



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, County and Zip Code)	
Main Administrative Office			2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (Area Code) (Telephone Number)	
Mail Address	2600 Sixth Street SW (Street and Number or P.O. Box)				Canton, OH, 44710 (City or Town, State, County and Zip Code)	
Primary Location of Books and Records			2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (Area Code) (Telephone Number)	
Internet Web Site Address	www.aultcare.com					
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
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
Daryl J. Dillenback
Barbara Hammonree-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
15 day of August, 2023

Yes[X] No[]

(Notary Public Signature)

FRANCES N. JONES
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2017-RE-691149
My commission expires Dec. 12, 2027

DIRECTORS OR TRUSTEES (continued)

Richard V. Maggiore
Robert Mullen J.D.

Nihad Boutros M.D.



Electronic Filing Authenticity Affidavit

Ohio Domestic Insurers Only

Company Name: AultCare Health Insuring Corporation

NAIC No. 15461

We, the undersigned executive officers of AultCare Health Insuring Corporation (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other _____

Applicable documents:

The documents referred to in the *General Instructions to the NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail." Date of filing with the NAIC: _____. An original jurat page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: _____. An original, notarized signature page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*." Date of filing with the NAIC: _____. List of supplemental documents included in this Affidavit: _____. All original notarized signature pages are attached, as applicable.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15. Date of filing with the NAIC: 8/15/2023.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1. Date of filing with the NAIC: _____.
 Original filing. Amended filing.

The documents referred to in the *General Instructions to the NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1. Date of filing with the NAIC: _____.
 Original filing. Amended filing.

 Date _____
James R Savage (Name)

President (Title)*

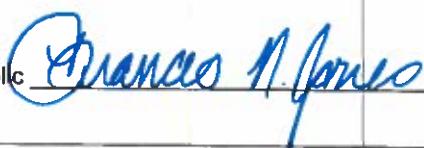
 Date _____
Joseph J Feltes Esq (Name)

Secretary (Title)*

 Date _____
Mark D. Wright (Name)

Treasurer (Title)*

Notary Public

 Frances N. Jones

FRANCES N. JONES
NOTARY PUBLIC - STATE OF OHIO
Comm. No. 2017-RE-691149
My commission expires Dec. 12, 2027

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



QUARTERLY STATEMENT
AS OF MARCH 31, 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, County and Zip Code)	
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Internet Web Site Address	www.aultcare.com				(330)363-4057	
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)	

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Name	Title
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Joseph J. Feltes	Secretary
Mark D. Wright	Treasurer
Rick L. Haines	Executive Vice President

OTHERS

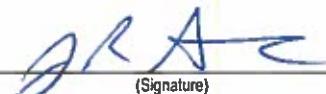
DIRECTORS OR TRUSTEES

Nihad Boutros MD
Joseph J. Feltes Esq.
Rick L. Haines
Michael E. Hanke
John B. Humphrey Jr., MD
Robert Mullen JD

Darryl J. Dillenback
Gregory A. Haban MD
Barbara Hamontree-Bennett
Todd Hawke
Richard V. Maggiore
Michael A. Rich 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)

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
15 day of August, 2023


(Notary Public Signature)

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

07/31/2023

FRANCES N. JONES
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2017-RE-891149
My commission expires Dec. 12, 2027

DIRECTORS OR TRUSTEES (continued)

James R. Savage
Mark D. Wright

John Westerbeck MD



Electronic Filing Authenticity Affidavit

Ohio Domestic Insurers Only

Company Name: AultCare Health Insuring Corporation

NAIC No. 15461

We, the undersigned executive officers of AultCare Health Insuring Corporation (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other _____

Applicable documents:

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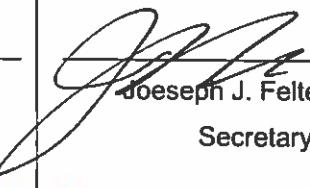
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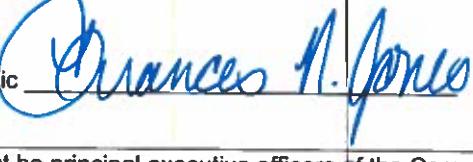
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 Date _____
James R. Savage (Name)
President (Title)*

 Date _____
Joseph J. Feltes Esq (Name)
Secretary (Title)*

 Date _____
Mark D. Wright (Name)
Treasurer (Title)*

Notary Public 

FRANCES N. JONES
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2017-RE-891149
My commission expires Dec. 12, 2027

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

15461202220100105

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
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Country of Domicile	United States of America					
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OFFICERS

Name	Title
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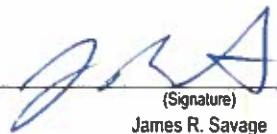
OTHERS

DIRECTORS OR TRUSTEES

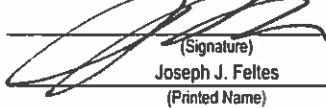
Michael E. Hanke	Gregory A. Haban M.D.
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State of Ohio
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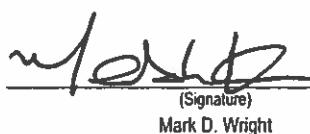
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 (Signature)
 James R. Savage

(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
15 day of August, 2023


 (Notary Public Signature)

FRANCES N. JONES
 NOTARY PUBLIC • STATE OF OHIO
 Comm. No. 2017-RE-691149
 My commission expires Dec. 12, 2027

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]
 2
 07/31/2023
 2

DIRECTORS OR TRUSTEES (continued)

Richard V. Maggiore
Robert Mullen J.D.

Nihad Boulos M.D.



Electronic Filing Authenticity Affidavit

Ohio Domestic Insurers Only

Company Name: AultCare Health Insuring Corporation

NAIC No. 15461

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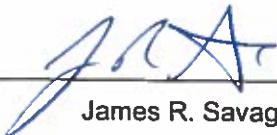
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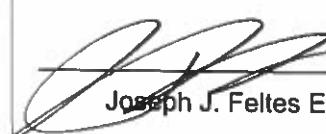
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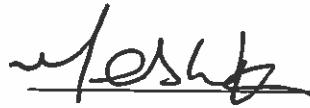
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