

# 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 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] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
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 (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	Gregory A. Haban MD
James R. Savage	Rick L. Haines
Michael A. Rich MD	Mark D. Wright
John B. Humphrey Jr., MD	Darryl J. Dillenback
Joseph J. Feltes Esq.	Barbara Hammontree-Bennett
Todd Hawke	John Westerbeck MD

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	Joseph J. Feltes	Mark D. Wright
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[ ] No[X]
day of , 2023	b. If no:	1
	1. State the amendment number	08/17/2023
	2. Date filed	2
	3. Number of pages attached	

(Notary Public Signature)

**DIRECTORS OR TRUSTEES (continued)**

Richard V. Maggiore  
Nihad Boutros MD

Robert Mullen JD

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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	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 .....	79,612	4,962	27,843	1,440		7,286	1,041						37,040	
2. First Quarter .....	77,236	5,760	25,040	1,488		7,085	983						36,880	
3. Second Quarter .....	75,855	5,740	23,936	1,548		6,977	953						36,701	
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....	461,844	34,336	148,617	9,005		42,050	5,840						221,996	
Total Member Ambulatory Encounters for Period:														
7. Physician .....	74,891	13,215	56,771				4,905							
8. Non-Physician .....	144,780	27,225	108,444				9,111							
9. Total .....	219,671	40,440	165,215				14,016							
10. Hospital Patient Days Incurred .....	5,201	1,257	3,458				486							
11. Number of Inpatient Admissions .....	1,113	222	827				64							
12. Health Premiums Written (a) .....	130,058,756	21,979,267	77,021,391	1,666,010		1,130,210	5,190,512						23,071,367	
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	130,058,756	21,979,267	77,021,391	1,666,010		1,130,210	5,190,512						23,071,367	
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	113,067,429	17,281,405	86,517,903	1,586,453		816,005	5,421,932						1,443,730	
18. Amount Incurred for Provision of Health Care Services .....	117,677,741	17,172,496	86,226,759	1,586,453		816,005	5,235,287						6,640,741	

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