



15461202420100102

2024

Document Code: 201

QUARTERLY STATEMENT
AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
AultCare Health Insuring Corporation

NAIC Group Code	4805 (Current Period)	4805 (Prior Period)	NAIC Company Code	15461	Employer's ID Number	46-3305099
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	07/11/2013		Commenced Business	01/01/2015		
Statutory Home Office	2600 Sixth Street SW (Street and Number)		Canton, OH, 44710 (City or Town, State, Country and Zip Code)			
Main Administrative Office	2600 Sixth Street SW Canton, OH, 44710 (Street and Number)		Canton, OH, 44710 (Area Code) (Telephone Number)			
Primary Location of Books and Records	2600 Sixth Street SW Canton, OH, 44710 (Street and Number)		Canton, OH, 44710 (Area Code) (Telephone Number)			
Internet Web Site Address	www.aultcare.com					
Statutory Statement Contact	Andrea Reagan areagan@aultcare.com (E-Mail Address)		(330)363-3325 (Area Code)(Telephone Number)(Extension) (330)363-5012 (Fax Number)			

OFFICERS

Name	Title
Mark D. Wright	President
Joseph J. Feltes	Secretary
Todd Hawke	Treasurer
Rick L. Haines	Executive Vice President

OTHERS

DIRECTORS OR TRUSTEES

Michael E. Hanke	Nihad Boutros M.D.
Brian Belden #	Rick L. Haines
Michael A. Rich M.D.	Mark D. Wright
John B. Humphrey Jr., M.D.	Darryl J. Dillenback
Joseph J. Feltes Esq.	Barbara Hammontree-Bennett
Todd Hawke	John Westerbeck M.D.

State of Ohio
County of Stark ss

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

(Signature)
Mark D Wright
(Printed Name)
1.
President
(Title)

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

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

Subscribed and sworn to before me this
day of _____, 2024

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

Yes[X] No[]

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Richard V. Maggiore

Robert Mullen J.D.

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	36,068,853		36,068,853	36,184,262
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	67,930,054		67,930,054	65,334,940
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 (\$.....390,846), cash equivalents (\$.....0) and short-term investments (\$.....0)	390,846		390,846	10,963,240
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets	8,645,790		8,645,790	8,589,343
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)	113,035,543		113,035,543	121,071,786
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	261,927		261,927	249,473
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,827,853		5,827,853	(55,953)
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	507,394		507,394	507,394
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	3,964,896		3,964,896	2,565,637
18.1 Current federal and foreign income tax recoverable and interest thereon				483,687
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	4,368		4,368	
24. Health care (\$.....6,724,853) and other amounts receivable	15,218,260	8,493,407	6,724,853	7,987,683
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)	138,820,242	8,493,407	130,326,835	132,809,707
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	138,820,242	8,493,407	130,326,835	132,809,707
DETAILS OF WRITE-INS				
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. Prepaid Expense				
2502. Intercompany				
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)	4,302,790		4,302,790	12,012,790
2. Accrued medical incentive pool and bonus amounts	655,238		655,238	482,242
3. Unpaid claims adjustment expenses	146,600		146,600	146,600
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	2,897,829		2,897,829	108,739
9. General expenses due or accrued	2,504,582		2,504,582	3,008,750
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	(122,389)		(122,389)	
10.2 Net deferred tax liability	300,113		300,113	300,113
11. Ceded reinsurance premiums payable	163,620		163,620	101,613
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	4,229,259		4,229,259	311,750
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)	15,077,641		15,077,641	16,472,597
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	68,069,349	68,069,349
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	47,179,929	48,267,761
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	115,249,278	116,337,110
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	130,326,919	132,809,707
DETAILS OF WRITE-INS				
2301. 0				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (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. TOTALS (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. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		4 Total
1. Member Months	XXX	78,585	85,066	169,228
2. Net premium income (including \$.....0 non-health premium income)	XXX	99,272,667	94,278,452	196,180,778
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	99,272,667	94,278,452	196,180,778
Hospital and Medical:				
9. Hospital/medical benefits		62,336,246	59,805,777	134,210,390
10. Other professional services				
11. Outside referrals		2,827,155	2,320,225	4,765,208
12. Emergency room and out-of-area		849,464	849,464	849,464
13. Prescription drugs		15,747,301	13,805,981	24,381,472
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		1,099,553	1,099,162	2,198,261
16. Subtotal (Lines 9 to 15)		82,859,719	77,880,610	166,404,795
Less:				
17. Net reinsurance recoveries				507,394
18. Total hospital and medical (Lines 16 minus 17)		82,859,719	77,880,610	165,897,401
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....1,101,911 cost containment expenses		1,361,310	1,981,167	2,781,367
21. General administrative expenses		14,198,352	12,064,055	25,818,299
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)		98,419,381	91,925,832	194,497,067
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	853,286	2,352,620	1,683,711
25. Net investment income earned		1,285,060	299,967	894,939
26. Net realized capital gains (losses) less capital gains tax of \$.....0		5,955	7,424,775	5,579,295
27. Net investment gains (losses) (Lines 25 plus 26)		1,291,015	7,724,742	6,474,234
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	2,144,301	10,077,362	8,157,945
31. Federal and foreign income taxes incurred	XXX	359,809	874,684	265,283
32. Net income (loss) (Lines 30 minus 31)	XXX	1,784,492	9,202,678	7,892,662
DETAILS OF WRITE-INS				
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. Reinsurance Claims				
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
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	116,337,110	104,866,655	104,866,655
34. Net income or (loss) from Line 32	1,784,492	9,202,678	7,892,662
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	1,768,165	12,578,541	9,493,435
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	442,041	3,144,635	1,359,617
39. Change in nonadmitted assets	(5,082,614)	186,403	(175,259)
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		(7,100,000)	(7,100,000)
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(1,087,915)	18,012,258	11,470,455
49. Capital and surplus end of reporting period (Line 33 plus 48)	115,249,195	122,878,913	116,337,110
DETAILS OF WRITE-INS			
4701. Aggregate write-ins for gains or (losses) in surplus			
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)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	96,389,375	93,287,702	196,897,250
2.	Net investment income	1,313,655	373,343	1,009,139
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	97,703,030	93,661,045	197,906,389
5.	Benefit and loss related payments	94,813,637	76,841,439	168,249,838
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	16,958,921	9,924,918	26,065,496
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	9		2,165,000
10.	TOTAL (Lines 5 through 9)	111,772,568	86,766,357	196,480,334
11.	Net cash from operations (Line 4 minus Line 10)	(14,069,538)	6,894,688	1,426,056
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds	3,227,701	3,715,344	7,058,034
12.2	Stocks			18,695
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	72,168	9,754,850	9,786,289
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	3,299,869	13,470,194	16,863,017
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	3,218,065	4,053,779	7,769,265
13.2	Stocks	161,760	138,051	338,219
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	336,041	0	
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	3,715,866	4,191,831	8,107,484
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)	(415,996)	9,278,363	8,755,533
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			(1)
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders		7,100,000	7,100,000
16.6	Other cash provided (applied)	3,913,140	(1,010,998)	(212,921)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	3,913,140	(8,110,998)	(7,312,922)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(10,572,394)	8,062,052	2,868,667
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	10,963,240	8,094,573	8,094,573
19.2	End of period (Line 18 plus Line 19.1)	390,846	16,156,625	10,963,240

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

20.0001	Cumulative effect of changes in accounting principles			
---------	---	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	14,507									14,507				
2. First Quarter	13,102									13,102				
3. Second Quarter	13,086									13,086				
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	78,585									78,585				
Total Member Ambulatory Encounters for Period:														
7. Physician	41,856									41,856				
8. Non-Physician	85,149									85,149				
9. Total	127,005									127,005				
10. Hospital Patient Days Incurred	47,912									47,912				
11. Number of Inpatient Admissions	5,132									5,132				
12. Health Premiums Written (a)	99,472,154									99,472,154				
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	99,472,154									99,472,154				
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	91,417,819									91,417,819				
18. Amount Incurred for Provision of Health Care Services	82,859,719									82,859,719				

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....99,472,154.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						4,302,790
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						4,302,790
0899999 Accrued Medical Incentive Pool And Bonus Amounts						655,238

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) Individual .....	.....	.....	.....	.....	.....	.....
2. Comprehensive (hospital & medical) Group .....	.....	.....	.....	.....	.....	.....
3. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Dental only .....	.....	.....	.....	.....	.....	.....
6. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
7. Title XVIII - Medicare	16,212,450	74,054,941	.....	4,302,789	16,212,450	12,916,128
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)	16,212,450	74,054,941	.....	4,302,789	16,212,450	12,916,128
14. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
15. Other non-health .....	.....	.....	.....	.....	.....	.....
16. Medical incentive pools and bonus amounts	427,004	617,311	172,996	482,242	600,000	600,000
17. Totals (Lines 13 - 14 + 15 + 16)	16,639,454	74,672,251	172,996	4,785,031	16,812,450	13,516,128

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

Notes to Financial Statements**CoSECTION A****1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The accompanying financial statements of AultCare Health Insuring Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

Note 1A	SSAP #	F/S Page #	F/S Line #	2024	2023
Net Income					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	xxx	xxx	xxx	<u>\$1,784,491</u>	<u>\$7,892,662</u>
(2) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable	_____	_____	_____	\$ -	\$ -
(3) State permitted practices that increase/(decrease) NAIC SAP Not Applicable	_____	_____	_____	\$ -	\$ -
(4) NAIC SAP (1-2-3-4)	xxx	xxx	xxx	<u>\$1,784,491</u>	<u>\$7,892,662</u>
Capital and Surplus					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	<u>\$115,249,194</u>	<u>\$116,337,110</u>
(6) State prescribed practices that increase/(decrease) NAIC SAP Not Applicable	_____	_____	_____	\$ -	\$ -
(7) State permitted practices that increase/(decrease) NAIC SAP Not Applicable	_____	_____	_____	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$115,249,194</u>	<u>\$116,337,110</u>

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

The preparation of financial statement in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$62,506,167. Of this amount, \$53,860,377 is invested in AultCare Insurance Company, this represents the statutory equity of AultCare Insurance Company. The company has a prepaid expense in AultCare Insurance Company in the amount of \$0. The Company also has an investment in West Tuscarawas Property Management in the amount of \$8,645,790, carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually

Notes to Financial Statements

reviewed and any adjustments are reflected in the period determined. The Company obtains an estimate of the liabilities for unpaid losses from its independent actuary calculations quarterly.

- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company's pharmacy rebates receivables are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates in accordance with SSAP. 84.

D. Going Concern

Management has concluded that there is no substantial doubt of the Company's ability to continue as a going concern.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

- A. The Company had no change in accounting principles and/or correction of errors during the periods reported.

3. BUSINESS COMBINATIONS AND GOODWILL

- A. The Company had no business combinations accounted for under the statutory purchase method during the periods reported.
- B. The Company was not part of any merger during the periods reported.
- C. The Company had no assumption of reinsurance during the periods reported.
- D. An impairment loss was not recognized during the periods reported.

4. DISCONTINUED OPERATIONS

- A-D. The Company did not discontinue any operations during the periods reported.

5. INVESTMENTS

- A. The Company had no investment in Mortgage Loan during the periods reported.
- B. The Company had no investments in Restructured Loans during the periods reported.
- C. The Company had no investments in Reverse Mortgages during the periods reported.
- D. The Company had no investments in Loan-Backed Securities during the periods reported.
- E. The Company had no investments in Repurchase Agreements during the periods reported.
- F. The Company had no repurchase agreements accounted for a secured borrowing.
- G. The Company had no reverse repurchase agreements accounted for a secured borrowing.
- H. The Company had no repurchase agreements accounted for as sales.
- I. The Company had no reverse repurchase agreements accounted for as sales
- J. The Company owns \$8,645,790 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.
- K. The Company has no investments in Low-Income Housing Tax Credits.
- L. The Company had no restricted assets.
- M. The Company had no Working Capital Finance Investments during the periods reported.
- N. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.
- O. The Company had no 5* Securities during the periods reported.
- P. The Company had no short sale securities.
- Q. The Company had no prepayment penalty or acceleration fees.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

- A. The Company had no investments in joint ventures, partnerships or limited liability companies during the periods reported.
- B. The Company had no impaired investments in joint ventures, partnerships or limited liability companies during the periods reported.

7. INVESTMENT INCOME

- A-B. The Company did not exclude any investment income due and accrued during the periods reported.

8. DERIVATIVE INSTRUMENTS

- A-B. The Company did not own derivative financial instruments during the periods reported.

9. INCOME TAXES

- A. The components of the net deferred tax asset/ (liability) at June 30, 2024 are as follows:

1. (reported in thousands)		6/30/2024			6/30/2023			Change		
		(1) Ordinary	(2) Capital	(3) Col 1+2 Total	(4) Ordinary	(5) Capital	(6) Col 4+5 Total	(7) Col 1-4 Ordinary	(8) Col 2-5 Capital	(9) Col 7+8 Total
(a)	Gross Deferred Tax Assets	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
(b)	Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c)	Adjusted Gross Deferred Tax Assets(1a-1b)	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
(d)	Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(e)	Subtotal (Net Deferred Tax Assets) (1c-1d)	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
(f)	Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
2. (reported in thousands)		6/30/2024			6/30/2023			Change		
Admission Calculation Components		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Notes to Financial Statements

SSAP No. 101		Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b)	Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets from 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)

Cont. Note 9 A 2

	1 Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
	2 Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	\$ 17,451	XXX	\$ 17,451	\$ 15,730	XXX	\$ 15,730	\$ 1,721	XXX	\$ 1,721
(c)	Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d)	Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
3. (reported in thousands)		2024		2023						
(a)	Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	631%		542%						
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 Above	\$116,337,110		\$104,153,026						
4. (reported in thousands)		6/30/2024			6/30/2023			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Impact of Tax Planning Strategies	Ordinary	Capital	Col 1+2 Total	Ordinary	Capital	Col 4+5 Total	Col 1-4 Ordinary	Col 2-5 Capital	Col 7+8 Total
(a)	Adjusted Gross DTA's (% of total adjusted gross DTA's)	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
(b)	Net Admitted Adjusted Gross DTA's (% of total net admitted adjusted gross DTA's)	\$ 56	\$ (356)	\$ (300)	\$ 557	\$ 157	\$ 714	\$ (501)	\$ (513)	\$ (1,014)
(c)	Does the Company's Tax Planning Strategies Include the Use of Reinsurance?	Yes	No X							

B. Not Applicable

C. Current Income Taxes Incurred consist of the following major components:

1. Current Income Tax			(1) 6/30/2024	(2) 6/30/2023	(3) (Col 1-2) Change
(a)	Federal		\$ 290,408	\$ 319,289	\$ (28,881)
(b)	Foreign		\$ -	\$ -	\$ -
(c)	Subtotal		\$ 290,408	\$ 319,289	\$ (28,881)
(d)	Federal Income Tax on Net Capital Gains		\$ -	\$ -	\$ -
(e)	Utilization of Capital Loss Carry-Forwards		\$ -	\$ -	\$ -
(f)	Other		\$ -	\$ -	\$ -
(g)	Federal and Foreign Income Taxes Incurred		\$ 290,408	\$ 319,289	\$ (28,881)
2. Deferred Tax Assets					
(a)	Ordinary				
(1)	Discounting of Unpaid Losses		\$ 17,850	\$ 17,850	\$ -
(2)	Unearned Premium Reserve		\$ 4,567	\$ 1,389	\$ 3,178
(3)	Policyholder Reserves		\$ 33,234	\$ 35,733	\$ (2,499)
(4)	Investments		\$ -	\$ -	\$ -
(5)	Deferred Acquisition Costs		\$ -	\$ -	\$ -
(6)	Policyholder Dividends Accrual		\$ -	\$ -	\$ -
(7)	Fixed Assets		\$ -	\$ -	\$ -
(8)	Compensation and Benefits Accrual		\$ -	\$ -	\$ -
(9)	Pension Accrual		\$ -	\$ -	\$ -
(10)	Receivables – Allowance		\$ -	\$ -	\$ -
(11)	Net Operating Loss Carry-Forward		\$ -	\$ 501,633	\$ (501,633)
(12)	Tax Credit Carry-Forward		\$ -	\$ -	\$ -
(13)	Other (including items <5% of total ordinary tax assets)		\$ -	\$ -	\$ -

Cont. Note 9 C 2

(b)	Subtotal	\$ 55,651	\$ 556,605	\$ (500,954)
(c)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(d)	Nonadmitted	\$ -	\$ -	\$ -
(e)	Admitted ordinary deferred tax assets (2a14- 2b-2c)	\$ (300,113)	\$ 713,628	\$ (1,013,741)
(f)	Capital	\$ 36,325	\$ 11,878	\$ 24,447
(g)	Net Capital Loss Carry-Forward	\$ (392,089)	\$ 145,145	\$ (537,234)

Notes to Financial Statements

	(2) Subtotal	\$ (355,764)	\$ 157,023	\$ (512,787)
(f)	Statutory valuation allowance adjustment	\$ -	\$ -	\$ -
(g)	Nonadmitted	\$ -	\$ -	\$ -
(h)	Admitted capital deferred tax assets (2e2 - 2f - 2g)	\$ (392,089)	\$ 145,145	\$ (537,234)
(i)	Admitted deferred tax assets (2d + 2h)	\$ (300,113)	\$ 713,628	\$ (1,013,741)
3.	Deferred Tax Liabilities			
(a)	Ordinary			
(1)	Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(b)	Capital	\$ -	\$ -	\$ -
(1)	Investments	\$ -	\$ -	\$ -
	(2) Subtotal	\$ -	\$ -	\$ -
(c)	Deferred tax liabilities (3a2 + 3b2)	\$ -	\$ -	\$ -
4.	Net deferred tax assets/liabilities (2i - 3c)	\$ (300,113)	\$ 713,628	\$ (1,013,741)

D. Among the more significant book to tax adjustments were the following:

	6/30/2024	Effective Tax Rate
Provision computed at statutory rate	\$ 290,408	20.9%
Change in nonadmitted assets	\$ -	0.0%
Tax exempt income, net of proration	\$ -	0.0%
Dividends received deduction, net of proration	\$ -	0.0%
Nondeductible expenses	\$ 3,818	8.0%
Elimination of IMR Amortization	\$ -	0.0%
Small Life Insurance Company Deduction	\$ -	0.0%
Prior year under (over) accrual	\$ 112,769	1.5%
Other	\$ 14,436	-27.4%
Total statutory income tax expense (benefit)	\$ 420,941	3.0%
	6/30/2024	Effective Tax Rate
Federal and foreign income taxes incurred	\$ 1,304,149	20.9%
Realized capital gains (losses) tax	\$ -	0.0%
Change in net deferred income taxes	\$ (1,013,741)	-44.1%
Total statutory income tax expense (benefit)	\$ 290,408	-23.1%

E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits

- (1) At June 30, 2024, the Company had \$0 net operating loss carry forwards available to offset against future taxable income.
- (2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
 - (a) 2024 \$0
 - (b) 2023 \$0
 - (c) 2022 \$0
- (3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.

F. The Company is included in a consolidated federal income tax return with the following affiliates: AultCare Insurance Company; Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; and MainSite Solutions ASO, LLC.

The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity in which is a party to the consolidation. In the event any federal Tax Benefit Item of the AultCare Companies for any taxable period after they cease being Members of the Consolidated Group is eligible to be carried back to a taxable period while the AultCare Companies were Members of the Consolidated Group, the AultCare Companies shall, where possible, elect to carry such amounts forward to subsequent taxable periods. If the AultCare Companies are required by law to carry back any such federal Tax Benefit Item, the AultCare Companies shall be entitled to a payment at the time and to the extent that such Tax Benefit Item reduces the federal income Tax liability of the Consolidated Group. For purposes of computing the amount of the payment described in this section, one or more federal Tax Benefit Items shall be considered to have reduced the Consolidated Group's federal income Tax liability in a given taxable period by an amount equal to the difference, if any, between (i) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed without regard to such federal Tax Benefit Item or Items and (ii) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed with regard to such federal Tax Benefit Item or Items. For the avoidance of doubt, if the AultCare Companies are required to carry back a federal Tax Benefit Item, such federal Tax Benefit Item shall reduce the Consolidated Group's federal income Tax liability only after all federal Tax Benefit Items of AultCare Holdings have been applied to reduce the Consolidated Group's federal income Tax liability in such taxable period. Appropriate reconciliation payments shall be made in the event that it is subsequently determined that a Tax Benefit Item did not reduce the Consolidated Group's federal income Tax liabilities,

Notes to Financial Statements

including by reason of any such Tax Benefit Item being subsequently disallowed in whole or in part or by reason of other Tax benefits becoming available.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A, B, C, The Company had the following transactions with affiliates.

The Company is a party to a Master Services Agreement with Aultman Health Foundation, the ultimate controlling person, under which AHF provides the Company with certain professional management, administration, billing, purchasing, physical plant, and staffing services and support. The Company paid Aultman Health Foundation \$746,498 and \$668,853, respectively, for services provided under the Master Services Agreement as of June 30, 2024 and 2023, respectively.

The Company has a capitation arrangement with Aultman Hospital and has paid \$23,123,648 and \$22,667,432 in capitated claims for its commercial enrollees as of June 30, 2024 and 2023, respectively. The company paid claims to affiliated companies in the amount of \$23,123,306 as of June 30, 2024.

The Company also is a party to a Management and Administrative Services Agreement with AultCare Corporation under which AultCare Corporation provides the Company with certain specified services, including (among others) management and administrative services, provider networking services, marketing and sales services, and office facilities. The Company paid AultCare Corporation \$9,333,217 and \$4,728,659, respectively, for services provided under the Management and Administrative Services Agreement as of June 30, 2024 and 2023, respectively.

D. The Company has an intercompany revolving credit facility in place with AultCare Insurance Company, a subsidiary. The Company owes \$4,217,970 and \$1,472,846 as of June 30, 2024 and June 30, 2023, respectively.

The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of June 30, 2024, the Company has paid Aultman Hospital \$3,774,938 for these future services.

E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.

F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various strategic administrative, marketing, and claims processing services for the Company.

G. All outstanding shares of the Company were owned by the Company's parent, AultCare Holding Company, a not-for-profit corporation domiciled in the State of Ohio.

H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.

I. The Company owns 100% of SCA entity AultCare Insurance Company which is carried at statutory equity as presented in AultCare Insurance Company's Quarterly statement. AultCare Insurance Company has assets valued at \$104,874,398, liabilities valued at \$54,555,976 and statutory surplus of \$50,318,423.

J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

K. The Company does not have an investment in a foreign insurance subsidiary.

L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.

M. The Company did not hold any other SCA Investments.

N. The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.

O. Per the instructions, the company's losses did not exceed the investment in AultCare Insurance Company.

11. DEBT

A-B. The Company did not have any debt including capital notes.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A-D. The Company had no defined benefit plans.

E. The Company participates in a defined contribution plan sponsored by Aultman Health Foundation.

Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$167,339 and \$155,074 as of June, 2024 and 2023 respectively.

F-I. The Company had no multiemployer plans, consolidated company plans, post-employment plans, compensated absences, or postretirement benefit plans during the periods reported.

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

(1) The Company has no common stock outstanding.

(2) The Company had no preferred stock outstanding.

(3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.

(4) The Company paid no dividends as of June 30, 2024 to AultCare Holding Company.

(5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.

Notes to Financial Statements

- (6) There were no restrictions placed on the Company's surplus.
- (7) The Total Amount of advances to surplus not repaid is \$0.
- (8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
For conversion of preferred stock: 0 shares.
A. For employee stock options: 0 shares.
B. For stock purchase warrants: 0 shares.
- (9) The Company did not have changes in the balances of any special surplus funds.
- (10) The Company did not have any surplus funds represented that were reduced
- (11) The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- (12) The Company had no restatements due to quasi-reorganizations during the periods reported.
- (13) The Company was not involved in a quasi-reorganization during the periods reported.

14. CONTINGENCIES

- A. The Company is not aware of any material contingent commitments.
- B. The Company is subject to the Ohio Life and Health Insurance Guaranty and do not know of any assessments that could have a material financial effect.
- C. The Company had no Gain Contingencies.
- D-F. Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

15. LEASES

- A. Lessee Operating Lease
 - (1) The Company has no operating leases. Corporate office facilities expense is covered through the management service agreement with AultCare Corporation in Note 10 above.

(2) At January 1, 2023, the minimum aggregate rental commitments are as follows:

Year Ending December 31		Operating Leases
1.	2023	\$ 188,690
2.	2024	\$ 188,690
3.	2025	\$ 31,448

- B. Leasing is not a significant part of the lessor's business activities in terms of revenue, net income, or assets.

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

- A. The Company had no financial instruments with off-balance sheet risk during the periods reported.

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

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfers of financial assets.
- C. The Company had no wash sales.

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

- A-C. The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans during the periods reported.

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

- A. The Company had no direct premium written or produced by managing general agents or third party administrators during the periods reported.

20. FAIR VALUE MEASUREMENT

- A. The Company has assets that are measured at fair value on a recurring basis.

(1)	Fair Value Measurements at Reporting Date				
	(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a. Assets at fair value					
Common Stock	\$ 14,069,677	\$ -	\$ -	\$ 14,069,677	
Total assets at fair value	\$ 14,069,677	\$ -	\$ -	\$ 14,069,677	

- (2) The Company had no assets with fair value measurements using significant unobservable inputs.
- (3) The Company uses the valuation technique that is based on the quoted prices in the active markets.
- (4) The Company has no Level 2 or Level 3 assets.
- (5) The Company does not have any derivative assets or liabilities.

- B. The Company does not have any other fair value assets to disclose.

- C. Fair Value Measurement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$17,776,119	\$18,899,314		\$17,776,119		
Industrial and Misc.	\$16,103,553	\$16,999,275		\$16,103,553		

Notes to Financial Statements

Common Stock	\$12,008,892	\$12,008,892	\$12,008,892
--------------	--------------	--------------	--------------

D. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either June 30, 2024, or 2023.

E. The Company had no fair value instruments or classes of financial instruments where it was not practicable to estimate the fair value at either June 30, 2024, or 2023.

21. OTHER ITEMS

- A. The Company did not experience an unusual or infrequent items that resulted in a gain or loss.
- B. The Company had no troubled debt to restructure.
- C. There are no other applicable disclosures.
- D. The Company did not have any Business Interruption Insurance Recoveries.
- E. The Company did not have any State Transferable Tax Credits.
- F. The Company had no Subprime Mortgage Related Risk Exposure.
- G. The Company had no retained assets.
- H. The Company has no Insurance Linked Securities.

22. EVENTS SUBSEQUENT

- A. As of August 15, 2024, there have been no Type I events subsequent to June 30, 2024, which would have a material effect on the financial condition of the Company or on the financial statement issued August 15, 2024
- B. As of August 15, 2024, there have been no Type II events subsequent to June 30, 2024, which would have a material effect on the financial condition of the Company or on the financial statement issued August 15, 2024

23. REINSURANCE

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)
- (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)

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 credits?
Yes () No (X)
- (2) Does the company 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 which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurers exceed the total direct premium collected under the reinsured policies?
Yes () No (X)

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 other than for nonpayment of premium or other similar credits that are 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 this statement, to included 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)
- B. The Company did not write off any uncollectible reinsurance during the periods reported.
- C. The Company did not have any commutation of ceded reinsurance during the periods reported.
- D. The Company did not have a Reinsurer Rating Downgrade or Status Subject to Revocation during the periods reported.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

- A. The Company's participation in the Medicare Advantage program involves a risk-sharing provision with CMS. CMS adjusts its payments to the Company based on how actual benefit cost varied from estimated benefit costs included in the Company Medicare Advantage bid.
- B. The Company records accrued retrospective premiums as an adjustment to earned premiums.
- C. The Company has no group health plans as of March 31, 2024. No other net premiums written by the Company are subject to retrospective rating features.
- D. The Company has no paid or payable medical loss rebates.
- E. The Company writes no business subject to the risk-sharing provisions of the Affordable Care Act.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

- A-B. Reserves as of December 31, 2023 were \$12,916,128. As of June 30, 2024, \$14,528,648 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0. Therefore, there has been 2,210,863 in an unfavorable prior-year

Notes to Financial Statements

development since December 31, 2023. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company had no intercompany pooling arrangements.

27. STRUCTURED SETTLEMENTS

A. The Company had no structured settlements.

28. HEALTH CARE RECEIVABLES

A. The Company follows the guidance of Statement of Statutory Accounting Principles (SSAP) No. 84 for its pharmacy rebates receivable. Pharmacy rates receivables consist of estimated amounts and billed amounts. Estimated amounts are related to prescriptions filled during the three months immediately following year-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 year-end.

Pharmacy rebates receivables 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 of 2024, 2023, 2022, 2021, and 2020 are as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
6/30/2024	\$2,915,428.00	\$3,239,363.00			
3/31/2024	\$2,845,858.00	\$3,160,512.00	\$1,510,862.00		
12/31/2023	\$2,625,745.00	\$2,917,495.00	\$2,620,366.00	\$208,682.00	
9/30/2023	\$2,535,265.00	\$2,831,851.00	\$ 805,051.00	\$ 1,746,905.00	\$269,013.00
6/30/2023	\$2,605,021.00	\$2,762,437.00	\$ 873,536.00	\$ 1,855,796.00	\$1,716,167.00
3/31/2023	\$ 2,618,236.00	\$3,070,411.00	\$ 787,011.00	\$ 1,925,049.00	\$ 14,603.00
12/31/2022	\$ 2,287,703.00	\$ 2,614,944	\$ 2,285,593.00	\$ -	\$ -
9/30/2022	\$ 2,382,889.00	\$ 2,606,832	\$ 683,505.00	\$ 1,686,771.00	\$ -
6/30/2022	\$ 2,372,432.00	\$ 2,873,195	\$ 693,744.00	\$ 1,646,870.00	\$ 23,226.00
3/31/2022	\$ 2,118,429.00	\$ 702,992	\$ 727,613.00	\$ 1,520,154.00	\$ 120,939.00
12/31/2021	\$ 2,028,210	\$ 1,865,678	\$ 410,342	\$ 2,159,979	\$ -
9/30/2021	\$ 2,219,914	\$ 1,526,733	\$ 601,186	\$ 1,702,170	\$ - 91,686
6/30/2021	\$ 2,142,806	\$ 1,728,912	\$ 595,091	\$ 1,469,513	\$ 206,567
3/31/2021	\$ 2,263,974	\$ 1,204,564	\$ 1,989,952	\$ -	\$ 247,201
12/31/2020	\$ 1,745,721	\$ 1,748,825	\$ 1,846,187	\$ -	\$ -
9/30/2020	\$ 2,752,400	\$ 1,738,247	\$ 1,886,488	\$ -	\$ -
6/30/2020	\$ 3,074,871	\$ 1,729,052	\$ 1,886,722	\$ -	\$ -
3/31/2020	\$ 4,196,404	\$ 1,713,502	\$ 1,826,330	\$ -	\$ -

B. The Company did not have any risk sharing receivables during the periods reported.

29. PARTICIPATING POLICIES

A. The Company does not have participating policies or policyholder dividends.

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	12/31/2023

3. Was anticipated investment income utilized in the calculation? (Yes / No)	No
--	----

31. ANTICIPATED SALVAGE AND SUBROGATION

A. The Company did not have anticipated salvage and subrogation included as a reduction of loss reserves.

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]

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

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

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

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

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

3.5 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]

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

4.2 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 [X] N/A []
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.
 Yes [] No [X] 12/31/2020

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.
 Yes [] No [X] 12/31/2020

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).
 Yes [] No [X] 06/09/2022

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 [X]

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

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.
 Yes [] No [X]

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:
 Yes [] No [X]

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).
 Yes [] No [X]

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).
 Yes [] No [X]

FINANCIAL

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

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 [X] No []

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	47,744,632	55,968,531
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other	8,589,343	8,645,790
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	56,333,975	64,614,321
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?

Yes[] No[X]

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
Huntington National Bank	220 Market Avenue South, Canton, Oh 44702
The Vanguard Group	P.O. Box 2600 Valley Forge, PA 19482
Richmond Capital	10800 Midlothian Turnpike, Suite 217, Richmond, VA 23235

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
Clearstead Advisors LLC- Investment Advisor	U
Huntington Bank - Custodial	U
AultCare Investment Committee	A
Richmond Capital	U

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
105674	Clearstead Advisors LLC	34-1597728	SEC-801-33554	NO
104636	Richmond Capital	2549000Y1PM6HPB5PO60	801-17534	DS

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

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:

GENERAL INTERROGATORIES (Continued)

- 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]

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 [X]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	.....	0.000%
1.2 A&H cost containment percent	.....	0.000%
1.3 A&H expense percent excluding cost containment expenses	.....	0.000%

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
				N O N E					

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	99,472,154							99,472,154	
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	99,472,154							99,472,154	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	99,472,154							99,472,154	

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

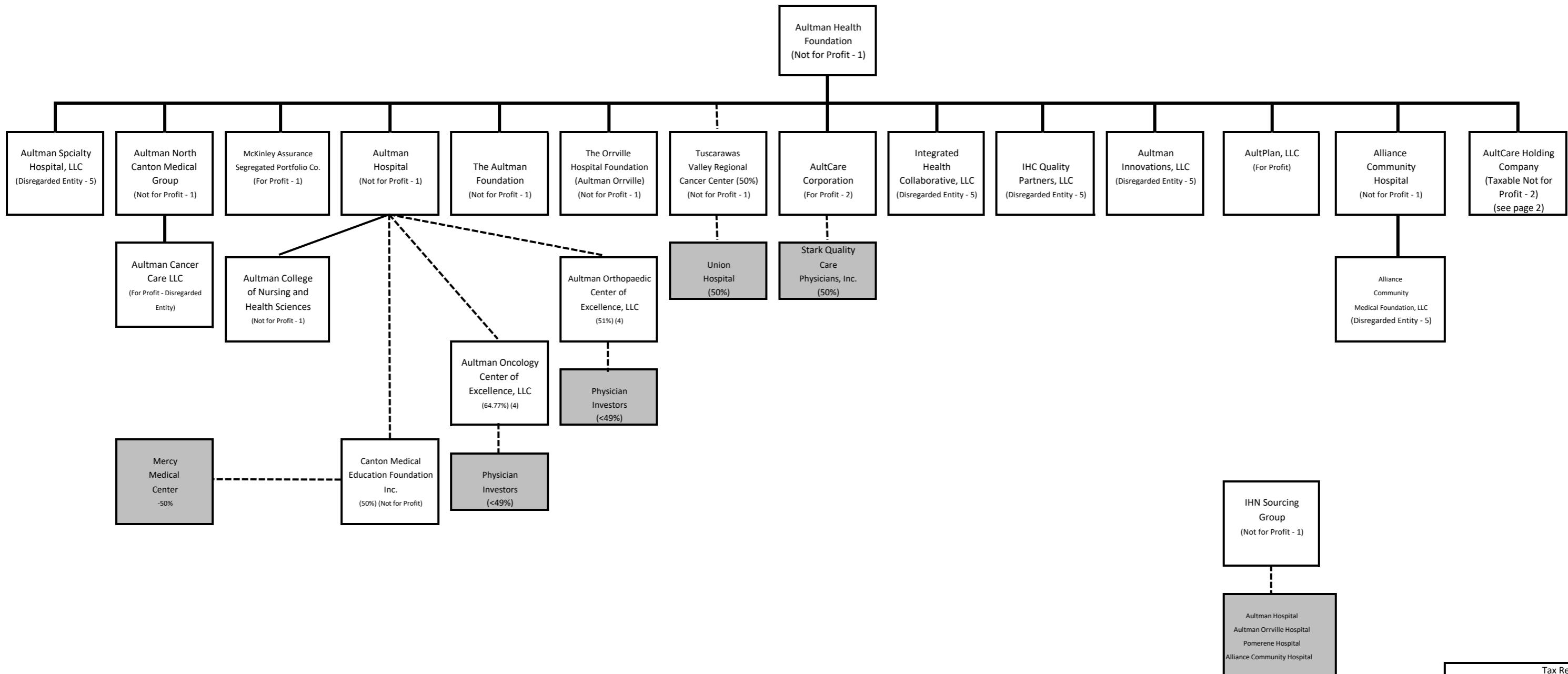
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

4. Q - Qualified - Qualified or accredited reinsurer

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

56

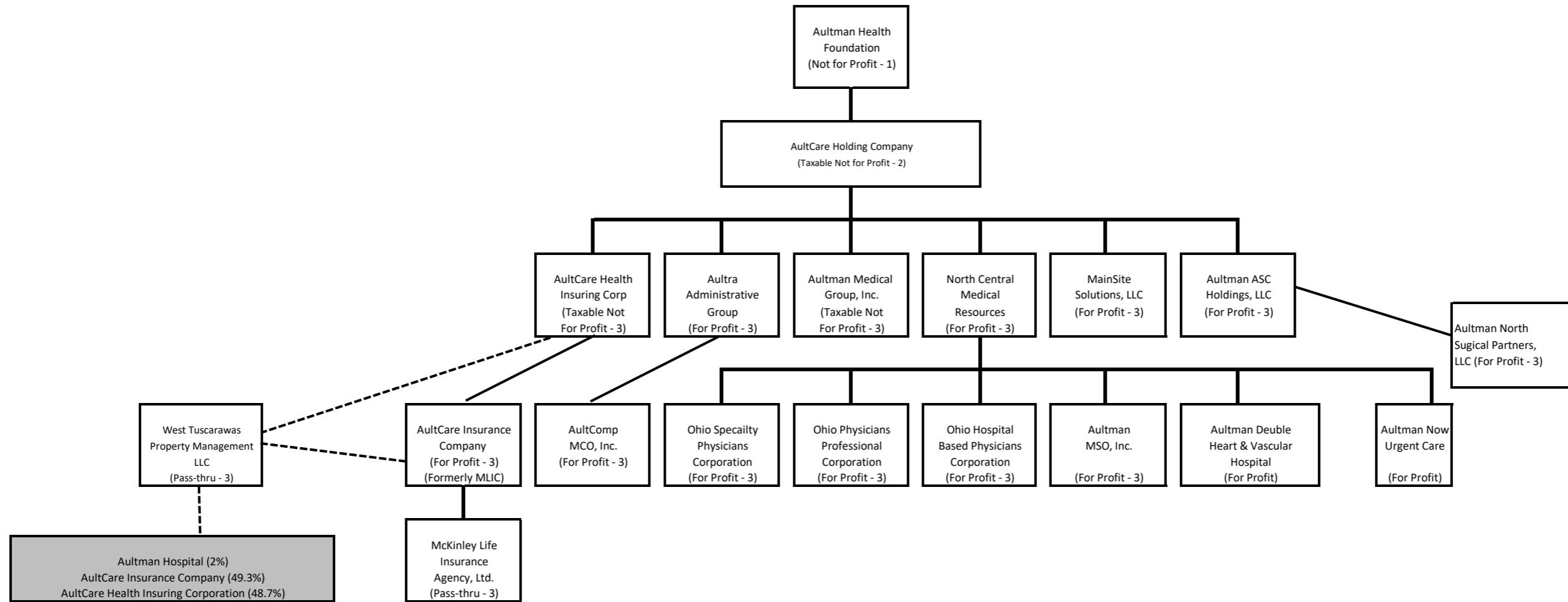
Aultman Health Foundation Organization Chart



Tax Return Key

- 1 - 501 (C)(3) - Form 990
- 2 - Taxable - Form 1120
- 3 - Taxable - Consolidated with Parent
- 4 - Taxable - Form 1065
- 5 - Single Member LLC (disregarded entity)

Aultman Health Foundation Organization Chart



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	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required?	*
4805		00000	34-1445390			Aultman Health Foundation		US	UIP	Self	Board of Directors		Aultman Health Foundation	No	
		00000	34-0714538			Aultman Hospital		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	0000000
		77216	34-1624818			AultCare Insurance Company		US	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1488123			AultCare Corporation		US	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	No	0000001
		00000	20-0090246			West Tuscarawas Property Management, LLC		US	DS	AultCare Insurance Company & AultCare Health Insuring Corp & Aultman Hospital	Ownership	94.0	Aultman Health Foundation	No	
		00000	34-1795772			McKinley Life Insurance Agency, Ltd.		US	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	20-4951704			Aulta Administrative Group		US	IA	Aulta Administrative Group	Management		Aultman Health Foundation	No	
		00000	27-4379962			AultComp MCO, Inc.		US	NIA	Aulta Administrative Group	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1853300			Ohio Specialty Physician's Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	98-0468384			McKinley Assurance Segregated Portfolio Company (SPC)		CYM	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	20-1359433			Aultman College of Nursing and Health Sciences		US	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	No	
		00000	31-1509904			Aultman MSO, Inc.		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	20-8090459			The Aultman Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	31-1509897			Ohio Physicians Professional Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1610344			North Central Medical Resources		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-1871647			Ohio Hospital Based Physician Corporation		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	31-1689698			Tuscarawas Valley Regional Cancer Center		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	13-4246188			Aultman Specialty Hospital, LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	0000002
		00000	34-1243260			Canton Medical Education Foundation		US	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	No	0000003
4805		15461	46-3305099			AultCare Health Insuring Corporation		US	UDP	AultCare Holding Company	Ownership	50.0	Aultman Health Foundation	No	
		00000	34-1088530			Aultman North Canton Medical Group		US	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	No	
		00000	34-0733138			The Orville Hospital Foundation		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	45-3166014			Aultman Medical Group, Inc		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	47-1165287			AultCare Holding Company		US	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	47-3587655			MainSite ASO, LLC		US	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	No	
		00000	46-4625320			Integrated Health Collaborative		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	45-4215510			Aultman Oncology Center of Excellence		US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	No	0000004
		00000	46-2540184			Aultman Orthopedic Center of Excellence		US	NIA	Other	Ownership, Other	51.0	Aultman Health Foundation	No	0000004
		00000	45-1731318			IHN Sourcing Group		US	NIA	Other	Other		Aultman Health Foundation	No	0000006
		00000	81-0847842			Aultman Innovations, LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	34-0714581			Alliance Community Hospital		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	26-3646817			Alliance Community Medical Foundation		US	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	No	
		00000	84-4874605			Aultman Now Urgent Care		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	84-2848226			Aultman Deuble Heart & Vascular Hospital		US	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	No	
		00000	85-1242075			AultPlan, LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	87-1559540			Aultman Cancer Center LLC		US	NIA	Aultman North Canton Medical Group	Ownership	100.0	Aultman Health Foundation	No	
		00000	87-4146836			IHC Quality Partners LLC		US	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	No	
		00000	0			Aultman ASC Holding, LLC		US	NIA	Aultcare Holding Company	Ownership	0	Aultman ASC Holding, LLC	No	
		00000	0			Aultman North Surgical Partners, LLC		US	NIA	Aultman ASC Holding	Ownership	0	Aultman Health Foundation	No	0000000

Asterisk	Explanation
0000001	AultCare Corporation's governance is controlled by Aultman Health Foundation 50% and Stark Quality Care Physicians, Inc 50%, 100% of equity owned by Aultman Health Foundation
0000002	Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50%
0000003	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50%
0000004	The Midwest Health Collaborative is comprised of Cleveland Clinic Foundation, Tri-Health, ProMedica, Premier Health and Aultman Health Foundation working together to build quality network and pooling of resources.
0000005	The Independent Hospital Network is a not for profit organization that is comprised of Aultman Hospital, Aultman Orrville and Alliance Community Hospital are affiliates of AHF
0000006	IHN Sourcing Group is a not for profit collaborative between Aultman Hospital, Union Hospital, Alliance Community Hospital, Pomerene Hospital and Aultman Orrville Hospital
0000007	Aultman Oncology Center of Excellence, LLC is owned Aultman Hospital and community oncologists
0000008	Aultman Orthopedic Center of Excellence, LLC is owned by Aultman Hospital and community orthopedic surgeons

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.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
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.	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1546120243650002

2024

Document Code: 365

Communication of Internal Control Related Matters Noted in an Audit



1546120242220002

2024

Document Code: 222

SCHEDULE A - VERIFICATION**Real Estate**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other-than-temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION**Mortgage Loans**

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase/(decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest points
9. Total foreign exchange change in book value/recorded investment
10. Deduct current year's other-than-temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION**Other Long-Term Invested Assets**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase/(decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and depreciation
9. Total foreign exchange change in book/adjusted carrying value
10. Deduct current year's other-than-temporary impairment recognized
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year
2. Cost of bonds and stocks acquired
3. Accrual of discount
4. Unrealized valuation increase/(decrease)
5. Total gain (loss) on disposals
6. Deduct consideration for bonds and stocks disposed of
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	29,866,198	1,022,917	1,272,005	(110,808)	29,866,198	29,506,303		30,081,327
2. NAIC 2 (a)	6,292,296	484,701	305,901	91,454	6,292,296	6,562,550		6,102,935
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	36,158,494	1,507,618	1,577,905	(19,354)	36,158,494	36,068,853		36,184,262
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	36,158,494	1,507,618	1,577,905	(19,354)	36,158,494	36,068,853		36,184,262

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
7709999999. Totals		XXX			

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of short-term investments acquired
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)
11. Deduct total nonadmitted amounts
12. Statement value at end of current period (Line 10 minus Line 11)

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**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

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**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Governments									
91282CKJ9	US TREASURY N/B 4.5% 04/15/2027		04/30/2024	Chase Securities Inc	XXX	247,637	250,000	492	1.A
91282CKK6	US TREASURY N/B 4.875% 04/30/2026		04/30/2024	Wells Fargo Securities	XXX	124,688	125,000	17	1.A
0109999999	Subtotal - Bonds - U.S. Governments				XXX	372,324	375,000	508	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
12189TAK0	BURLINGTON NORTHERN SANTA FE		05/16/2024	Fifth Third Securities, Inc	XXX	114,480	105,000	145	1.G FE
29250NCA1	ENBRIDGE INC 5.25% 04/05/2027	A	04/03/2024	Citigroup Global Markets	XXX	50,021	50,000		2.B FE
29444GAJ6	EQUITABLE COS INC 7% 04/01/2028		04/11/2024	MarketAxess Corp.	XXX	26,495	25,000	68	2.A FE
29444GAJ6	EQUITABLE COS INC 7% 04/01/2028		06/04/2024	Millennium Advisors LLC	XXX	26,598	25,000	311	2.A FE
30231GBK7	EXXON MOBIL 3.482% 03/19/2030		04/12/2024	Goldman Sachs	XXX	101,968	110,000	287	1.D FE
354613AL5	FRANKLIN RES INC 1.6%		05/09/2024	MarketAxess Corp.	XXX	68,521	85,000	49	1.F FE
416515BE3	HARTFORD FINANCIAL SVCS GRP INC		06/04/2024	Baird, Robert W. and Company	XXX	35,816	40,000	330	2.A FE
548661EA1	LOWES COMPANIES INC 2.625%		05/09/2024	MarketAxess Corp.	XXX	84,964	100,000	306	2.A FE
682680AB9	ONEOK INC 6.875% 09/30/2028		06/04/2024	Baird, Robert W. and Company	XXX	157,743	150,000	1,833	2.B FE
716973AC6	PFIZER INVESTMENT ENTERPRISES PT		06/04/2024	Citigroup Global Markets	XXX	108,346	110,000	218	1.F FE
87612GAE1	TARGA RES CORP		05/06/2024	Nikko Securities America	XXX	103,064	100,000	1,145	2.C FE
89236TKL8	TOYOTA MOTOR CREDIT CORP 5.45% 11/10/202		04/12/2024	Citigroup Global Markets	XXX	151,673	150,000	3,543	1.E FE
976656BP2	WISCONSIN ELECTRIC PWR CO 6.5%		05/06/2024	MarketAxess Corp.	XXX	105,605	100,000	2,835	1.G FE
1109999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				XXX	1,135,294	1,150,000	11,069	XXX
2509999997	Subtotal - Bonds - Part 3				XXX	1,507,618	1,525,000	11,577	XXX
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
2509999999	Subtotal - Bonds				XXX	1,507,618	1,525,000	11,577	XXX
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
4509999999	Subtotal - Preferred Stocks				XXX		XXX		XXX
Common Stocks - Mutual Funds - Designations Not Assigned by the SVO									
31428Q739	FEDERATED TOTAL BOND RETURN		04/04/2024	Reinvested Dividend	1,974,919	18,604	XXX		
31428Q739	FEDERATED TOTAL BOND RETURN		05/10/2024	Reinvested Dividend	2,093,061	19,172	XXX		
31428Q739	FEDERATED TOTAL BOND RETURN		06/04/2024	Reinvested Dividend	2,153,552	19,985	XXX		
922908801	VANGUARD TTL STOCK MKT INST FUND		06/28/2024	Reinvested Dividend	195,528	25,471	XXX		
5329999999	Subtotal - Common Stocks - Mutual Funds - Designations Not Assigned by the SVO				XXX	83,233	XXX		XXX
5989999997	Subtotal - Common Stocks - Part 3				XXX	83,233	XXX		XXX
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
5989999999	Subtotal - Common Stocks				XXX	83,233	XXX		XXX
5999999999	Subtotal - Preferred and Common Stocks				XXX	83,233	XXX		XXX
6009999999	Totals - Bonds, Preferred and Common Stocks				XXX	1,590,850	XXX	11,577	XXX

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i n g	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other-Than- Temporary Impairment Recognized	13 Total Change in B/A.C.V. (11 + 12 - 13)	14 Foreign Exchange Change in B/A.C.V.	15									
Bonds - Industrial and Miscellaneous (Unaffiliated)																							
00440EAS6	ACE INA HOLDINGS 3.15%		03/15/2025			65,823	67,000	65,809				88		88		66,833		(1,010)	(1,010)	1,524	03/15/2025	1.G FE ..	
00440EAS6	ACE INA HOLDINGS 3.15%		03/15/2025			24,561	25,000	27,540				(255)		(255)		25,471		(910)	(910)	569	03/15/2025	1.G FE ..	
14040HKG9	CAPITAL ONE FIN GRP 3.2%		02/05/2025			48,967	50,000	52,163				(183)		(183)		50,604		(1,637)	(1,637)	1,067	02/05/2025	2.B FE ..	
172967MF5	CITIGROUP INC 3.352% 04/24/2025		04/24/2024	Maturity		75,000	75,000	81,399				(428)		(428)		76,382		(1,382)	(1,382)	1,257	04/24/2025	2.A FE ..	
30231GAF9	EXXON MOBIL CORP 2.709%		03/06/2025			53,760	55,000	57,068				(153)		(153)		55,381		(1,621)	(1,621)	1,215	03/06/2025	1.D FE ..	
30231GAF9	EXXON MOBIL CORP 2.709%		03/06/2025			19,549	20,000	21,605				(108)		(108)		20,348		(799)	(799)	331	03/06/2025	1.D FE ..	
354613AK7	FRANKLIN RES INC 2.85%		03/30/2025			48,835	50,000	54,703				(397)		(397)		50,993		(2,158)	(2,158)	883	03/30/2025	1.F FE ..	
354613AK7	FRANKLIN RES INC 2.85%		03/30/2025			48,835	50,000	47,091				175		175		49,554		(719)	(719)	883	03/30/2025	1.F FE ..	
452308AX7	ILLINOIS TOOL WORKS 2.65%		11/15/2026			128,122	135,000	127,111				734		734		129,828		(1,706)	(1,706)	1,838	11/15/2026	1.E FE ..	
548661DT1	LOWES COMPANIES INC 4%		04/15/2025			172,461	175,000	188,412				(1,475)		(1,475)		178,915		(6,454)	(6,454)	4,044	04/15/2025	2.A FE ..	
59156RBM9	METLIFE INC 3% 03/01/2025		04/12/2024	Jane Street Execution Services		102,802	105,000	113,396				(636)		(636)		107,017		(4,215)	(4,215)	1,969	03/01/2025	1.G FE ..	
717081EP4	PFIZER INC 3.6% 09/15/2028		06/04/2024	Citigroup Global Markets		105,470	110,000	116,756				(424)		(424)		114,537		(9,066)	(9,066)	2,860	09/15/2028	1.F FE ..	
89236TGX7	TOYOTA MOTOR CREDIT CORP 3% 04/01/2025		04/12/2024	Jane Street Execution Services		146,609	150,000	156,635				(584)		(584)		152,044		(5,435)	(5,435)	2,438	04/01/2025	1.E FE ..	
1109999999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,040,792	1,067,000	1,109,687				(3,647)		(3,647)		1,077,905		(37,113)	(37,113)	20,877	XXX	XXX	
Bonds - Unaffiliated Certificates of Deposit																							
33651JAC5	FIRST ST B&TC CD 25%		04/26/2024	Matured		175,000	175,000	175,000								175,000				144	04/26/2024	1.A ..	
410493FG0	HANMI BANK CD 2% 06/17/2024		06/17/2024	Matured		150,000	150,000	150,000								150,000				151	06/17/2024	1.A ..	
87270LDW0	TIAA FSB CD .3% 04/29/2024		04/29/2024	Matured		175,000	175,000	175,000								175,000				266	04/29/2024	1.A ..	
2019999999 Subtotal - Bonds - Unaffiliated Certificates of Deposit						500,000	500,000	500,000								500,000				561	XXX	XXX	
2509999997 Subtotal - Bonds - Part 4						1,540,792	1,567,000	1,609,687				(3,647)		(3,647)		1,577,905		(37,113)	(37,113)	21,438	XXX	XXX	
2509999998 Summary Item from Part 5 for Bonds (N/A to Quarterly)						XXX	XXX	XXX				(3,647)		(3,647)									
2509999999 Subtotal - Bonds						1,540,792	1,567,000	1,609,687				(3,647)		(3,647)		1,577,905		(37,113)	(37,113)	21,438	XXX	XXX	
4509999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)						XXX	XXX	XXX				(3,647)		(3,647)									
4509999999 Subtotal - Preferred Stocks						XXX	XXX	XXX													XXX	XXX	
5989999998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)						XXX	XXX	XXX				(3,647)		(3,647)		1,577,905		(37,113)	(37,113)	21,438	XXX	XXX	
5989999999 Subtotal - Common Stocks						XXX	XXX	XXX													XXX	XXX	
5999999999 Subtotal - Preferred and Common Stocks						XXX	XXX	XXX													XXX	XXX	
6009999999 Totals - Bonds, Preferred and Common Stocks						1,540,792	XXX	1,609,687				(3,647)		(3,647)		1,577,905		(37,113)	(37,113)	21,438	XXX	XXX	

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	
Open Depositories									
Huntington Bank - Trust	Canton, Ohio .....	.....	.....	.....	.....	958,048	466,828	470,250	XXX
Huntington National Bank	Canton, Ohio .....	.....	.....	.....	.....	(655,287)	13,433,911	(327,216)	XXX
Huntington Bank- Brokered CDs	Canton, Ohio .....	.....	.....	.....	.....	386,340	19,927	179,615	XXX
Huntington Bank-Richmond Capital	Canton, Ohio .....	.....	.....	.....	.....	205,970	174,361	67,338	XXX
Huntington Bank-Mutual Funds	Canton, Ohio	.....	.....	.....	.....	849	849	860	XXX
0199998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	XXX ..	.....	.....	.....	.....	.....	XXX
0199999 Total - Open Depositories		XXX	XXX ..	.....	.....	895,919	14,095,876	390,846	XXX
0299998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX	XXX ..	.....	.....	.....	.....	.....	XXX
0299999 Total - Suspended Depositories		XXX	XXX ..	.....	.....	.....	.....	.....	XXX
0399999 Total Cash On Deposit		XXX	XXX ..	.....	.....	895,919	14,095,876	390,846	XXX
0499999 Cash in Company's Office		XXX	XXX ..	XXX ..	XXX ..	.....	.....	.....	XXX
0599999 Total		XXX	XXX ..	.....	.....	895,919	14,095,876	390,846	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
8609999999 Total Cash Equivalents								

N O N E