

Amended Explanation Page

AultCare Insurance Company 2021 Annual Statement Amendment filed to account for the following changes:

- Update to the Actuarial Opinion



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2021

Document Code: 201

ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
AultCare Insurance Company

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

OFFICERS

| Name | Title | # |
|------------------|--------------------------|---|
| James R. Savage | President | |
| Joseph J. Feltes | Secretary | |
| Mark D. Wright | Treasurer | |
| Rick L. Haines | Executive Vice President | |

OTHERS

DIRECTORS OR TRUSTEES

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

State of Ohio
 County of Stark ss

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

(Signature)
 James R. Savage
 (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 , 2022

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

Yes[] No[X]

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07/01/2022

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(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Todd Hawke
Richard V. Maggiore

John Westerbeck M.D.