



77216202220100100

2022

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ended DECEMBER 31, 2022**  
**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
Joseph J. Feltes Esq.	Barbara Hammontree-Bennett
Todd Hawke	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)  
 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                   , 2023

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[ ]

03/01/2023

(Notary Public Signature)

**DIRECTORS OR TRUSTEES (continued)**

Richard V. Maggiore

## 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 Group subscriber subtotal .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	6,001,516	167,255	2,976	.....	.....	6,171,746
0299999 TOTAL Group .....	6,001,516	167,255	2,976	.....	.....	6,171,746
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) .....	6,001,516	167,255	2,976	.....	.....	6,171,746

## 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
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	3,886,419	.....	.....	2,518,620	2,518,620	3,886,419
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	3,886,419	.....	.....	2,518,620	2,518,620	3,886,419
0299998 Claim Overpayment Receivables - Not Individually Listed .....	8,144	.....	.....	.....	.....	8,144
0299999 Subtotal - Claim Overpayment Receivables .....	8,144	.....	.....	.....	.....	8,144
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 .....	6,012,917	.....	.....	2,518,620	2,518,620	6,012,917

## 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 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables .....	8,295,232	8,380,781		6,405,039	8,295,232	5,337,252
2. Claim overpayment receivables .....	130,930	(78,363)		8,144	130,930	
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....	2,118,354			2,118,354	2,118,354	2,118,354
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	10,544,516	8,302,418		8,531,538	10,544,516	7,455,606

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 .....						31,873,048
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						31,873,048
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						250,000

## 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
0299999 Receivables not individually listed .....	62,076					62,076	
0399999 TOTAL Gross Amounts Receivable .....	62,076					62,076	

## 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 .....	XXX .....	2,770,851	2,770,851	.....
0399999 TOTAL Gross Payables .....	XXX .....	2,770,851	2,770,851	.....

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	25,126,216	10.956	42,572	53.474	25,126,216	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	25,126,216	10.956	42,572	53.474	25,126,216	.....
<b>Other Payments:</b>						
5. Fee-for-service .....	24,310,099	10.600	XXX .....	XXX .....	.....	24,310,099
6. Contractual fee payments .....	179,906,699	78.444	XXX .....	XXX .....	12,989,142	166,917,557
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX .....	XXX .....	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX .....	XXX .....	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX .....	XXX .....	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX .....	XXX .....	.....	.....
11. All other payments .....	.....	.....	XXX .....	XXX .....	.....	.....
12. TOTAL Other Payments .....	204,216,798	89.044	XXX .....	XXX .....	12,989,142	191,227,656
13. TOTAL (Line 4 plus Line 12) .....	229,343,014	100.000	XXX .....	XXX .....	38,115,358	191,227,656

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....	.....	.....	.....	.....	.....
<b>N O N E</b>					
9999999 TOTALS .....					
.....	.....	XXX .....	XXX .....	XXX .....	XXX .....

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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## 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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year	81,846	5,200	29,452	1,211		8,028	1,211							36,744
2. First Quarter	81,170	5,364	28,781	1,266		7,810	1,100							36,849
3. Second Quarter	81,297	5,288	29,158	1,323		7,709	1,086							36,733
4. Third Quarter	80,569	5,106	28,372	1,389		7,569	1,073							37,060
5. Current Year	79,612	4,962	27,843	1,440		7,286	1,041							37,040
6. Current Year Member Months	970,156	62,816	342,924	16,072		91,572	12,996							443,776
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician	151,229	24,151	118,106				8,972							
8. Non-Physician	297,129	51,520	227,065				18,544							
9. TOTAL	448,358	75,671	345,171				27,516							
10. Hospital Patient Days Incurred	12,013	1,761	9,114				1,138							
11. Number of Inpatient Admissions	2,209	320	1,758				131							
12. Health Premiums Written (b)	249,587,211	38,425,882	166,724,147	2,891,739		2,196,419	11,428,905							27,920,119
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	249,587,211	38,425,882	166,724,147	2,891,739		2,196,419	11,428,905							27,920,119
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	229,343,014	32,386,824	156,603,216	2,483,105		1,633,869	10,722,618							25,513,383
18. Amount Incurred for Provision of Health Care Services	247,133,280	34,705,015	164,319,193	2,483,105		1,592,659	11,126,872							32,906,435

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



2022

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 77216

NAIC Group Code 4805

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
<b>TOTAL Members at end of:</b>														
1. Prior Year	81,846	5,200	29,452	1,211		8,028	1,211							36,744
2. First Quarter	81,170	5,364	28,781	1,266		7,810	1,100							36,849
3. Second Quarter	81,297	5,288	29,158	1,323		7,709	1,086							36,733
4. Third Quarter	80,569	5,106	28,372	1,389		7,569	1,073							37,060
5. Current Year	79,612	4,962	27,843	1,440		7,286	1,041							37,040
6. Current Year Member Months	970,156	62,816	342,924	16,072		91,572	12,996							443,776
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician	151,229	24,151	118,106				8,972							
8. Non-Physician	297,129	51,520	227,065				18,544							
9. TOTAL	448,358	75,671	345,171				27,516							
10. Hospital Patient Days Incurred	12,013	1,761	9,114				1,138							
11. Number of Inpatient Admissions	2,209	320	1,758				131							
12. Health Premiums Written (b)	249,587,211	38,425,882	166,724,147	2,891,739		2,196,419	11,428,905							27,920,119
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	249,587,211	38,425,882	166,724,147	2,891,739		2,196,419	11,428,905							27,920,119
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	229,343,014	32,386,824	156,603,216	2,483,105		1,633,869	10,722,618							25,513,383
18. Amount Incurred for Provision of Health Care Services	247,133,280	34,705,015	164,319,193	2,483,105		1,592,659	11,126,872							32,906,435

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>Non-Affiliates - U.S. Non-Affiliates</b>												
16325	82-6483792	01/01/2018	CANTON REGIONAL CHAMBER HEALTH FUND	OH	SSL/G	CMM	28,886,305				4,432,521	
0899999	Subtotal - Non-Affiliates - U.S. Non-Affiliates						28,886,305				4,432,521	
1099999	Total - Non-Affiliates						28,886,305				4,432,521	
1199999	Total U.S. (Sum of 0399999 and 0899999)						28,886,305				4,432,521	
9999999	Total (Sum of 0799999 and 1099999)						28,886,305				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
<b>Accident and Health - Affiliates - Non-U.S. - Captive</b>						
00000 ....	AA-3770278 ....	01/01/2015	McKinley Assur Spc .....	CYM ....	1,243,049	426,720
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive .....						
<b>Accident and Health - Affiliates - Non-U.S. - Other</b>						
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other .....						
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total .....						
1899999 Total - Accident and Health - Affiliates .....						
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
82627 ....	06-0839705 ....	01/01/2021	SWISS RE LIFE & HLTH AMER INC .....	MO ....	1,982,679	640,080
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....						
2199999 Total - Accident and Health - Non-Affiliates .....						
2299999 Total - Accident and Health .....						
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....						
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						
9999999 Total (Sum of 1199999 and 2299999) .....						

## 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		
<b>General Account - Authorized - Affiliates - U.S. - Other</b>													
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/I	SLEL	148,317						
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/G	SLEL	3,599,661						
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/I	SLEL	604,579						
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/G	SLEL	7,094,719						
0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other								11,447,275					
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total								11,447,275					
0799999 Total - General Account - Authorized - Affiliates								11,447,275					
1199999 Total - General Account - Authorized								11,447,275					
<b>General Account - Unauthorized - Affiliates - Non-U.S. - Captive</b>													
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/I	SLEL	624,689						
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/G	SLEL	4,212,645						
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/I	SLEL							
00000	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	SSL/G	SLEL							
1599999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Captive								4,837,334					
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total								4,837,334					
1899999 Total - General Account - Unauthorized - Affiliates								4,837,334					
2299999 Total - General Account - Unauthorized								4,837,334					
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified								16,284,609					
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)								11,447,275					
9299999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999 )								4,837,334					
9999999 Total (Sum of 4599999 and 9099999)								16,284,609					

## SCHEDULE S - PART 4

### Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
<b>General Account - Accident and Health - Affiliates - Non-U.S. - Captive</b>														
00000	AA-3770278	01/01/2015	McKinley Assur Spc		1,669,769		1,669,769							
00000	AA-3770278	01/01/2015	McKinley Assur Spc											
1599999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive					1,669,769		1,669,769		XXX					
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total					1,669,769		1,669,769		XXX					
1899999 Total - General Account - Accident and Health - Affiliates					1,669,769		1,669,769		XXX					
2299999 Total - General Account - Accident and Health					1,669,769		1,669,769		XXX					
2399999 Total - General Account					1,669,769		1,669,769		XXX					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					1,669,769		1,669,769		XXX					
9999999 Total (Sum of 2399999 and 3499999)					1,669,769		1,669,769		XXX					

(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 NAIC Company Code	2 ID	3 Effective Date	4 Name of Reinsurer	5 Domi- niliary Juris- diction	6 Certified Reinsurer	7 Effective Date of Certified Reinsurer	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve	10 Paid and Unpaid Losses	11 Credit Taken	12 Total Recoverable /Reserve Credit Taken	13 Miscellaneous	14 Net Obligation Subject to Collateral	15 Dollar Amount of Collateral Required for Full Credit	Collateral						23 Percent of Collateral Provided for Net Obligation	24 Percent Credit Allowed on Net Obligation Subject to Collateral	25 Amount of Credit Allowed With Certified Reinsurers Due to Collateral	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Cols. 14 - 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit Trust	18 Issuing or Confirming Bank	19 Reference Number (a)	20 Funds Deposited by and Withheld	21 Trust Agreements	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
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 2022	2 2021	3 2020	4 2019	5 2018
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	16,285	14,674	13,031	13,220	12,674
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	3,226	228	4,153	3,342	6,916
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 .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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		
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	72,642,563		72,642,563
2. Accident and health premiums due and unpaid (Line 15) .....	6,929,791		6,929,791
3. Amounts recoverable from reinsurers (Line 16.1) .....	3,225,727		3,225,727
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	10,323,359		10,323,359
6. <b>TOTAL Assets (Line 28)</b> .....	<b>93,121,441</b>		<b>93,121,441</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	30,806,248		30,806,248
8. Accrued medical incentive pool and bonus payments (Line 2) .....	250,000		250,000
9. Premiums received in advance (Line 8) .....	4,220,374		4,220,374
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) .....	15,307,415		15,307,415
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>50,584,037</b>		<b>50,584,037</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>42,537,403</b>	X X X	<b>42,537,403</b>
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>93,121,440</b>		<b>93,121,440</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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. <b>TOTAL Ceded Reinsurance Recoverables</b> .....			
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. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....			
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....			

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

States, Etc.	Direct Business only					
	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) .....	.....	<b>N O N E</b>		.....	.....	.....
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 .....	.....	.....	.....	.....	.....	.....

## 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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		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 Hospital	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				Canon Medical Education Foundation	US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	No	0000003
		15461	46-3305099				AultCare Health Insuring Corporation	US	UDP	AultCare Holding Company	Ownership	100.0	Aultman Hospital	No	
		00000	34-1088530				Aultman North Canton Medical Group	US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	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				MainSight ASO, LLC	US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	46-4625320				Integrated Health Collaborative LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	45-4215510				Aultman Oncology Center of Excellence LLC	US	NIA	Other	Ownership	100.0	Aultman Health Foundation	No	
		00000	46-2540184				Aultman Orthopedic Center of Excellence LLC	US	NIA	Other	Ownership, Other		Aultman Health Foundation	No	
		00000	45-1731318				IHN Sourcing Group	US	NIA	Other	Ownership, 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 LLC	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	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 & Vascular Hospital	US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	85-1242075				AultPlan LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	87-1559540				Aultman Cancer Center LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	87-4146836				IHC Quality Partners LLC	US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1884059				Alliance Health Partners	US	NIA	Other	Other	100.0	Aultman Health Foundation	No	

# SCHEDULE Y

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

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Rela-tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.....	.....	00000	.....	.....	.....	The Independent Health Network .....	US .. NIA ..	Aultman Health Foundation .....	.....	.....	100.0	Aultman Health Foundation .....	.....	No ..	.....

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	The Independent Hospital Network is a not for profit organization that is comprised of Aultman Hospital, Aultman Orville and Alliance Community Hospital are affiliates of AHF .....
0000006	IHN Sourcing Group is a not for profit collaborative between Aultman Hospital, Union Hospital, Alliance Community Hospital, Pomerene Hospital and Aultman Orville Hospital .....
0000007	Aultman Oncology Center of Excellence, LLC is owned Aultman Hospital and community oncologists .....
0000008	Aultman Orthopedic Center of Excellence, LLC is owned by Aultman Hospital and community orthopedic surgeons .....

## SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)	
77216	34-1624818	AULTCARE INS CO .....						(17,901,744)			1,338,078	(16,563,666)	1,243,049
15461	46-3305099	AULTCARE HLTH INSURING CORP .....									(1,338,078)	(1,338,078)	
00000	AA-3770278	McKinley Assur Spc .....											(1,243,049)
00000	47-1165287	AultCare Holding Company .....						(2,193,842)				(2,193,842)	
	34-1445390	Aultman Health Foundation .....						1,844,960				1,844,960	
	34-1488123	AultCare Corporation .....						18,250,626				18,250,626	
77216	34-1624818	AULTCARE INS CO .....											
15461	46-3305099	AULTCARE HLTH INSURING CORP .....											
00000	AA-3770278	McKinley Assur Spc .....											
00000	47-1165287	AultCare Holding Company .....											
	34-1445390	Aultman Health Foundation .....											
	34-1488123	AultCare Corporation .....											
9999999 Control Totals .....										XXX			

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### RESPONSES

#### REQUIRED FILINGS

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

#### SUPPLEMENTAL FILINGS

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



77216202220500000

2022

Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies



77216202237100000

2022

Document Code: 371

Medicare Part D Coverage Supplement



77216202236500000

2022

Document Code: 365

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



7721620222500000

2022

Document Code: 225

LTC Supplemental Interrogatories



77216202230600000

2022

Document Code: 306

Schedule SIS



77216202242000000

2022

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



77216202237000000

2022

Document Code: 370

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



7721620222400000

2022

Document Code: 224

Approval for Relief related to Require. for Audit Committees



7721620222600000

2022

Document Code: 226

Health Life Supplement - April



77216202221100000

2022

Document Code: 211

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)**

LHA Guaranty Association Reconciliation



2022

Document Code: 290

7721620222900000

Management's Report of Internal Control over Financial Reporting



2022

Document Code: 223

7721620222300000

## 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, 2022**  
**(To be filed by March 1)**  
**FOR THE STATE OF OHIO**

NAIC Group Code: 4805

NAIC Company Code: 77216

Address (City, State and Zip Code): Canton, OH 44710

Person Completing This Exhibit: Jeffrey Alan Scheatzle

Title: Director of Finance

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 2019				Policies Issued in 2020, 2021, 2022				
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
<b>Total Experience on Individual Policies</b>																		
N/A		A	Yes	3.4	06/03/2010				PRIMETIME Choices					2,077	424	20.4	1	
N/A		F	Yes	3.4	06/03/2010				PRIMETIME Choices					1,337,000	1,201,064	89.8	484	
N/A		M	Yes	3.4	06/03/2010				PRIMETIME Choices					27,818	9,877	35.5	30	
N/A		N	Yes	3.4	06/03/2010				PRIMETIME Choices					22,315	13,626	61.1	11	
N/A		G	Yes	3.4	06/03/2010				PRIMETIME Choices					1,511,592	1,258,114	83.2	919	
0199999 Total Experience on Individual Policies															2,900,802	2,483,105	85.6	1,445
0299999 Total Experience on Group Policies																		

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. 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.
  - 2.1 Address: 2600 Sixth Street SW, Canton, OH 44710
  - 2.2 Contact Person and Phone Number: Michael Scheetz (800)344-8858
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address: 2600 Sixth Street SW, Canton, OH 44710
  - 3.2 Contact Person and Phone Number: Michael Scheetz (800)344-8858
4. Explain any policies identified above as policy type "O":