

ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 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]

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

(Street and Number)

Canton, OH, 44710

(City or Town, State, Country and Zip Code)

(330)363-3325

(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 Website Address

www.aultcare.com

Statutory Statement Contact

Andrea Reagan

(Name)

(330)363-3325

(Area Code)(Telephone Number)(Extension)

areagan@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 (continued)

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 ofOhio

County ofStarkss

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)
Mark D. Wright	Joseph J. Feltes	Todd Hawke
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(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) (continued)

Richard V. Maggiore
Robert Mullen J.D.

Nihad Boutros M.D.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299997 Group subscriber subtotal						
0299998 Premiums due and unpaid not individually listed	6,956,036	167,255	2,976			7,126,266
0299999 TOTAL Group	6,956,036	167,255	2,976			7,126,266
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) ..	6,956,036	167,255	2,976			7,126,266

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	3,462,517	.....	.....	1,119,841	1,119,841	3,462,517
0199999 Subtotal - Pharmaceutical Rebate Receivables	3,462,517	.....	.....	1,119,841	1,119,841	3,462,517
0299998 Claim Overpayment Receivables - Not Individually Listed	215,466	.....	.....	.....	.....	215,266
0299999 Subtotal - Claim Overpayment Receivables	215,466	.....	.....	.....	.....	215,266
0499998 Capitation Arrangement Receivables - Not Individually Listed	1,668,270	.....	.....	.....	.....	1,668,270
0499999 Subtotal - Capitation Arrangement Receivables	1,668,270	.....	.....	.....	.....	1,668,270
0799999 Gross Health Care receivables	5,346,254	.....	.....	1,119,841	1,119,841	5,346,054

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	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	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	14,069,629	39,399,286		4,582,358	14,069,629	6,405,039
2. Claim overpayment receivables	52,568	366,202		215,466	52,568	
3. Loans and advances to providers						
4. Capitation arrangement receivables	2,118,354	1,668,270		1,668,270	2,118,354	2,118,354
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	16,240,551	41,433,759		6,466,095	16,240,551	8,523,393

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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
.....	17,633,632	5,873,896	3,452,389	1,755,559	2,702,333	31,417,810
Reins Ceded					1,273,000	1,273,000
0199999 Individually Listed Claims Unpaid	17,633,632	5,873,896	3,452,389	1,755,559	3,975,333	32,690,810
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	17,633,632	5,873,896	3,452,389	1,755,559	3,975,333	32,690,810
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						32,690,810
0899999 Accrued Medical Incentive Pool and Bonus Amounts						204,746

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	(74,469)					(74,469)	
0399999 TOTAL Gross Amounts Receivable	(74,469)					(74,469)	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 Payables not Individually Listed	X X X	3,498,276	3,498,276	.....
0399999 TOTAL Gross Payables	X X X	3,498,276	3,498,276	.....

24

24

24

24

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



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

30 Ohio

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	84,298	5,750	33,186	1,586		7,153	943						35,680	
5. Current Year	84,505	5,804	32,969	1,628		7,089	929						36,086	
6. Current Year Member Months	969,978	68,941	348,454	18,576		84,672	11,476						437,859	
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	74,891	13,215	56,772				4,904							
8. Non-Physician	144,780	27,225	108,445				9,110							
9. TOTAL	219,671	40,440	165,217				14,014							
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 (b)	243,233,335	43,873,887	154,005,347	3,594,256		2,250,182	10,361,590						29,148,072	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	234,233,335	43,873,887	154,005,347	3,594,256		2,250,182	1,361,590						29,148,072	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	225,013,370	35,461,551	151,207,241	3,127,438		1,562,760	10,575,070						23,079,310	
18. Amount Incurred for Provision of Health Care Services	244,507,884	37,781,669	158,349,095	3,127,438		1,464,053	10,895,714						32,889,915	

(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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 4805 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 77216

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
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	84,298	5,750	33,186	1,586		7,153	943						35,680	
5. Current Year	84,505	5,804	32,969	1,628		7,089	929						36,086	
6. Current Year Member Months	969,978	68,941	348,454	18,576		84,672	11,476						437,859	
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	74,891	13,215	56,772				4,904							
8. Non-Physician	144,780	27,225	108,445				9,110							
9. TOTAL	219,671	40,440	165,217				14,014							
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 (b)	243,233,335	43,873,887	154,005,347	3,594,256		2,250,182	10,361,590						29,148,072	
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	234,233,335	43,873,887	154,005,347	3,594,256		2,250,182	1,361,590						29,148,072	
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	225,013,370	35,461,551	151,207,241	3,127,438		1,562,760	10,575,070						23,079,310	
18. Amount Incurred for Provision of Health Care Services	244,507,884	37,781,669	158,349,095	3,127,438		1,464,053	10,895,714						32,889,915	

(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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
16325 ...	82-6483792 ...	01/01/2018	CANTON REGIONAL CHAMBER HEALTH FUND	OH	SSL/G	CMM	32,553,160 .....	.....	.....	.....	4,432,521 .....	.....
0899999	Subtotal - Non-Affiliates - U.S. Non-Affiliates						32,553,160 .....	.....	.....	.....	4,432,521 .....	.....
1099999	Total - Non-Affiliates						32,553,160 .....	.....	.....	.....	4,432,521 .....	.....
1199999	Total U.S. (Sum of 0399999 and 0899999)						32,553,160 .....	.....	.....	.....	4,432,521 .....	.....
9999999	Total (Sum of 0799999 and 1099999)						32,553,160 .....	.....	.....	.....	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
Accident and Health - Affiliates - Non-U.S. - Captive						
00000	AA-3770278 ...	01/01/2015	McKinley Assur Spc	... CYM ...	 1,248,775	 515,160
1599999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Captive					 1,248,775	 515,160
Accident and Health - Affiliates - Non-U.S. - Other						
1699999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Other						
1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total					 1,248,775	 515,160
1899999 Total - Accident and Health - Affiliates					 1,248,775	 515,160
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
82627	06-0839705 ...	01/01/2021	SWISS RE LIFE & HLTH AMER INC	... MO ...	 2,329,743	 772,740
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					 2,329,743	 772,740
2199999 Total - Accident and Health - Non-Affiliates					 2,329,743	 772,740
2299999 Total - Accident and Health					 3,578,518	 1,287,900
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					 2,329,743	 772,740
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					 1,248,775	 515,160
9999999 Total (Sum of 1199999 and 2299999)					 3,578,518	 1,287,900

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other													
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/I	SLEL	4,761,632						
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/G	SLEL							
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/I	SLEL	11,318,501						
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/G	SLEL							
0299999 Subtotal - General Account - Authorized - Affiliates - U.S. - Other							16,080,133						
0399999 Subtotal - General Account - Authorized - Affiliates - U.S. - Total							16,080,133						
General Account - Authorized - Affiliates - Non-U.S. - Captive													
0499999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Captive													
0699999 Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total													
0799999 Total - General Account - Authorized - Affiliates							16,080,133						
1199999 Total - General Account - Authorized							16,080,133						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
General Account - Unauthorized - Affiliates - Non-U.S. - Captive													
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							
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													
1799999 Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2899999 Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
3999999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - Non-U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							16,080,133						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
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													

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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)						16,080,133						
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)												
9999999	Total (Sum of 4599999 and 9099999)						16,080,133						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	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		1,763,935		1,763,935							
00000	AA-3770278	01/01/2015	McKinley Assur Spc											
1599999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Captive					1,763,935		1,763,935		X X X					
1799999 Subtotal - General Account - Accident and Health - Affiliates - Non-U.S. - Total					1,763,935		1,763,935		X X X					
1899999 Total - General Account - Accident and Health - Affiliates					1,763,935		1,763,935		X X X					
2299999 Total - General Account - Accident and Health					1,763,935		1,763,935		X X X					
2399999 Total - General Account					1,763,935		1,763,935		X X X					
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total									X X X					
3099999 Total - Separate Accounts - Affiliates									X X X					
3499999 Total - Separate Accounts									X X X					
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)					1,763,935		1,763,935		X X X					
9999999 Total (Sum of 2399999 and 3499999)					1,763,935		1,763,935		X X X					

(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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26	
NAIC Com- pany Code	ID Number	Effective Date	Name of Reinsurer	Domi- ciliary Juris- diction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	16	17	18	19	20	21	22	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Cols. 14 - 25)
															Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	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	16,080	16,285	14,674	13,031	13,220
2. Title XVIII-Medicare					
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	3,579	3,226	228	4,153	3,342
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					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					1,630
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)				4,518	
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)	81,137,279		81,137,279
2. Accident and health premiums due and unpaid (Line 15)	11,419,594		11,419,594
3. Amounts recoverable from reinsurers (Line 16.1)	3,578,518		3,578,518
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	9,586,008		9,586,008
6. TOTAL Assets (Line 28)	105,721,399		105,721,399
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	31,417,810		31,417,810
8. Accrued medical incentive pool and bonus payments (Line 2)	204,746		204,746
9. Premiums received in advance (Line 8)	5,006,189		5,006,189
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)	15,382,458		15,382,458
15. TOTAL Liabilities (Line 24)	52,011,203		52,011,203
16. TOTAL Capital and Surplus (Line 33)	53,710,197	X X X	53,710,197
17. TOTAL Liabilities, Capital and Surplus (Line 34)	105,721,400		105,721,400
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

Direct Business only						
States, Etc.		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)					
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					

NONE

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- tion- ship 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 Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
41	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	
		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				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 Health Foundation	No	
		00000	34-1088530				Aultman North Canton Medical Group	US	NIA	Aultman Health Foundation	Ownership, Board of Directors		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, Other		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	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	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- tion- ship 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 Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
.....		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 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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 77216 ..	.. 34-1624818 ..	AULTCARE INS CO .....	.....	.....	.....	.....	.... (8,126,741)	.....	.....	..... 1,423,132	 (6,703,609)	 1,248,775
.. 15461 ..	.. 46-3305099 ..	AULTCARE HLTH INSURING CORP .....	.....	.....	.....	.....	.....	.....	.....	..... (1,423,132)	 (1,423,132)	.....
.. 00000 ..	.. AA-3770278 ..	McKinley Assur Spc .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	..... (1,248,775)
.. 00000 ..	.. 47-1165287 ..	AultCare Holding Company .....	.....	.....	.....	.....	..... 1,497,957	.....	.....	.....	..... 1,497,957	.....
.....	.. 34-1445390 ..	Aultman Health Foundation .....	.....	.....	.....	.....	..... 1,202,768	.....	.....	.....	..... 1,202,768	.....
.....	.. 34-1488123 ..	AultCare Corporation .....	.....	.....	.....	.....	..... 5,426,016	.....	.....	.....	..... 5,426,016	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

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

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - April



LHA Guaranty Association Reconciliation



Management's Report of Internal Control over Financial Reporting



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, 2023
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: 4805
Address (City, State and Zip Code): Canton, OH 44710
Person Completing This Exhibit:

NAIC Company Code: 77216

Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021, 2022, 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies																	

NONE

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:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

Supp360 Ohio