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2020

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QUARTERLY STATEMENT
AS OF MARCH 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
AultCare Insurance Company

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

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

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

State of Ohio
 County of Stark ss

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

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

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

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

Subscribed and sworn to before me this
 _____ day of _____, 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 Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	32,078,391		32,078,391	31,934,060
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	9,926,398		9,926,398	11,469,009
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....14,537,265), cash equivalents (\$.....0) and short-term investments (\$.....0)	14,537,265		14,537,265	14,892,061
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	20,016,440		20,016,440	21,219,248
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	76,558,493		76,558,493	79,514,378
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	198,931		198,931	209,131
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	11,707,062		11,707,062	7,144,570
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	5,446,523		5,446,523	3,342,365
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				181,453
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	661,158		661,158	625,890
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....4,714,972) and other amounts receivable	6,982,155	2,267,184	4,714,972	4,791,912
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)	101,554,322	2,267,184	99,287,139	95,809,699
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	101,554,322	2,267,184	99,287,139	95,809,699
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....1,027,800 reinsurance ceded)	23,789,142		23,789,142	25,314,142
2. Accrued medical incentive pool and bonus amounts	283,964		283,964	350,722
3. Unpaid claims adjustment expenses	262,700		262,700	262,700
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	8,440,483		8,440,483	6,203,120
9. General expenses due or accrued	10,346,862		10,346,862	5,473,260
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	824,427		824,427	
10.2 Net deferred tax liability	106,988		106,988	106,987
11. Ceded reinsurance premiums payable	2,692,949		2,692,949	2,350,453
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	1,112,205		1,112,205	804,140
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	47,859,720		47,859,720	40,865,524
25. Aggregate write-ins for special surplus funds	XXX	XXX		4,200,000
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	18,387,534	18,387,534
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	32,039,887	31,356,641
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	51,427,420	54,944,174
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	99,287,140	95,809,699
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. Health Insurance Tax	XXX	XXX		4,200,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		4,200,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	266,902	223,984	1,095,977
2. Net premium income (including \$.....0 non-health premium income)	XXX	65,489,273	64,501,488	266,007,870
3. Change in unearned premium reserves and reserves for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	65,489,273	64,501,488	266,007,870
Hospital and Medical:				
9. Hospital/medical benefits		29,071,608	31,010,388	130,201,029
10. Other professional services				
11. Outside referrals		8,016,688	9,163,751	32,738,637
12. Emergency room and out-of-area		1,221,882	1,284,843	5,050,396
13. Prescription drugs		8,780,748	8,143,401	38,731,753
14. Aggregate write-ins for other hospital and medical		10,296,102	8,511,550	32,310,335
15. Incentive pool, withhold adjustments and bonus amounts		78,302	256,500	782,750
16. Subtotal (Lines 9 to 15)		57,465,329	58,370,433	239,814,899
Less:				
17. Net reinsurance recoveries		4,345,301	5,623,540	18,675,240
18. Total hospital and medical (Lines 16 minus 17)		53,120,028	52,746,893	221,139,659
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....1,672,328 cost containment expenses		2,503,785	1,915,766	10,300,420
21. General administrative expenses		12,235,288	8,890,983	31,775,057
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)		67,859,101	63,553,642	263,215,136
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(2,369,828)	947,846	2,792,734
25. Net investment income earned		257,446	244,222	1,101,185
26. Net realized capital gains (losses) less capital gains tax of \$.....748,128		2,992,512	24	110,680
27. Net investment gains or (losses) (Lines 25 plus 26)		3,249,958	244,245	1,211,865
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	880,131	1,192,092	4,004,599
31. Federal and foreign income taxes incurred	XXX	257,752	246,619	942,788
32. Net income (loss) (Lines 30 minus 31)	XXX	622,379	945,473	3,061,811
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401. Reinsurance Claims		10,296,102	8,511,550	32,310,335
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)		10,296,102	8,511,550	32,310,335
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	54,944,174	48,311,523	48,311,523
34. Net income or (loss) from Line 32	622,379	945,473	3,061,811
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$....(1,044,499)	(4,177,997)	806,285	1,725,453
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(1,044,499)		45,270
39. Change in nonadmitted assets	1,083,364	811,674	1,800,117
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(3,516,754)	2,563,432	6,632,651
49. Capital and surplus end of reporting period (Line 33 plus 48)	51,427,420	50,874,955	54,944,174
DETAILS OF WRITE-INS			
4701. 0			
4702. 0			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	63,506,641	61,032,476	259,193,297
2.	Net investment income	294,191	256,941	1,184,500
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	63,800,832	61,289,417	260,377,797
5.	Benefit and loss related payments	55,655,639	55,331,831	223,496,137
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	9,865,471	9,454,959	41,585,140
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	65,521,111	64,786,790	265,081,277
11.	Net cash from operations (Line 4 minus Line 10)	(1,720,278)	(3,497,373)	(4,703,480)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	678,474	2,011,370	10,289,846
12.2	Stocks	5,953,208		275,000
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets	1,318,456		797,354
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		(5)	(5)
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	7,950,138	2,011,365	11,362,195
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	848,561	2,773,839	11,745,381
13.2	Stocks	6,008,543	41,405	274,635
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets		851,993	1,250,000
13.6	Miscellaneous applications	347		770
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	6,857,451	3,667,236	13,270,786
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,092,686	(1,655,871)	(1,908,591)
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			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	272,796	200,419	1,183,290
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	272,796	200,419	1,183,290
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)	(354,796)	(4,952,825)	(5,428,781)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	14,892,061	20,320,842	20,320,842
19.2	End of period (Line 18 plus Line 19.1)	14,537,265	15,368,017	14,892,061

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

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	90,509	6,454	32,611	1,021		8,235	1,532			40,656
2. First Quarter	88,927	5,825	30,527	1,053		8,509	1,405			41,608
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	266,902	17,760	92,405	3,153		25,485	4,318			123,781
Total Member Ambulatory Encounters for Period:										
7. Physician	44,651	7,190	34,519				2,942			
8. Non-Physician	82,865	14,746	62,428				5,691			
9. Total	127,516	21,936	96,947				8,633			
10. Hospital Patient Days Incurred	3,703	628	2,711				364			
11. Number of Inpatient Admissions	758	130	572				56			
12. Health Premiums Written (a)	68,760,931	11,062,285	42,003,604	518,426		653,874	3,277,363			11,245,380
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	68,760,931	11,062,285	42,003,604	518,426		653,874	3,277,363			11,245,380
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	54,711,786	9,053,646	33,544,899	489,956		543,526	3,569,084			7,510,675
18. Amount Incurred for Provision of Health Care Services	57,465,329	8,683,833	34,326,796	489,956		543,526	3,125,117			10,296,102

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

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						24,816,942
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						24,816,942
0899999 Accrued Medical Incentive Pool And Bonus Amounts						283,964

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	15,943,707	26,432,837	4,341,287	13,685,444	20,284,994	19,482,408
2. Medicare Supplement		489,956				
3. Dental only	165,094	378,433	9,082	165,094	174,176	174,176
4. Vision only						
5. Federal Employees Health Benefits Plan	1,065,695	2,503,389		483,234	1,065,695	977,557
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health	3,481,915	4,028,760	948,085	4,156,915	4,430,000	4,680,000
9. Health subtotal (Lines 1 to 8)	20,656,411	33,833,375	5,298,454	18,490,687	25,954,866	25,314,142
10. Healthcare receivables (a)	56,572				56,572	133,513
11. Other non-health						
12. Medical incentive pools and bonus amounts	145,060		125,572	158,392	270,632	350,722
13. Totals (Lines 9 - 10 + 11 + 12)	20,744,899	33,833,375	5,424,027	18,649,079	26,168,926	25,531,351

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

Notes to Financial Statement**CoSECTION A****1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

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

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

Note 1A	SSAP #	F/S Page #	F/S Line #	2020	2019
Net Income					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	<u><u>\$(112,621)</u></u>	<u><u>\$3,756,539</u></u>
(2) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(3) State permitted practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(4) NAIC SAP (1-2-3-4)	xxx	xxx	xxx	<u><u>\$(112,621)</u></u>	<u><u>\$3,756,539</u></u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	<u><u>\$50,692,420</u></u>	<u><u>\$48,311,523</u></u>
(6) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(7) State permitted practices that increase/(decrease) NAIC SAP Not Applicable				\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u><u>\$50,692,420</u></u>	<u><u>\$48,311,523</u></u>

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

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

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$18,016,440. Of this amount, \$1,633 is invested in McKinley Life Agency, Ltd, which is carried at GAAP equity value. In addition, \$7,305,116 is invested in AultCare Corporation, which is carried at statutory value. The remaining \$10,709,691 invested in West Tuscarawas Property Management, carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually

Notes to Financial Statement

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

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

D. Going Concern

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

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

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

3. BUSINESS COMBINATIONS AND GOODWILL

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

4. DISCONTINUED OPERATIONS

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

5. INVESTMENTS

- A. The Company had no investment in Mortgage Loan during the periods reported.
- B. The Company had no investments in Restructured Loans during the periods reported.
- C. The Company had no investments in Reverse Mortgages during the periods reported.
- D. The Company had no investments in Loan-Backed Securities during the periods reported.
- E. The Company had no investments in Repurchase Agreements during the periods reported.
- F. The Company had no repurchase agreements accounted for a secured borrowing.
- G. The Company had no reverse repurchase agreements accounted for a secured borrowing.
- H. The Company had no repurchase agreements accounted for as sales.
- I. The Company had no reverse repurchase agreements accounted for as sales
- J. The Company owns \$10,709,691 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 March 31, 2020 are as follows:

1. (reported in thousands)		3/31/2020			3/31/2019			Change		
		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 672	\$ -	\$ 672	\$ 699	\$ -	\$ 699	\$ (27)	\$ -	\$ (27)
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 672	\$ -	\$ 672	\$ 699	\$ -	\$ 699	\$ (27)	\$ -	\$ (27)
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 672	\$ -	\$ 672	\$ 699	\$ -	\$ 699	\$ (27)	\$ -	\$ (27)
(f)	Deferred Tax Liabilities	\$ 27	\$ 752	\$ 779	\$ -	\$ 420	\$ 420	\$ 27	\$ 332	\$ 359
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 645	\$ (752)	\$ (107)	\$ 699	\$ (420)	\$ 279	\$ (54)	\$ (332)	\$ (386)
2. (reported in thousands)		3/31/2020			3/31/2019			Change		
Admission Calculation Components		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Notes to Financial Statement

SSAP No. 101		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lessor of 2(b)1 and 2(b)2 Below)	\$ 672	\$ -	\$ 672	\$ 699	\$ -	\$ 699	\$ (27)	\$ -	\$ (27)

Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 672	\$ -	\$ 672	\$ 699	\$ -	\$ 699	\$ (27)	\$ -	\$ (27)
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	\$ 8,242	XXX	\$8,242	XXX	XXX	\$7,247	995	XXX	\$ 995
(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	\$ (27)	\$ (752)	\$ (779)	\$ -	\$ (420)	\$ (420)	\$ (27)	\$ (332)	\$ (359)
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 645	\$ (752)	\$ (107)	\$ 699	\$ (420)	\$ 279	\$ (54)	\$ (332)	\$ (386)
3. (reported in thousands)		2020		2019						
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	436%		436%						
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$54,944		\$48,312						
4. (reported in thousands)		3/31/2020			3/31/2019			Change		
Impact of Tax Planning Strategies		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ 672	\$ -	\$ 672	\$ 699	\$ -	\$ 699	\$ (27)	\$ -	\$ (27)
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ 672	\$ -	\$ 672	\$ -	\$ -	\$ -	\$ 672	\$ -	\$ 672
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No X							

B. Not Applicable**C. Current Income Taxes Incurred consist of the following major components:**

1. Current Income Tax			(1) 3/31/2020	(2) 3/31/2019	(3) (Col 1-2) Change
(a)	Federal		\$970,458	\$ 654,094	\$ 316,364
(b)	Foreign		\$ -	\$ -	\$ -
(c)	Subtotal		\$970,458	\$ 654,094	\$ 316,364
(d)	Federal Income Tax on Net Capital Gains		\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards		\$ -	\$ -	\$ -
(f)	Other		\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred		\$970,458	\$ 654,094	\$ 316,364
2. Deferred Tax Assets					
(a)	Ordinary				
(1)	Discounting of Unpaid Losses		\$ 49,686	\$ -	\$ 49,686
(2)	Unearned Premium Reserve		\$ 260,531	\$ 238,790	\$ 21,741
(3)	Policyholder Reserves		\$ 80,883	\$ 99,868	\$ (18,985)
(4)	Investments		\$ 281,249	\$ 78,935	\$ 202,314
(5)	Deferred Acquisition Costs		\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual		\$ -	\$ -	\$ -
(7)	Fixed Assets		\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual		\$ -	\$ 281,249	\$ (281,249)
(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)		\$ 672,349	\$ 698,842	\$ (26,493)

Cont. Note 9 C 2

(14)	Subtotal	\$ 672,349	\$ 698,842	\$ (26,493)
(b)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(c)	Nonadmitted	\$ -	\$ -	\$ -
(d)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 672,349	\$ 698,842	\$ (26,493)
(e)	Capital			
(1)	Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -

Notes to Financial Statement

	(2) Subtotal	\$ -	\$ -	\$ -
(f)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g)	Nonadmitted	\$ -	\$ -	\$ -
(h)	Admitted capital deferred tax assets (2e2 - 2f - 2g)	\$ -	\$ -	\$ -
(i)	Admitted deferred tax assets (2d + 2h)	\$ 672,349	\$ 698,842	\$ (26,493)
3.	Deferred Tax Liabilities			
(a)	Ordinary			
(1)	Investments	\$ 27,760	\$ -	\$ 27,760
	(2) Subtotal	\$ 27,760	\$ -	\$ 27,760
(b)	Capital	\$ -	\$ -	\$ -
(1)	Investments	\$ 751,577	\$ 419,737	\$ 331,840
	(2) Subtotal	\$ 751,577	\$ 419,737	\$ 331,840
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ 779,337	\$ 419,737	\$ 359,600
4.	Net deferred tax assets/liabilities (2i - 3c)	\$ (106,988)	\$ 279,105	\$ (386,093)

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

	3/31/2020	Effective Tax Rate
Provision computed at statutory rate	\$ 846,776	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	\$ 107,029	2.7%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ 13,868	0.3%
Other	\$ 57,038	1.4%
Total statutory income tax expense (benefit)	\$ 1,024,711	25.6%
	12/31/2019	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 996,951	24.9%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (26,493)	-0.7%
Total statutory income tax expense (benefit)	\$ 970,458	24.2%

E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits

- (1) At March 31, 2020, the Company had no net operating loss carry forwards available to offset against future taxable income.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
 - (a) 2016 \$0
 - (b) 2017 \$0
 - (c) 2018 \$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: Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; and MainSite Solutions ASO, LLC.

The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity in which is a party to the consolidation. In the event any federal Tax Benefit Item of the AultCare Companies for any taxable period after they cease being Members of the Consolidated Group is eligible to be carried back to a taxable period while the AultCare Companies were Members of the Consolidated Group, the AultCare Companies shall, where possible, elect to carry such amounts forward to subsequent taxable periods. If the AultCare Companies are required by law to carry back any such federal Tax Benefit Item, the AultCare Companies shall be entitled to a payment at the time and to the extent that such Tax Benefit Item reduces the federal income Tax liability of the Consolidated Group. For purposes of computing the amount of the payment described in this section, one or more federal Tax Benefit Items shall be considered to have reduced the Consolidated Group's federal income Tax liability in a given taxable period by an amount equal to the difference, if any, between (i) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed without regard to such federal Tax Benefit Item or Items and (ii) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed with regard to such federal Tax Benefit Item or Items. For the avoidance of doubt, if the AultCare Companies are required to carry back a federal Tax Benefit Item, such federal Tax Benefit Item shall reduce the Consolidated Group's federal income Tax liability only after all federal Tax Benefit Items of AultCare Holdings have been applied to reduce the Consolidated Group's federal income Tax liability in such taxable period. Appropriate reconciliation payments shall be made in the event that it is subsequently determined that a Tax Benefit Item did not reduce the Consolidated Group's federal income Tax liabilities,

Notes to Financial Statement

including by reason of any such Tax Benefit Item being subsequently disallowed in whole or in part or by reason of other Tax benefits becoming available.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A, B, C, The Company had the following transactions with affiliates.

The Company is a party to a Master Services Agreement with Aultman Health Foundation, the ultimate controlling person, under which AHF provides the Company with certain professional management, administration, billing, purchasing, physical plant, and staffing services and support. The Company paid Aultman Health Foundation \$152,597 and \$133,455, respectively, for services provided under the Master Services Agreement as of March 31, 2020 and 2019, respectively.

The Company has a capitation arrangement with Aultman Hospital and has paid \$7,317,153 and \$7,906,058 in capitated claims for its commercial enrollees as of March 31, 2020 and 2019, respectively. The company paid claims to affiliated companies in the amount of \$2,152,630 as of March 31, 2020.

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 \$6,460,020 and \$6,717,540, respectively, for services provided under the Management and Administrative Services Agreement as of March 31, 2020 and 2019, respectively.

D. The Company has an intercompany revolving credit facility in place with the parent company, AultCare Health Insuring Corporation; The Company reported \$1,077,819 due to the parent and \$0 due to the parent company, as of March 31, 2020 and March 31, 2019, respectively.

The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows AultCare to borrow and repay operating funds. AultCare owed \$7,305,116 and \$9,522,919 as of March 31, 2020 and 2019, respectively, under the terms of the agreement.

The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of March 31, 2020, the Company has paid \$2,710,098 Aultman Hospital for these future services.

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

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

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

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

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

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

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

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

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

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

O. The company did not have any SCA losses.

11. DEBT

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

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

A-D. The Company had no defined benefit plans.

E. The Company participates in a defined contribution plan sponsored by Aultman Health Foundation.

Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$102,213 and \$97,118 as of March 31, 2020 and 2019 respectively.

F-I. The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans during the periods reported.

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

(1) The Company has \$1,000,000 in common stock outstanding, which is owned by its direct parent, AultCare Health Insuring Corporation.

(2) The Company had no preferred stock outstanding.

Notes to Financial Statement

- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- (4) The Company paid \$0 dividends in 2020 to AultCare Health Insurance Company.
- (5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
 - For conversion of preferred stock: 0 shares.
 - A. For employee stock options: 0 shares.
 - B. For stock purchase warrants: 0 shares.
- (9) The Company had changes in the balances for write-ins for special surplus funds, which are related to the Health Insurer Fee (HIT) under the ACA. As of March 31, 2020 the Company estimates the amount of HIT for data year 2019 to be \$4,135,000 and has segregated such amounts in the write-ins for 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 does 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	\$ 9,926,398	\$ -	\$ -	\$ 9,926,398
Total assets at fair value	\$ 9,926,398	\$ -	\$ -	\$ 9,926,398

- (2) The Company had no assets with fair value measurements using significant unobservable inputs.
- (3) The Company uses the valuation technique that is based on the quoted prices in the active markets.

Notes to Financial Statement

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$19,991,707	\$18,919,300		\$19,991,707		
Industrial and Misc.	\$13,219,736	\$13,159,092		\$13,219,736		
Common Stock	\$9,926,398	\$9,926,398		\$9,926,398		

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 March 31, 2020, or 2019.

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 March 31, 2020, or 2019.

21. OTHER ITEMS

A. The Company did not experience an unusual or infrequent item 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 May 15, 2020, there have been no Type I events subsequent to March 31, 2020, 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 May 15, 2020, there have been no Type II events subsequent to March 31, 2020, 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 –TITLE

A. The Company has one contract with CMS that is subject to redetermination upon audits performed by the Inspector General.
 B. The Company records accrued retrospective premiums as an adjustment to earned premiums.
 C. The Company has accrued \$0 of net premiums written as of March 31, 2020 for the group health plan. No other net premiums written by the Company are subject to retrospective rating features.
 D. Not Applicable
 E. Risk Sharing Provisions of the Affordable Care Act

Notes to Financial Statement

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

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

		Description						Amount	
a. Permanent ACA Risk Adjustment Program									
Assets									
1. Premium adjustments receivable due to ACA Risk Adjustment								\$4,061,431	
Liabilities								\$0	
2. Risk adjustment user fees payable for ACA Risk Adjustment								\$0	
3. Premium adjustments payable due to ACA Risk Adjustment								\$0	
Operations (Revenue & Expense)									
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment								\$0	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)								\$0	
b. Transitional ACA Reinsurance Program									
Assets								\$0	
1. Amounts recoverable for claims paid due to ACA Reinsurance								\$0	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)								\$0	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance								\$0	
Liabilities									
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium								\$0	
5. Ceded reinsurance premiums payable due to ACA Reinsurance								\$0	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance								\$0	
Operations (Revenue & Expense)									
7. Ceded reinsurance premiums due to ACA Reinsurance								\$0	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments								\$0	
9. ACA Reinsurance contributions – not reported as ceded premium								\$0	
c. Temporary ACA Risk Corridors Program									
Assets								\$0	
1. Accrued retrospective premium due to ACA Risk Corridors								\$0	
Liabilities								\$0	
Operations (Revenue & Expense)									
3. Effect of ACA Risk Corridors on net premium income (paid/received)								\$0	
4. Effect of ACA Risk Corridors on change in reserves for rate credits								\$0	

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

	Ac crued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year			Differences		Adjustments		Unsettled Balances as of the Reporting Date	
			Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances			Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)
			1	2	3	4	5	6	7	8
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	\$4,061,431	\$ -	\$ -	\$ -	\$4,061,431	\$ -	\$ -	A	\$4,061,431	\$ -
2. Premium adjustments (payable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	B	\$ -	\$ -
3. Subtotal ACA Permanent Risk Adjustment Program	\$4,061,431	\$ -	\$ -	\$ -	\$4,061,431	\$ -	\$ -		\$4,061,431	\$ -
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	F	\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -
6. Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2. Reserve for rate credits or policy experience rating	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -

Notes to Financial Statement

refunds										
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$4,061,431	\$ -	\$ -	\$ -	\$4,061,431	\$ -	\$ -	\$ -	\$4,061,431	\$ -

Explanation of Adjustments

A.										
B.										
C.										
D.										
E.										
F.										
G.										
H.										
I.										
J.										

4.

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

Explanation of Adjustments

A.										
B.										
C.										
D.										
E.										
F.										

5.

Risk Corridors Program Year	(1) Estimated Amount to be Filed or Final Amount Filed with CMS	(2) Non-Accrued Amounts for Impairment or Other Reasons	(3) Amounts received from CMS	(4) Asset Balance (Gross of Non-admissions) (1-2-3)	(5) Non-admitted Amount	(6) Net Admitted Asset (4-5)	
a. 2015	\$129,608	\$139,327	\$(9,719)	\$ -	\$ -	\$ -	\$ -
b. 2016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. 2017	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total (a+b+c)	\$129,608	\$139,327	\$(9,719)	\$ -	\$ -	\$ -	\$ -

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A-B. Reserves as of December 31, 2019 were \$25,314,141. As of March 31, 2020, \$20,656,411 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$5,298,454. Therefore, there has been \$640,725 in unfavorable prior-year development since December 31, 2019. 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 rebates receivable 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 receivable 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 March 31, 2020 2019, and 2018 are as follows:

Notes to Financial Statement

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
3/31/2020	\$2,049,672	\$2,078,152			
12/31/2019	\$2,399,224	\$2,096,895	\$2,579,010	\$ -	\$ -
9/30/2019	\$3,818,865	\$2,120,006	\$ 2,273,795	\$ -	\$ -
6/30/2019	\$3,393,084	\$2,110,168	\$ 2,303,746	\$ -	\$ -
3/31/2019	\$3,965,027	\$ 1,873,182	\$ 1,912,219	\$ -	\$ -
12/31/2018	\$2,191,701	\$ 2,335,528	\$ -	\$ 2,970,543	\$ -
9/30/2018	\$5,010,343	\$ 2,232,431	\$ -	\$ 2,242,202	\$ -
6/30/2018	\$3,334,882	\$ 1,842,247	\$ -	\$2,086,914	\$ -
3/31/2018	\$1,863,228	\$ 1,201,117	\$ -	\$1,114,819	\$ -
12/31/2017	\$1,863,228	\$855,806	\$ -	\$931,183	\$ -
9/30/2017	\$1,223,357	\$795,460	\$ -	\$849,275	\$42,135

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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 Yes [] No [X]
 Yes [] No [] N/A [X]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 By what department or departments?
Ohio Department of Insurance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
..... Yes[X] No [X]

FINANCIAL

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

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
..... Yes[X] No [X]

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
..... \$

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

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

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other	21,219,248	18,016,440
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	21,219,248	18,016,440
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

Yes[] No[X]

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

If no, attach a description with this statement.

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

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
16.3 Total payable for securities lending reported on the liability page	\$	0

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

Yes[X] No[]

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

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

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

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

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

Yes[] No[X]

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

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

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

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

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

Yes[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

Yes[X] No[]

18.2 If no, list exceptions:

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

21. 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.
- 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]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	.....	82.020%
1.2 A&H cost containment percent	.....	2.430%
1.3 A&H expense percent excluding cost containment expenses	.....	18.870%

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

Yes[] No[X]

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

\$..... 0

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

Yes[] No[X]

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

\$..... 0

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

Yes[] No[X]

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

Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/G	SLEL	Authorized		
82627	06-0839705		SWISS RE LIFE & HLTH AMER INC	MO	SSL/I	SLEL	Authorized		

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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	L	65,483,567			3,277,363			68,760,931	
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	65,483,567			3,277,363			68,760,931	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	XXX	65,483,567			3,277,363			68,760,931	

DETAILS OF WRITE-INS

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

(a) Active Status Counts:

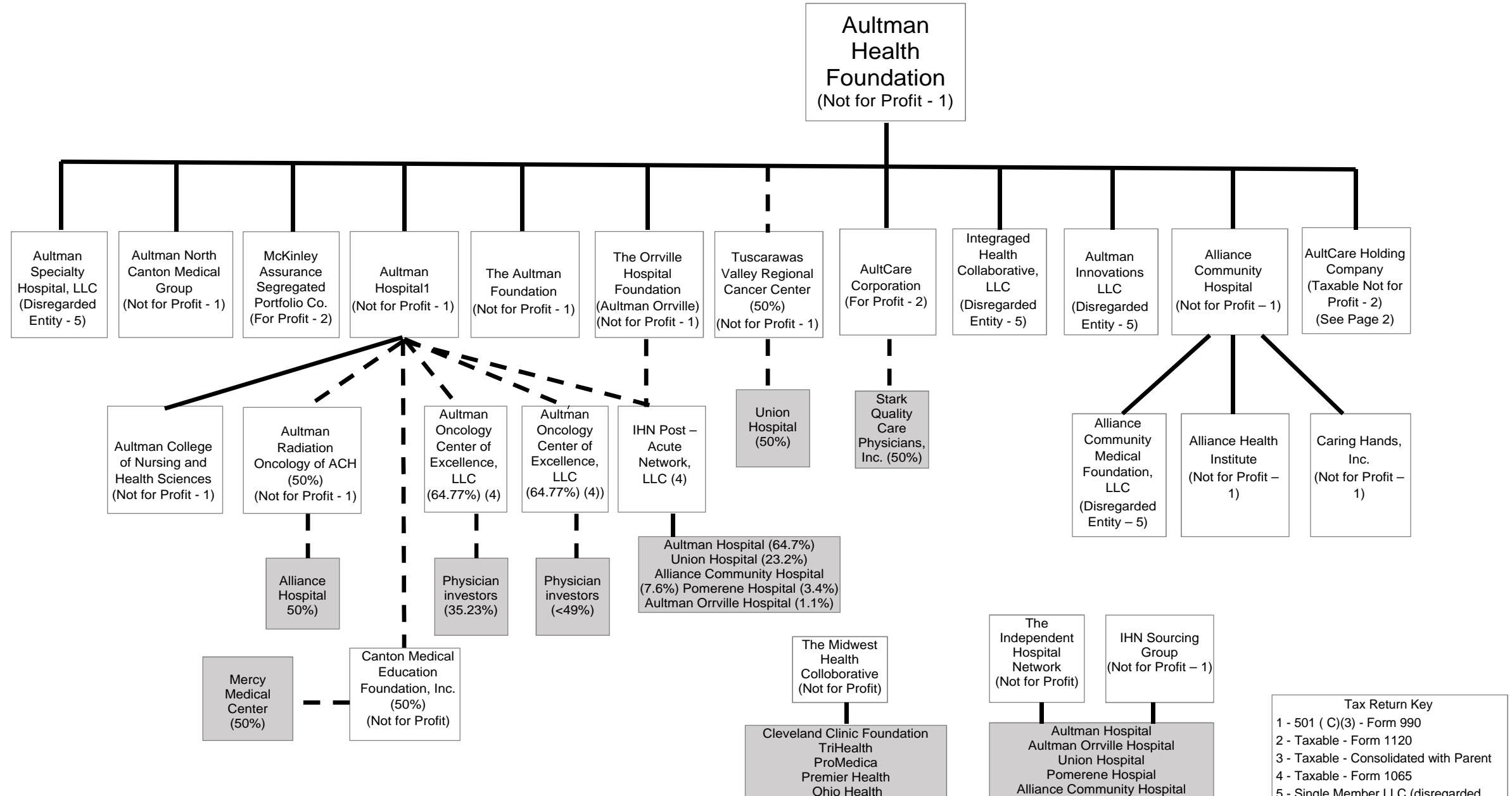
L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 E Eligible - Reporting entities eligible or approved to write surplus lines in the state
 N None of the above Not allowed to write business in the state

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

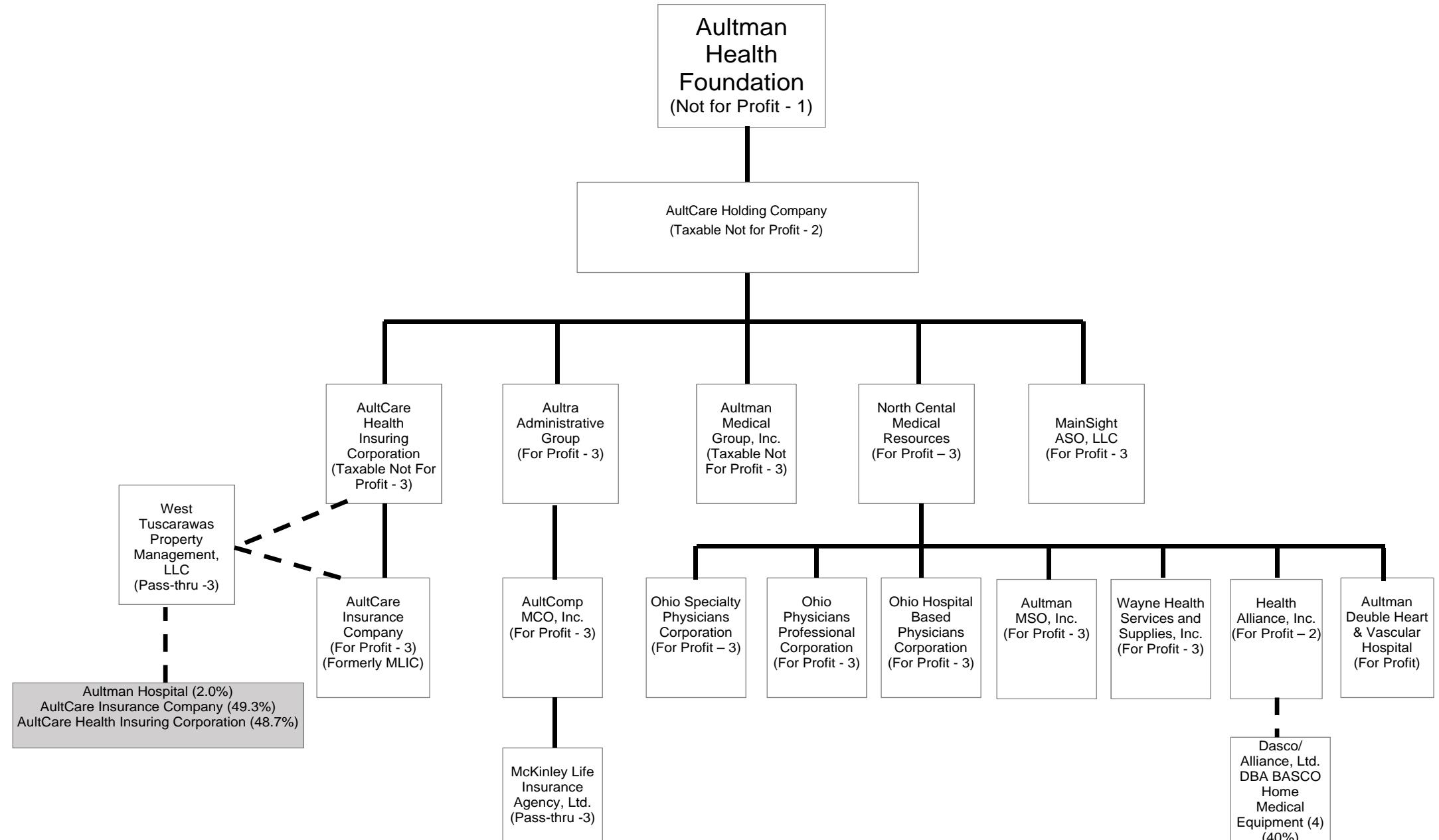
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2020

Document Code: 365

77216202036500001

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	..... 21,219,248	..... 20,272,649
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	.....	..... 500,000
2.2 Additional investment made after acquisition .....	.....	..... 750,000
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease) .....	..... 115,648	..... 493,953
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	..... 1,318,456	..... 797,354
8. Deduct amortization of premium and depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	..... 20,016,440	..... 21,219,248
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	..... 20,016,440	..... 21,219,248

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	..... 43,403,069	..... 40,245,490
2. Cost of bonds and stocks acquired .....	..... 6,857,104	..... 12,020,016
3. Accrual of discount .....	..... 8,541	..... 39,513
4. Unrealized valuation increase (decrease) .....	..... (5,338,145)	..... 1,663,633
5. Total gain (loss) on disposals .....	..... 3,740,987	..... 138,355
6. Deduct consideration for bonds and stocks disposed of .....	..... 6,631,682	..... 10,564,846
7. Deduct amortization of premium .....	..... 35,085	..... 139,093
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	..... 42,004,789	..... 43,403,069
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	..... 42,004,789	..... 43,403,069

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	28,840,470	558,444	550,929	(19,304)	28,828,681			28,840,470
2. NAIC 2 (a)	3,093,590	290,117	126,757	(7,240)	3,249,711			3,093,590
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	31,934,060	848,561	677,686	(26,544)	32,078,391			31,934,060
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	31,934,060	848,561	677,686	(26,544)	32,078,391			31,934,060

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

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

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

SCHEDULE DA - Verification**Short-Term Investments**

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

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

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

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

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

SI07 Schedule DB - Verification **NONE**

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

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

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

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation and Administrative Symbol	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
N O N E												
5099999 TOTALS												XXX

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

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V.	14 Foreign Exchange Change in B./A.C.V.						
Non-collateral Loans - Affiliated	AultCare Affiliated	Canton	OH	AultCare Insurance Company	01/01/2009	03/31/2020	8,623,572	... (1,318,456)				... (1,318,456)		7,305,116	... 1,318,456				14,529
3299999 Subtotal - Non-collateral Loans - Affiliated							8,623,572	... (1,318,456)				... (1,318,456)		7,305,116	... 1,318,456				14,529
4999999 Total - Affiliated							8,623,572	... (1,318,456)				... (1,318,456)		7,305,116	... 1,318,456				14,529
5099999 TOTALS							8,623,572	... (1,318,456)				... (1,318,456)		7,305,116	... 1,318,456				14,529

QE03

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol
Bonds - U.S. Governments									
3136G0X30	FNMA 2.0% 10/25/2022		02/19/2020	HUNTINGTON BANK	XXX	253,743	250,000	1,597	1
0599999	Subtotal - Bonds - U.S. Governments				XXX	253,743	250,000	1,597	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
037411AZ8	APACHE CORP 3.25% 04/15/2022		01/16/2020	HUNTINGTON BANK	XXX	153,131	150,000	1,300	2
26078JAC4	DUPONT DE NEMOURS 4.493% 11/15/2025		02/18/2020	HUNTINGTON BANK	XXX	78,436	70,000	830	2
30231GAF9	EXXON MOBIL CORP 2.709% 03/06/2025		02/05/2020	HUNTINGTON BANK	XXX	103,760	100,000	1,136	1
427866AT5	HERSHEY CO 2.625% 05/01/2023		03/17/2020	HUNTINGTON BANK	XXX	100,941	100,000	1,006	1
61760A5J4	MORGAN STANLEY PVT BK CD 1.85% 01/03/23		01/01/2020	HUNTINGTON BANK	XXX	100,000	100,000		1
91913YAS9	VALERO ENERGY CORP 3.65% 03/15/2025		01/08/2020	HUNTINGTON BANK	XXX	58,550	55,000	641	2
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				XXX	594,818	575,000	4,914	XXX
8399997	Subtotal - Bonds - Part 3				XXX	848,561	825,000	6,511	XXX
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
8399999	Subtotal - Bonds				XXX	848,561	825,000	6,511	XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
8999999	Subtotal - Preferred Stocks				XXX		XXX		XXX
Common Stocks - Mutual Funds									
31428Q739	FEDERATED TOTAL BOND RETURN		01/02/2020	HUNTINGTON BANK	1,084,920	11,999	XXX		1
31428Q739	FEDERATED TOTAL BOND RETURN		02/03/2020	HUNTINGTON BANK	998,038	11,208	XXX		1
31428Q739	FEDERATED TOTAL BOND RETURN		03/02/2020	HUNTINGTON BANK	930,208	10,530	XXX		1
922908801	VANGUARD TOTAL MKT IDX INST FUND		02/05/2020	VANGUARD	72,282,756	5,953,208	XXX		1
922908801	VANGUARD TOTAL MKT IDX INST FUND		03/25/2020	HUNTINGTON BANK	358,891	21,598	XXX		1
9499999	Subtotal - Common Stocks - Mutual Funds				XXX	6,008,543	XXX		XXX
9799997	Subtotal - Common Stocks - Part 3				XXX	6,008,543	XXX		XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	6,008,543	XXX		XXX
9899999	Subtotal - Preferred and Common Stocks				XXX	6,008,543	XXX		XXX
9999999	Total - Bonds, Preferred and Common Stocks				XXX	6,857,104	XXX	6,511	XXX

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

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A.C.V.	Total Foreign Exchange Change in B/A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Admini- strative Symbol			
Bonds - U.S. Governments																						
3136G1CL1	FNMA 1.50% 2/20/2020	02/20/2020	HUNTINGTON BANK	XXX	225,000	225,000	220,851	224,892		108		108		225,000					1,688	02/20/2020	1	
05999999	Subtotal - Bonds - U.S. Governments			XXX	225,000	225,000	220,851	224,892		108		108		225,000					1,688	XX	XXX	
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
0258M0EE5	AMERICAN EXPRESS MTN 2.200%	3/03/2020	HUNTINGTON BANK	XXX	25,000	25,000	24,984	24,999		1		1		24,999				1	1	226	03/03/2020	1
0258M0EE5	AMERICAN EXPRESS MTN 2.200%	02/03/2020	HUNTINGTON BANK	XXX	50,000	50,000	50,522	50,035		(18)		(18)		50,017				1	(17)	452	03/03/2020	1
031162BG4	AMGEN INC. 4.100% 06/15/2021	03/23/2020	HUNTINGTON BANK	XXX	51,476	50,000	54,361	51,417		(220)		(220)		51,197				279	552	06/15/2021	2	
031162BG4	AMGEN INC. 4.100% 06/15/2021	03/23/2020	HUNTINGTON BANK	XXX	25,738	25,000	26,713	25,662		(103)		(103)		25,560				178	276	06/15/2021	2	
06406HBP3	BANK OF NY MELLON MTN 4.60%	1/15/2020	HUNTINGTON BANK	XXX	50,000	50,000	53,251	50,052		(52)		(52)		50,000					1,150	01/15/2020	1	
808513AD7	CHARLES SCHWAB CORP 4.45%	7/22/2020	HUNTINGTON BANK	XXX	35,441	35,000	40,675	35,456		(34)		(34)		35,422			19	19	774	07/22/2020	1	
808513AD7	CHARLES SCHWAB CORP 4.45%	01/16/2020	HUNTINGTON BANK	XXX	65,819	65,000	67,009	65,530		(39)		(39)		65,491			328	328	1,438	07/22/2020	1	
36962G4J0	GEN ELECTRIC CO 5.50% 1/8/2020	01/08/2020	HUNTINGTON BANK	XXX	50,000	50,000	56,954	50,024		(24)		(24)		50,000					1,375	01/08/2020	2	
24422ESW0	JOHN DEERE CAPITAL CRP 2.05%	3/10/2020	HUNTINGTON BANK	XXX	100,000	100,000	99,774	99,979		21		21		100,000					1,025	03/10/2020	1	
38999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)			XXX	453,474	450,000	474,242	453,153		(467)		(467)		452,686			788	788	7,270	XX	XXX	
8399997	Subtotal - Bonds - Part 4			XXX	678,474	675,000	695,093	678,045		(359)		(359)		677,686			788	788	8,957	XX	XXX	
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999	Subtotal - Bonds			XXX	678,474	675,000	695,093	678,045		(359)		(359)		677,686			788	788	8,957	XX	XXX	
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999999	Subtotal - Preferred Stocks			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Common Stocks - Mutual Funds																						
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	297,780	24,522	XXX	20,202	23,730	(3,529)					(3,529)			20,202		4,321	4,321	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	312,300	25,718	XXX	21,624	24,887	(3,264)					(3,264)			21,624		4,094	4,094	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	352,980	29,068	XXX	25,701	28,129	(2,428)					(2,428)			25,701		3,367	3,367	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	430,300	35,436	XXX	25,719	34,291	(8,572)					(8,572)			25,719		9,716	9,716	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	357,910	29,474	XXX	23,905	28,522	(4,617)					(4,617)			23,905		5,569	5,569	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	401,720	33,082	XXX	27,916	32,013	(4,098)					(4,098)			27,916		5,166	5,166	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	263,720	21,717	XXX	18,877	21,016	(2,139)					(2,139)			18,877		2,840	2,840	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	326,180	26,661	XXX	24,258	25,993	(1,735)					(1,735)			24,258		2,603	2,603	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	387,770	31,933	XXX	30,840	30,902	(62)					(62)			30,840		1,094	1,094	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	380,430	31,328	XXX	21,544	30,316	(8,773)					(8,773)			21,544		9,785	9,785	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	345,300	28,436	XXX	21,554	27,517	(5,963)					(5,963)			21,554		6,882	6,882	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	8,084,070	665,723	XXX	500,000	644,220	(144,220)					(144,220)			500,000		165,723	165,723	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	330,410	27,209	XXX	20,079	26,331	(6,251)					(6,251)			20,079		7,130	7,130	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	10,197,150	839,735	XXX	600,000	812,610	(212,610)					(212,610)			600,000		239,735	239,735	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	276,360	22,758	XXX	16,167	22,023	(5,856)					(5,856)			16,167		6,591	6,591	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	294,610	24,261	XXX	15,867	23,477	(7,610)					(7,610)			15,867		8,393	8,393	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	266,070	21,911	XXX	13,748	21,203	(7,455)					(7,455)			13,748		8,163	8,163	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	281,210	23,158	XXX	14,044	22,410	(8,366)					(8,366)			14,044		9,114	9,114	XXX	1
922908728	VANGUARD TOTAL MKT FUND	02/05/2020	VANGUARD	48,705,280	4,010,880	XXX	770,968	3,881,324	(3,110,356)					(3,110,356)			770,968		3,239,912	3,239,912	XXX	1
9499999	Subtotal - Common Stocks - Mutual Funds			XXX	5,953,208	XXX	2,213,009	5,760,912	(3,547,903)					(3,547,903)			2,213,009		3,740,199	3,740,199	XXX	XXX
9799997	Subtotal - Common Stocks - Part 4			XXX	5,953,208	XXX	2,213,009	5,760,912	(3,547,903)					(3,547,903)			2,213,009		3,740,199	3,740,199	XXX	XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)			XXX	XXX	XXX	XXX	XXX	XXX					XXX			XXX	XXX	XXX	XXX	XXX	
9799999	Subtotal - Common Stocks			XXX	5,953,208	XXX	2,213,009	5,760,912	(3,547,903)					(3,547,903)			2,213,009		3,740,199	3,740,199	XXX	XXX
9899999	Subtotal - Preferred and Common Stocks			XXX	5,953,208	XXX	2,213,009	5,760,912	(3,547,903)					(3,547,903)			2,213,009		3,740,199	3,740,199	XXX	XXX

E06 Schedule DB Part A Section 1	NONE
E07 Schedule DB Part B Section 1	NONE
E08 Schedule DB Part D Section 1	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10 Schedule DB Part E	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

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

1			2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Huntington Bank - Trust	Canton, Ohio			0.410	916		243,718	296,964	305,780	XXX
Huntington Bank - Brokered CDs	Canton, Ohio			0.410	299		133,198	49,946	58,940	XXX
Huntington National Bank	Canton, Ohio						143,960,533	16,336,798	14,041,704	XXX
Huntington Bank - Mutual Funds Cash	Canton, Ohio						701	703	704	XXX
Huntington Bank - Richmond Capital	Canton, Ohio			0.410	276		77,995	12,461	130,136	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	XXX	XXX ..							XXX
0199999 Totals - Open Depositories		XXX	XXX ..		1,492		144,416,145	16,696,873	14,537,265	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositaries	XXX	XXX ..							XXX
0299999 Totals - Suspended Depositories		XXX	XXX ..							XXX
0399999 Total Cash On Deposit		XXX	XXX ..		1,492		144,416,145	16,696,873	14,537,265	XXX
0499999 Cash in Company's Office		XXX	XXX ..	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash		XXX	XXX ..		1,492		144,416,145	16,696,873	14,537,265	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

N O N E

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