



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			
		(Telephone)			
Mail Address	2600 Sixth Street SW	Canton, OH, 44710			
Primary Location of Books and Records	2600 Sixth Street SW				
	Canton, OH, 44710	330-363-4057			
		(Telephone)			
Internet Website Address	www.aultcare.com				
Statutory Statement Contact	Melissa Rapp	330-363-4880			
		(Telephone)			
	melissa.rapp@aultman.com	330-363-5012			
	(E-Mail)	(Fax)			

OFFICERS

Mark D. Wright#, President	Barbara Hammontree-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 Hammontree-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	x	x
Mark D. Wright President	Melissa A. Rapp Chief Financial Officer	Todd Hawke Treasurer

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

x

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



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

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.....						
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	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	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
	1	2	3	4	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior 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	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	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	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 – Total gross amounts receivable							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	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

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	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	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary’s Total Adjusted Capital	Intermediary’s Authorized Control Level RBC
9999999 – Totals			XXX	XXX	XXX

NONE

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		NONE				
2.	Medical furniture, equipment and fixtures						
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 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	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	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	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	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	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
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	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	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	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
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	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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	2	3	4	5
		2024	2023	2022	2021	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		608	704
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
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 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	AultCare Insurance Company & AultCare Health Insuring Corp & 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	
			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	
4805		15461	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

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)	*
			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	
							Alliance Community Medical Foundation	OH	NIA	Alliance Community Hospital	Ownership	100.000	Aultman Health Foundation	NO	
			26-3646817				Aultman Now Urgent Care	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO	
			84-4874605				Aultman Deuble Heart & Vascular Hospital	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO	
			84-2848226				AultPlan, LLC	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			85-1242075							Aultman North Canton Medical Group	Ownership	100.000	Aultman Health Foundation	NO	
			87-1559540				Aultman Cancer Center LLC	OH	NIA	Aultman Health Foundation	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	

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	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/ (Disbursements) 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)
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	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	2	3	4	5	6	7	8
Insurers in Holding Company	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)
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.









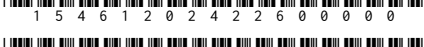


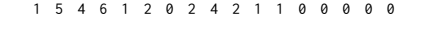


		Response
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	Yes
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4.	Will the confidential Risk-based 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.

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.	
6.	
7.	
8.	
9.	
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
22.	
23.	 1 5 4 6 1 2 0 2 4 2 9 0 0 0 0 0 0
24.	 1 5 4 6 1 2 0 2 4 2 2 3 0 0 0 0 0

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