184,122	
0299999 Subtotal - Claim Overpayment Receivables	184,122	.....	.....	.....	184,122	
0399998 Loans and Advances to Providers - Not Individually Listed .....	.....	.....	.....	.....	.....
0399999 Subtotal - Loans and Advances to Providers .....	.....	.....	.....	.....	.....
0499998 Capitation Arrangement Receivables - Not Individually Listed	4,930,960	.....	.....	.....	36,596	4,894,364
0499999 Subtotal - Capitation Arrangement Receivables	4,930,960	.....	.....	.....	36,596	4,894,364
0599998 Risk Sharing Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....
0599999 Subtotal - Risk Sharing Receivables .....	.....	.....	.....	.....	.....
0699998 Other Receivables - Not Individually Listed .....	.....	.....	.....	744,812	744,812	.....
0699999 Subtotal - Other Receivables .....	.....	.....	.....	744,812	744,812	.....
0799999 Gross health care receivables	7,385,425	.....	.....	3,404,308	3,441,003	7,348,829

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	3,862,505	5,125,837		4,929,938	3,862,505	3,941,279
2. Claim overpayment receivables	20,946	47,398		184,122	20,946	
3. Loans and advances to providers						
4. Capitation arrangement receivables				4,930,960		
5. Risk sharing receivables						
6. Other health care receivables				744,812		
7. TOTALS (Lines 1 through 6)	3,883,450	5,173,235		10,789,831	3,883,450	3,941,279

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						12,059,133
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						12,059,133
0899999 Accrued Medical Incentive Pool and Bonus Amounts						1,132,082

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
						N O N E	
0399999 TOTAL Gross Amounts Receivable

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0299999 Payables not Individually Listed	XXX	6,000	6,000	.....
0399999 TOTAL Gross Payables	XXX	6,000	6,000	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	58,456,156	27.429	19,547	100.000	58,456,156	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments	58,456,156	27.429	19,547	100.000	58,456,156	.....
Other Payments:						
5. Fee-for-service	11,843,942	5.558	XXX	XXX	.....	11,843,942
6. Contractual fee payments	142,814,289	67.013	XXX	XXX	22,542,203	120,272,086
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	154,658,231	72.571	XXX	XXX	22,542,203	132,116,028
13. TOTAL (Line 4 plus Line 12)	213,114,387	100.000	XXX	XXX	80,998,359	132,116,028

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....
N O N E					
9999999 TOTALS					
XXX					

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



2019

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 4805

NAIC Company Code 15461

	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	20,006							20,006		
2. First Quarter	20,044							20,044		
3. Second Quarter	19,920							19,920		
4. Third Quarter	19,626							19,626		
5. Current Year	19,547							19,547		
6. Current Year Member Months	238,141							238,141		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	228,350							228,350		
8. Non-Physician	477,720							477,720		
9. TOTAL	706,070							706,070		
10. Hospital Patient Days Incurred	67,897							67,897		
11. Number of Inpatient Admissions	8,026							8,026		
12. Health Premiums Written (b)	252,070,884							252,070,884		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	252,070,884							252,070,884		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	213,114,387							213,114,387		
18. Amount Incurred for Provision of Health Care Services	210,972,067							210,972,067		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....252,070,884



2019

Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 15461

NAIC Group Code 4805

	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	20,006							20,006		
2. First Quarter	20,044							20,044		
3. Second Quarter	19,920							19,920		
4. Third Quarter	19,626							19,626		
5. Current Year	19,547							19,547		
6. Current Year Member Months	238,141							238,141		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	228,350							228,350		
8. Non-Physician	477,720							477,720		
9. TOTAL	706,070							706,070		
10. Hospital Patient Days Incurred	67,897							67,897		
11. Number of Inpatient Admissions	8,026							8,026		
12. Health Premiums Written (b)	252,070,884							252,070,884		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	252,070,884							252,070,884		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	213,114,387							213,114,387		
18. Amount Incurred for Provision of Health Care Services	210,972,067							210,972,067		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....252,070,884

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
N O N E												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770278	04/01/2015	McKinley Assur Spc	CYM	473,401	.....
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive					473,401	.....
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					473,401	.....
1899999 Total - Accident and Health - Affiliates					473,401	.....
2299999 Total - Accident and Health					473,401	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					473,401	.....
9999999 Total (Sum of 1199999 and 2299999)					473,401	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Unauthorized - Affiliates - Non-U.S. - Captive													
00000	AA-3770278	04/01/2015	McKinley Assur Spc	CYM	SLEL		238,842						
1599999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive						238,842						
1799999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total						238,842						
1899999	Total - General Account - Unauthorized - Affiliates						238,842						
2299999	Total - General Account - Unauthorized						238,842						
2899999	Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total												
2999999	Total - General Account - Certified - Affiliates												
3399999	Total - General Account - Certified												
3499999	Total - General Account - Authorized, Unauthorized and Certified						238,842						
4099999	Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total												
4199999	Total - Separate Accounts - Authorized - Affiliates												
4599999	Total - Separate Accounts - Authorized												
5199999	Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total												
5299999	Total - Separate Accounts - Unauthorized - Affiliates												
5699999	Total - Separate Accounts - Unauthorized												
6299999	Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total												
6399999	Total - Separate Accounts - Certified - Affiliates												
6799999	Total - Separate Accounts - Certified												
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified												
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						238,842						
9999999	Total (Sum of 3499999 and 6899999)						238,842						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
00000	AA-3770278	01/01/2015	McKinley Assur Spc		473,401		473,401							
1599999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive				473,401		473,401		XXX					
1799999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total				473,401		473,401		XXX					
1899999	Total - General Account - Accident and Health - Affiliates				473,401		473,401		XXX					
2299999	Total - General Account - Accident and Health				473,401		473,401		XXX					
2399999	Total - General Account				473,401		473,401		XXX					
2999999	Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total								XXX					
3099999	Total - Separate Accounts - Affiliates								XXX					
3499999	Total - Separate Accounts								XXX					
3699999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				473,401		473,401		XXX					
9999999	Total (Sum of 2399999 and 3499999)				473,401		473,401		XXX					

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(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- niliary Juris- diction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken	13 Miscellaneous	14 Net Obligation Subject to Collateral	15 Dollar Amount of Collateral Required for Full Credit	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 22 / Col. 14)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank	19 Reference Number (a)	20 Funds Deposited by and Withheld from Reinsurers	21 Trust Agreements	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
9999999 Total (Sum of 2399999 and 3499999)																										

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	NONE			Letters of Credit Amount

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	239	322	300	279	202
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	473			103	362
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	112,250,099		112,250,099
2. Accident and health premiums due and unpaid (Line 15)	1,737,519		1,737,519
3. Amounts recoverable from reinsurers (Line 16.1)	473,401		473,401
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	9,378,014		9,378,014
6. TOTAL Assets (Line 28)	123,839,033		123,839,033
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	12,059,133		12,059,133
8. Accrued medical incentive pool and bonus payments (Line 2)	1,132,082		1,132,082
9. Premiums received in advance (Line 8)	53,853		53,853
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	5,956,012		5,956,012
15. TOTAL Liabilities (Line 24)	19,201,080		19,201,080
16. TOTAL Capital and Surplus (Line 33)	104,637,953	X X X	104,637,953
17. TOTAL Liabilities, Capital and Surplus (Line 34)	123,839,033		123,839,033
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CAN)
58. Aggregate other alien (OT)
59. TOTALS

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required?	*
		00000	34-1445390			Aultman Health Foundation		US	UIP	Self	Board of Directors		Aultman Health Foundation	N	
		00000	34-0714538			Aultman Hospital		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	0000000
4805		77216	34-1624818			AultCare Insurance Company		US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1488123			AultCare Corporation		US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	N	0000001
		00000	20-0090246			West Tuscarawas Property Management, LLC		US	DS	AultCare Insurance Company & AultCare Health Insuring Corp & Aultman Hospital	Ownership	94.0	Aultman Health Foundation	N	
		00000	34-1795772			McKinley Life Insurance Agency, Ltd.		US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-4951704			Aultra Administrative Group		US	IA	AultCare Holding Company	Management		Aultman Health Foundation	N	
		00000	27-4379962			AultComp MCO, Inc.		US	NIA	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1853300			Ohio Specialty Physician's Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	98-0468384			McKinley Assurance Segregated Portfolio Company (SPC)		CYM	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-1359433			Aultman College of Nursing and Health Sciences		US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	N	
		00000	31-1509904			Aultman MSO, Inc.		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	20-8090459			The Aultman Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	31-1509897			Ohio Physicians Professional Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1610344			North Central Medical Resources		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1871647			Ohio Hospital Based Physician Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	31-1689698			Tuscarawas Valley Regional Cancer Center		US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	N	0000002
		00000	13-4246188			Aultman Specialty Hospital, LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1243260			Canton Medical Education Foundation		US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	N	0000003
4805		15461	46-3305099			AultCare Health Insuring Corporation		US	UDP	Aultman Health Foundation	Ownership	50.0	Aultman Health Foundation	N	
		00000	34-1088530			Aultman North Canton Medical		US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	N	
		00000	34-0733138			The Orville Hospital Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-3166014			Aultman Medical Group, Inc		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-1165287			AultCare Holding Company		US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-3587655			MainSight ASO, LLC		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1501390			Wayne Health Service and Supplies, Inc		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	46-4625320			Integrated Health Collaborative		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	45-4215510			Aultman Oncology Center of Excellence		US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	N	0000004
		00000	46-2540184			Aultman Orthopedic Center of Excellence		US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	N	0000004
		00000	81-1342957			The Midwest Health Collaborative		US	NIA	Other	Other		Aultman Health Foundation	N	0000005
		00000	45-1731318			IHN Sourcing Group		US	NIA	Other	Other		Aultman Health Foundation	N	0000006
		00000	81-4224503			Aultman Radiation Oncology of ACH		US	NIA	Other	Ownership	50.0	Aultman Health Foundation	N	
		00000	81-0847842			Aultman Innovations, LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	81-3136598			IHN Post-Acute Network		US	NIA	Other	Ownership	57.4	Aultman Health Foundation	N	
		00000	34-0714581			Alliance Community Hospital		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1932972			Alliance Health Institute		US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	26-3646817			Alliance Community Medical Foundation		US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1531993			Health Alliance Inc.		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N	
		00000	91-1889215			Alliance Medical Associates		US	NIA	Other	Ownership	100.0	Alliance Community Hospital	N	
		00000	34-1505340			Caring Hands, Inc		US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N	
		00000	34-1609338			Dasco/Alliance, Ltd. DBA DASCO Home Medical		US	NIA	Health Alliance, Inc.	Ownership	100.0	Aultman Health Foundation	N	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE **AultCare Health Insuring Corporation**

Asterisk	Explanation
0000001	AultCare Corporation's governance is controlled by Aultman Health Foundation 50% and Stark Quality Care Physicians, Inc 50%, 100% of equity owned by Aultman Health Foundation
0000002	Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50%
0000003	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50%

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 77216 ..	34-1624818 ..	AULTCARE INS CO								(772,027)		
.. 15461 ..	46-3305099 ..	AULTCARE HLTH INSURING CORP		(2,887,801)						2,061,972		
.. 47-1165287 ..	47-1165287 ..	AultCare Holding Company		2,887,801						2,887,801		
.. 00000 ..	AA-3770278 ..	McKinley Assur Spc										
.. 00000 ..	34-1445390 ..	Aultman Health Foundation						816,037			816,037	
	34-1488123 ..	AultCare Corporation						19,456,830			(1,289,945)	18,166,885
9999999 Control Totals									XXX			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

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

MARCH FILING

- | | |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | No |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



1546120193600000

2019

Document Code: 360

Health Life Supplement - March



2019

Document Code: 205

Schedule SIS



1546120194200000

2019

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



2019

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



1546120193700000

2019

Document Code: 370

Medicare Part D Coverage Supplement



2019

Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



1546120192240000

2019

Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



2019

Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



1546120192260000

2019

Document Code: 226

Health Life Supplement - April



1546120192110000

2019

Document Code: 211

LHA Guaranty Association Adjustment Exhibit



1546120193000000

2019

Document Code: 300

LTC Supplemental Interrogatories



1546120193060000

2019

Document Code: 306

LHA Guaranty Association Reconciliation



1546120192900000

2019

Document Code: 290

Management's Report of Internal Control over Financial Reporting



15461201922300000

2019

Document Code: 223

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