



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
AULTCARE HEALTH INSURING CORPORATION

NAIC Group Code 4805, 4805 NAIC Company Code 15461 Employer's ID Number 46-3305099
(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
Incorporated/Organized 07/11/2013 Commenced Business 01/01/2015
Statutory Home Office 2600 Sixth Street SW Canton, OH, 44710
Main Administrative Office 2600 Sixth Street SW Canton, OH, 44710 330-363-4057
Mail Address 2600 Sixth Street SW Canton, OH, 44710 (Telephone)
Primary Location of Books and Records 2600 Sixth Street SW Canton, OH, 44710 330-363-4057
Internet Website Address www.aultcare.com (Telephone)
Statutory Statement Contact Melissa Rapp 330-363-4880
melissa.rapp@aultman.com 330-363-5012 (E-Mail) (Fax)

OFFICERS

Mark D. Wright#, President Barbara Hamontree-Bennett#, Secretary
Todd Hawke#, Treasurer Robert Mullen J.D., Executive Vice President.

DIRECTORS OR TRUSTEES

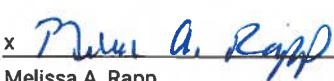
Michael E. Hanke	Nihad Boutros M.D.
Brian Belden#	Michael A. Rich M.D.
Mark D. Wright	John B. Humphrey Jr., M.D.
Darryl J. Dillenback	Joseph J. Feltes Esq.
Barbara Hamontree-Bennett	Todd Hawke
John Westerbeck M.D.	Richard V. Maggiore
Robert Mullen J.D.	

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.

x 
Mark D. Wright

President

x 
Melissa A. Rapp

Chief Financial Officer

x 
Todd Hawke

Treasurer

Subscribed and sworn to before me
this 14th day of
March, 2025



a. Is this an original filing? Yes
b. If no:
1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____



Andrew Gerringen
Notary Public, State of Ohio
My Commission Expires:
July 11, 2026

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.....	328,279					328,279
0299999 Total group.....	328,279					328,279
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).....	328,279					328,279

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
0199998 - Aggregate of Amounts Not Individually Listed.....	3,568,001			3,876,943	3,876,943	3,568,001
0199999 - Pharmaceutical Rebate Receivables.....	3,568,001			3,876,943	3,876,943	3,568,001
0299998 - Aggregate of Amounts Not Individually Listed.....	157,251					157,251
0299999 - Claim Overpayment Receivables.....	157,251					157,251
0499998 - Aggregate of Amounts Not Individually Listed.....	3,986,345			242,130	242,130	3,986,345
0499999 - Capitation Arrangement Receivables.....	3,986,345			242,130	242,130	3,986,345
0799999 - Gross Health Care Receivables.....	7,711,597			4,119,073	4,119,073	7,711,597

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	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	5,650,017	6,209,607	3,568,001	3,876,943	9,218,018	2,618,236
2. Claim overpayment receivables	21,854	(52,735)		157,251	21,854	1,375,920
3. Loans and advances to providers						
4. Capitation arrangement receivables	4,542,617		3,986,345	242,130	8,528,962	3,745,525
5. Risk sharing receivables						
6. Other health care receivables						248,000
7. Totals (Lines 1 through 6)	10,214,488	6,156,872	7,554,346	4,276,324	17,768,834	7,987,682

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
0599999 - Unreported claims and other claim reserves						16,159,400
0799999 - Total claims unpaid						16,159,400
0899999 - Accrued medical incentive pool and bonus amounts						722,484

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
0399999 - Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
MainSite.....		6,000	6,000	
Aultra.....		5,289	5,289	
AultCare Insurance Company.....		6,772,552	6,772,552	
Aultman Health Foundation.....		166,460	166,460	
0199999 - Individually listed payable.....		6,950,301	6,950,301	
0399999 - Total gross payables.....		6,950,301	6,950,301	

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.....	47,841,546	24.561	15,135	100.000	47,841,546	
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	47,841,546	24.561	15,135	100.000	47,841,546	
Other Payments:						
5. Fee-for-service.....	10,833,013	5.561	XXX	XXX		10,833,013
6. Contractual fee payments.....	136,111,353	69.877	XXX	XXX	3,123,306	132,988,047
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.....	146,944,366	75.439	XXX	XXX	3,123,306	143,821,060
13. Total (Line 4 plus Line 12).....	194,785,912	100.000 %	XXX	XXX	50,964,852	143,821,060

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
9999999 – Totals.....			XXX	XXX	XXX

NONE

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						

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION ^(a)

REPORT FOR: 1. CORPORATION AultCare Health Insuring Corporation

2. Canton, OH
(LOCATION)

NAIC Group Code: 4805

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

NAIC Company Code: 15461

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	13,957							13,957						
2. First Quarter.....	13,102							13,102						
3. Second Quarter.....	13,086							13,086						
4. Third Quarter.....	14,961							14,961						
5. Current Year.....	15,135							15,135						
6. Current Year Member Months.....	168,035							168,035						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	200,989							200,989						
8. Non-Physician.....	374,707							374,707						
9. Total.....	575,696							575,696						
10. Hospital Patient Days Incurred.....	54,318							54,318						
11. Number of Inpatient Admissions.....	6,271							6,271						
12. Health Premiums Written ^(b)	211,008,871							211,008,871						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	211,008,871							211,008,871						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	194,785,912							194,785,912						
18. Amount Incurred for Provision of Health Care Services.....	192,852,162							192,852,162						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 211,008,871



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AultCare Health Insuring Corporation

2. Canton, OH
(LOCATION)

NAIC Group Code: 4805

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2024

NAIC Company Code: 15461

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year.....	13,957							13,957						
2. First Quarter.....	13,102							13,102						
3. Second Quarter.....	13,086							13,086						
4. Third Quarter.....	14,961							14,961						
5. Current Year.....	15,135							15,135						
6. Current Year Member Months.....	168,035							168,035						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	200,989							200,989						
8. Non-Physician.....	374,707							374,707						
9. Total.....	575,696							575,696						
10. Hospital Patient Days Incurred.....	54,318							54,318						
11. Number of Inpatient Admissions.....	6,271							6,271						
12. Health Premiums Written (b).....	211,008,871							211,008,871						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	211,008,871							211,008,871						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	194,785,912							194,785,912						
18. Amount Incurred for Provision of Health Care Services.....	192,852,162							192,852,162						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 211,008,871

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 Premiums	9 Unearned Premiums	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)												

NONE

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						
	AA-3770278	01/01/2015	McKinley Assur Spc.	CYM	856,439	
1599999 - Accident and Health, Affiliates, Non-U.S., Captive					856,439	
1799999 - Accident and Health, Affiliates, Non-U.S., Total					856,439	
1899999 - Accident and Health, Total Affiliates					856,439	
2299999 - Total Accident and Health					856,439	
2499999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					856,439	
9999999 - Total (Sum of 1199999 and 2299999)					856,439	

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		
General Account, Authorized, Affiliates, Non-U.S., Captive													
	AA-3770278	04/01/2015	McKinley Assur Spc.	CYM	SSL/G	SLEL	13,682						
	AA-3770278	04/01/2015	McKinley Assur Spc.	CYM	SSL/I	SLEL	310,345						
82627	06-0839705	04/01/2021	SWISS RE LIFE & HLTH AMER INC	MO	SSL/G	SLEL	4,041						
82627	06-0839705	04/01/2021	SWISS RE LFE & HLTH AMER INC	MO	SSL/I	SLEL	91,866						
0499999 - General Account, Authorized, Affiliates, Non-U.S., Captive							419,934						
0699999 - General Account, Authorized, Affiliates, Non-U.S., Total							419,934						
0799999 - General Account, Authorized, Total Authorized Affiliates							419,934						
1199999 - Total General Account Authorized							419,934						
4599999 - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							419,934						
9299999 - Total Non-U.S.							419,934						
9999999 - Total (Sum of 4599999 and 9099999)							419,934						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (\$000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare.....	420	458	427	404	298
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.....	856	507	262	608	704
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).....					
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).....	100,310,475		100,310,475
2. Accident and health premiums due and unpaid (Line 15).....	328,279		328,279
3. Amounts recoverable from reinsurers (Line 16.1).....	856,439	(856,439)	-
4. Net credit for ceded reinsurance.....	XXX	856,439	856,439
5. All other admitted assets (Balance).....	14,777,435		14,777,435
6. Total assets (Line 28).....	116,272,628	-	116,272,628
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	16,159,400		16,159,400
8. Accrued medical incentive pool and bonus payments (Line 2).....	722,484		722,484
9. Premiums received in advance (Line 8).....	48,534		48,534
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).....	13,658,367		13,658,367
15. Total liabilities (Line 24).....	30,588,785		30,588,785
16. Total capital and surplus (Line 33).....	85,683,843	XXX	85,683,843
17. Total liabilities, capital and surplus (Line 34).....	116,272,628		116,272,628
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....		XXX	XXX
19. Accrued medical incentive pool.....		XXX	XXX
20. Premiums received in advance.....		XXX	XXX
21. Reinsurance recoverable on paid losses.....	856,439	XXX	XXX
22. Other ceded reinsurance recoverables.....		XXX	XXX
23. Total ceded reinsurance recoverables.....	856,439	XXX	XXX
24. Premiums receivable.....		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....		XXX	XXX
26. Unauthorized reinsurance.....		XXX	XXX
27. Reinsurance with Certified Reinsurers.....		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
29. Other ceded reinsurance payables/offsets.....		XXX	XXX
30. Total ceded reinsurance payables/offsets.....		XXX	XXX
31. Total net credit for ceded reinsurance.....	856,439	XXX	XXX

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					
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

Annual Statement for the Year 2024 of the AultCare Health Insuring Corporation

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 Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting 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)	*
4805	77216	34-1445390				Aultman Health Foundation	OH	UIP	Self		Board of Directors		Aultman Health Foundation	NO	
		34-0714538				Aultman Hospital	OH	NIA	Aultman Health Foundation		Ownership	100.000	Aultman Health Foundation	NO	
		34-1624818				AultCare Insurance Company	OH	RE	AultCare Health Insuring Corporation		Ownership	100.000	Aultman Health Foundation	NO	
		34-1488123				AultCare Corporation	OH	IA	Aultman Health Foundation & Stark County Care Physicians, Inc		Other		Aultman Health Foundation	NO	
		20-0090246				West Tuscarawas Property Management, LLC	CYM	DS	Aultman Hospital		Ownership	48.700	Aultman Health Foundation	NO	
		34-1795772				McKinley Life Insurance Agency, Ltd.	OH	DS	AultCare Insurance Company		Ownership	100.000	Aultman Health Foundation	NO	
		20-4951704				Aultra Administrative Group	OH	IA	AultCare Holding Company		Management		Aultman Health Foundation	NO	
		27-4379962				AultComp MCO, Inc.	OH	NIA	Aultra Administrative Group		Ownership	100.000	Aultman Health Foundation	NO	
		34-1853300				Ohio Specialty Physician's Corporation	OH	NIA	North Central Medical Resources		Ownership	100.000	Aultman Health Foundation	NO	
		98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	CYM	NIA	Aultman Health Foundation		Ownership	100.000	Aultman Health Foundation	NO	
		20-1359433				Aultman College of Nursing and Health Sciences	OH	NIA	Aultman Hospital		Ownership	100.000	Aultman Hospital	NO	
		31-1509904				Aultman MSO, Inc.	OH	NIA	North Central Medical Resources		Ownership	100.000	Aultman Health Foundation	NO	
		20-8090459				The Aultman Foundation	OH	NIA	Aultman Health Foundation		Ownership	100.000	Aultman Health Foundation	NO	
		31-1509897				Ohio Physicians Professional Corporation	OH	NIA	North Central Medical Resources		Ownership	100.000	Aultman Health Foundation	NO	
4805	15461	34-1610344				North Central Medical Resources	OH	NIA	AultCare Holding Company		Ownership	100.000	Aultman Health Foundation	NO	
		34-1871647				Ohio Hospital Based Physician Corporation	OH	NIA	North Central Medical Resources		Ownership	100.000	Aultman Health Foundation	NO	
		31-1689698				Tuscarawas Valley Regional Cancer Center	OH	NIA	Aultman Health Foundation		Ownership	50.000	Aultman Health Foundation	NO	
		13-4246188				Aultman Specialty Hospital, LLC	OH	NIA	Aultman Health Foundation		Ownership	100.000	Aultman Health Foundation	NO	
		34-1243260				Canton Medical Education Foundation	OH	NIA	Other		Ownership, Board of Directors	50.000	Aultman Hospital	NO	1
		46-3305099				AultCare Health Insuring Corporation	OH	RE	AultCare Holding Company		Ownership	100.000	Aultman Health Foundation	NO	
		34-1088530				Aultman North Canton Medical Group	OH	NIA	Aultman Health Foundation		Ownership, Board of Directors	100.000	Aultman Health Foundation	NO	
		34-0733138				The Orville Hospital Foundation	OH	NIA	Aultman Health Foundation		Ownership	100.000	Aultman Health Foundation	NO	
		45-3166014				Aultman Medical Group, Inc.	OH	NIA	AultCare Holding Company		Ownership	100.000	Aultman Health Foundation	NO	
		47-1165287				AultCare Holding Company	OH	UDP	Aultman Health Foundation		Ownership	100.000	Aultman Health Foundation	NO	
		47-3587655				MainSite ASO, LLC	OH	NIA	AultCare Holding Company		Ownership	100.000	Aultman Health Foundation	NO	
		46-4625320				Integrated Health Collaborative	OH	NIA	Aultman Health Foundation		Ownership	100.000	Aultman Health Foundation	NO	
		45-4215510				Aultman Oncology Center of Excellence	OH	NIA	Other		Ownership, Other	51.000	Aultman Health Foundation	NO	2

Annual Statement for the Year 2024 of the AultCare Health Insuring Corporation

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
			46-2540184			Aultman Orthopedic Center of Excellence	OH	NIA	Other	Ownership, Other	51.000	Aultman Health Foundation	NO	3	
			81-0847842			Aultman Innovations, LLC	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO		
			34-0714581			Alliance Community Hospital	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO		
			26-3646817			Alliance Community Medical Foundation	OH	NIA	Alliance Community Hospital	Ownership	100.000	Aultman Health Foundation	NO		
			84-4874605			Aultman Now Urgent Care	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO		
			84-2848226			Aultman Deuble Heart & Vascular Hospital	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO		
			85-1242075			AultPlan, LLC	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO		
			87-1559540			Aultman Cancer Center LLC	OH	NIA	Aultman North Canton Medical Group	Ownership	100.000	Aultman Health Foundation	NO		
			87-4146836			IHC Quality Partners LLC	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO		
			93-3918322			Aultman ASC Holdings	OH	NIA	AultCare Holding Company	Ownership	100.000	Aultman Health Foundation	NO		
			93-4173039			Aultman North Surgical Partners LLC	OH	NIA	Aultman ASC Holdings	Other		Aultman Health Foundation	NO		

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Asterisk	Explanation
1	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50%
2	Aultman Oncology Center of Excellence, LLC is owned Aultman Hospital and community oncologists
3	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/ (Disbursements) 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 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11 Totals	12 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
15461	46-3305099	AULTCARE HLTH INSURING COPR.....	(6,000,000)	(6,000,000)			(19,561,921)			(31,561,921)	856,439
	47-1165287	AULTCARE HOLDING COMPANY.....	6,000,000							6,000,000	
AA-3770278	AA-3770278	MCKINLEY ASSUR SPC.....									(856,439)
	34-1445390	AULTMAN HEALTH FOUNDATION.....				1,488,510				1,488,510	
	34-1488123	AULTCARE CORPORATION.....		6,000,000		18,073,411				24,073,411	
9999999 - Control Totals.....			-	-			-		XXX	-	-

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) (Yes/No)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
AultCare Health Insuring Corporation	AultCare Holding Company	100.000 %	NO	Aultman Health Foundation	Aultman Health Foundation Group	100.000 %	NO
AultCare Insurance Company.....	AultCare Health Insuring Corporation.....	100.000 %	NO	Aultman Health Foundation	Aultman Health Foundation Group.....	100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**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.

	Response
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 is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Response
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 the 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

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
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10.		 1 5 4 6 1 2 0 2 4 3 6 0 0 0 0 0 0
11.		 1 5 4 6 1 2 0 2 4 2 0 5 0 0 0 0 0
12.		 1 5 4 6 1 2 0 2 4 4 2 0 0 0 0 0 0
13.		 1 5 4 6 1 2 0 2 4 3 7 1 0 0 0 0 0
14.		 1 5 4 6 1 2 0 2 4 3 7 0 0 0 0 0 0
15.		 1 5 4 6 1 2 0 2 4 3 6 5 0 0 0 0 0
16.		 1 5 4 6 1 2 0 2 4 2 2 4 0 0 0 0 0
17.		 1 5 4 6 1 2 0 2 4 2 2 5 0 0 0 0 0
18.		 1 5 4 6 1 2 0 2 4 2 2 6 0 0 0 0 0
19.		 1 5 4 6 1 2 0 2 4 6 0 0 0 0 0 0 0
20.		 1 5 4 6 1 2 0 2 4 3 0 6 0 0 0 0 0
21.		 1 5 4 6 1 2 0 2 4 2 1 1 0 0 0 0 0
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24.		 1 5 4 6 1 2 0 2 4 2 9 0 0 0 0 0 0
		 1 5 4 6 1 2 0 2 4 2 2 3 0 0 0 0 0

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