

Amended Statement Cover

Amendment filed 8/17/23 to record enrollment data on the Exhibit of Premiums.

QUARTERLY STATEMENT

AS OF JUNE 30, 2023

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[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
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 Web Site 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)
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[] No[X]
1
08/17/2023
2

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Richard V. Maggiore
Robert Mullen J.D.

Nihad Boutros M.D.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

97

	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 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	14,507							14,507						
2. First Quarter	14,225							14,225						
3. Second Quarter	14,110							14,110						
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	85,066							85,066						
Total Member Ambulatory Encounters for Period:														
7. Physician	87,129							87,129						
8. Non-Physician	178,145							178,145						
9. Total	265,274							265,274						
10. Hospital Patient Days Incurred	24,516							24,516						
11. Number of Inpatient Admissions	2,762							2,762						
12. Health Premiums Written (a)	94,501,168							94,501,168						
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	94,501,168							94,501,168						
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	84,732,851							84,732,851						
18. Amount Incurred for Provision of Health Care Services	77,880,610							77,880,610						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....94,501,168.