



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

AultCare Insurance Company

NAIC Group Code 4805 , 4805 NAIC Company Code 77216 Employer's ID Number 341624818
(Current Period) (Prior Period)

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 , Canton, OH, 44710
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2600 Sixth Street SW
(Street and Number)
Canton, OH, 44710 (330)363-4057
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2600 Sixth Street SW , Canton, OH, 44710
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2600 Sixth Street SW
(Street and Number)
Canton, OH, 44710 (330)363-4057
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.aultcare.com

Statutory Statement Contact Jeffrey Alan Scheatzle (330)363-4057
(Name) (Area Code)(Telephone Number)(Extension)
jscheatzle@aultcare.com (330)363-5012
(E-Mail Address) (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 James R. Savage # Michael A. Rich M.D. John B. Humphrey Jr., M.D. Allen Rovner M.D. Mark N. Rose M.D.	Gregory A. Haban M.D. Rick L. Haines Mark D. Wright Darryl J. Dillenback Joseph J. Feltes Esq. Barbara Hammontree-Bennett
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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[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Todd Hawke
Richard V. Maggiore

John Westerbeck M.D.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	4,441,964	167,255	2,976			4,612,194
0299999 TOTAL Group	4,441,964	167,255	2,976			4,612,194
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	4,441,964	167,255	2,976			4,612,194

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	3,118,726			2,218,526	2,218,524	3,118,726
0199999 Subtotal - Pharmaceutical Rebate Receivables	3,118,726			2,218,526	2,218,524	3,118,726
0299998 Claim Overpayment Receivables - Not Individually Listed	130,930					130,930
0299999 Subtotal - Claim Overpayment Receivables	130,930					130,930
0499998 Capitation Arrangement Receivables - Not Individually Listed	2,118,354					2,118,354
0499999 Subtotal - Capitation Arrangement Receivables	2,118,354					2,118,354
0799999 Gross Health Care receivables	5,368,010			2,218,526	2,218,524	5,368,010

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	5,161,569	5,130,282		5,337,252	5,161,569	4,664,927
2. Claim overpayment receivables	93,053	48,923		130,930	93,053	
3. Loans and advances to providers						
4. Capitation arrangement receivables	2,217,599	(99,245)		2,118,354	2,217,599	2,217,599
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	7,472,222	5,079,960		7,586,537	7,472,222	6,882,526

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						29,299,065
0699999 TOTAL Amounts Withheld
0799999 TOTAL Claims Unpaid						29,299,065
0899999 Accrued Medical Incentive Pool and Bonus Amounts						147,355

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>							
0399999 TOTAL Gross Amounts Receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0299999 Payables not Individually Listed	X X X	2,090,287	2,090,287	
0399999 TOTAL Gross Payables	X X X	2,090,287	2,090,287	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	25,489,810	11.510	45,102	55.106	25,489,810	
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	25,489,810	11.510	45,102	55.106	25,489,810	
Other Payments:						
5. Fee-for-service	27,988,320	12.638	X X X	X X X		27,988,320
6. Contractual fee payments	167,977,174	75.852	X X X	X X X	12,589,219	155,387,955
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	195,965,494	88.490	X X X	X X X	12,589,219	183,376,275
13. TOTAL (Line 4 plus Line 12)	221,455,304	100.000	X X X	X X X	38,079,029	183,376,275

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 4805

NAIC Company Code 77216

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	79,816	5,330	29,180	1,120		8,181	1,354			34,651
2. First Quarter	79,690	5,277	28,460	1,148		8,070	1,269			35,466
3. Second Quarter	80,680	5,320	28,397	1,165		8,051	1,254			36,493
4. Third Quarter	81,529	5,360	29,175	1,189		7,971	1,233			36,601
5. Current Year	81,846	5,200	29,452	1,211		8,028	1,211			36,744
6. Current Year Member Months	970,990	63,596	345,352	14,072		96,324	15,023			436,623
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	147,662	23,790	114,390				9,482			
8. Non-Physician	286,107	49,439	216,948				19,720			
9. TOTAL	433,769	73,229	331,338				29,202			
10. Hospital Patient Days Incurred	11,545	1,852	8,473				1,220			
11. Number of Inpatient Admissions	2,251	313	1,794				144			
12. Health Premiums Written (b)	241,882,975	39,982,782	161,536,371	2,481,956		2,414,858	12,792,701			22,674,306
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	241,882,975	39,982,782	161,536,371	2,481,956		2,414,858	12,792,701			22,674,306
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	221,455,304	31,470,981	157,392,799	1,952,776		1,731,728	11,044,509			17,862,512
18. Amount Incurred for Provision of Health Care Services	237,562,726	34,837,022	167,530,030	1,952,776		1,770,509	11,238,925			20,233,464

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4805

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 77216

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	79,816	5,330	29,180	1,120		8,181	1,354			34,651
2. First Quarter	79,690	5,277	28,460	1,148		8,070	1,269			35,466
3. Second Quarter	80,680	5,320	28,397	1,165		8,051	1,254			36,493
4. Third Quarter	81,529	5,360	29,175	1,189		7,971	1,233			36,601
5. Current Year	81,846	5,200	29,452	1,211		8,028	1,211			36,744
6. Current Year Member Months	970,990	63,596	345,352	14,072		96,324	15,023			436,623
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	147,662	23,790	114,390				9,482			
8. Non-Physician	286,107	49,439	216,948				19,720			
9. TOTAL	433,769	73,229	331,338				29,202			
10. Hospital Patient Days Incurred	11,545	1,852	8,473				1,220			
11. Number of Inpatient Admissions	2,251	313	1,794				144			
12. Health Premiums Written (b)	241,882,975	39,982,782	161,536,371	2,481,956		2,414,858	12,792,701			22,674,306
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	241,882,975	39,982,782	161,536,371	2,481,956		2,414,858	12,792,701			22,674,306
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	221,455,304	31,470,981	157,392,799	1,952,776		1,731,728	11,044,509			17,862,512
18. Amount Incurred for Provision of Health Care Services	237,562,726	34,837,022	167,530,030	1,952,776		1,770,509	11,238,925			20,233,464

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
16325	82-6483792	01/01/2018	CANTON REGIONAL CHAMBER HEALTH FUND	OH	SSL/G	CMM	27,643,088				4,432,521	
0899999	Subtotal - Non-Affiliates - U.S. Non-Affiliates						27,643,088				4,432,521	
1099999	Total - Non-Affiliates						27,643,088				4,432,521	
1199999	Total U.S. (Sum of 0399999 and 0899999)						27,643,088				4,432,521	
9999999	Total (Sum of 0799999 and 1099999)						27,643,088				4,432,521	

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	449,933	429,800
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive					449,933	429,800
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					449,933	429,800
1899999 Total - Accident and Health - Affiliates					449,933	429,800
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
38636	13-3031176	01/01/2010	PARTNER REINS CO OF THE US	NY	(897,403)	
82627	06-0839705	01/01/2021	SWISS RE LIFE & HLTH AMER INC	MO	675,096	644,700
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					(222,307)	644,700
2199999 Total - Accident and Health - Non-Affiliates					(222,307)	644,700
2299999 Total - Accident and Health					227,626	1,074,500
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					(222,307)	644,700
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					449,933	429,800
9999999 Total (Sum of 1199999 and 2299999)					227,626	1,074,500

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Other													
38636	13-3031176	04/01/2008	PARTNER REINS CO OF THE US	NY	SSL/I	SLEL							
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/I	SLEL	150,087						
38636	13-3031176	04/01/2008	PARTNER REINS CO OF THE US	NY	SSL/G	SLEL							
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/G	SLEL	3,578,132						
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/I	SLEL	585,719						
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/G	SLEL	6,741,519						
0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other							11,055,457						
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total							11,055,457						
0799999 Total - General Account - Authorized - Affiliates							11,055,457						
1199999 Total - General Account - Authorized							11,055,457						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
General Account - Unauthorized - Affiliates - Non-U.S. - Captive													
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/I	SLEL	443,264						
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/G	SLEL	3,175,262						
1599999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive							3,618,526						
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total							3,618,526						
1899999 Total - General Account - Unauthorized - Affiliates							3,618,526						
2299999 Total - General Account - Unauthorized							3,618,526						
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
3999999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							14,673,982						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5199999 Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6299999 Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7399999 Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8499999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							11,055,457						
9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							3,618,526						
9999999 Total (Sum of 4599999 and 9099999)							14,673,982						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
00000	AA-3770278	01/01/2015	McKinley Assur Spc		879,733		879,733							
1599999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive					879,733		879,733		X X X					
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total					879,733		879,733		X X X					
1899999 Total - General Account - Accident and Health - Affiliates					879,733		879,733		X X X					
2299999 Total - General Account - Accident and Health					879,733		879,733		X X X					
2399999 Total - General Account					879,733		879,733		X X X					
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									X X X					
3099999 Total - Separate Accounts - Affiliates									X X X					
3499999 Total - Separate Accounts									X X X					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					879,733		879,733		X X X					
9999999 Total (Sum of 2399999 and 3499999)					879,733		879,733		X X X					

(a)

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

SCHEDULE S - PART 5

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

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

(a)

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

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	14,674	13,031	13,220	12,674	10,744
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	228	4,153	3,342	6,916	1,255
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)			1,630	2,488	
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)		4,518			
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	81,569,566		81,569,566
2. Accident and health premiums due and unpaid (Line 15)	5,877,778		5,877,778
3. Amounts recoverable from reinsurers (Line 16.1)	227,626		227,626
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	7,236,364		7,236,364
6. TOTAL Assets (Line 28)	94,911,334		94,911,334
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	28,224,565		28,224,565
8. Accrued medical incentive pool and bonus payments (Line 2)	147,355		147,355
9. Premiums received in advance (Line 8)	3,998,859		3,998,859
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	10,314,000		10,314,000
15. TOTAL Liabilities (Line 24)	42,684,779		42,684,779
16. TOTAL Capital and Surplus (Line 33)	52,226,555	X X X	52,226,555
17. TOTAL Liabilities, Capital and Surplus (Line 34)	94,911,334		94,911,334
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4805		00000	34-1445390				Aultman Health Foundation	US	UIP	Self	Board of Directors		Aultman Health Foundation	No	
		00000	34-0714538				Aultman Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		77216	34-1624818				AultCare Insurance Company	US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1488123				AultCare Corporation	US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	No	0000001
		00000	20-0090246				West Tuscarawas Property Management, LLC	US	DS	AultCare Insurance Company & AultCare Health Insurance Corp & Aultman Hospital	Ownership	94.0	Aultman Health Foundation	No	
		00000	34-1795772				McKinley Life Insurance Agency, Ltd.	US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	20-4951704				Aultra Administrative Group	US	IA	AultCare Holding Company	Management		Aultman Health Foundation	No	
		00000	27-4379962				AultComp MCO, Inc.	US	NIA	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1853300				Ohio Specialty Physician's Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	CYM	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	20-1359433				Aultman College of Nursing and Health Sciences	US	NIA	Aultman Hospital	Ownership	100.0	Aultman Health Foundation	No	
		00000	31-1509904				Aultman MSO, Inc.	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	20-8090459				The Aultman Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	31-1509897				Ohio Physicians Professional Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1610344				North Central Medical Resources	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1871647				Ohio Hospital Based Physician Corporation	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	31-1689698				Tuscarawas Valley Regional Cancer Center	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Health Foundation	No	0000002
		00000	13-4246188				Aultman Specialty Hospital, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1243260				Canton Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	No	0000003
4805		15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1088530				Aultman North Canton Medical	US	NIA	Aultman Health Foundation	Ownership, Board of Directors		Aultman Health Foundation	No	
		00000	34-0733138				The Orville Hospital Foundation	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	45-3166014				Aultman Medical Group, Inc	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	47-1165287				AultCare Holding Company	US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	47-3587655				MainSite ASO, LLC	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1501390				Wayne Health Service and Supplies, Inc	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	46-4625320				Integrated Health Collaborative	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	45-4215510				Aultman Oncology Center of Excellence	US	NIA	Other	Ownership, Other		Aultman Health Foundation	No	
		00000	46-2540184				Aultman Orthopedic Center of Excellence	US	NIA	Other	Ownership, Other		Aultman Health Foundation	No	
		00000	81-1342957				The Midwest Health Collaborative	US	NIA	Other	Other		Aultman Health Foundation	No	0000004
		00000	45-1731318				IHN Sourcing Group	US	NIA	Other	Other		AULTman Health Foundation	No	
		00000	81-0847842				Aultman Innovations, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-0714581				Alliance Community Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	26-3646817				Alliance Community Medical Foundation	US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1531993				Health Alliance, Inc	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1609338				Dasco/Alliance, Ltd DBA DASCO Home Medical	US	NIA	Health Alliance, Inc.	Ownership	100.0	Aultman Health Foundation	No	
		00000	84-4874605				Aultman Now Urgent Care	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	84-2848226				Aultman Deuble Heart & Vascualr Hospital	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	85-1242075				AultPlan, LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 77216 ..	.. 34-1624818 ..	AULTCARE INS CO .....	.....	.....	.....	.....	.. (26,930,869) ..	.....	.....	..... 2,880,003 ..	.. (24,050,866) ..	..... 449,933 ..
.. 15461 ..	.. 46-3305099 ..	AULTCARE HLTH INSURING CORP .....	.....	.....	.....	.....	.....	.....	.....	..... 550,156 ..	..... 550,156 ..	.....
.. 00000 ..	.. AA-3770278 ..	McKinley Assur Spc .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	..... (449,933) ..
.. 00000 ..	.. 47-1165287 ..	AultCare Holding Company .....	.....	.....	.....	.....	..... 130,322 ..	.....	.....	.....	..... 130,322 ..	.....
.....	.. 34-1445390 ..	Aultman Health Foundation .....	.....	.....	.....	.....	..... 1,427,301 ..	.....	.....	.....	..... 1,427,301 ..	.....
.....	.. 34-1488123 ..	AultCare Corporation .....	.....	.....	.....	.....	..... 25,373,246 ..	.....	.....	..... (3,430,159) ..	..... 21,943,087 ..	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	0	.....

Schedule Y Part 2 Explanation:

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
AultCare Health Insuring Corporation AultCare Insurance Company	Aultman Health Foundation Aultman Health Foundation	100.0% 100.0%	No No	Aultman Health Foundation Aultman Health Foundation	Aultman Health Foundation Group Aultman Health Foundation Group	100.0% 100.0%	No No

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

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

MARCH FILING

- | | |
|--|-----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | Yes |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | No |
|--|----|

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - April



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LHA Guaranty Association Reconciliation



77216202129000000

2021

Document Code: 290

Management's Report of Internal Control over Financial Reporting



77216202122300000

2021

Document Code: 223

OVERFLOW PAGE FOR WRITE-INS

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	
0604.
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2021
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 4805
 Address (City, State and Zip Code): Canton, OH 44710
 Person Completing This Exhibit: Jeffrey Alan Scheatzle
 Title: Director of Finance

NAIC Company Code: 77216
 Telephone Number: (330)363-4057-

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019, 2020, 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Total Experience on Individual Policies																	
N/A		A	Yes	3,4	06/03/2010				PRIMETIME Choices				3,686	707	19.2	2	
N/A		F	Yes	3,4	06/03/2010				PRIMETIME Choices				1,384,635	1,025,994	74.1	534	
N/A		M	Yes	3,4	06/03/2010				PRIMETIME Choices				28,107	6,448	22.9	32	
N/A		N	Yes	3,4	06/03/2010				PRIMETIME Choices				18,619	15,252	81.9	9	
N/A		G	Yes	3,4	06/03/2010				PRIMETIME Choices				1,053,863	904,374	85.8	639	
???		???															
0199999 Total Experience on Individual Policies													2,488,910	1,952,776	78.5	1,216	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 2600 Sixth Street SW, Canton OH 44710
 - Contact Person and Phone Number: Michael Scheetz (800)344-8858
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: 2600 Sixth Street SW, Canton OH 44710
 - Contact Person and Phone Number: Michael Scheetz (800)344-8858
- Explain any policies identified above as policy type "O":

Supp360 Ohio