



**DIRECTORS OR TRUSTEES (continued)**

Mark N. Rose M.D.  
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**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 .....	28,947,607		28,947,607	28,858,490
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	64,590,910		64,590,910	65,250,185
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 (\$.....14,020,274), cash equivalents (\$.....0) and short-term investments (\$.....0) .....	14,020,274		14,020,274	5,616,073
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....	11,947,656		11,947,656	12,525,351
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) .....	119,506,446		119,506,446	112,250,099
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	178,659		178,659	182,493
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	724,093		724,093	1,737,519
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	473,401		473,401	473,401
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....	2,619,406		2,619,406	1,846,692
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....7,203,204) and other amounts receivable .....	8,348,484	1,686,571	6,661,913	7,348,829
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) .....	131,850,491	1,686,571	130,163,920	123,839,033
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	131,850,491	1,686,571	130,163,920	123,839,033
<b>DETAILS OF WRITE-INS</b>				
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 \$.....0 reinsurance ceded) .....	11,984,021		11,984,021	12,059,133
2. Accrued medical incentive pool and bonus amounts .....	793,920		793,920	1,132,082
3. Unpaid claims adjustment expenses .....	222,000		222,000	222,000
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 .....	3,809,125		3,809,125	53,853
9. General expenses due or accrued .....	850,342		850,342	498,322
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	1,210,582		1,210,582	3,992,953
10.2 Net deferred tax liability .....	340,568		340,568	340,568
11. Ceded reinsurance premiums payable .....	539,757		539,757	393,572
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	2,311,870		2,311,870	6,000
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 .....	96,099		96,099	502,597
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. Total liabilities (Lines 1 to 23) .....	22,158,285		22,158,285	19,201,080
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	68,069,349	68,069,349
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	39,936,286	36,568,604
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	108,005,634	104,637,953
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	130,163,919	123,839,033
<b>DETAILS OF WRITE-INS</b>				
2301. 0 .....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X	103,821	120,084	238,141
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	104,532,594	126,415,743	251,832,042
3. Change in unearned premium reserves and reserves for rate credits .....	X X X			
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X			
5. Risk revenue .....	X X X			
6. Aggregate write-ins for other health care related revenues .....	X X X			
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	104,532,594	126,415,743	251,832,042
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		69,237,468	80,889,042	164,128,432
10. Other professional services .....				
11. Outside referrals .....		1,525,579	3,700,730	5,391,675
12. Emergency room and out-of-area .....		1,829,433	2,603,728	5,207,312
13. Prescription drugs .....		11,467,419	17,332,875	32,253,797
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		1,410,767	1,794,250	3,990,851
16. Subtotal (Lines 9 to 15) .....		85,470,667	106,320,625	210,972,067
<b>Less:</b>				
17. Net reinsurance recoveries .....				473,401
18. Total hospital and medical (Lines 16 minus 17) .....		85,470,667	106,320,625	210,498,666
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....3,348,620 cost containment expenses .....		3,910,881	3,529,046	8,644,867
21. General administrative expenses .....		11,888,372	11,989,874	22,941,154
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) .....		101,269,919	121,839,545	242,084,687
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	3,262,674	4,576,199	9,747,355
25. Net investment income earned .....		419,649	414,389	882,270
26. Net realized capital gains (losses) less capital gains tax of \$.....365,709 .....		1,462,835	264,237	268,125
27. Net investment gains or (losses) (Lines 25 plus 26) .....		1,882,483	678,626	1,150,395
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	5,145,158	5,254,825	10,897,750
31. Federal and foreign income taxes incurred .....	X X X	844,873	1,035,606	2,820,770
32. Net income (loss) (Lines 30 minus 31) .....	X X X	4,300,284	4,219,219	8,076,981
<b>DETAILS OF WRITE-INS</b>				
0601. ....	X X X			
0602. ....	X X X			
0603. ....	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X			
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X			
1401. Reinsurance Claims .....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	104,637,953	87,147,126	87,147,126
34. Net income or (loss) from Line 32 .....	4,300,284	4,219,219	8,076,981
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....(717,407) .....	(1,969,628)	4,888,773	6,754,181
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(717,407)		1,330,511
39. Change in nonadmitted assets .....	1,754,432	238,761	1,329,153
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) .....	3,367,681	9,346,753	17,490,827
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	108,005,634	96,493,879	104,637,953
<b>DETAILS OF WRITE-INS</b>			
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
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	109,447,476	131,373,850	251,398,958
2. Net investment income .....	465,677	447,574	942,435
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	109,913,154	131,821,424	252,341,393
5. Benefit and loss related payments .....	83,442,594	110,234,478	214,476,518
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	16,626,445	15,818,577	31,933,852
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	3,992,953		
10. TOTAL (Lines 5 through 9) .....	104,061,992	126,053,054	246,410,369
11. Net cash from operations (Line 4 minus Line 10) .....	5,851,162	5,768,370	5,931,023
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,987,005	4,768,025	10,129,573
12.2 Stocks .....	5,434,896	550,000	550,000
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....	1,289,945	1,227,147	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		(9)	(27)
12.7 Miscellaneous proceeds .....		182,295	
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	8,711,847	6,727,459	10,679,546
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,137,342	4,640,402	11,738,861
13.2 Stocks .....	5,837,900	109,815	248,134
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....	489,436	4,990,199	
13.6 Miscellaneous applications .....	0	182,296	834,825
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	8,464,678	9,922,712	12,821,821
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) .....	247,168	(3,195,253)	(2,142,275)
<b>Cash from Financing and Miscellaneous Sources</b>			
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) .....	2,305,870	(230,375)	(230,375)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	2,305,870	(230,375)	(230,375)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	8,404,200	2,342,742	3,558,374
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	5,616,073	2,057,699	2,057,699
19.2 End of period (Line 18 plus Line 19.1) .....	14,020,274	4,400,441	5,616,073

**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 .....	19,547							19,547		
2. First Quarter .....	17,332							17,332		
3. Second Quarter .....	17,199							17,199		
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	103,821							103,821		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	85,257							85,257		
8. Non-Physician .....	169,825							169,825		
9. Total .....	255,082							255,082		
10. Hospital Patient Days Incurred .....	28,567							28,567		
11. Number of Inpatient Admissions .....	3,248							3,248		
12. Health Premiums Written (a) .....	104,678,779							104,678,779		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	104,678,779							104,678,779		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	85,883,940							85,883,940		
18. Amount Incurred for Provision of Health Care Services .....	85,470,667							85,470,667		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....104,678,779.

**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 .....						11,984,021
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						11,984,021
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						793,920

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....						
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....	11,595,282	72,539,729	463,851	11,520,170	12,059,133	12,059,133
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	11,595,282	72,539,729	463,851	11,520,170	12,059,133	12,059,133
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....	1,017,939	730,990	114,143	679,777	1,132,082	1,132,082
13. Totals (Lines 9 - 10 + 11 + 12) .....	12,613,221	73,270,719	577,994	12,199,947	13,191,215	13,191,215

(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 Health Insuring Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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

Note 1A	SSAP #	F/S Page #	F/S Line #	2020	2019
<b>Net Income</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	<u>\$4,300,284</u>	<u>\$8,076,981</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>\$4,300,284</u>	<u>\$8,076,981</u>
<b>Capital and Surplus</b>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	<u>\$108,546,925</u>	<u>\$104,637,953</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>\$108,546,925</u>	<u>\$104,637,953</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 \$65,962,378. Of this amount, \$54,014,722 is invested in AultCare Insurance Company. This represents the statutory equity of AultCare Insurance Company. The company has an investment in AultCare Insurance Company in the amount of \$1,261,463. The Company also has an investment in West Tuscarawas Property Management in the amount of \$10,686,193 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's pharmacy rebates receivables are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates in accordance with SSAP. 84.

D. **Going Concern**

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

**2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

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

**3. BUSINESS COMBINATIONS AND GOODWILL**

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

**4. DISCONTINUED OPERATIONS**

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

**5. INVESTMENTS**

- A. The Company had no investment in Mortgage Loan during the periods reported.  
 B. The Company had no investments in Restructured Loans during the periods reported.  
 C. The Company had no investments in Reverse Mortgages during the periods reported.  
 D. The Company had no investments in Loan-Backed Securities during the periods reported.  
 E. The Company had no investments in Repurchase Agreements during the periods reported.  
 F. The Company had no repurchase agreements accounted for a secured borrowing.  
 G. The Company had no reverse repurchase agreements accounted for a secured borrowing.  
 H. The Company had no repurchase agreements accounted for as sales.  
 I. The Company had no reverse repurchase agreements accounted for as sales.  
 J. The Company owns \$10,686,193 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 June 30, 2020 are as follows:

1. (reported in thousands)		6/30/2020			6/30/2019			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	\$ 35	\$ -	\$ 35	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets (1a-1b)	\$ 35	\$ -	\$ 35	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 35	\$ -	\$ 35	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(f)	Deferred Tax Liabilities	\$ -	\$ 375	\$ 375	\$ -	\$ 37	\$ 37	\$ -	\$ (338)	\$ 338
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 35	\$ (375)	\$ (375)	\$ 55	\$ (37)	\$ 18	\$ (20)	\$ (338)	\$ (358)
2. (reported in thousands)		6/30/2020			6/30/2019			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)	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (55)	\$ -	\$ (20)

## Cont. Note 9 A 2

	1	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (55)	\$ -	\$ (20)
	2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	\$15,696	XXX	\$ 15,696	XXX	XXX	\$ 13,098	XXX	XXX	\$ 2,598
(c)		Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$(375)	\$ (375)	\$ -	\$ (37)	\$ (37)	\$ -	\$(338)	\$ (338)
(d)		Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 35	\$(375)	\$ (340)	\$ 55	\$ (37)	\$ 18	\$ (20)	\$(338)	\$ (358)
3. (reported in thousands)			2020		2019						
(a)		Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	15%		15%						
(b)		Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$108,546		\$87,300						
4. (reported in thousands)			6/30/2020			6/30/2019			Change		
Impact of Tax Planning Strategies			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)		Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(b)		Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ 35	\$ -	\$ -	\$ 55	\$ -	\$ 55	\$ (20)	\$ -	\$ (20)
(c)		Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No	X						

B. Not Applicable

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

		(1)	(2)	(3)
		6/30/2020	6/30/2019	(Col 1-2) Change
1.	Current Income Tax			
(a)	Federal	\$ 1,210,582	\$ 1,101,665	\$ 108,917
(b)	Foreign	\$ -	\$ -	\$ -
(c)	Subtotal	\$ 1,210,582	\$ 1,101,665	\$ 108,917
(d)	Federal Income Tax on Net Capital Gains	\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards	\$ -	\$ -	\$ -
(f)	Other	\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred	\$ 1,210,582	\$ 1,101,665	\$ 108,917
2.	Deferred Tax Assets			
(a)	Ordinary			
(1)	Discounting of Unpaid Losses	\$ -	\$ -	\$ -
(2)	Unearned Premium Reserve	\$ 2,262	\$ 8,464	\$ (6,202)
(3)	Policyholder Reserves	\$ 32,411	\$ 46,131	\$ (13,720)
(4)	Investments	\$ -	\$ -	\$ -
(5)	Deferred Acquisition Costs	\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual	\$ -	\$ -	\$ -
(7)	Fixed Assets	\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual	\$ -	\$ -	\$ -
(9)	Pension Accrual	\$ -	\$ -	\$ -
(10)	Receivables – Allowance	\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward	\$ -	\$ -	\$ -
(12)	Tax Credit Carry-Forward	\$ -	\$ -	\$ -
(13)	Other (including items <5% of total ordinary tax assets)	\$ -	\$ -	\$ -

## Cont. Note 9 C 2

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

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

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

	6/30/2020	Effective Tax Rate
Provision computed at statutory rate	\$ 1,157,282	21.1%
Change in nonadmitted assets	\$ -	0.0%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ 8,491	0.1%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ 698	0.0%
Other	\$ 595,930	5.5%
Total statutory income tax expense (benefit)	\$ 2,907,723	26.7%
	12/31/2019	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 2,887,801	26.5%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ 19,922	0.2%
Total statutory income tax expense (benefit)	\$ 2,942,396	26.7%

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

- (1) At June 30, 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) 2019 \$0
  - (b) 2018 \$0
  - (c) 2017 \$0
- (3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.

## F. The Company is included in a consolidated federal income tax return with the following affiliates: AultCare Insurance Company; Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; AultPlan; 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 \$237,418 and \$242,507, respectively, for services provided under the Master Services Agreement as of June 30, 2020 and 2019, respectively.

The Company has a capitation arrangement with Aultman Hospital and has paid \$28,229,228 and \$29,822,207 in capitated claims for its commercial enrollees as of June 30, 2020 and 2019, respectively. The company paid claims to affiliated companies in the amount of \$6,577,998 and 10,711,229 as of June 30, 2020 and 2019, respectively.

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 \$9,483,897 and \$9,815,034, respectively, for services provided under the Management and Administrative Services Agreement as of June 30, 2020 and 2019, respectively.

D. The Company has an intercompany revolving credit facility in place with AultCare Insurance Company, a subsidiary. The Company is owed \$1,261,463 and \$214,897 as of June 30, 2020 and June 30, 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 is owed \$2,305,870 and owes \$4,775,302 as of June 30, 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 June 30, 2020, the Company has paid \$4,930,960 Aultman Hospital for these future services.

- E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.
- F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.
- G. All outstanding shares of the Company were owned by the Company's parent, AultCare Holding Company, a not-for-profit corporation domiciled in the State of Ohio.
- H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.
- I. The Company owns 100% of SCA entity AultCare Insurance Company which is carried at statutory equity as presented in AultCare Insurance Company's Quarterly statement. AultCare Insurance Company has assets valued at \$106,636,145, liabilities valued at \$52,621,423, and results from operations of \$54,014,722.
- J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have an investment in a foreign insurance subsidiary.
- L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.
- M. The Company did not hold any other SCA Investments.
- N. The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.
- O. The company did not have any SCA losses.

### 11. DEBT

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

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

- A-D. The Company had no defined benefit plans.
- E. The Company participates in a defined contribution plan sponsored by Aultman Health Foundation. Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$128,795 and \$188,289 as of June 30, 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 no common stock outstanding.
- (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 no dividends as of June 30, 2020 to AultCare Holding Company.
- (5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:  
For conversion of preferred stock: 0 shares.  
A. For employee stock options: 0 shares.  
B. For stock purchase warrants: 0 shares.
- (9) The Company did not have changes in the balances of any special surplus funds.
- (10) The Company did not have any surplus funds represented that were reduced
- (11) The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- (12) The Company had no restatements due to quasi-reorganizations during the periods reported.
- (13) The Company was not involved in a quasi-reorganization during the periods reported.

### 14. CONTINGENCIES

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

### 15. LEASES

- A. Lessee Operating Lease  
(1) The Company has no operating leases. Corporate office facilities expense is covered through the management service agreement with AultCare Corporation in Note 10 above.

(2) At January 1, 2020, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2019	\$ 0
2.	2018	\$ 0

- B. Leasing is not a significant part of the lessor's business activities in terms of revenue, net income, or assets.

### 16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

- A. The Company had no financial instruments with off-balance sheet risk during the periods reported.

### 17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfers of financial assets.
- C. The Company had no wash sales.

### 18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

- A-C. The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans during the periods reported.

### 19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

- A. The Company had no direct premium written or produced by managing general agents or third party administrators during the periods reported.

### 20. FAIR VALUE MEASUREMENT

- A. The Company has assets that are measured at fair value on a recurring basis.

(1)

Fair Value Measurements at Reporting Date				
(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value				
Common Stock	\$ 10,576,188	\$ -	\$ -	\$ 10,576,188
Total assets at fair value	\$ 10,576,188	\$ -	\$ -	\$ 10,576,188

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

## Notes to Financial Statement

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	\$19,390,161	\$18,320,942		\$19,390,161		
Industrial and Misc.	\$11,006,093	\$10,626,664		\$11,006,093		
Common Stock	\$10,576,188	\$10,576,188	\$10,576,188			

D. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either December 31, 2019, or 2018.

E. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either June 30, 2020, or 2019.

### 21. OTHER ITEMS

A. The Company did not experience an unusual or infrequent items that resulted in a gain or loss.

B. The Company had no troubled debt to restructure.

C. There are no other applicable disclosures.

D. The Company did not have any Business Interruption Insurance Recoveries.

E. The Company did not have any State Transferable Tax Credits.

F. The Company had no Subprime Mortgage Related Risk Exposure.

G. The Company had no retained assets.

H. The Company has no Insurance Linked Securities.

### 22. EVENTS SUBSEQUENT

A. As of August 15, 2020, there have been no Type I events subsequent to June 30, 2020, which would have a material effect on the financial condition of the Company or on the financial statement issued May 15, 2020

B. As of August 15, 2020, there have been no Type II events subsequent to June 30, 2020, which would have a material effect on the financial condition of the Company or on the financial statement issued May 15, 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's participation in the Medicare Advantage program involves a risk-sharing provision with CMS. CMS adjusts its payments to the Company based on how actual benefit cost varied from estimated benefit costs included in the Company Medicare Advantage bid.

B. The Company records accrued retrospective premiums as an adjustment to earned premiums.

C. Net Premiums Written subject to retrospective rating features were \$0 and \$0 in 2020 and 2019, respectively.

D. The Company has no paid or payable medical loss rebates.

E. The Company writes no business subject to the risk-sharing provisions of the Affordable Care Act.

## Notes to Financial Statement

### 25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

A-B. Reserves as of December 31, 2019 were \$12,059,133. As of June 30, 2020, \$11,595,282 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$463,851. Therefore, there has been \$0 in 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 rates receivables consist of estimated amounts and billed amounts. Estimated amounts are related to prescriptions filled during the three months immediately following year-end. Billed amounts represent those that have been accepted in writing, but not collected at the time of the reporting date. Being that the Company does not confirm billed amounts within two months of the reporting date, only estimated amounts are admitted at the time of year-end.

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

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
6/30/2020	\$ 3,074,871	\$ 1,729,052	\$	\$	\$
3/31/2020	\$ 4,196,404	\$ 1,713,502	\$ 1,826,330	\$	\$
12/31/2019	\$ 4,929,938	\$ 2,270,343	\$ 2,453,806	\$ -	\$ -
9/30/2019	\$ 4,584,300	\$ 2,310,477	\$ 2,522,534	\$ -	\$ -
6/30/2019	\$ 4,190,774	\$ 2,332,698	\$ 2,739,362	\$ -	\$ -
3/31/2019	\$ 4,081,541	\$ 2,279,663	\$ 2,386,475	\$ -	\$ -
12/31/2018	\$ 3,941,279	\$ 1,927,963	\$ -	\$ 2,082,766	\$ -
9/30/2018	\$ 3,981,433	\$ 1,910,217	\$ -	\$ 1,779,739	\$ -
6/30/2018	\$ 5,258,370	\$ 2,152,660	\$ -	\$ 1,945,743	\$ -
3/31/2018	\$ 1,892,789	\$ 1,927,178	\$ -	\$ 1,904,881	\$ -
12/31/2017	\$ 1,892,789	\$ 1,106,890	\$ -	\$ 930,973	\$ -
9/30/2017	\$ 793,005	\$ 1,078,489	\$ -	\$ 978,168	\$ -
6/30/2017	\$ 793,005	\$ 864,382	\$ -	\$ 958,569	\$ -

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]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
  
- 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? Yes[X] No[ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes: Yes[ ] No[X]
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Yes[ ] No[X]
  
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]  
If yes, complete and file the merger history data file with the NAIC.
- 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? Yes[ ] No[ ] N/A[X]  
If yes, attach an explanation. .....
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2015 .....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2015 .....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 04/28/2017 .....
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information Yes[ ] No[X]
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. Yes[ ] No[X]
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. Yes[ ] No[X]

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? Yes[X] No[ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: Yes[ ] No[X]
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). Yes[ ] No[X]
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 0

### 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[ ] 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: \$ ..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ ..... 0
  
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[ ]

# GENERAL INTERROGATORIES (Continued)

## INVESTMENT

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....	54,944,174	54,014,722
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....	12,525,351	11,947,656
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	67,469,525	65,962,378
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]  
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 0
- 16.3 Total payable for securities lending reported on the liability page \$ ..... 0
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]
- 17.4 If yes, give full and complete information relating thereto:

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

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

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's 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	..... 85.240%
1.2 A&H cost containment percent	..... 3.200%
1.3 A&H expense percent excluding cost containment expenses	..... 11.360%
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
			<b>NONE</b>						

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

		Direct Business Only							
		1	2	3	4	5	6	7	8
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	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		104,678,779					104,678,779	
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X		104,678,779					104,678,779	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X		104,678,779					104,678,779	
<b>DETAILS OF WRITE-INS</b>									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

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

1

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

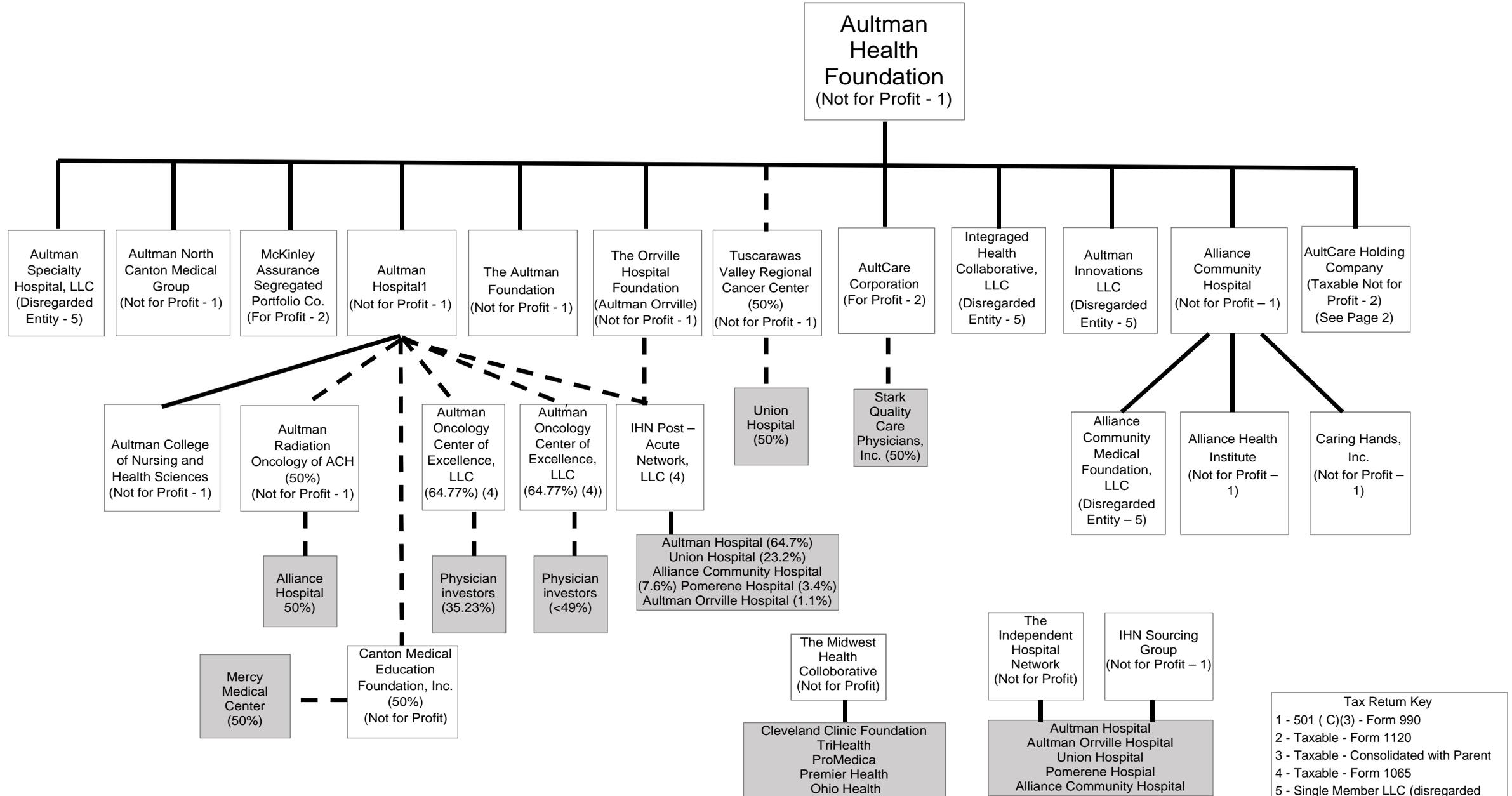
56

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

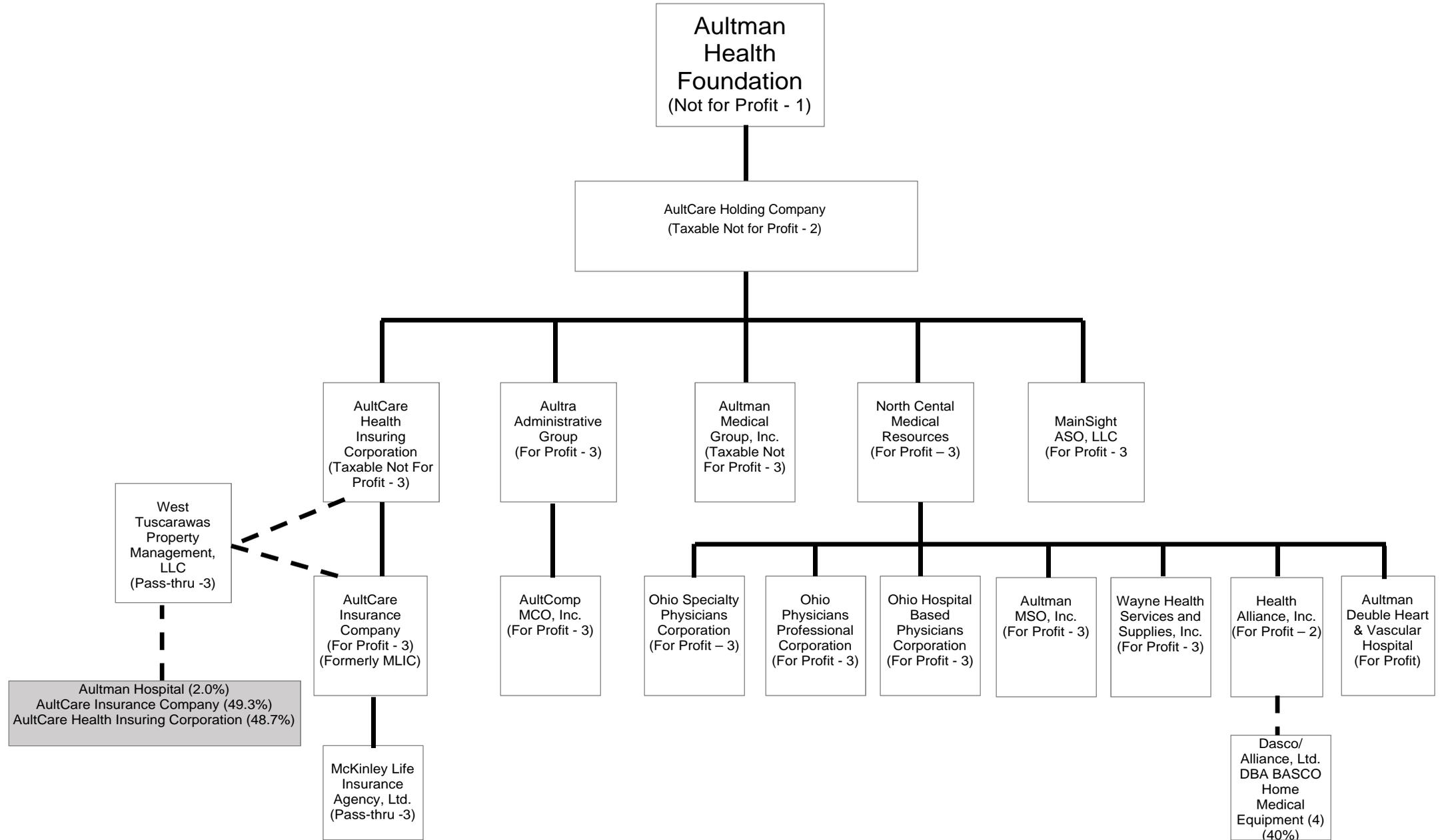
## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART

Q15



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



Q15.1

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*	
4805		00000	34-1445390				Aultman Health Foundation	US	UIP	Self	Board of Directors		Aultman Health Foundation	N		
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	0000000	
		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	
Q16		00000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company & AultCare Health Insuring Corp & Aultman Hospital	Ownership	94.0	Aultman Health Foundation	N		
		00000	34-1795772				McKinley Life Insurance Agency, Ltd.	US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	N		
		00000	20-4951704				Aultra Administrative Group	US	IA	AultCare Holding Company	Management		Aultman Health Foundation	N		
		00000	27-4379962				AultComp MCO, Inc.	US	NIA	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1853300				Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N		
		00000	98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	CYM	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N		
		00000	20-1359433				Aultman College of Nursing and Health Sciences	US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	N		
		00000	31-1509904				Aultman MSO, Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N		
		00000	20-8090459				The Aultman Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N		
		00000	31-1509897				Ohio Physicians Professional Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1610344				North Central Medical Resources	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1871647				Ohio Hospital Based Physician Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N		
		00000	31-1689698				Tuscarawas Valley Regional Cancer Center	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	N	0000002	
		00000	13-4246188				Aultman Specialty Hospital, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1243260				Canton Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	N	0000003	
	4805		15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
			00000	34-1088530				Aultman North Canton Medical	US	NIA	Aultman Health Foundation	Ownership, Board of Directors		Aultman Health Foundation	N	
			00000	34-0733138				The Orville Hospital Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
			00000	45-3166014				Aultman Medical Group, Inc	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N	
			00000	47-1165287				AultCare Holding Company	US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N	
		00000	47-3587655				MainSight ASO, LLC	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1501390				Wayne Health Service and Supplies, Inc	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N		
		00000	46-4625320				Integrated Health Collaborative	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N		
		00000	45-4215510				Aultman Oncology Center of Excellence	US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	N	0000004	
		00000	46-2540184				Aultman Orthopedic Center of Excellence	US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	N	0000004	
		00000	81-1342957				The Midwest Health Collaborative	US	NIA	Other	Other		Aultman Health Foundation	N	0000005	
		00000	45-1731318				IHN Sourcing Group	US	NIA	Other	Other		Aultman Health Foundation	N	0000006	
		00000	81-4224503				Aultman Radiation Oncology of ACH	US	NIA	Other	Ownership	50.0	Aultman Health Foundation	N		
		00000	81-0847842				Aultman Innovations, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N		
		00000	81-3136598				IHN Post-Acute Network	US	NIA	Other	Ownership	57.4	Aultman Health Foundation	N		
		00000	34-0714581				Alliance Community Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1932972				Alliance Health Institute	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N		
		00000	26-3646817				Alliance Community Medical Foundation	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1531993				Health Alliance Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	N		
		00000	91-1889215				Alliance Medical Associates	US	NIA	Other	Ownership	100.0	Alliance Community Hospital	N		
		00000	34-1505340				Caring Hands, Inc	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	N		
		00000	34-1609338				Dasco/Alliance, Ltd. DBA DASCO Home Medical	US	NIA	Health Alliance, Inc.	Ownership	100.0	Aultman Health Foundation	N		

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% .....

# 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**

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



15461202036500002

2020

Document Code: 365



STATEMENT AS OF **June 30, 2020** OF THE **AultCare Health Insuring Corporation**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

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

**NONE**

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

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

**NONE**

**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 .....	12,525,351	11,207,451
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....	489,436	
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....	222,814	1,317,900
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....	1,289,945	
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) .....	11,947,656	12,525,351
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	11,947,656	12,525,351

**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 .....	94,108,675	84,589,285
2. Cost of bonds and stocks acquired .....	7,975,242	11,986,996
3. Accrual of discount .....	12,267	24,477
4. Unrealized valuation increase (decrease) .....	(2,909,848)	7,959,652
5. Total gain (loss) on disposals .....	1,828,543	335,184
6. Deduct consideration for bonds and stocks disposed of .....	7,421,902	10,679,573
7. Deduct amortization of premium .....	54,461	107,346
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) .....	93,538,516	94,108,675
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	93,538,516	94,108,675

## 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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	26,584,964	1,183,958	1,149,563	(16,518)	26,584,964	26,602,840		26,475,727
2. NAIC 2 (a) .....	2,413,349	294,581	358,271	(4,893)	2,413,349	2,344,766		2,382,763
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	28,998,313	1,478,539	1,507,834	(21,411)	28,998,313	28,947,607		28,858,490
<b>PREFERRED STOCK</b>								
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 .....	28,998,313	1,478,539	1,507,834	(21,411)	28,998,313	28,947,607		28,858,490

(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

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**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 .....		X X X			

**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 .....		164,819
2. Cost of short-term investments acquired .....		50,685
3. Accrual of discount .....		130
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		(27)
6. Deduct consideration received on disposals .....		215,071
7. Deduct amortization of premium .....		536
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									
<b>Non-collateral Loans - Affiliated</b>												
.....	AultCare Insurance Company - Affiliated .....	Canton .....	OH	AultCare Health Insuring Corporation .....		06/30/2020 .....			489,436			100.000
3299999 Subtotal - Non-collateral Loans - Affiliated .....									489,436			X X X
4999999 Total - Affiliated .....									489,436			X X X
5099999 TOTALS .....									489,436			X X X

## SCHEDULE BA - PART 3

### Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value						15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9 + 10 - 11 + 12)	14 Total Foreign Exchange Change in B./A.C.V.						
<b>Non-collateral Loans - Affiliated</b>																			
.....	AultCare - Affiliated .....	Canton .....	OH	AultCare Health Insuring Corporation .....		06/30/2020	1,289,945	(1,289,945)				(1,289,945)							
3299999 Subtotal - Non-collateral Loans - Affiliated .....								1,289,945	(1,289,945)			(1,289,945)							
4999999 Total - Affiliated .....								1,289,945	(1,289,945)			(1,289,945)							
5099999 TOTALS .....								1,289,945	(1,289,945)			(1,289,945)							

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## 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
<b>Bonds - U.S. Governments</b>									
3130AFFX0	FHLB 3.25% 11/16/2028		06/04/2020	HUNTINGTON BANK	X X X	502,010	425,000	729	1
3135GOV75	FNMA 1.75% 07/02/2024		06/23/2020	HUNTINGTON BANK	X X X	316,720	300,000	2,508	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	818,730	725,000	3,237	X X X
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
12189TAA2	BURLINGTON NORTHERN SANTA 7% 12/15/2025		06/15/2020	HUNTINGTON BANK	X X X	65,699	50,000	19	1
14040HBF1	CAPITAL ONE FIN CORP 3.75% 04/24/2024		06/09/2020	HUNTINGTON BANK	X X X	65,149	60,000	294	2
808513AX3	CHARLES SCHWAB CORP 3.85% 05/21/2025		06/11/2020	HUNTINGTON BANK	X X X	84,929	75,000	193	1
172967K65	CITIGROUP INC 3.7% 01/12/2026		06/04/2020	HUNTINGTON BANK	X X X	44,408	40,000	600	1
458140BD1	INTEL CORP 2.875% 05/11/2024		06/22/2020	HUNTINGTON BANK	X X X	43,268	40,000	137	1
49326EEH2	KEYCORP SERIES MTN 4.15% 10/29/2025		06/09/2020	HUNTINGTON BANK	X X X	45,731	40,000	194	2
58013MFL3	MCDONALDS CORP 1.45% 09/01/2025		06/04/2020	HUNTINGTON BANK	X X X	61,288	60,000	225	2
609207AU9	MONDELEZ INT'L INC 1.5% 05/04/2025		06/04/2020	HUNTINGTON BANK	X X X	66,236	65,000	92	2
74456QBR6	PUBLIC SVC ELEC & GAS 2.25% 09/15/2026		06/03/2020	HUNTINGTON BANK	X X X	42,538	40,000	200	1
883556BM3	THERMO FISHER SCIENT 3.65% 12/15/2025		06/09/2020	HUNTINGTON BANK	X X X	56,177	50,000	892	2
893939AE8	TRAVELERS PPTY 7.75% 04/15/2026		06/17/2020	HUNTINGTON BANK	X X X	39,726	30,000	413	1
92826CAD4	VISA INC 3.15% 12/14/2025		06/12/2020	HUNTINGTON BANK	X X X	44,659	40,000	7	1
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	659,809	590,000	3,266	X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,478,539	1,315,000	6,504	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,478,539	1,315,000	6,504	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X
<b>Common Stocks - Mutual Funds</b>									
31428Q739	FEDERATED TOTAL BOND RETURN		04/01/2020	HUNTINGTON BANK	965.531	10,592	X X X		1
31428Q739	FEDERATED TOTAL BOND RETURN		05/01/2020	HUNTINGTON BANK	848.363	9,544	X X X		1
31428Q739	FEDERATED TOTAL BOND RETURN		06/01/2020	HUNTINGTON BANK	780.601	8,899	X X X		1
922908801	VANGUARD TTL STOCK MKT INST FUND		05/26/2020	VANGUARD	4,073.320	300,000	X X X		1
922908801	VANGUARD TTL STOCK MKT INST FUND		06/24/2020	VANGUARD	320.136	23,975	X X X		1
9499999 Subtotal - Common Stocks - Mutual Funds					X X X	353,010	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	353,010	X X X		X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	353,010	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	353,010	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,831,548	X X X	6,504	X X X

QE04

# SCHEDULE D - PART 4

## Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Admini- strative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
<b>Bonds - U.S. Governments</b>																							
3137EADR7	FHLMC 1.375% 5/1/2020		05/01/2020	HUNTINGTON BANK	X X X	500,000	500,000	501,951	500,160				(160)		(160)	500,000				3,438	05/01/2020	1	
3135G0D75	FNMA 1.500% 6/22/20		06/22/2020	HUNTINGTON BANK	X X X	250,000	250,000	253,750	250,435				(435)		(435)	250,000				1,875	06/22/2020	1	
912828VJ6	U.S. TREASURY NT 1.88% 6/30/2020		06/30/2020	HUNTINGTON BANK	X X X	50,000	50,000	49,711	49,974				26		26	50,000				469	06/30/2020	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	800,000	800,000	805,411	800,569				(569)		(569)	800,000				5,781	X X X	X X X	
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																							
037411AZ8	APACHE CORP 3.25% 04/15/2022		04/17/2020	HUNTINGTON BANK	X X X	61,600	70,000	71,461	71,461				(151)		(151)	71,310		(9,710)	(9,710)	38	04/15/2022	2	
14040HAY1	CAPITAL ONE FINL 4.750% 7/15/2021		06/09/2020	HUNTINGTON BANK	X X X	62,563	60,000	64,350	61,614				(454)		(454)	61,160		1,402	1,402	2,581	07/15/2021	2	
808513AD7	CHARLES SCHWAB CORP 4.45% 7/22/2020		06/11/2020	HUNTINGTON BANK	X X X	40,156	40,000	44,994	40,405				(323)		(323)	40,082		74	74	1,597	07/22/2020	1	
808513AD7	CHARLES SCHWAB CORP 4.45% 7/22/2020		06/11/2020	HUNTINGTON BANK	X X X	60,234	60,000	61,855	60,489				(390)		(390)	60,099		135	135	2,396	07/22/2020	1	
126650CJ7	CVS HEALTH CORP 2.80% 7/20/2020		06/22/2020	HUNTINGTON BANK	X X X	10,006	10,000	10,152	10,018				(16)		(16)	10,002		3	3	133	07/22/2020	2	
36962G5J9	GENERAL ELEC CAP 4.65% 10/17/2021		05/07/2020	HUNTINGTON BANK	X X X	78,216	75,000	77,035	76,238				(228)		(228)	76,010		2,206	2,206	1,941	10/17/2021	2	
38141EA66	GOLDMAN SACHS GP 6.00% 6/15/2020		06/15/2020	HUNTINGTON BANK	X X X	50,000	50,000	57,425	50,693				(693)		(693)	50,000				1,500	06/15/2020	1	
406216BD2	HALLIBURTON CO 3.5% 08/01/2023		05/14/2020	HUNTINGTON BANK	X X X	15,084	15,000	15,009	15,006				(1)		(1)	15,005		79	79	194	08/01/2023	2	
49326EED1	KEYCORP SERIES MTN 5.1% 03/24/2021		06/09/2020	HUNTINGTON BANK	X X X	67,204	65,000	68,437	66,485				(524)		(524)	65,961		1,243	1,243	2,367	03/24/2021	2	
539830AY5	LOCKHEED MARTIN CORP 3.35% 9/15/2021		06/16/2020	HUNTINGTON BANK	X X X	22,792	22,000	22,490	22,143				(38)		(38)	22,105		687	687	338	09/15/2021	2	
674599CE3	OCCIDENTAL PERTROLEUM 2.70% 2/15/2023		04/07/2020	HUNTINGTON BANK	X X X	32,063	50,000	48,533	49,328				55		55	49,382		(17,320)	(17,320)	872	02/15/2023	1	
913017DB2	UNITED TECHNOLOGIES CORP 3.65% 8/16/2023		05/19/2020	HUNTINGTON BANK	X X X	38,612	35,000	36,948	36,913				(196)		(196)	36,717		1,895	1,895	490	08/16/2023	2	
949763GM2	WELLS FARGO BANK CD 1.850% 4/27/2020		04/27/2020	HUNTINGTON BANK	X X X	150,000	150,000	150,000	150,000							150,000				935	04/27/2020	1	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	688,529	702,000	728,688	710,793				(2,959)		(2,959)	707,834		(19,305)	(19,305)	15,380	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	1,488,529	1,502,000	1,534,100	1,511,362				(3,528)		(3,528)	1,507,834		(19,305)	(19,305)	21,161	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X				X X X		X X X	X X X		X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,488,529	1,502,000	1,534,100	1,511,362				(3,528)		(3,528)	1,507,834		(19,305)	(19,305)	21,161	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X				X X X		X X X	X X X		X X X	X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X				X X X		X X X	X X X		X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X				X X X		X X X	X X X		X X X	X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	X X X	X X X	X X X	X X X				X X X		X X X	X X X		X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X				X X X		X X X	X X X		X X X	X X X	X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,488,529	1,502,000	1,534,100	1,511,362				(3,528)		(3,528)	1,507,834		(19,305)	(19,305)	21,161	X X X	X X X	

QE05

**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 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
Huntington Bank - Trust	Canton, Ohio		0.060	366		314,461	582,215	80,805	X X X
Huntington National Bank	Canton, Ohio					12,275,965	6,577,791	13,701,227	X X X
Huntington Bank- Brokered CDs	Canton, Ohio		0.060	94		225,618	229,015	234,847	X X X
Huntington Bank-Mutual Funds	Canton, Ohio					626	626	627	X X X
Huntington Bank-Richmond Capital	Canton, Ohio		0.060	75		200,969	329,756	2,769	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X	535		13,017,639	7,719,403	14,020,274	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X	535		13,017,639	7,719,403	14,020,274	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X	535		13,017,639	7,719,403	14,020,274	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

# INDEX TO HEALTH QUARTERLY STATEMENT

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Capital Gains (Losses)  
    Realized; Q4  
    Unrealized; Q4; Q5  
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