15461202220100100 2022 Document Code: 201

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

AultCare Health Insuring Corporation

NAIC Group Code 4805 (Current Period), 4805 (Prior Period) 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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

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 (City or Town, State, Country and Zip Code) (330)363-4057 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 2600 Sixth Street SW (Street and Number)
Canton, OH, 44710 (City or Town, State, Country and Zip Code) (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
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.
Joseph J. Feltes Esq.
Todd Hawke
Gregory A. Haban M.D.
Rick L. Haines
Mark D. Wright
Darryl J. Dillenback
Barbara Hammontree-Bennett
John Westerbeck M.D.

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)	(Signature)	(Signature)
James R. Savage	Rick L. Haines	Mark D. Wright
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Executive Vice President	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2023

a. Is this an original filing? Yes[X] No[ ]
b. If no: 1. State the amendment number
2. Date filed 04/01/2023
3. Number of pages attached

(Notary Public Signature)

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION: AultCare Health Insuring Corporation 2. LOCATION: Canton, OH 44710

15461202221636100 2022 Document Code: 216

NAIC Group Code 4805 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 15461

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)										191,706,640			191,706,640	XXX	191,706,640
1.2 Federal high risk pools														XXX	
1.3 State high risk pools														XXX	
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)										191,706,640			191,706,640	XXX	191,706,640
1.5 Federal taxes and federal assessments										(334,885)			(334,885)		(334,885)
1.6 State insurance, premium and other taxes (Similar local taxes of $.....0)															
1.6A Community Benefit Expenditures (informational only)															
1.7 Regulatory authority licenses and fees										158,776			158,776		158,776
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)										191,882,750			191,882,750	XXX	191,882,750
1.9 Net assumed less ceded reinsurance premiums earned										(426,928)			(426,928)	XXX	(426,928)
1.10 Other adjustments due to MLR calculations - Premiums														XXX	
1.11 Risk Revenue														XXX	
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)										191,455,822			191,455,822	XXX	191,455,822
2. Claims:															
2.1 Incurred claims excluding prescription drugs										142,957,420			142,957,420	XXX	142,957,420
2.2 Prescription drugs										31,460,903			31,460,903	XXX	31,460,903
2.3 Pharmaceutical rebates										12,112,891			12,112,891	XXX	12,112,891
2.4 State stop-loss, market stabilization and claim/census based assessments (informational only)														XXX	
3. Incurred medical incentive pools and bonuses										2,219,683			2,219,683	XXX	2,219,683
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.0 TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)										164,525,115			164,525,115	XXX	164,525,115
5.1 Net assumed less ceded reinsurance claims incurred										262,665			262,665	XXX	262,665
5.2 Other adjustments due to MLR calculations - Claims														XXX	
5.3 Rebates Paid										XXX	XXX			XXX	
5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
5.5 Estimated rebates unpaid current year										XXX	XXX			XXX	
5.6 Fee for service and co-pay revenue														XXX	
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)										164,787,780			164,787,780	XXX	164,787,780
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes										459,464			459,464		459,464
6.2 Activities to prevent hospital readmissions										294,926			294,926		294,926
6.3 Improve patient safety and reduce medical errors										148,098			148,098		148,098
6.4 Wellness and health promotion activities										286,668			286,668		286,668
6.5 Health Information Technology expenses related to health improvement										381,933			381,933		381,933
6.6 TOTAL of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)										1,571,090			1,571,090		1,571,090
7. Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 - Footnote 2.0) / Line 1.8										XXX	XXX		XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6										1,506,776			1,506,776		1,506,776
8.2 All other claims adjustment expenses										1,198,324			1,198,324		1,198,324
8.3 TOTAL Claims adjustment expenses (Lines 8.1 + 8.2)										2,705,100			2,705,100		2,705,100
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)										0.014			XXX	XXX	XXX

Supp216.1 Ohio

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

(To Be Filed by April 1 - Not for Rebate Purposes)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1	2	3	4	5	6	7	8							
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 thru 12)	Uninsured Plans	Total (Cols. 13 + 14)
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits										219,402			219,402		219,402
10.2 Agents and brokers fees and commissions										1,122,780			1,122,780		1,122,780
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)										648,151			648,151		648,151
10.4 Other general and administrative expenses										23,765,843			23,765,843		23,765,843
10.4A Community Benefit Expenditures (informational only)															
10.5 TOTAL General and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)										25,756,176			25,756,176		25,756,176
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)										(3,364,323)			(3,364,323)	XXX	(3,364,323)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(3,364,323)	XXX	(3,364,323)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)															
16A. ICD-10 Implementation Expenses (informational only: already included in Line 10.4)															
OTHER INDICATORS:															
1. Number of Certificates / Policies										14,507			14,507		14,507
2. Number of Covered Lives										14,507			14,507		14,507
3. Number of Groups	XXX			XXX						20			20		20
4. Member Months										175,698			175,698		175,698

(a) Is run off business reported in Columns 1 through 9 or 12? Yes[ ] No[X]
(b) If yes, show the amount of premiums and claims included: Premiums $.....0 Claims $.....0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)				
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims		XXX		XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received				
6.2 Rate credits or policy experience refunds paid				

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: AultCare Health Insuring Corporation 2. LOCATION: Canton, OH 44710

NAIC Group Code 4805 **BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022** **NAIC Company Code 15461**

		Business Subject to MLR								9	10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						
		1	2	3	4	5	6	7	8					
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (Excluded by Statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1.	Health Premiums Earned:													
1.1	Direct premiums written										191,706,640			191,706,640
1.2	Unearned premium prior year													
1.3	Unearned premium current year													
1.4	Change in unearned premium (Lines 1.2 - 1.3)													
1.5	Paid rate credits													
1.6	Reserve for rate credits current year													
1.7	Reserve for rate credits prior year													
1.8	Change in reserve for rate credits (Lines 1.6 - 1.7)													
1.9	Premium balances written off													
1.10	Group conversion charges													
1.11	TOTAL Direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)										191,706,640			191,706,640
1.12	Assumed premiums earned from non-affiliates													
1.13	Net assumed less ceded premiums earned from affiliates													
1.14	Ceded premiums earned to non-affiliates										426,928			426,928
1.15	Other adjustments due to MLR calculation - Premiums													
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)										191,279,713			191,279,713
2.	Direct Claims Incurred:													
2.1	Paid claims during the year										162,101,635			162,101,635
2.2	Direct claim liability current year										12,916,128			12,916,128
2.3	Direct claim liability prior year										11,332,089			11,332,089
2.4	Direct claim reserves current year													
2.5	Direct claim reserves prior year													
2.6	Direct contract reserves current year													
2.7	Direct contract reserves prior year													
2.8	Paid rate credits													
2.9	Reserve for rate credits current year													
2.10	Reserve for rate credits prior year													
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)										2,219,683			2,219,683
	2.11A Paid medical incentive pools and bonuses current year										2,410,691			2,410,691
	2.11B Accrued medical incentive pools and bonuses current year										600,000			600,000
	2.11C Accrued medical incentive pools and bonuses prior year										791,008			791,008
2.12	Net healthcare receivables (Lines 2.12a - 2.12b)										1,380,242			1,380,242
	2.12A Healthcare receivables current year										4,908,450			4,908,450
	2.12B Healthcare receivables prior year										3,528,208			3,528,208
2.13	Group conversion charge													
2.14	Multi-option coverage blended rate adjustment													
2.15	TOTAL Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)										164,525,115			164,525,115
2.16	Assumed Incurred Claims from non-affiliates													
2.17	Net Assumed less Ceded Incurred Claims from affiliates													
2.18	Ceded Incurred Claims to non-affiliates										(262,665)			(262,665)
2.19	Other Adjustments due to MLR calculation - Claims													
2.20	Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)										164,787,780			164,787,780
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

(a) Column 13, Line 1.1 includes direct written premium of $.....0 for stand-alone dental and $.....0 for stand-alone vision policies.

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed By April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION: AultCare Health Insuring Corporation 2. LOCATION: Canton, OH 44710

NAIC Group Code 4805 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 15461

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including $.....0 for affiliated services)										
1.2	Outsourced services										
1.3	EDP Equipment and Software (incl $.....0 for affiliated services)										
1.4	Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
1.5	Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
1.6	Other Expenses (incl $.....0 for affiliated services)										
1.7	Subtotal before reimbursements and taxes (Lines 1.1 to 1.6)										
1.8	Reimbursements by uninsured plans and fiscal intermediaries										
1.9	Taxes, licenses and fes (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
1.10	TOTAL (Lines 1.7 to 1.9)										
1.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including $.....0 for affiliated services)										
2.2	Outsourced services										
2.3	EDP Equipment and Software (incl $.....0 for affiliated services)										
2.4	Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
2.5	Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
2.6	Other Expenses (incl $.....0 for affiliated services)										
2.7	Subtotal before reimbursements and taxes (Lines 2.1 to 2.6)										
2.8	Reimbursements by uninsured plans and fiscal intermediaries										
2.9	Taxes, licenses and fes (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2.10	TOTAL (Lines 2.7 to 2.9)										
2.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including $.....0 for affiliated services)										
3.2	Outsourced services										
3.3	EDP Equipment and Software (incl $.....0 for affiliated services)										
3.4	Other Equipment (excluding EDP) (incl $.....0 for affiliated services)										
3.5	Accreditation and Certification (incl $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
3.6	Other Expenses (incl $.....0 for affiliated services)										
3.7	Subtotal before reimbursements and taxes (Lines 3.1 to 3.6)										
3.8	Reimbursements by uninsured plans and fiscal intermediaries										
3.9	Taxes, licenses and fes (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3.10	TOTAL (Lines 3.7 to 3.9)										
3.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed By April 1 - Not for Rebate Purposes)

All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses										
4.1	Salaries (including $.....0 for affiliated services)										
4.2	Outsourced services										
4.3	EDP equipment and software (including $.....0 for affiliated services)										
4.4	Other equipment (excluding EDP) (including $.....0 for affiliated services)										
4.5	Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
4.6	Other expenses (including $.....0 for affiliated services)										
4.7	Subtotal before reimbursements and taxes (Lines 4.1 to 4.6)										
4.8	Reimbursements by uninsured plans and fiscal intermediaries										
4.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4.10	TOTAL (Lines 4.7 to 4.9)										
4.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
5.	Small Group Mini-Med Plans Expenses										
5.1	Salaries (including $.....0 for affiliated services)										
5.2	Outsourced services										
5.3	EDP Equipment and Software (including $.....0 for affiliated services)										
5.4	Other equipment (excluding EDP) (including $.....0 for affiliated services)										
5.5	Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
5.6	Other expenses (including $.....0 for affiliated services)										
5.7	Subtotal before reimbursements and taxes (Lines 5.1 to 5.6)										
5.8	Reimbursements by uninsured plans and fiscal intermediaries										
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
5.10	TOTAL (Lines 5.7 to 5.9)										
5.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
6.	Large Group Mini-Med Plans Expenses										
6.1	Salaries (including $.....0 for affiliated services)										
6.2	Outsourced services										
6.3	EDP equipment and software (including $.....0 for affiliated services)										
6.4	Other equipment (excluding EDP) (including $.....0 for affiliated services)										
6.5	Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
6.6	Other expenses (including $.....0 for affiliated services)										
6.7	Subtotal before reimbursements and taxes (Lines 6.1 to 6.6)										
6.8	Reimbursements by uninsured plans and fiscal intermediaries										
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
6.10	TOTAL (Lines 6.7 to 6.9)										
6.11	TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed By April 1 - Not for Rebate Purposes)

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (Cols. 6 to 9)
7. Small Group Expatriate Plans Expenses										
7.1 Salaries (including $.....0 for affiliated services)										
7.2 Outsourced services										
7.3 EDP equipment and software (including $.....0 for affiliated services)										
7.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
7.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
7.6 Other expenses (including $.....0 for affiliated services)										
7.7 Subtotal before reimbursements and taxes (Lines 7.1 to 7.6)										
7.8 Reimbursements by uninsured plans and fiscal intermediaries										
7.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10 TOTAL (Lines 7.7 to 7.9)										
7.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
8. Large Group Expatriate Plans Expenses										
8.1 Salaries (including $.....0 for affiliated services)										
8.2 Outsourced services										
8.3 EDP equipment and software (including $.....0 for affiliated services)										
8.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
8.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
8.6 Other expenses (including $.....0 for affiliated services)										
8.7 Subtotal before reimbursements and taxes (Lines 8.1 to 8.6)										
8.8 Reimbursements by uninsured plans and fiscal intermediaries										
8.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10 TOTAL (Lines 8.7 to 8.9)										
8.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
9. Student Health Plans Expenses										
9.1 Salaries (including $.....0 for affiliated services)										
9.2 Outsourced services										
9.3 EDP equipment and software (including $.....0 for affiliated services)										
9.4 Other equipment (excluding EDP) (including $.....0 for affiliated services)										
9.5 Accreditation and certification (including $.....0 for affiliated services)		XXX	XXX	XXX	XXX					
9.6 Other expenses (including $.....0 for affiliated services)										
9.7 Subtotal before reimbursements and taxes (Lines 9.1 to 9.6)										
9.8 Reimbursements by uninsured plans and fiscal intermediaries										
9.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10 TOTAL (Lines 9.7 to 9.9)										
9.11 TOTAL fraud and abuse detection/recovery expenses included in Column 7 (informational only)										