



15461202320100100

2023

Document Code: 201

ANNUAL STATEMENT
For the Year Ended DECEMBER 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, 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					
Statutory Statement Contact	Andrea Reagan areagan@aultcare.com (E-Mail Address)		(330)363-3325 (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)
 Mark D Wright
 (Printed Name)
 1.
 President
 (Title)

(Signature)
 Joseph J. Feltes
 (Printed Name)
 2.
 Secretary
 (Title)

(Signature)
 Todd Hawke
 (Printed Name)
 3.
 Treasurer
 (Title)

Subscribed and sworn to before me this
 day of , 2024

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[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Richard V. Maggiore
Robert Mullen J.D.

Nihad Boutros M.D.

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 .....	.....	.....	.....	.....	.....	.....
Group subscribers:						
0299997 Group subscriber subtotal .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed	1,593,215	23,608	.....	.....	.....	1,616,823
0299999 TOTAL Group	1,593,215	23,608	.....	.....	.....	1,616,823
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)	1,593,215	23,608	.....	.....	.....	1,616,823

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
Pharmaceutical Rebate Receivables						
.....,2,625,745	.....	.....	.....	2,834,774	2,834,774	2,625,745
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	2,625,745	.....	.....	2,834,774	2,834,774	2,625,745
Claim Overpayment Receivables						
.....,171,459	.....	.....	.....	.....	.....	171,459
0299998 Claim Overpayment Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0299999 Subtotal - Claim Overpayment Receivables	171,459	.....	.....	.....	.....	171,459
Capitation Arrangements Receivables						
.....,3,416,525	.....	.....	.....	.....	.....	3,416,525
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	.....	.....	.....	.....	.....	.....
0499999 Subtotal - Capitation Arrangement Receivables	3,416,525	.....	.....	.....	.....	3,416,525
0799999 Gross Health Care receivables	6,213,729	.....	.....	2,834,774	2,834,774	6,213,729

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	4,755,923	5,455,995		5,460,519	4,755,923	4,902,647
2. Claim overpayment receivables	21,854	(52,735)		171,459	21,854	
3. Loans and advances to providers						
4. Capitation arrangement receivables	4,542,617	3,745,525		3,416,325	4,542,617	4,542,617
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	9,320,394	9,148,786		9,048,303	9,320,394	9,445,264

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
Claims Unpaid (Reported)						
0199999 Individually Listed Claims Unpaid	3,859,048	5,849,148	1,463,202	457,409	383,983	12,012,790
0299999 Aggregate Accounts Not Individually Listed - Uncovered	3,859,048	5,849,148	1,463,202	457,409	383,983	12,012,790
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	3,859,048	5,849,148	1,463,202	457,409	383,983	12,012,790
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						12,012,790
0899999 Accrued Medical Incentive Pool and Bonus Amounts						482,242

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
Individually listed receivables							
0199999 Individually listed receivables
0299999 Receivables not individually listed
0399999 TOTAL Gross Amounts Receivable

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
.....	.....	221,229	221,229	.....
0199999 Individually Listed Payables	X X X	221,229	221,229	.....
0299999 Payables not Individually Listed	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables	X X X	221,229	221,229	.....

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
Capitation Payments:						
1. Medical groups	44,874,620	26.803	13,957	100.000	44,874,620	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments	44,874,620	26.803	13,957	100.000	44,874,620	.....
Other Payments:						
5. Fee-for-service	9,197,346	5.493	XXX	XXX	.....	9,197,346
6. Contractual fee payments	113,353,926	67.704	XXX	XXX	3,123,306	110,230,621
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	122,551,272	73.197	XXX	XXX	3,123,306	119,427,966
13. TOTAL (Line 4 plus Line 12)	167,425,892	100.000	XXX	XXX	47,997,926	119,427,966

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
.....
N O N E					
9999999 TOTALS					
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						



2023

Document Code: 430

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 15461

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	14,507													
2. First Quarter	14,225													
3. Second Quarter	14,110													
4. Third Quarter	14,048													
5. Current Year	13,957													
6. Current Year Member Months	169,228													
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	41,856													
8. Non-Physician	85,149													
9. TOTAL	127,005													
10. Hospital Patient Days Incurred	47,912													
11. Number of Inpatient Admissions	5,132													
12. Health Premiums Written (b)	196,638,428													
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	196,638,428													
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	167,425,892													
18. Amount Incurred for Provision of Health Care Services	166,404,796													

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

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



2023

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 15461

NAIC Group Code 4805

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group											
TOTAL Members at end of:														
1. Prior Year	14,507													
2. First Quarter	14,225													
3. Second Quarter	14,110													
4. Third Quarter	14,048													
5. Current Year	13,957													
6. Current Year Member Months	169,228													
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	41,856													
8. Non-Physician	85,149													
9. TOTAL	127,005													
10. Hospital Patient Days Incurred	47,912													
11. Number of Inpatient Admissions	5,132													
12. Health Premiums Written (b)	196,638,428													
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	196,638,428													
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	167,425,892													
18. Amount Incurred for Provision of Health Care Services	166,404,796													

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(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	9	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
9999999	Total (Sum of 0799999 and 1099999)											

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
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

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		
5199999			Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total										
5299999			Total - Separate Accounts - Authorized Affiliates										
5699999			Total - Separate Accounts - Authorized										
5999999			Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total										
6299999			Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total										
6399999			Total - Separate Accounts - Unauthorized - Affiliates										
6799999			Total - Separate Accounts - Unauthorized										
7099999			Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total										
7399999			Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total										
7499999			Total - Separate Accounts - Certified - Affiliates										
7899999			Total - Separate Accounts - Certified										
8199999			Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total										
8499999			Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total										
8599999			Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates										
8999999			Total - Separate Accounts - Reciprocal Jurisdiction										
9099999			Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified										
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)										
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				457,669						
9999999			Total (Sum of 4599999 and 9099999)				457,669						

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
General Account - Accident and Health - Affiliates - Non-U.S. - Captive														
00000	AA-3770278	01/01/2015	McKinley Assur Spc	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
00000	AA-3770278	01/01/2015	McKinley Assur Spc	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
00000	AA-3770278	01/01/2015	McKinley Assur Spc	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
00000	AA-3770278	01/01/2015	McKinley Assur Spc	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1599999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
1799999	Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
1899999	Total - General Account - Accident and Health - Affiliates			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
2299999	Total - General Account - Accident and Health			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
2399999	Total - General Account			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
2999999	Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
3099999	Total - Separate Accounts - Affiliates			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
3499999	Total - Separate Accounts			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
3699999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)			.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....
9999999	Total (Sum of 2399999 and 3499999)			.....	.....	.....	.....	.....	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	25 Amount of Credit Allowed With Certified Reinsurers	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Cols. 14 - 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	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 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	458	427	404	298	239
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses			608	704	473
9. Experience rating refunds due or unpaid	262				
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	121,824,303		121,824,303
2. Accident and health premiums due and unpaid (Line 15)	2,357,048		2,357,048
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	11,318,036		11,318,036
6. TOTAL Assets (Line 28)	135,499,387		135,499,387
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	12,012,790		12,012,790
8. Accrued medical incentive pool and bonus payments (Line 2)	482,242		482,242
9. Premiums received in advance (Line 8)	108,739		108,739
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)	5,468,158		5,468,158
15. TOTAL Liabilities (Line 24)	18,071,928		18,071,928
16. TOTAL Capital and Surplus (Line 33)	117,427,459	XXX	117,427,459
17. TOTAL Liabilities, Capital and Surplus (Line 34)	135,499,387		135,499,387
NET CREDIT FOR CEDED REINSURANCE			
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. TOTAL Ceded Reinsurance Recoverables			
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. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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)	N O N E		.....	.....	.....
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)	*
4805		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	0000000
		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 Insuring 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	100.0	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			Canton Medical Education Foundation		US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	No	0000003
4805		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		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			MainSite ASO, LLC		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	46-4625320			Integrated Health Collaborative		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	45-4215510			Aultman Oncology Center of Excellence		US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	No	0000004
		00000	46-2540184			Aultman Orthopedic Center of Excellence		US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	No	0000004
		00000	45-1731318			IHN Sourcing Group		US	NIA	Other	Other		Aultman Health Foundation	No	0000006
		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		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		Aultman Health Foundation	No	
		00000				The Independent Health Network		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE **AultCare Health Insuring Corporation**

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 Orrville 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 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
77216	34-1624818	AULTCARE INS CO										
15461	46-3305099	AULTCARE HLTH INSURING CORP										
	47-1165287	AultCare Holding Company										
00000	AA-3770278	McKinley Assur Spc										
00000	34-1445390	Aultman Health Foundation										
	34-1488123	AultCare Corporation										
77216	34-1624818	AULTCARE INS CO										
15461	46-3305099	AULTCARE HLTH INSURING CORP										
	47-1165287	AultCare Holding Company										
00000	AA-3770278	McKinley Assur Spc										
00000	34-1445390	Aultman Health Foundation										
	34-1488123	AultCare Corporation										
9999999 Control Totals								(9)	XXX		(9)	

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?	No
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
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?	No

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) 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:

Medicare Supplement Insurance Experience Exhibit



1546120233600000

2023

Document Code: 360

Health Life Supplement - March



2023

Document Code: 205

Schedule SIS



1546120234200000

2023

Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



15461202337100000

2023

Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



15461202337000000

2023

Document Code: 370

Medicare Part D Coverage Supplement



15461202336500000

2023

Document Code: 365

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



15461202322400000

2023

Document Code: 224

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



15461202322500000

2023

Document Code: 225

Approval for Relief related to Require. for Audit Committees



15461202322600000

2023

Document Code: 226

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



15461202360000000

2023

Document Code: 600

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



1546120233060000

2023

Document Code: 306

Health Life Supplement - April



1546120232110000

2023

Document Code: 211

LHA Guaranty Association Reconciliation



1546120232900000

2023

Document Code: 290

Management's Report of Internal Control over Financial Reporting



1546120232230000

2023

Document Code: 223

