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# ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

# AultCare Health Insuring Corporation

NAIC Group Code (Current Period)	4805	NAIC Company Code	15461	Employer's ID Number	46-3305099
Organized under the Laws of	Ohio	State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>		
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
Incorporated/Organized	07/11/2013		Commenced Business	01/01/2015	
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)		
Main Administrative Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Primary Location of Books and Records	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (330)363-4057 (Area Code) (Telephone Number)		
Internet Website Address	www.aultcare.com				
Statutory Statement Contact	Jeffrey Alan Scheatzle (Name)		(330)363-4057 (Area Code)(Telephone Number)(Extension)		
	jscheatzle@aultcare.com (E-Mail Address)		(330)363-5012 (Fax Number)		

## OFFICERS

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

## OTHERS

## **DIRECTORS OR TRUSTEES**

State of Ohio  
County of Stark ss

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

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

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

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

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 2021

- a. Is this an original filing?
- b. If no:
  - 1. State the amendment number
  - 2. Date filed
  - 3. Number of pages attached

Yes[X] No[ ]

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(Notary Public Signature)

**DIRECTORS OR TRUSTEES (continued)**

Todd Hawke  
Richard V. Maggiore

John Westerbeck M.D.

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	32,190,832		32,190,832	28,858,490
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common Stocks .....	70,590,987		70,590,987	65,250,185
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....11,904,755, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....273,899, Schedule DA) .....	12,178,654		12,178,654	5,616,073
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....	11,640,263		11,640,263	12,525,351
9. Receivables for securities .....				
10. Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	126,600,736		126,600,736	112,250,099
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	190,581		190,581	182,493
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	285,110		285,110	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 .....	704,150		704,150	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 .....	3,099,683		3,099,683	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 adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....6,631,050) and other amounts receivable .....	9,017,093	2,386,044	6,631,050	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) .....	139,897,354	2,386,044	137,511,311	123,839,033
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	139,897,354	2,386,044	137,511,311	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 Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	11,332,089		11,332,089	12,059,133
2. Accrued medical incentive pool and bonus amounts .....	957,258		957,258	1,132,082
3. Unpaid claims adjustment expenses .....	210,100		210,100	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 reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	23,754		23,754	53,853
9. General expenses due or accrued .....	819,327		819,327	498,322
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	3,116,505		3,116,505	3,992,953
10.2 Net deferred tax liability .....	689,311		689,311	340,568
11. Ceded reinsurance premiums payable .....	691,437		691,437	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 .....	1,265,743		1,265,743	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 .....				502,597
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24. TOTAL Liabilities (Lines 1 to 23) .....	19,105,523		19,105,523	19,201,080
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	68,069,349	68,069,349
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	50,336,438	36,568,604
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	118,405,786	104,637,953
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	XXX	XXX	137,511,310	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. .....	XXX	XXX		
2502. .....	XXX	XXX		
2503. .....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX		
3001. .....	XXX	XXX		
3002. .....	XXX	XXX		
3003. .....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX		

# STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	206,248	238,141
1. Member Months .....	XXX	206,248	238,141
2. Net premium income (including \$.....0 non-health premium income) .....	XXX	218,371,746	251,832,042
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX		
7. Aggregate write-ins for other non-health revenues .....	XXX		
8. TOTAL Revenues (Lines 2 to 7) .....	XXX	218,371,746	251,832,042
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		144,729,062	164,128,432
10. Other professional services .....			
11. Outside referrals .....		3,275,678	5,391,675
12. Emergency room and out-of-area .....		1,822,114	5,207,312
13. Prescription drugs .....		22,576,778	32,253,797
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....		2,819,105	3,990,851
16. Subtotal (Lines 9 to 15) .....		175,222,737	210,972,067
<b>Less:</b>			
17. Net reinsurance recoveries .....		230,749	473,401
18. TOTAL Hospital and Medical (Lines 16 minus 17) .....		174,991,989	210,498,666
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....6,062,699 cost containment expenses .....		7,225,908	8,644,867
21. General administrative expenses .....		24,349,049	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) .....		206,566,946	242,084,687
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	11,804,800	9,747,355
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		846,631	882,270
26. Net realized capital gains (losses) less capital gains tax of \$.....375,214 .....		1,500,855	268,125
27. Net investment gains (losses) (Lines 25 plus 26) .....		2,347,486	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) .....	XXX	14,152,285	10,897,750
31. Federal and foreign income taxes incurred .....	XXX	2,741,291	2,820,770
32. Net income (loss) (Lines 30 minus 31) .....	XXX	11,410,994	8,076,981
<b>DETAILS OF WRITE-INS</b>			
0601. .....	XXX		
0602. .....	XXX		
0603. .....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX		
0701. .....	XXX		
0702. .....	XXX		
0703. .....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	XXX		
1401. Reinsurance Claims .....			
1402. .....			
1403. .....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. .....			
2902. .....			
2903. .....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....			

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	104,637,953	87,147,126
34. Net income or (loss) from Line 32 .....	11,410,994	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 \$.....330,125 .....	1,320,499	6,754,181
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	(18,618)	1,330,511
39. Change in nonadmitted assets .....	1,054,959	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) .....	13,767,834	17,490,827
49. Capital and surplus end of reporting year (Line 33 plus 48) .....	118,405,786	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) .....		

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **AultCare Health Insuring Corporation**  
**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	220,091,920	251,398,958
2.	Net investment income .....	942,647	942,435
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	221,034,567	252,341,393
5.	Benefit and loss related payments .....	174,351,868	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 .....	33,021,441	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) .....	211,366,262	246,410,369
11.	Net cash from operations (Line 4 minus Line 10) .....	9,668,305	5,931,023
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	6,719,871	10,129,573
12.2	Stocks .....	5,434,896	550,000
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....	1,289,945	
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		(27)
12.7	Miscellaneous proceeds .....	730,566	
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7) .....	14,175,278	10,679,546
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	10,127,818	11,738,861
13.2	Stocks .....	7,712,271	248,134
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....	700,657	
13.6	Miscellaneous applications .....		834,825
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6) .....	18,540,746	12,821,821
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(4,365,468)	(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) .....	1,259,743	(230,375)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	1,259,743	(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) .....	6,562,580	3,558,374
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	5,616,073	2,057,699
19.2	End of year (Line 18 plus Line 19.1) .....	12,178,654	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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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income .....	218,371,746						218,371,746			
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$.....0 medical expenses) .....										XXX .....
4. Risk revenue .....										XXX .....
5. Aggregate write-ins for other health care related revenues .....										XXX .....
6. Aggregate write-ins for other non-health care related revenues .....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	Other Non-Health
7. TOTAL Revenues (Lines 1 to 6) .....	218,371,746						218,371,746			
8. Hospital/medical benefits .....	144,729,062						144,729,062			XXX .....
9. Other professional services .....										XXX .....
10. Outside referrals .....	3,275,678						3,275,678			XXX .....
11. Emergency room and out-of-area .....	1,822,114						1,822,114			XXX .....
12. Prescription drugs .....	22,576,778						22,576,778			XXX .....
13. Aggregate write-ins for other hospital and medical .....										XXX .....
14. Incentive pool, withhold adjustments and bonus amounts .....	2,819,105						2,819,105			XXX .....
15. Subtotal (Lines 8 to 14) .....	175,222,737						175,222,737			XXX .....
16. Net reinsurance recoveries .....	230,749						230,749			XXX .....
17. TOTAL Hospital and Medical (Lines 15 minus 16) .....	174,991,989						174,991,989			XXX .....
18. Non-health claims (net) .....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	
19. Claims adjustment expenses including \$.....6,062,699 cost containment expenses .....										
20. General administrative expenses .....	7,225,908						7,225,908			
21. 24,349,049 .....	24,349,049						24,349,049			
22. Increase in reserves for accident and health contracts .....										XXX .....
23. Increase in reserves for life contracts .....										
24. TOTAL Underwriting Deductions (Lines 17 to 22) .....	206,566,946						206,566,946			
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	11,804,800						11,804,800			
<b>DETAILS OF WRITE-INS</b>										
0501. ....										XXX .....
0502. ....										XXX .....
0503. ....										XXX .....
0598. Summary of remaining write-ins for Line 5 from overflow page .....										XXX .....
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										XXX .....
0601. ....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	
0602. ....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	
0603. ....		XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	
0698. Summary of remaining write-ins for Line 6 from overflow page .....										
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....										
1301. Reinsurance Claims .....										XXX .....
1302. ....										XXX .....
1303. ....										XXX .....
1398. Summary of remaining write-ins for Line 13 from overflow page .....										XXX .....
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										XXX .....

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	218,669,610	.....	297,864	218,371,746
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8) .....	218,669,610	.....	297,864	218,371,746
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11) .....	218,669,610	.....	297,864	218,371,746

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	173,130,676						173,130,676			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	230,749						230,749			
1.4 Net	172,899,927						172,899,927			
2. Paid medical incentive pools and bonuses	2,993,929						2,993,929			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	11,332,089						11,332,089			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	11,332,089						11,332,089			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	957,258						957,258			
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	12,059,133						12,059,133			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	12,059,133						12,059,133			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	1,132,082						1,132,082			
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	172,403,632						172,403,632			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	230,749						230,749			
12.4 Net	172,172,883						172,172,883			
13. Incurred medical incentive pools and bonuses	2,819,105						2,819,105			

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct .....	11,332,089	.....	.....	.....	.....	.....	11,332,089	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net .....	11,332,089	.....	.....	.....	.....	.....	11,332,089	.....	.....	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct .....	11,332,089	.....	.....	.....	.....	.....	11,332,089	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net .....	11,332,089	.....	.....	.....	.....	.....	11,332,089	.....	.....	.....

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	11,846,804	161,053,124	.....	11,332,089	11,846,804	12,059,133
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8) .....	11,846,804	161,053,124	.....	11,332,089	11,846,804	12,059,133
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pool and bonus amounts .....	926,929	2,067,000	205,153	752,105	1,132,082	1,132,082
13. TOTALS (Lines 9 - 10 + 11 + 12) .....	12,773,733	163,120,124	205,153	12,084,194	12,978,886	13,191,215

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

# UNDERWRITING AND INVESTMENT EXHIBIT

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

Grand Total

## Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.....	.....	.....	.....	.....
2. 2016 .....	202,805	202,805	202,805	202,805	202,805
3. 2017 .....	XXX	196,814	196,814	196,814	196,814
4. 2018 .....	XXX	XXX	189,797	189,797	189,797
5. 2019 .....	XXX	XXX	XXX	197,073	197,073
6. 2020 .....	XXX	XXX	XXX	XXX	163,120

## Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.....	.....	.....	.....	.....
2. 2016 .....	217,515	202,805	202,805	202,805	202,805
3. 2017 .....	XXX	209,398	196,814	196,814	196,814
4. 2018 .....	XXX	XXX	205,604	189,797	189,797
5. 2019 .....	XXX	XXX	XXX	210,264	197,073
6. 2020 .....	XXX	XXX	XXX	XXX	175,409

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2016 .....	245,045	202,805	5,072	2.501	207,877	84.832	.....	.....	207,877	84.832
2. 2017 .....	244,820	196,814	5,700	2.896	202,514	82.719	.....	.....	202,514	82.719
3. 2018 .....	242,637	189,797	5,914	3.116	195,711	80.660	.....	.....	195,711	80.660
4. 2019 .....	251,832	197,073	8,839	4.485	205,912	81.766	.....	.....	205,912	81.766
5. 2020 .....	218,372	163,120	6,525	4.000	169,645	77.686	12,289	210	182,144	83.410

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . . . . NONE

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

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

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

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

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

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

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

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

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

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP . . . . . NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP . . . . . NONE

# UNDERWRITING AND INVESTMENT EXHIBIT

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

### Title XVIII - Medicare

#### Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior .....	.....	.....	.....	.....	.....
2. 2016 .....	202,805	202,805	202,805	202,805	202,805
3. 2017 .....	XXX	196,814	196,814	196,814	196,814
4. 2018 .....	XXX	XXX	189,797	189,797	189,797
5. 2019 .....	XXX	XXX	XXX	197,073	197,073
6. 2020 .....	XXX	XXX	XXX	XXX	163,120

#### Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2016	2	3 2018	4 2019	5 2020
1. Prior .....	.....	.....	.....	.....	.....
2. 2016 .....	217,515	202,805	202,805	202,805	202,805
3. 2017 .....	XXX	209,398	196,814	196,814	196,814
4. 2018 .....	XXX	XXX	205,604	189,797	189,797
5. 2019 .....	XXX	XXX	XXX	210,264	197,073
6. 2020 .....	XXX	XXX	XXX	XXX	175,409

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2016 .....	245,045	202,805	5,072	2.501	207,877	84.832	.....	.....	207,877	84.832
2. 2017 .....	244,820	196,814	5,700	2.896	202,514	82.719	.....	.....	202,514	82.719
3. 2018 .....	242,637	189,797	5,914	3.116	195,711	80.660	.....	.....	195,711	80.660
4. 2019 .....	251,832	197,073	8,839	4.485	205,912	81.766	.....	.....	205,912	81.766
5. 2020 .....	218,372	163,120	6,525	4.000	169,645	77.686	12,289	210	182,144	83.410

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

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

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

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

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

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

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	70,170	11,979	283,997		366,145
2. Salaries, wages and other benefits	2,641,516	877,378	10,027,133		13,546,027
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			962,433		962,433
4. Legal fees and expenses	347,661				347,661
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	339,080		1,777,422		2,116,502
7. Traveling expenses	298,176		42,410		340,586
8. Marketing and advertising	5,214	175	1,362,501		1,367,891
9. Postage, express and telephone	87,702	13,810	354,899		456,411
10. Printing and office supplies	32,363	81,050	649,779		763,192
11. Occupancy, depreciation and amortization	252,557	43,115	1,022,174		1,317,846
12. Equipment	42,588		336,686		379,274
13. Cost or depreciation of EDP equipment and software	431,227	81,130	2,312,069		2,824,426
14. Outsourced services including EDP, claims, and other services	1,101,527		2,210,996		3,312,523
15. Boards, bureaus and association fees	21,581		1,301,362		1,322,943
16. Insurance, except on real estate					
17. Collection and bank service charges			153,911		153,911
18. Group service and administration fees	224,908		996,962		1,221,870
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			500		500
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	166,430	54,573	553,815		774,817
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	6,062,699	1,163,209	24,349,049		(a) 31,574,958
27. Less expenses unpaid December 31, current year	176,279	33,821	819,704		1,029,804
28. Add expenses unpaid December 31, prior year	190,572	31,428	498,322		720,322
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	6,076,992	1,160,817	24,027,668		31,265,476

**DETAILS OF WRITE-INS**

2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

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

## EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....		(a) 385,775	104,793
1.1 Bonds exempt from U.S. tax .....		(a) .....	.....
1.2 Other bonds (unaffiliated) .....		(a) 327,481	266,196
1.3 Bonds of affiliates .....		(a) .....	.....
2.1 Preferred stocks (unaffiliated) .....		(b) .....	.....
2.11 Preferred stocks of affiliates .....		(b) .....	.....
2.2 Common stocks (unaffiliated) .....		475,642	475,642
2.21 Common stocks of affiliates .....		.....	.....
3. Mortgage loans .....		(c) .....	.....
4. Real estate .....		(d) .....	.....
5. Contract loans .....		.....	.....
6. Cash, cash equivalents and short-term investments .....		(e) .....	.....
7. Derivative instruments .....		(f) .....	.....
8. Other invested assets .....		.....	.....
9. Aggregate write-ins for investment income .....		.....	.....
10. TOTAL gross investment income .....		1,188,897	846,631
11. Investment expenses .....		(g) .....	.....
12. Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....	.....
13. Interest expense .....		(h) .....	.....
14. Depreciation on real estate and other invested assets .....		(i) .....	.....
15. Aggregate write-ins for deductions from investment income .....		.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....		.....	.....
17. Net Investment income (Line 10 minus Line 16) .....		.....	846,631

## DETAILS OF WRITE-INS

0901. ....			
0902. ....			
0903. ....			
0998. Summary of remaining write-ins for Line 9 from overflow page .....			
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....			
1501. ....			
1502. ....			
1503. ....			
1598. Summary of remaining write-ins for Line 15 from overflow page .....			
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....			

(a) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
 (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
 (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
 (d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.  
 (e) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
 (f) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium.  
 (g) Includes \$ .....0 investment expenses and \$ .....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ .....0 interest on surplus notes and \$ .....0 interest on capital notes.  
 (i) Includes \$ .....0 depreciation on real estate and \$ .....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	15,919	.....	15,919	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2 Other bonds (unaffiliated) .....	12,581	.....	12,581	.....	.....
1.3 Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11 Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2 Common stocks (unaffiliated) .....	1,847,569	.....	1,847,569	(344,273)	.....
2.21 Common stocks of affiliates .....	.....	.....	.....	1,560,131	.....
3. Mortgage loans .....	.....	.....	.....	.....	.....
4. Real estate .....	.....	.....	.....	.....	.....
5. Contract loans .....	.....	.....	.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7. Derivative instruments .....	.....	.....	.....	.....	.....
8. Other invested assets .....	.....	.....	.....	434,766	.....
9. Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10. TOTAL Capital gains (losses) .....	1,876,069	.....	1,876,069	1,650,624	.....

## DETAILS OF WRITE-INS

0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....				

**AultCare Health Insuring Corporation**  
**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	.....	.....	.....
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.....	.....	.....
2.2 Common stocks .....	.....	.....	.....
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.....	.....	.....
3.2 Other than first liens .....	.....	.....	.....
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.....	.....	.....
4.2 Properties held for the production of income .....	.....	.....	.....
4.3 Properties held for sale .....	.....	.....	.....
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....	.....	.....	.....
6. Contract loans .....	.....	.....	.....
7. Derivatives (Schedule DB) .....	.....	.....	.....
8. Other invested assets (Schedule BA) .....	.....	.....	.....
9. Receivables for securities .....	.....	.....	.....
10. Securities lending reinvested collateral assets (Schedule DL) .....	.....	.....	.....
11. Aggregate write-ins for invested assets .....	.....	.....	.....
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.....	.....	.....
13. Title plants (for Title insurers only) .....	.....	.....	.....
14. Investment income due and accrued .....	.....	.....	.....
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	.....	.....	.....
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	.....	.....	.....
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.....	.....	.....
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.....	.....	.....
16.2 Funds held by or deposited with reinsured companies .....	.....	.....	.....
16.3 Other amounts receivable under reinsurance contracts .....	.....	.....	.....
17. Amounts receivable relating to uninsured plans .....	.....	.....	.....
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.....	.....	.....
18.2 Net deferred tax asset .....	.....	.....	.....
19. Guaranty funds receivable or on deposit .....	.....	.....	.....
20. Electronic data processing equipment and software .....	.....	.....	.....
21. Furniture and equipment, including health care delivery assets .....	.....	.....	.....
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.....	.....	.....
23. Receivables from parent, subsidiaries and affiliates .....	.....	.....	.....
24. Health care and other amounts receivable .....	2,386,044	3,441,003	1,054,959
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) .....	2,386,044	3,441,003	1,054,959
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....	.....
28. TOTAL (Lines 26 and 27) .....	2,386,044	3,441,003	1,054,959
<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) .....	.....	.....	.....

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	19,547	17,332	17,199	17,095	16,951	206,248
2. Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3. Preferred Provider Organizations .....	.....	.....	.....	.....	.....	.....
4. Point of Service .....	.....	.....	.....	.....	.....	.....
5. Indemnity Only .....	.....	.....	.....	.....	.....	.....
6. Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7. TOTAL .....	19,547	17,332	17,199	17,095	16,951	206,248
<b>DETAILS OF WRITE-INS</b>						
0601. .....	.....	.....	.....	.....	.....	.....
0602. .....	.....	.....	.....	.....	.....	.....
0603. .....	.....	.....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

# Notes to Financial Statements

## CoSECTION A

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### A. Accounting Practices

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

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

Note 1A	SSAP #	F/S Page #	F/S Line #	2020	2019
<b>Net Income</b>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	<u>\$11,410,994</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>\$11,410,994</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>\$118,162,856</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>\$118,069,313</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 \$68,144,568. Of this amount, \$56,504,305 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 \$1,472,684. The Company also has an investment in West Tuscarawas Property Management in the amount of \$10,167,579 carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually

## Notes to Financial Statements

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

- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company's pharmacy rebates receivables are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates in accordance with SSAP. 84.

### D. Going Concern

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

### 2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

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

### 3. BUSINESS COMBINATIONS AND GOODWILL

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

### 4. DISCONTINUED OPERATIONS

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

### 5. INVESTMENTS

- A. The Company had no investment in Mortgage Loan during the periods reported.
- B. The Company had no investments in Restructured Loans during the periods reported.
- C. The Company had no investments in Reverse Mortgages during the periods reported.
- D. The Company had no investments in Loan-Backed Securities during the periods reported.
- E. The Company had no investments in Repurchase Agreements during the periods reported.
- F. The Company had no repurchase agreements accounted for a secured borrowing.
- G. The Company had no reverse repurchase agreements accounted for a secured borrowing.
- H. The Company had no repurchase agreements accounted for as sales.
- I. The Company had no reverse repurchase agreements accounted for as sales
- J. The Company owns \$10,167,579 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.
- K. The Company has no investments in Low-Income Housing Tax Credits.
- L. The Company had no restricted assets.
- M. The Company had no Working Capital Finance Investments during the periods reported.
- N. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.
- O. The Company had no 5\* Securities during the periods reported.
- P. The Company had no short sale securities.
- Q. The Company had no prepayment penalty or acceleration fees.

### 6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

- A. The Company had no investments in joint ventures, partnerships or limited liability companies during the periods reported.
- B. The Company had no impaired investments in joint ventures, partnerships or limited liability companies during the periods reported.

### 7. INVESTMENT INCOME

- A-B. The Company did not exclude any investment income due and accrued during the periods reported.

### 8. DERIVATIVE INSTRUMENTS

- A-B. The Company did not own derivative financial instruments during the periods reported.

### 9. INCOME TAXES

- A. The components of the net deferred tax asset/ (liability) at December 31, 2020 are as follows:

1. (reported in thousands)		12/31/2020			12/31/2019			Change		
		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 50	\$ -	\$ -	\$ 35	\$ -	\$ 35	\$ 15	\$ -	\$ 15
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 50	\$ -	\$ -	\$ 35	\$ -	\$ 35	\$ 15	\$ -	\$ 15
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 50	\$ -	\$ -	\$ 35	\$ -	\$ 35	\$ 15	\$ -	\$ 15
(f)	Deferred Tax Liabilities	\$ -	\$ 739	\$ 739	\$ -	\$ 375	\$ 375	\$ -	\$ 364	\$ 364
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 50	(\$739)	\$ (689)	\$ 35	(\$375)	(\$340)	\$ 15	(\$364)	\$ (349)
2. (reported in thousands)		12/31/2020			12/31/2019			Change		
Admission Calculation Components		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

## Notes to Financial Statements

SSAP No. 101		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	\$ 50	\$ -	\$ 50	\$ 35	\$ -	\$ 35	\$ 15	\$ -	\$ 15

## Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 50	\$ -	\$ 50	\$ 35	\$ -	\$ 35	\$ 15	\$ -	\$ 15
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	\$ 17,727	XXX	\$ 17,727	XXX	XXX	\$ 15,696	XXX	XXX	\$ 2,031
(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	\$ -	\$ (739)	\$ (689)	\$ -	\$ (375)	\$ (375)	\$ -	\$ (338)	\$ (364)
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 50	\$ (739)	\$ (689)	\$ 35	\$ (375)	\$ (340)	\$ 15	\$ (338)	\$ (349)
3. (reported in thousands)		2020		2019						
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	0%		497%						
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$118,183		\$104,638						
4. (reported in thousands)		12/31/2020			12/31/2019			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Impact of Tax Planning Strategies	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)	\$ 50	\$ -	\$ 50	\$ 35	\$ -	\$ 35	\$ 15	\$ -	\$ 15
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ 50	\$ -	\$ 50	\$ 35	\$ -	\$ 35	\$ 15	\$ -	\$ 15
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No X							

## B. Not Applicable

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

1. Current Income Tax			(1) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
( a )	Federal		\$ 3,116,505	\$ 2,887,801	\$ 228,704
( b )	Foreign		\$ -	\$ -	\$ -
( c )	Subtotal		\$ 3,116,505	\$ 2,887,801	\$ 228,704
( d )	Federal Income Tax on Net Capital Gains		\$ -	\$ -	\$ -
( e )	Utilization of Capital Loss Carry-Forwards		\$ -	\$ -	\$ -
( f )	Other		\$ -	\$ -	\$ -
( g )	Federal and Foreign Income Taxes Incurred		\$ 3,116,505	\$ 2,887,801	\$ 228,704
2. Deferred Tax Assets					
( a )	Ordinary				
(1)	Discounting of Unpaid Losses		\$ 12,600	\$ -	\$ 12,600
(2)	Unearned Premium Reserve		\$ 998	\$ 2,262	\$ (1,264)
(3)	Policyholder Reserves		\$ 36,090	\$ 32,411	\$ 3,679
(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

( b )	Subtotal	\$ 49,688	\$ 34,673	\$ 15,015
( c )	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
( d )	Nonadmitted	\$ -	\$ -	\$ -
( e )	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ 49,688	\$ 34,673	\$ 15,015
(1)	Capital			
(1)	Net Capital Loss Carry-Forward	\$ -	\$ -	\$ -

## Notes to Financial Statements

	(2) Subtotal	\$ -	\$ -	\$ -
(f)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g)	Nonadmitted	\$ -	\$ -	\$ -
(h)	Admitted capital deferred tax assets (2e2 - 2f - 2g)	\$ -	\$ -	\$ -
(i)	Admitted deferred tax assets (2d + 2h)	\$ 49,688	\$ 34,673	\$ 15,015
<b>3.</b>	<b>Deferred Tax Liabilities</b>			
(a)	Ordinary			
(1)	Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(b)	Capital	\$ -	\$ -	\$ -
(1)	Investments	\$ 783,999	\$ 375,241	\$ 363,758
	(2) Subtotal	\$ 783,999	\$ 375,241	\$ 363,758
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ 783,999	\$ 375,241	\$ 363,758
<b>4.</b>	<b>Net deferred tax assets/liabilities (2i - 3c)</b>	<b>\$ (689,311)</b>	<b>\$ (340,568)</b>	<b>\$ (348,743)</b>

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

	12/31/2020	Effective Tax Rate
Provision computed at statutory rate	\$ 3,050,775	21.6%
Change in nonadmitted assets	\$ -	0.0%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ 8,471	0.1%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ (356,734)	-2.5%
Other	\$ 398,978	2.8%
<b>Total statutory income tax expense (benefit)</b>	<b>\$ 3,101,490</b>	<b>21.9%</b>
	12/31/2020	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 3,116,505	22.0%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (15,015)	-0.1%
<b>Total statutory income tax expense (benefit)</b>	<b>\$ 3,101,490</b>	<b>21.9%</b>

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

- (1) At December 31, 2020, the Company had no net operating loss carry forwards available to offset against future taxable income.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
  - (a) 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 Statements

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

### **10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

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

The Company is a party to a Master Services Agreement with Aultman Health Foundation, the ultimate controlling person, under which AHF provides the Company with certain professional management, administration, billing, purchasing, physical plant, and staffing services and support. The Company paid Aultman Health Foundation \$521,846 and \$491,646, respectively, for services provided under the Master Services Agreement as of December 31, 2020 and 2019, respectively.

The Company has a capitation arrangement with Aultman Hospital and has paid \$57,420,107 and \$58,456,156 in capitated claims for its commercial enrollees as of December 31, 2020 and 2019, respectively. The company paid claims to affiliated companies in the amount of \$12,665,398 and 22,542,203 as of December 31, 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 \$18,261,493 and \$19,456,830, respectively, for services provided under the Management and Administrative Services Agreement as of December 31, 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 \$1,472,684 and \$772,027 as of December 31, 2020 and December 31, 2019, respectively.

The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows AultCare to borrow and repay operating funds. AultCare is owed \$1,259,743 and owes \$1,289,945 as of December 31, 2020 and 2019, respectively, under the terms of the agreement.

The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of December 31, 2020, the Company has paid Aultman Hospital \$4,848,563 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 \$100,635,939, liabilities valued at \$44,131,634, and results from operations of \$56,504,305.

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 \$114,975 and \$389,242 as of December 31, 2020 and 2019 respectively.

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

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

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

## Notes to Financial Statements

- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- (4) The Company paid no dividends as of December 31, 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, 2021, the minimum aggregate rental commitments are as follows:

Year Ending December 31		Operating Leases
1.	2021	\$ 249,481
2.	2022	\$ 249,481
3.	2023	\$ 249,481
4.	2024	\$ 249,481
5.	2025	\$ 2,079

- 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.

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	\$ 14,086,682	\$ -	\$ -	\$ 14,086,682
Total assets at fair value	\$ 14,086,682	\$ -	\$ -	\$ 14,086,682

(2) The Company had no assets with fair value measurements using significant unobservable inputs.

## Notes to Financial Statements

(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.

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	\$19,351,813	\$18,461,679		\$19,351,813		
Industrial and Misc.	\$14,064,416	\$13,729,153		\$14,064,416		
Common Stock	\$14,086,682	\$14,086,682	\$14,086,682			

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, 2020, or 2019.

E. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either December 31, 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 March 1, 2021, there have been no Type I events subsequent to December 31, 2020, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2021
- B. As of March 1, 2021, there have been no Type II events subsequent to December 31, 2020, which would have a material effect on the financial condition of the Company or on the financial statement issued March 1, 2021

### 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.

## Notes to Financial Statements

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.

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

A-B. Reserves as of December 31, 2019 were \$12,059,133. As of December 31, 2020, \$11,846,804 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0. Therefore, there has been \$212,329 in positive 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, 2020, 2019, and 2018 are as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 1,745,721	\$ 1,748,825	\$ -	\$ -	\$ -
9/30/2020	\$ 2,752,400	\$ 1,738,247	\$ 1,886,488	\$ -	\$ -
6/30/2020	\$ 3,074,871	\$ 1,729,052	\$ 1,886,722	\$ -	\$ -
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	\$ -

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 \_\_\_\_\_ 12/31/2020

3. Was anticipated investment income utilized in the calculation? (Yes / No) \_\_\_\_\_ No

### 31. ANTICIPATED SALVAGE AND SUBROGATION

A. The Company did not have anticipated salvage and subrogation included as a reduction of loss reserves.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[ ]

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?

2.2 If yes, date of change:

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

Yes[ ] No[X]

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

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

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

3.4 By what department or departments?  
 Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

12/31/2015

12/31/2015

04/28/2017

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

4.22 renewals?

Yes[ ] No[X]  
Yes[ ] No[X]Yes[ ] No[X]  
Yes[ ] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
 If yes, complete and file the merger history data file with the NAIC.

Yes[ ] No[X]

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

6.2 If yes, give full information:

Yes[ ] No[X]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[ ] No[X]

7.2 If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

0.000%

1 Nationality	2 Type of Entity
.....	.....

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

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

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

Yes[ ] No[X]

Yes[ ] No[X]

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 CliftonLarsonAllen, LLP, 4505 Stephen Circle NW, Suite 200, Canton, OH 44718

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[ ] No[X]

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[ ] No[X]

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

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

10.6 If the response to 10.5 is no or n/a please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Lee Benefits Consulting, 702 Saxony Drive, Seven Fields, PA 16046 - Actuary - Mr. Duane P. Lee

**GENERAL INTERROGATORIES (Continued)**

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[X] No[ ]

12.11 Name of real estate holding company  
West Tuscarawas Property Management

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation  
AultCare Health Insuring Corporation owns \$10,167,578.86 worth of shares of West Tusc Property Mgmt, which is a for profit real estate holding company located in Canton, OH.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes[ ] No[ ] N/A[X]

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes[ ] No[ ] N/A[X]

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

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

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

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes[ ] No[X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No[ ]

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

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

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[ ] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$..... 0

20.12 To stockholders not officers \$..... 0

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

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$..... 0

20.22 To stockholders not officers \$..... 0

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

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[ ] No[X]

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

21.21 Rented from others \$..... 0

21.22 Borrowed from others \$..... 0

21.23 Leased from others \$..... 0

21.24 Other \$..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[ ] No[X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$..... 0

22.22 Amount paid as expenses \$..... 0

22.23 Other amounts paid \$..... 0

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 0

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes[X] No[ ]

24.02 If no, give full and complete information, relating thereto

24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs.

24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

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

## GENERAL INTERROGATORIES (Continued)

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

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

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

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

\$ ..... 0

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

\$ ..... 0

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

\$ ..... 0

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

Yes [ ] No [X]

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

25.21 Subject to repurchase agreements	\$ ..... 0
25.22 Subject to reverse repurchase agreements	\$ ..... 0
25.23 Subject to dollar repurchase agreements	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements	\$ ..... 0
25.25 Placed under option agreements	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ ..... 0
25.27 FHLB Capital Stock	\$ ..... 0
25.28 On deposit with states	\$ ..... 0
25.29 On deposit with other regulatory bodies	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ ..... 0
25.32 Other	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

Yes [ ] No [X]

26.2 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.

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

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

Yes [ ] No [X]

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

- 26.41 Special Accounting Provision of SSAP No. 108
- 26.42 Permitted Accounting Practice
- 26.43 Other Accounting Guidance

Yes [ ] No [X]  
Yes [ ] No [X]  
Yes [ ] No [X]

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

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

Yes [ ] No [X]

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

Yes [ ] No [X]

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

\$ ..... 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F.

Yes[X] No [ ]

Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

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

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

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

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

Yes [ ] No [X]

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

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

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

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

**GENERAL INTERROGATORIES (Continued)**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[X] No[ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[X] No[ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[X] No[ ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.... 60934N708 ....	WILLIAM BLAIR INT EQUITY FUND .....	..... 817,318
.... 89354D338 ....	TRANSAMERICA INT EQUITY FUND .....	..... 720,675
.... 922908728 ....	VANGUARD TOTAL MKT IDX ADMIRAL FUND .....	..... 6,919,514
29.2999 Total .....		..... 8,457,507

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
WILLIAM BLAIR INT EQUITY FUND .....	Alibaba Group Holding LTD .....	..... 17,491	... 12/31/2020 ..
TRANSAMERICA INT EQUITY FUND .....	Sony Corp .....	..... 14,990	... 12/31/2020 ..
VANGUARD TOTAL MKT IDX ADMIRAL FUND .....	Apple Inc .....	..... 260,174	... 12/31/2020 ..

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

1	2 Statement (Admitted) Value	3 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	..... 29,916,517	..... 28,740,832	..... (1,175,685)
30.2 Preferred stocks .....			
30.3 Totals .....	..... 29,916,517	..... 28,740,832	..... (1,175,685)

30.4 Describe the sources or methods utilized in determining the fair values:

The market value of the bonds reported on the Huntington Investment statements are used to report Fair Value.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[ ] No[X] N/A[ ]

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

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[ ]

32.2 If no, list exceptions:

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

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[ ] No[X]

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

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

Has the reporting entity self-designated PLGI securities?

Yes[ ] No[X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- The fund only or predominantly holds bonds in its portfolio.

**GENERAL INTERROGATORIES (Continued)**

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[ ] No[X]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%)) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a-36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

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

**OTHER**

37.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$..... 103,215

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Alliance Community Health Plans .....	56,655

38.1 Amount of payments for legal expenses, if any?

\$..... 347,661

38.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

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

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$..... 254,146

39.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
American Health Insurance Plans .....	9,362
Alliance of Community Health Plans .....	56,655

## GENERAL INTERROGATORIES (Continued)

## PART 2 - HEALTH INTERROGATORIES

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

## 2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	218,371,746	251,832,042
2.2 Premium Denominator .....	218,371,746	251,832,042
2.3 Premium Ratio (2.1 / 2.2) .....	100.000	100.000
2.4 Reserve Numerator .....	12,288,970	13,191,215
2.5 Reserve Denominator .....	12,289,347	13,191,215
2.6 Reserve Ratio (2.4 / 2.5) .....	99.997	100.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 400,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

N/A

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 3,589
8.2 Number of providers at end of reporting year	..... 3,402

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 0
9.22 Business with rate guarantees over 36 months	..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 2,993,929
10.22 Amount actually paid for year bonuses	\$..... 957,258
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes [ ] No [X]

11.12 A Medical Group/Staff Model,	Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [ ] No [X]
11.14 A Mixed Model (combination of above)?	Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus:

Ohio

11.4 If yes, show the amount required.	\$..... 1,500,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity?	Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Ohio .....

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

Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

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

Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

**GENERAL INTERROGATORIES (Continued)**

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

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

15.1 Direct Premium Written  
15.2 Total incurred claims  
15.2 Number of covered lives

\$ ..... 0  
\$ ..... 0  
..... 0

\*Ordinary Life Insurance Includes

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

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

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

Yes[ ] No[X]

Yes[ ] No[X]

## FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	137,511,311	123,839,033	105,811,397	106,588,873	97,250,275
2. TOTAL Liabilities (Page 3, Line 24) .....	19,105,523	19,201,080	18,664,271	16,565,441	20,356,777
3. Statutory minimum capital and surplus requirement .....	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	118,405,786	104,637,953	87,147,126	90,023,432	76,893,498
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	218,371,746	251,832,042	242,638,011	244,820,482	245,044,953
6. TOTAL Medical and Hospital Expenses (Line 18) .....	174,991,989	210,498,666	204,846,595	206,033,258	214,190,994
7. Claims adjustment expenses (Line 20) .....	7,225,908	8,644,867	6,439,022	5,592,814	5,328,428
8. TOTAL Administrative Expenses (Line 21) .....	24,349,049	22,941,154	23,449,063	22,913,122	18,496,151
9. Net underwriting gain (loss) (Line 24) .....	11,804,800	9,747,355	7,903,331	10,281,289	7,029,380
10. Net investment gain (loss) (Line 27) .....	2,347,486	1,150,395	836,077	707,855	704,145
11. TOTAL Other Income (Lines 28 plus 29) .....					
12. Net income or (loss) (Line 32) .....	11,410,994	8,076,981	7,132,570	7,493,428	5,060,871
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	9,668,305	5,931,023	7,449,045	6,685,563	9,277,432
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	118,405,786	104,637,953	87,147,126	90,023,432	76,893,498
15. Authorized control level risk-based capital .....	20,579,299	21,039,219	18,979,222	17,031,576	16,794,342
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	16,951	19,547	20,006	20,745	21,026
17. TOTAL Members Months (Column 6, Line 7) .....	206,248	238,141	240,966	248,939	251,691
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	80.1	83.6	84.4	84.2	87.4
20. Cost containment expenses .....	2.8	2.9	2.5	2.3	2.2
21. Other claims adjustment expenses .....	0.5	0.5	0.2		
22. TOTAL Underwriting Deductions (Line 23) .....	94.6	96.1	96.7	95.8	97.1
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	5.4	3.9	3.3	4.2	2.9
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	12,978,886	16,277,190	11,826,482	11,297,496	11,643,671
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	13,191,215	15,806,936	12,583,676	14,662,367	14,920,022
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....	56,504,305	54,944,174	48,311,523	49,189,872	42,748,927
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....	11,640,263	12,525,351	11,207,451	1,541,911	1,567,694
32. TOTAL of Above Lines 26 to 31 .....	68,144,568	67,469,525	59,518,974	50,731,783	44,316,621
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

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

If no, please explain:

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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
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 .....	218,669,610	.....	.....	.....	.....	.....	218,669,610	.....
37. Oklahoma (OK) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
38. Oregon (OR) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
39. Pennsylvania (PA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
40. Rhode Island (RI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
41. South Carolina (SC) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
42. South Dakota (SD) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
43. Tennessee (TN) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
44. Texas (TX) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
45. Utah (UT) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
46. Vermont (VT) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
47. Virginia (VA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
48. Washington (WA) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
49. West Virginia (WV) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
50. Wisconsin (WI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
51. Wyoming (WY) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
52. American Samoa (AS) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
53. Guam (GU) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
54. Puerto Rico (PR) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
55. U.S. Virgin Islands (VI) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
56. Northern Mariana Islands (MP) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
57. Canada (CAN) .....	N .....	.....	.....	.....	.....	.....	.....	.....	.....
58. Aggregate other alien (OT) .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
59. Subtotal .....	XXX .....	218,669,610	.....	.....	.....	.....	.....	218,669,610	.....
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
61. TOTAL (Direct Business) .....	XXX .....	218,669,610	.....	.....	.....	.....	.....	218,669,610	.....

**DETAILS OF WRITE-INS**

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

(a) Active Status Counts:

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

1

R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

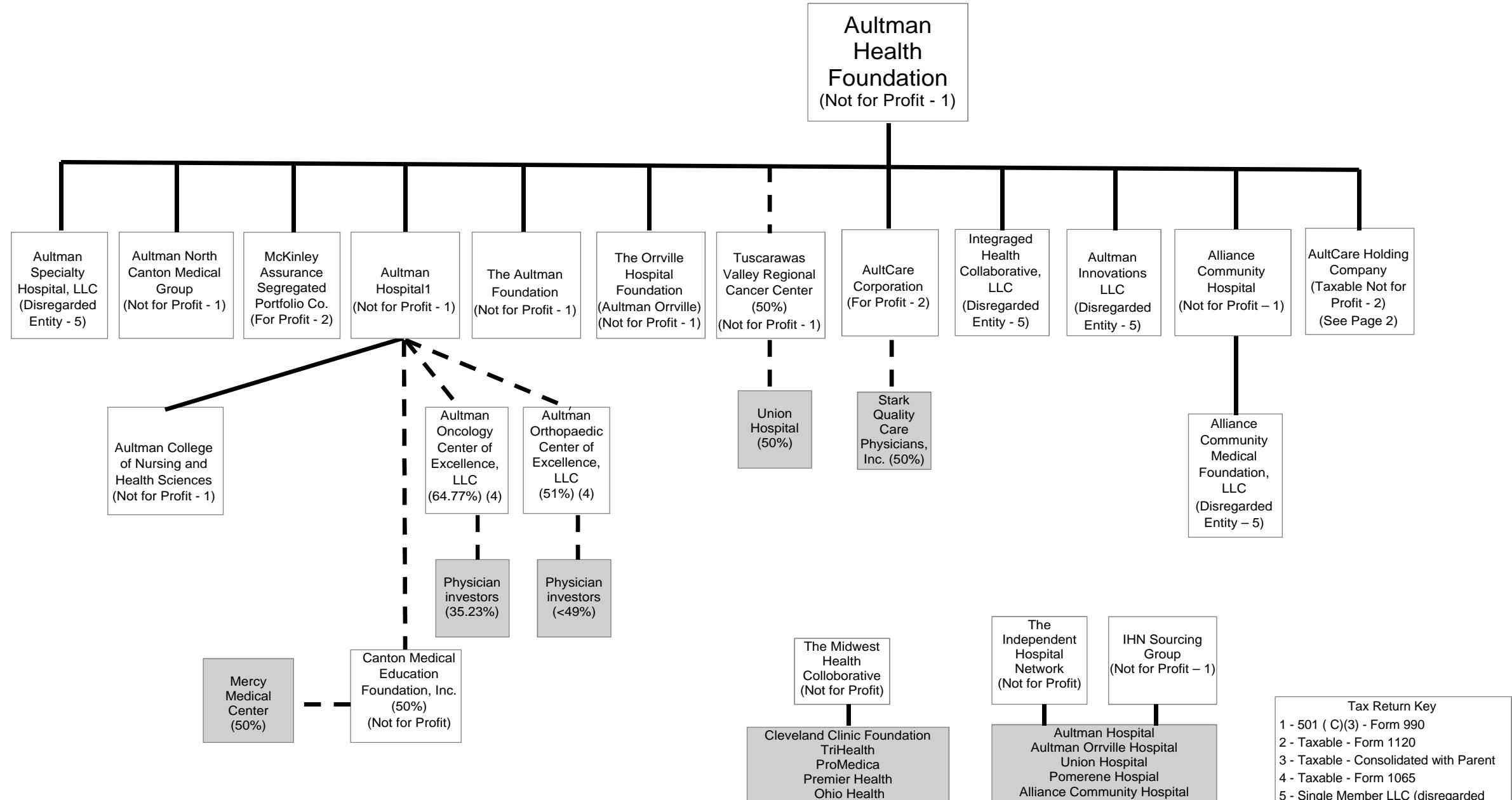
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(b) Explanation of basis of allocation by state, premiums by state, etc.:

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



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

