

**QUARTERLY STATEMENT  
OF THE  
Canton Regional Chamber Health Fund**

**of  
Canton  
in the state of  
Ohio**

**2024**

**TO THE  
Insurance Department  
OF THE STATE OF  
Ohio**

**FOR THE QUARTER ENDED  
MARCH 31, 2024**

**HEALTH**

**2024**



00000202420100101 (NAIC code not entered)

2024

Document Code: 201

**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2024**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Canton Regional Chamber Health Fund**

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	Employer's ID Number
Organized under the Laws of		Ohio	State of Domicile or Port of Entry	
Country of Domicile		United States of America		
Licensed as business type:	Life, Accident & Health[ <input type="checkbox"/> ] Dental Service Corporation[ <input type="checkbox"/> ] Other[X]	Property/Casualty[ <input type="checkbox"/> ] Vision Service Corporation[ <input type="checkbox"/> ] Is HMO Federally Qualified? Yes[ <input type="checkbox"/> ] No[X] N/A[ <input type="checkbox"/> ]	Hospital, Medical & Dental Service or Indemnity[ <input type="checkbox"/> ] Health Maintenance Organization[ <input type="checkbox"/> ]	
Incorporated/Organized	12/01/2017		Commenced Business	12/07/2017
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, US 44710 (City or Town, State, Country and Zip Code)	
Main Administrative Office	2600 Sixth Street SW Canton, OH, US 44710 (Street and Number or P.O. Box)		2600 Sixth Street SW (Street and Number) (330)363-4057 (Area Code) (Telephone Number)	
Primary Location of Books and Records	2600 Sixth Street SW Canton, OH, US 44710 (Street and Number or P.O. Box)		2600 Sixth Street SW (Street and Number) (330)363-4057 (Area Code) (Telephone Number)	
Internet Web Site Address				
Statutory Statement Contact	Andrea O Reagan (Name) areagan@aultcare.com (E-Mail Address)		(330)363-3325 (Area Code)(Telephone Number)(Extension) (330)363-5012 (Fax Number)	

**OFFICERS**

Name	Title
Todd Hawke	Chairman
Joseph Feltes Esq.	Vice Chairman
Daniele Caserta	Treasurer
Robert Mullen	Secretary

**OTHERS**

**DIRECTORS OR TRUSTEES**

Daniele Caserta  
Todd Hawke  
Geoffrey Karcher  
Robert Mullen  
Jeff Dafler #

Joseph Feltes  
Francis Hayden  
Steven Meeks  
Mark Rosneck  
Cindy Stevens

State of Ohio  
County of Stark ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signature  
 Todd Hawke  
 Printed Name  
 1.  
 Chairman  
 Title

Signature  
 Robert Mullen  
 Printed Name  
 2.  
 Secretary  
 Title

Signature  
 Daniele Caserta  
 Printed Name  
 3.  
 Treasurer  
 Title

Subscribed and sworn to before me this  
 15 day of May, 2024

Notary Public Signature

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

Yes[X] No[]

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

**DIRECTORS OR TRUSTEES (continued)**

Leonard Stevens

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....				
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....113,714), cash equivalents (\$.....12,260,099) and short-term investments (\$.....0) .....	12,373,813		12,373,813	10,666,490
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	12,373,813		12,373,813	10,666,490
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	648,905		648,905	1,063,892
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....0) and other amounts receivable .....	1,202,602	802,660	399,942	1,716,460
25. Aggregate write-ins for other-than-invested assets .....				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	14,225,320	802,660	13,422,660	13,446,842
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	14,225,320	802,660	13,422,660	13,446,842
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Surplus Note Receivable .....				
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	1,028,748		1,028,748	992,863
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	9,100		9,100	9,100
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	716,679		716,679	1,202,267
9. General expenses due or accrued	1,028,107		1,028,107	1,003,688
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	131,460		131,460	75,400
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	3,007,428		3,007,428	2,753,324
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	5,921,522		5,921,522	6,036,642
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX	1,500,000	1,500,000
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	6,001,138	5,910,200
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	7,501,138	7,410,200
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	13,422,660	13,446,842
<b>DETAILS OF WRITE-INS</b>				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. <b>TOTALS</b> (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. <b>TOTALS</b> (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. <b>TOTALS</b> (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year	Prior Year
			To Date	Ended
	1	2	3	4
1.	Uncovered	Total	Total	Total
1. Member Months .....	XXX .....	23,999	21,780	86,993
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	2,773,909	2,699,010	9,853,991
3. Change in unearned premium reserves and reserve for rate credits .....	XXX .....			
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX .....			
5. Risk revenue .....	XXX .....			
6. Aggregate write-ins for other health care related revenues .....	XXX .....			
7. Aggregate write-ins for other non-health revenues .....	XXX .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	2,773,909	2,699,010	9,853,991
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		7,170,628	6,859,495	27,008,295
10. Other professional services .....		53,750		297,228
11. Outside referrals .....				
12. Emergency room and out-of-area .....		252,222	227,743	1,004,203
13. Prescription drugs .....		1,366,903	1,108,269	4,784,660
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		8,843,503	8,195,508	33,094,386
<b>Less:</b>				
17. Net reinsurance recoveries .....		7,635,320	6,980,150	28,889,658
18. Total hospital and medical (Lines 16 minus 17) .....		1,208,183	1,215,358	4,204,728
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....0 cost containment expenses .....				(1,700)
21. General administrative expenses .....		1,155,767	1,406,307	4,331,797
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23. Total underwriting deductions (Lines 18 through 22) .....		2,363,950	2,621,665	8,534,825
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	409,959	77,345	1,319,166
25. Net investment income earned .....		145,584		190,794
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....		145,584		190,794
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX .....	555,543	77,345	1,509,960
31. Federal and foreign income taxes incurred .....	XXX .....	50,259		75,400
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	505,284	77,345	1,434,560
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX .....			
0602. ....	XXX .....			
0603. ....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX .....			
0701. ....	XXX .....			
0702. ....	XXX .....			
0703. ....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX .....			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	7,410,200	5,455,072	5,455,073
34. Net income or (loss) from Line 32 .....	505,284	77,345	1,434,560
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(414,346)	(494,906)	520,567
40. Change in unauthorized and certified reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	90,938	(417,561)	1,955,127
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	7,501,138	5,037,512	7,410,200
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

STATEMENT AS OF March 31, 2024 OF THE Canton Regional Chamber Health Fund  
**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	2,957,412	3,661,562	9,982,398
2. Net investment income .....	145,584		190,794
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	3,102,996	3,661,562	10,173,192
5. Benefit and loss related payments .....	245,707	1,856,556	3,947,981
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,155,767	990,842	4,679,681
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	(5,801)		
10. TOTAL (Lines 5 through 9) .....	1,395,673	2,847,398	8,627,662
11. Net cash from operations (Line 4 minus Line 10) .....	1,707,323	814,164	1,545,530
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....			
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....			
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....			
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,707,323	814,164	1,545,530
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	10,666,490	9,120,960	9,120,960
19.2 End of period (Line 18 plus Line 19.1) .....	12,373,813	9,935,125	10,666,490

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20,0001 .....			
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
	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	
<b>Total Members at end of:</b>															
1. Prior Year	7,416			7,416											
2. First Quarter		8,023			8,023										
3. Second Quarter															
4. Third Quarter															
5. Current Year															
6. Current Year Member Months		23,999			23,999										
<b>Total Member Ambulatory Encounters for Period:</b>															
7. Physician															
8. Non-Physician															
9. Total															
10. Hospital Patient Days Incurred		473			473										
11. Number of Inpatient Admissions		128			128										
12. Health Premiums Written (a)		11,916,483			11,916,483										
13. Life Premiums Direct															
14. Property/Casualty Premiums Written															
15. Health Premiums Earned		11,916,483			11,916,483										
16. Property/Casualty Premiums Earned															
17. Amount Paid for Provision of Health Care Services															
18. Amount Incurred for Provision of Health Care Services		8,843,503			8,843,503										

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

**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
<b>Claims unpaid (Reported)</b>						
Claims Payable .....	35,885					35,885
0199999 Individually Listed Claims Unpaid .....	35,885					35,885
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						35,885
0399999 Aggregate Accounts Not Individually Listed - Covered .....						35,885
0499999 Subtotals .....	35,885					35,885
0599999 Unreported claims and other claim reserves .....						992,863
0699999 Total Amounts Withheld .....						1,028,748
0799999 Total Claims Unpaid .....						1,028,748
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						1,028,748

## UNDERWRITING AND INVESTMENT EXHIBIT

		ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE					
		Claims Paid Year to Date 1 On Claims Incurred Prior to January 1 of Current Year	Claims On Claims Incurred During the Year	Liability End of Current Quarter 2 3 On Claims Unpaid Dec 31 of Prior Year	Claims Incurred On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1-3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1.	Comprehensive (hospital & medical) Individual	788,030		1,586,871	50,000	978,748	838,030
2.	Comprehensive (hospital & medical) Group						992,863
3.	Medicare Supplement						
4.	Vision only						
5.	Dental only						
6.	Federal Employees Health Benefits Plan						
7.	Title XVIII - Medicare						
8.	Title XIX - Medicaid						
9.	Credit A&H						
10.	Disability Income						
11.	Long-Term Care						
12.	Other health						
13.	Health subtotal (Lines 1 to 12)	788,030		1,586,871	50,000	978,748	838,030
14.	Healthcare receivables (a)			1,202,602			992,863
15.	Other non-health						
16.	Medical incentive pools and bonus amounts						
17.	Totals (Lines 13 - 14 + 15 + 16)	788,030	384,269	50,000	978,748	838,030	992,863

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

# **Notes to Financial Statements**

The Canton Regional Chamber Health Fund Trust was licensed effective December 7, 2017. The Fund began full operations February 1, which reflects 2018 as the first full year of operations.

## **1. SUMMARY OF SIGNIFICANT ACCOUNT POLICIES AND GOING CONCERN**

### **A. Accounting Practices**

Canton Regional Chamber Health Fund Trust's (the Company or CRC Health Fund Trust) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI) and in accordance with the Accounting Practices and Procedures Manual.

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining and reporting the financial condition and results of operations of a MEWA for determining its solvency under Ohio Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) in effect for the accounting periods covered in the statutory basis financial statements.

No significant differences exist between the practices prescribed and permitted by the State of Ohio and those prescribed and permitted by the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

	SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) Static basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	505,284	1,434,560
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				0	0
<b>SURPLUS</b>					
(5) Static basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	7,501,138	7,410,200
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				0	0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	7,501,138	7,410,200

### **B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements**

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods.

### **C. Accounting Policy**

The Company uses the following accounting policies:

- 1) Cash and Short-Term Investments  
Cash and short-term investments include cash held in a bank account.
- 2) The Company holds no bonds
- 3) The Company holds no Common Stock
- 4) The Company holds no Preferred Stock
- 5) The Company holds no Mortgage Loans on real estate
- 6) The Company holds no Loan backed securities
- 7) The Company holds no investments in subsidiaries, controlled or affiliated entities
- 8) The Company has no investment interests with respect to joint ventures, partnerships or limited liability companies
- 9) The Company holds no derivatives
- 10) The Company has no Premium Deficiency Reserves
- 11) The Company has estimated claims reserve based on actuarial projections and anticipated enrollment.
- 12) The Company does not carry any fixed assets on the statutory basis financial statements.
- 13) The Company uses current year received pharmacy rebate as a percentage of current year claims expense to estimate current rebate receivable off of the annual (qtr) claims in accordance with SSAP 84.

### **D. Going Concern**

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

## **2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS**

No changes in accounting principles or correction of errors have been recorded during the year ended March 31, 2024.

## **3. BUSINESS COMBINATIONS AND GOODWILL**

**A-D** The Company was not party to a business combination during the year ended March 31, 2024 and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

# Notes to Financial Statements

## 4. DISCONTINUED OPERATIONS

### A. Discontinued Operations Disposed of or Classified as Held for Sale

(1-4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2023.

### B. Change in Plan of Sale of Discontinued Operation – Not applicable.

### C. Nature of any Significant Continuing involvement with Discontinued Operations after Disposal - Not applicable.

### D. Equity Interest Retained in the Discontinued Operation after Disposal - Not applicable.

## 5. INVESTMENTS AND OTHER INVESTED ASSETS

### A. Mortgage Loans

The Company has no investments in Mortgage Loans.

### B. Debt Restructuring

The Company has no Debt Restructuring investments.

### C. Reverse Mortgages

The Company has no investments in Reverse Mortgage.

### D. Loan Backed Securities

The Company has no investments in Loan Backed Securities.

### E-I. Repurchase Agreements

The Company has no investments in Repurchase Agreements.

### J. Real Estate

The Company has no Real Estate investments.

### K. Investments in low-income housing tax credits

The Company has no investments in low-income housing tax credits.

### L. Restricted Assets

The Company has no investments in Restricted Assets.

### M. Working Capital Finance Investments

The Company has no Working Capital Finance Investments.

### N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivative, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

### O. 5\* Securities

The Company does not have any investments with an NAIC designation of 5\* as of March 31, 2024.

### P. Short Sales

The Company has no Short Sale investments

### Q. Prepayment Penalty and Acceleration Fees

The Company did not sell, redeem or dispose of any assets.

### R. Cash Pools

The Company had no reporting of the cash pool by asset type during the periods reported.

## 6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

**A-B** The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint venture, partnerships, and limited liability companies during the statement periods.

## 7. INVESTMENT INCOME

**A.** The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued – Not applicable.

**B.** There were no investment income amounts excluded from the statutory basis financial statements

## 8. DERIVATIVE INSTRUMENTS

**A-F** The Company has no derivative instruments.

## 9. INCOME TAXES

**A. Deferred Tax Asset/Liability**

The Company does not have Deferred Tax Asset/Liability

## **Notes to Financial Statements**

**B. Unrecognized Deferred Tax Liabilities**

(1-4) There are no unrecognized deferred tax liabilities for the period ended March 31, 2024.

**C. Significant Components of Income Taxes**

For the period ended March 31, 2024, the Company reported current income tax expense of \$50,259 related to interest and dividends from its money market account.

**D. The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes.**

The Company applies the provisions of accounting standards for uncertain income tax provisions. These standards require that a tax position be recognized or derecognized based on a more likely than not threshold. This applies to positions taken or expected to be taken in a tax return. The Company does not believe its statutory financial statements include any uncertain tax positions for the period ended March 31, 2024. Further, there were no income tax related penalties or interest incurred by the Company for the period ended March 31, 2024.

**E. Amounts of operating loss and tax credit carry-forwards available for tax purposes**

Not applicable.

**F. Consolidated of Federal Income Tax Return**

Not applicable.

**G. Federal and foreign loss contingencies as determined in accordance with SSAP 5R** – Not applicable

### **10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

**A. Nature of the Relationship**

None

**B&C. Transactions with Affiliated Organizations**

The Company has no transactions with Affiliated Organizations

**D. Amounts Due to/from related parties**

The Company has no balances due to/from related parties

**E. Guarantees or undertakings** –None**F. Material Management, Service Contracts and Cost-Sharing arrangements** - None**G. Control Relationship**

The Company's is sponsored by the Canton Regional Chamber of Commerce

**H. Investments in upstream intermediate entities or ultimate parent** - None**I. Investment in SCA entity** - None**J. Investment in impaired SCA entity** - None**K. Investments in foreign insurance subsidiaries** - None**L. Investments in downstream noninsurance holding company** - None**M. All SCA investment** – None**N. Investment in insurance SCAs** - None

### **11. DEBT**

**A.-B.** The Company had no outstanding debt with third parties or outstanding Federal Home Loan Bank agreements during 2024.

### **12. RETIREMENT PLANS**

**A.-I** The Company has no defined benefit, defined contribution, multiemployer, compensated absences or consolidated/holding company plans. There are no postemployment benefits, and the company is not impacted by the Medicare Modernization Act.

### **13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

1. The Canton Regional Chamber Health Fund Trust is sponsored by the Canton Regional Chamber of Commerce.

2. **Dividend rate, liquidation value** – Not applicable.

3. **Dividend Restrictions** – Not applicable.

4. **Date and amounts of dividends paid** – Not applicable.

5. **Portion of reporting entity's profits that can be paid as ordinary dividends** – Not applicable.

# Notes to Financial Statements

6. **Restrictions on unassigned funds** – None
7. **Mutual Reciprocals** – None
8. **Stock held by the Company for special purposes** – None
9. **Special surplus funds** – None
10. **The portion of unassigned surplus represented or reduced** – None
11. **Surplus Notes:**

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
11/15/2017	0%	\$750,000	\$750,000	\$0	\$0	N/A	N/A
12/31/2018	0%	\$750,000	\$750,000	\$0	\$0	N/A	N/A
1311999 Total		\$1,500,000	*	\$0	\$0	\$0	XXX

The surplus notes, totaling \$1,500,000, listed in the above table, was issued pursuant to Rule 144A under the Securities Act of 1933, underwritten by AultCare Insurance Company.

The surplus note has the following repayment conditions and restrictions:

1. **Regulatory Approval**
  - a. Principal shall only be repaid out of the surplus earning of the Borrower
  - b. Principal may not be paid until the surplus of the Borrower (as determined in accordance with Chapter 1739 and Title 39 of the Ohio Revised Code as applicable to multiple employer welfare arrangements that offer or provide group self-insured programs) remaining after such repayment is no less in amount than the principal remaining after such repayment
  - c. Principal shall not be repaid without the prior written consent of the Superintendent of the Ohio Department of Insurance of the Ohio Department of Insurance
2. **Forgiveness of Debt** – To the extent that a payment of all or a portion of the principal is prohibited pursuant to the provisions under the Regulatory Approval section above shall not be considered to be a forgiveness of the indebtedness.
3. **Acceleration** -The Borrower covenants if:
  - a. Default is made in the payment of principal when such principal becomes due and payable, other than to the extent that such principal payment is prohibited under Regulatory Approval section above.
  - b. Borrower fails to
    - i. use its reasonable best efforts to obtain approval of the Superintendent of the Ohio Department of Insurance to pay principal on or prior to the date on which any such principal shall otherwise be due and payable or
    - ii. upon receipt of approval of the Superintendent of the Ohio Department of Insurance, promptly make payment to the holder hereof of amounts then past due and owing the portion thereof approved by the Superintendent of the Ohio Department of Insurance
  - c. Borrower fails to deliver to the holder
    - i. as soon as available after the end of each fiscal year, an annual financial statement of Borrower audited by an independent certified public accountant as filed with the Superintendent of the Ohio Department of Insurance
    - ii. as soon as available after the end of each fiscal year, a quarterly financial statement as filed with the Superintendent of the Ohio Department of Insurance

The liquidation preference to the insurer's common and preferred shareholders are as follows:

4. **Subordination** – In the event of the liquidation of the Borrower, the claims under this Surplus Note shall be paid (consistent with the statutory accounting practices as required by the National Association of Insurance Commissioners or as otherwise required by the Ohio Department of Insurance) out of any assets remaining after the payment of all policy obligations and all other liabilities but before distribution of assets to members participating in the Canton Regional Chamber Health Fund.
5. **Prepayment** – Subject to Regulatory approval, payments of principal on this Surplus Note may be repaid or prepaid by the Borrower, at its sole discretion, in whole or at any time or in part from time to time without premium or penalty.
6. **Impairment of Liability**: No provision of the Surplus Note shall alter or impair the obligation of the Borrower, which is absolute and unconditional, to pay the principal except in the case of the Canton Regional Chamber Health Fund's liquidation or by Regulatory authority.
7. **Liabilities and Offset**: The obligation to pay the Surplus Note shall not form a part of the Canton Regional Chamber Health Fund's legal liabilities until authorized for payment by the Superintendent of the Ohio Department of Insurance. The obligation may not be offset or be subject to recoupment with respect to any liability or obligation owed.
8. **Payment Day**: Payment will be made on a business day.
9. **Obligation Unsecured**: No agreement or interest securing any obligation of the Canton Regional Chamber Health Fund shall apply to or secure the obligation under the Surplus Note.

## **Notes to Financial Statements**

10. **Consolidation and Merger:** In the event of consolidation or merger into another entity, the entity into which the Canton Regional Chamber Health Fund merges or consolidates into must assume the liability of the Borrower.
11. **Governing Law:** The Surplus Note shall be deemed a contract made under and interpreted in accordance of the laws of the State of Ohio.
12. **Restatement of quasi-reorganizations** – Not applicable
13. **Quasi-reorganization effective date** – Not applicable

### **14. CONTINGENCIES**

- A. **Contingent commitments** – None
- B. **Assessments** – None
- C. **Gain Contingencies** – None
- D. **Claims related extra contractual obligation and bad faith losses stemming from lawsuits** - None
- E. **Joint and Several Liabilities** - None
- F. **All other contingencies** - None

### **15. LEASES**

- A. **Lessee Operating Lease**  
The Company has not entered into any Lessee Operating Leases
- B. **Lessor Leases**  
The Company has not entered into any Lessor Leases.

### **16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

(1-4) The Company does not hold any financial instruments with off-balance sheet risk or have any concentrations of credit risk.

### **17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

A-C The Company did not participate in any transfer of receivables, financial assets or wash sales.

### **18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**

A-B. The Company has no operations from Administrative Services Only Contracts or Administrative Services Contracts in 2023.

C. The Company did not have Medicare or Other Similarly Structured Cost Based Reimbursement Contracts.

### **19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS**

The Company does not have any direct premiums written or produced by managing general agents or third-party administrators in 2024.

### **20. FAIR VALUE MEASUREMENT**

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

*Level 1* – Quoted (unadjusted) prices for identical assets in active markets

*Level 2* - Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rate, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by observable market data

*Level 3* – Unobservable inputs that cannot be corroborated by observable market data.

- A. Assets and liabilities measured and reported at fair value.

# Notes to Financial Statements

## G. Fair value measurements at the reporting date.

### 1) Fair value measurements at the reporting date:

A Fair Value	Description for each class of asset or liability	Level 1	Level 2	Level 3	Total
<b>a. Assets at fair value</b>					
Cash and short-term investments		\$12,373,813	\$0	\$0	\$12,373,813
<b>Perpetual preferred stock</b>					
Industrial and misc.		\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates		\$0	\$0	\$0	\$0
Total perpetual and preferred stock		\$0	\$0	\$0	\$0
<b>Bonds</b>					
U.S. Governments		\$0	\$0	\$0	\$0
Industrial and misc.		\$0	\$0	\$0	\$0
Hybrid securities		\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates		\$0	\$0	\$0	\$0
Total Bonds		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
<b>Common Stock</b>					
Industrial and misc.		\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates		\$0	\$0	\$0	\$0
Total Common Stock		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
<b>Derivative assets</b>					
Interest rate contracts		\$0	\$0	\$0	\$0
Foreign exchange contracts		\$0	\$0	\$0	\$0
Credit contracts		\$0	\$0	\$0	\$0
Commodity futures contracts		\$0	\$0	\$0	\$0
Commodity forwards contracts		\$0	\$0	\$0	\$0
Total derivatives		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
<b>Separate account assets</b>					
		\$0	\$0	\$0	\$0
<b>Total assets at fair value</b>		<b>\$12,373,813</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,373,813</b>

The company had no Level 2 or Level 3 assets.

### 2) Fair value measurements in (Level 3) of the Fair Value Hierarchy

The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value.

### 3) Policy for determining when transfers between levels are recognized

Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the period ended March 31, 2024.

### 4) Investments

The Company has no investments in U.S. Treasury and U.S. Government Agency bond securities.

### 5) Derivative asset and liabilities

The Company has no derivative assets and liabilities to discuss.

#### A. Fair Value Combination - Not applicable

#### B. Aggregate Fair Value Hierarchy – Not applicable

#### C. Not practicable to estimate fair value – Not applicable

## 21. OTHER ITEMS

A. The Company did not encounter any unusual or infrequent items for the period ended March 31, 2024.

B. The Company has no troubled debt restructurings as of March 31, 2024.

C. The Company does not have any amounts not recorded in the statutory basis financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

D. The Company has not received any business interruption insurance recoveries in 2024.

E. The Company has no transferable or non-transferable state tax credits.

# Notes to Financial Statements

- F. The Company has no Subprime Mortgage Related Exposure.
- G. The Company does not have any retained asset accounts for beneficiaries
- H. The Company does not have Insurance-Linked Securities (ILS) Contracts

## 22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through March 31, 2024, which is the date these statutory basis financial statement were available for issuance.

### **TYPE I – Recognized Subsequent Events**

There are no Recognized events subsequent to March 31, 2024, that require recognition and disclosure.

### **TYPE II – Non –Recognized Subsequent Events**

There are no Non-Recognized events subsequent to March 31, 2024, that require recognition and disclosure.

## 23. REINSURANCE

**Reinsurance Agreements** – In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with reinsurers.

### A. Ceded Reinsurance Report

#### Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
 Yes ( ) No (X)

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?  
 Yes ( ) No (X)

If yes, give full details.

#### Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?  
 Yes ( ) No (X)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the report entity may consider the current the current or anticipated experience of the business reinsured in making the estimate. \$ \_\_\_\_\_  
 b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$ \_\_\_\_\_

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under reinsurance policies?

Yes ( ) No (X)

If yes, give full details.

#### Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for other than for nonpayment of premium or other similar credits reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, what is the amount of the reinsurance credits, whether an asset or a reduction of a liability, taken for such new agreements or amendments? \$ \_\_\_\_\_

## **Notes to Financial Statements**

- B. Uncollectible Reinsurance** - During 2024, there have been no uncollectible reinsurance recoverables.
- C. Commutation of Ceded Reinsurance** - There has been no commutation of reinsurance in 2024.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation** - Not applicable.

### **24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACT SUBJECT TO REDETERMINATION**

**A-E.** None

### **25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES**

**A-B.** Reserves as of March 31, 2024 totaled \$1,028,748. \$788,030 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are approximately \$50,000. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

### **26. INTERCOMPANY POOLING ARRANGEMENTS**

**A-G.** The Company has no intercompany pooling arrangements in 2024.

### **27. STRUCTURED SETTLEMENTS** - None

### **28. HEALTH CARE AND OTHER AMOUNTS RECEIVABLE**

**A** The Company follows the guidance of Statement of Statutory Accounting Principles (SSAP) No. 84 for its pharmacy rebates receivable. Pharmacy rebates receivable consist of estimated amounts and billed amounts. Estimated amounts are related to prescriptions filled during the three months immediately following quarter-end. Billed amounts represent those that have been accepted in writing, but not collected at the time of the reporting date. Being that the company does not confirm billed amounts within two months of the reporting date, only estimated amounts are admitted at the time of quarter-end.

Pharmacy rebates receivable are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates. Pharmacy rebates as of the end of each quarter for the years ended March 31, 2024, 2022, and 2021 are as follows:

Quarter	Estimated Pharmacy Rebates as Reported on FS	Pharmacy Rebates as Invoiced	Actual Collected within 90 Days of Invoicing	Actual Collected within 91 to 180 Days of Invoicing	Actual Collected More than 180 Days of Invoicing
3/31/2024	399,942.50	399,942.50			
12/31/2023	749,117.00	779,557.00	135,334.78	-	
9/30/2023	712,920.00	716,659.00	693,007.00	468,227.82	
6/30/2023	701,960.00	397,485.00	138,688.00	-	621,719.30
3/31/2023	707,644.00	689,588.00	100,577.00	637,669.00	130,723.10
12/31/2022	584,289.00	113,156.00	581,122.00	144,673.00	4,057.60
9/30/2022	405,983.00	19,661.00	45,727.00	359,848.00	2,137.37
6/30/2022	407,772.00	291,828.00	17,834.00	519,044.00	38.56
3/31/2022	257,782.00	61,130.00	30,020.00	504,026.00	(111.29)
12/31/2021	351,229.00	184,025.00	-	91,590.00	4,080.48
9/30/2021	255,000.00	47,923.00	82,670.00	390,254.00	186,229.00
6/30/2021	255,000.00	131,794.00	91,695.00	348,725.00	459,260.00
3/31/2021	243,333.00	131,794.00	247,301.00	-	(98,916.00)

**B.** The Company does not have any Risk-Sharing Receivables.

### **29. PARTICIPATING POLICIES**

The Company did not have any participating contracts in 2024.

### **30. PREMIUM DEFICIENCY RESERVES**

**A.** The Company does not have Premium Deficiency Reserves.

1. Liability carried for premium deficiency reserves \$ 0
2. Date of the most recent evaluation of this liability 3/31/24
3. Was anticipated investment income utilized in the calculation? (Yes / No) No

## **Notes to Financial Statements**

### **31. ANTICIPATED SALVAGE AND SUBROGATION**

Due to the type of business being written, the Company has no salvage. As of March 31, 2024, the Company had no specific accruals established for outstanding subrogation.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]  
Yes[ ] No[ ] N/A[X]

1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[ ] No[X]

3.2 If yes, complete Schedule Y, Parts 1 and 1A. Yes[ ] No[X]

3.3 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]

3.4 If the response to 3.2 is yes, provide a brief description of those changes: \_\_\_\_\_ Yes[ ] No[X]

3.5 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]

4.1 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Yes[ ] No[X]

4.2 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]

4.3 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Yes[ ] No[X]

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]

5.1 If yes, attach an explanation. .....

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/26/2021.....

6.4 By what department or departments? .....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]

7.2 If yes, give full information .....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. .....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. .....

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; .....

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; .....

(c) Compliance with applicable governmental laws, rules and regulations; .....

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and .....

(e) Accountability for adherence to the code. .....

9.11 If the response to 9.1 is No, please explain: .....

9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]

11.2 If yes, give full and complete information relating thereto: .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]

14.2 If yes, please complete the following: .....

## GENERAL INTERROGATORIES (Continued)

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]  
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]  
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....	0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....	0
16.3 Total payable for securities lending reported on the liability page	\$ .....	0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
.....	.....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]  
 17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
.....	.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[ ] No[X]  
 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[ ] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[ ] No[X]  
 18.2 If no, list exceptions:

The company had no investments as of March 31, 2024

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[ ] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[ ] No[X]

## GENERAL INTERROGATORIES (Continued)

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes  No

## GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent	.....	43.500%
1.2 A&H cost containment percent	.....	1.000%
1.3 A&H expense percent excluding cost containment expenses	.....	43.000%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$.....	0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]	
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$.....	0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[ ] No[X]	
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[ ] No[X]	

## SCHEDULE S - CEDED REINSURANCE

## Showing All New Reinsurance Treaties - Current Year to Date

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS****Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL) .....	N .....									
2. Alaska (AK) .....	N .....									
3. Arizona (AZ) .....	N .....									
4. Arkansas (AR) .....	N .....									
5. California (CA) .....	N .....									
6. Colorado (CO) .....	N .....									
7. Connecticut (CT) .....	N .....									
8. Delaware (DE) .....	N .....									
9. District of Columbia (DC) .....	N .....									
10. Florida (FL) .....	N .....									
11. Georgia (GA) .....	N .....									
12. Hawaii (HI) .....	N .....									
13. Idaho (ID) .....	N .....									
14. Illinois (IL) .....	N .....									
15. Indiana (IN) .....	N .....									
16. Iowa (IA) .....	N .....									
17. Kansas (KS) .....	N .....									
18. Kentucky (KY) .....	N .....									
19. Louisiana (LA) .....	N .....									
20. Maine (ME) .....	N .....									
21. Maryland (MD) .....	N .....									
22. Massachusetts (MA) .....	N .....									
23. Michigan (MI) .....	N .....									
24. Minnesota (MN) .....	N .....									
25. Mississippi (MS) .....	N .....									
26. Missouri (MO) .....	N .....									
27. Montana (MT) .....	N .....									
28. Nebraska (NE) .....	N .....									
29. Nevada (NV) .....	N .....									
30. New Hampshire (NH) .....	N .....									
31. New Jersey (NJ) .....	N .....									
32. New Mexico (NM) .....	N .....									
33. New York (NY) .....	N .....									
34. North Carolina (NC) .....	N .....									
35. North Dakota (ND) .....	N .....									
36. Ohio (OH) .....	L .....	11,916,483								11,916,483
37. Oklahoma (OK) .....	N .....									
38. Oregon (OR) .....	N .....									
39. Pennsylvania (PA) .....	N .....									
40. Rhode Island (RI) .....	N .....									
41. South Carolina (SC) .....	N .....									
42. South Dakota (SD) .....	N .....									
43. Tennessee (TN) .....	N .....									
44. Texas (TX) .....	N .....									
45. Utah (UT) .....	N .....									
46. Vermont (VT) .....	N .....									
47. Virginia (VA) .....	N .....									
48. Washington (WA) .....	N .....									
49. West Virginia (WV) .....	N .....									
50. Wisconsin (WI) .....	N .....									
51. Wyoming (WY) .....	N .....									
52. American Samoa (AS) .....	N .....									
53. Guam (GU) .....	N .....									
54. Puerto Rico (PR) .....	N .....									
55. U.S. Virgin Islands (VI) .....	N .....									
56. Northern Mariana Islands (MP) .....	N .....									
57. Canada (CAN) .....	N .....									
58. Aggregate other alien (OT) .....	XXX .....									
59. Subtotal .....	XXX .....	11,916,483								11,916,483
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....									
61. Total (Direct Business) .....	XXX .....	11,916,483								11,916,483

**DETAILS OF WRITE-INS**

58001. ....	XXX .....									
58002. ....	XXX .....									
58003. ....	XXX .....									
58998. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	XXX .....									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

1

4. Q - Qualified - Qualified or accredited reinsurer

5. N - None of the above - Not allowed to write business in the state

56

15 Schedule Y - Part 1 ..... NONE

16 Schedule Y Part 1A - Detail of Insurance Holding Company System ..... NONE

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE

No

AUGUST FILING

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

N/A

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



0000020243650001 (NAIC code not entered) 2024

Document Code 365

18 Overflow Page for Write-Ins .....	NONE
SI01 Schedule A Verification .....	NONE
SI01 Schedule B Verification .....	NONE
SI01 Schedule BA Verification .....	NONE
SI01 Schedule D Verification .....	NONE
SI02 Schedule D Part 1B .....	NONE
SI03 Schedule DA Part 1 .....	NONE
SI03 Schedule DA Verification .....	NONE
SI04 Schedule DB - Part A Verification .....	NONE
SI04 Schedule DB - Part B Verification .....	NONE
SI05 Schedule DB Part C Section 1 .....	NONE
SI06 Schedule DB Part C Section 2 .....	NONE
SI07 Schedule DB - Verification .....	NONE

**SCHEDULE E - PART 2 - VERIFICATION**  
**(Cash Equivalents)**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	10,600,822	
2. Cost of cash equivalents acquired	1,659,277	10,600,822
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	12,260,099	10,600,822
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	12,260,099	10,600,822

E01 Schedule A Part 2 .....	NONE
E01 Schedule A Part 3 .....	NONE
E02 Schedule B Part 2 .....	NONE
E02 Schedule B Part 3 .....	NONE
E03 Schedule BA Part 2 .....	NONE
E03 Schedule BA Part 3 .....	NONE
E04 Schedule D Part 3 .....	NONE
E05 Schedule D Part 4 .....	NONE
E06 Schedule DB Part A Section 1 .....	NONE
E07 Schedule DB Part B Section 1 .....	NONE
E08 Schedule DB Part D Section 1 .....	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity .....	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity .....	NONE
E10 Schedule DB Part E .....	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets .....	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets .....	NONE

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>									
Huntington National Bank	Canton, Ohio					70,015	26,500	113,714	XXX XXX
019998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	XXX						XXX
019999 Total - Open Depositories		XXX	XXX			70,015	26,500	113,714	XXX
029998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX	XXX						XXX
029999 Total - Suspended Depositories		XXX	XXX						XXX
039999 Total Cash On Deposit		XXX	XXX			70,015	26,500	113,714	XXX
049999 Cash in Company's Office		XXX	XXX	XXX	XXX				XXX
059999 Total		XXX	XXX			70,015	26,500	113,714	XXX

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Sweep Accounts</b>								
	Huntington Sweep Account #5302		08/28/2023		4.000	12,260,099		145,584
	8109999999 Subtotal - Sweep Accounts					12,260,099		145,584
	8609999999 Total Cash Equivalents					12,260,099		145,584



## MEDICARE PART D COVERAGE SUPPLEMENT (Net of Reinsurance)

NAIC Group Code: 0000

NAIC Company Code: 00000

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....	XXX .....			XXX .....	
2. Earned Premiums .....	XXX .....			XXX .....	XXX .....
3. Claims Paid .....	XXX .....			XXX .....	
4. Claims Incurred .....	XXX .....			XXX .....	XXX .....
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....			XXX .....		
6. Aggregate Policy Reserves - change .....				XXX .....	XXX .....
7. Expenses Paid .....				XXX .....	
8. Expenses Incurred .....		XXX .....		XXX .....	XXX .....
9. Underwriting Gain or Loss .....		XXX .....		XXX .....	XXX .....
10. Cash Flow Result .....	XXX .....	XXX .....	XXX .....	XXX .....	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	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
1.	Net premium income .....													
2.	Change in unearned premium reserves and reserve for rate credit .....													XXX
3.	Fee-for-service (net of \$.....0 medical expenses) .....													XXX
4.	Risk revenue .....													XXX
5.	Aggregate write-ins for other health care related revenues .....													XXX
6.	Aggregate write-ins for other non-health care related revenues .....													XXX
7.	TOTAL Revenues (Lines 1 to 6) .....													
8.	Hospital/medical benefits .....													
9.	Other professional services .....													
10.	Outside referrals .....													
11.	Emergency room and out-of-area .....													
12.	Prescription drugs .....													
13.	Aggregate write-ins for other hospital and medical .....													
14.	Incentive pool, withhold adjustments and bonus amounts .....													
15.	Subtotal (Lines 8 to 14) .....													
16.	Net reinsurance recoveries .....													
17.	TOTAL Hospital and Medical (Lines 15 minus 16) .....													
18.	Non-health claims (net) .....													
19.	Claims adjustment expenses including \$.....0 cost containment expenses .....													
20.	General administrative expenses .....													
21.	Increase in reserves for accident and health contracts .....													
22.	Increase in reserves for life contracts .....													
23.	TOTAL Underwriting Deductions (Lines 17 to 22) .....													
24.	Net underwriting gain or (loss) (Line 7 minus Line 23) .....													
<b>NON</b>														
<b>DETAILS OF WRITE-INS</b>														
0501.														XXX
0502.														XXX
0503.														XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page													XXX
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)													XXX
0601.														XXX
0602.														XXX
0603.														XXX
0698.	Summary of remaining write-ins for Line 6 from overflow page													XXX
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)													XXX
1301.														XXX
1302.														XXX
1303.														XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page													XXX
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)													XXX