



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2025
 OF THE CONDITION AND AFFAIRS OF THE
AULTCARE INSURANCE COMPANY

NAIC Group Code 4805, 4805 (Current) (Prior) NAIC Company Code 77216 Employer's ID Number 34-1624818

Organized under the Laws of OH State of Domicile or Port of Entry OH
 Country of Domicile US
 Licensed as business type: Life, Accident & Health Is HMO Federally Qualified? YES
 Incorporated/Organized 08/15/1989 Commenced Business 11/01/1989
 Statutory Home Office 2600 Sixth Street SW Canton, OH, US 44710
 Main Administrative Office 2600 Sixth Street SW Canton, OH, US 44710 330-363-3325 (Telephone)
 Mail Address 2600 Sixth Street SW Canton, OH, US 44710
 Primary Location of Books and Records 2600 Sixth Street SW Canton, OH, US 44710 330-363-4057 (Telephone)
 Internet Website Address www.aultcare.com
 Statutory Statement Contact Melissa Rapp 330-363-4880 (Telephone)
 melissa.rapp@aultman.com 330-363-5012 (E-Mail) (Fax)

OFFICERS

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

DIRECTORS OR TRUSTEES

Michael E. Hanke
 Brian Belden
 Mark D. Wright
 Darryl J. Dillenback
 Todd Hawke
 Robert Mullen J.D.
 Edmund Wymyslo M.D.#
 Nihad Boutros M.D.
 Michael A. Rich M.D.
 John B. Humphrey Jr., M.D.
 Barbara Hammontree-Bennett
 Richard V. Maggiore
 Leo Doyle#

State of Ohio
 County of Stark SS

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

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

Subscribed and sworn to before me
 this 22 day of February, 2026

x

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

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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	42,769,645		42,769,645	43,541,172
2. Stocks (Schedule D):				
2.1 Preferred stocks.....				
2.2 Common stocks.....	15,118,998		15,118,998	14,270,633
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$..... encumbrances).....				
4.2 Properties held for the production of income (less \$..... encumbrances).....				
4.3 Properties held for sale (less \$..... encumbrances).....				
5. Cash (\$.....1,023,714, Schedule E - Part 1), cash equivalents (\$....., Schedule E - Part 2) and short-term investments (\$....., Schedule DA).....	1,023,714		1,023,714	2,545,325
6. Contract loans (including \$..... premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA).....	10,098,368		10,098,368	9,655,702
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	69,010,725		69,010,725	70,012,832
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....	454,522		454,522	447,391
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	7,359,275		7,359,275	8,151,802
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....).....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	4,746,751		4,746,751	4,039,461
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....	2,954,486		2,954,486	2,954,486
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....).....				
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....	141,462		141,462	6,075,765
24. Health care (\$.....6,432,089) and other amounts receivable.....	8,931,202	2,499,113	6,432,089	9,221,123
25. Aggregate write-ins for other-than-invested assets.....	50,983	50,983	-	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	93,649,406	2,550,096	91,099,310	100,902,860
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	93,649,406	2,550,096	91,099,310	100,902,860
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 EXPENSES.....	50,983	50,983	-	
2502.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	50,983	50,983	-	

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....1,662,700 reinsurance ceded).....	34,854,705		34,854,705	33,448,105
2. Accrued medical incentive pool and bonus amounts.....	708,692		708,692	293,489
3. Unpaid claims adjustment expenses.....	685,900		685,900	308,700
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....	2,467,809		2,467,809	3,641,758
9. General expenses due or accrued.....	4,272,515		4,272,515	7,239,323
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....	3,773,307		3,773,307	2,886,152
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....	193,790		193,790	2,788,175
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				512,186
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23).....	46,956,718		46,956,718	51,117,888
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	24,387,534	24,387,534
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX	18,755,058	24,397,438
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	44,142,592	49,784,972
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	91,099,310	100,902,860
Details of Write-Ins				
2301.....				
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months	XXX	802,660	872,637
2. Net premium income (including \$..... non-health premium income)	XXX	256,852,628	265,136,595
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$..... 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	256,852,628	265,136,595
Hospital and Medical:			
9. Hospital/medical benefits		140,756,280	151,489,499
10. Other professional services			
11. Outside referrals		8,135,898	9,552,198
12. Emergency room and out-of-area		5,950,230	3,969,130
13. Prescription drugs		29,919,645	32,759,343
14. Aggregate write-ins for other hospital and medical		63,725,451	61,671,869
15. Incentive pool, withhold adjustments and bonus amounts		1,217,049	406,980
16. Subtotal (Lines 9 to 15)		249,704,553	259,849,019
Less:			
17. Net reinsurance recoveries		17,427,346	17,568,174
18. Total hospital and medical (Lines 16 minus 17)		232,277,207	242,280,845
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....6,628,320 cost containment expenses		8,442,782	8,571,012
21. General administrative expenses		25,301,811	26,806,681
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		266,021,800	277,658,538
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(9,169,172)	(12,521,943)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		2,428,089	2,809,436
26. Net realized capital gains (losses) less capital gains tax of \$.....86,517		346,068	1,624,811
27. Net investment gains (losses) (Lines 25 plus 26)		2,774,157	4,434,247
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
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	(6,395,015)	(8,087,696)
31. Federal and foreign income taxes incurred	XXX	(86,517)	1,907,721
32. Net income (loss) (Lines 30 minus 31)	XXX	(6,308,498)	(9,995,417)
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		63,725,451	61,671,869
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)		63,725,451	61,671,869
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	2
CAPITAL & SURPLUS ACCOUNT		Current Year	Prior Year
33.	Capital and surplus prior reporting year.....	49,784,972	49,476,598
34.	Net income or (loss) from Line 32.....	(6,308,498)	(9,995,417)
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.....	1,540,947	(257,470)
37.	Change in net unrealized foreign exchange capital gain or (loss).....		
38.	Change in net deferred income tax.....		2,252,956
39.	Change in nonadmitted assets.....	(874,829)	2,308,305
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.....	-	6,000,000
45.2	Transferred to capital (stock dividend).....		
45.3	Transferred from capital.....		
46.	Dividends to stockholders.....		
47.	Aggregate write-ins for gains or (losses) in surplus.....		
48.	Net change in capital and surplus (Lines 34 to 47).....	(5,642,380)	308,374
49.	Capital and surplus end of reporting year (Line 33 plus 48).....	44,142,592	49,784,972
Details of Write-Ins			
4701.		
4702.		
4703.		
4798.	Summary of remaining write-ins for Line 47 from overflow page.....		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	257,358,361	264,255,713
2. Net investment income.....	2,417,427	2,792,242
3. Miscellaneous income.....	1,965,188	(561,154)
4. Total (Lines 1 to 3).....	261,740,976	266,486,801
5. Benefit and loss related payments.....	231,162,694	243,885,323
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	36,846,387	33,063,053
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses).....	-	(110,010)
10. Total (Lines 5 through 9).....	268,009,081	276,838,366
11. Net cash from operations (Line 4 minus Line 10).....	(6,268,105)	(10,351,565)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	11,103,413	16,723,746
12.2 Stocks.....	1,244,752	5,994,439
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		1,500,000
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....	-	-
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	12,348,164	24,218,185
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds.....	10,393,476	15,834,371
13.2 Stocks.....	494,412	1,283,875
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....	442,666	846,707
13.6 Miscellaneous applications.....	-	-
13.7 Total investments acquired (Lines 13.1 to 13.6).....	11,330,554	17,964,953
14. Net increase / (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	1,017,611	6,253,232
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.....	-	6,000,000
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	3,728,883	(4,750,970)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	3,728,883	1,249,030
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).....	(1,521,611)	(2,849,303)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,545,325	5,394,628
19.2 End of year (Line 18 plus Line 19.1).....	1,023,714	2,545,325

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001.....		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	256,852,628	45,858,482	137,930,176	4,592,409		1,801,808	39,149						66,630,604	
2. Change in unearned premium reserves and reserve for rate credit														
3. Fee-for-service (net of \$..... medical expenses)														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues														XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Total revenues (Lines 1 to 6)	256,852,628	45,858,482	137,930,176	4,592,409		1,801,808	39,149						66,630,604	
8. Hospital/medical benefits	140,756,280	35,381,135	99,751,676	4,037,163		1,202,634	84,477						299,195	XXX
9. Other professional services														XXX
10. Outside referrals	8,135,898	2,365,314	5,490,572			279,077	935							XXX
11. Emergency room and out-of-area	5,950,230	1,062,354	3,195,281	106,387		41,741	907						1,543,560	XXX
12. Prescription drugs	29,919,645	10,670,373	19,248,876				396							XXX
13. Aggregate write-ins for other hospital and medical	63,725,451	63,725,451												XXX
14. Incentive pool, withhold adjustments and bonus amounts	1,217,049	168,347	847,304										201,398	XXX
15. Subtotal (Lines 8 to 14)	249,704,553	113,372,974	128,533,709	4,143,550		1,523,452	86,715						2,044,153	XXX
16. Net reinsurance recoveries	17,427,346	2,734,876	954,722										13,737,748	XXX
17. Total hospital and medical (Lines 15 minus 16)	232,277,207	110,638,098	127,578,987	4,143,550		1,523,452	86,715						(11,693,595)	XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Claims adjustment expenses including \$.....6,628,320 cost containment expenses	8,442,782	1,507,375	4,533,784	150,953		59,226	1,287						2,190,157	XXX
20. General administrative expenses	25,301,811	4,517,387	13,587,104	452,385		177,491	3,856						6,563,588	XXX
21. Increase in reserves for accident and health contracts														XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Total underwriting deductions (Lines 17 to 22)	266,021,800	116,662,860	145,699,875	4,746,888		1,760,169	91,858						(2,939,850)	XXX
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(9,169,172)	(70,804,378)	(7,769,699)	(154,479)		41,639	(52,709)						69,570,454	XXX
Details of Write-Ins														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301. Reinsurance Claims	63,725,451	63,725,451												XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	63,725,451	63,725,451												XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

Line of Business		1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1.	Comprehensive (hospital and medical) individual.....	51,063,883		5,205,401	45,858,482
2.	Comprehensive (hospital and medical) group.....	105,386,085	39,415,149	6,871,058	137,930,176
3.	Medicare supplement.....	4,592,409			4,592,409
4.	Vision only.....				
5.	Dental only.....	1,801,808			1,801,808
6.	Federal employees health benefits plan.....	39,863		714	39,149
7.	Title XVIII – Medicare.....				
8.	Title XIX – Medicaid.....				
9.	Credit A&H.....				
10.	Disability income.....				
11.	Long-term care.....				
12.	Other health.....	68,598,350		1,967,746	66,630,604
13.	Health subtotal (Lines 1 through 12).....	231,482,398	39,415,149	14,044,919	256,852,628
14.	Life.....				
15.	Property/casualty.....				
16.	Totals (Lines 13 to 15).....	231,482,398	39,415,149	14,044,919	256,852,628

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	248,418,804	222,319,700	18,210,032	504,110		139,850	24,112						7,221,000	
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net	248,418,804	222,319,700	18,210,032	504,110		139,850	24,112						7,221,000	
2. Paid medical incentive pools and bonuses	801,847		801,847											
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	34,854,706	8,582,794	19,950,400			226,512	6,000						6,089,000	
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net	34,854,706	8,582,794	19,950,400			226,512	6,000						6,089,000	
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														
5. Accrued medical incentive pools and bonuses, current year	708,692		708,692											
6. Net health care receivables (a)														
7. Amounts recoverable from reinsurers December 31, current year														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	34,786,005	5,969,300	20,173,912			235,105	5,703						8,401,985	
8.2 Reinsurance assumed														
8.3 Reinsurance ceded	1,337,900	339,500	998,400											
8.4 Net	33,448,105	5,629,800	19,175,512			235,105	5,703						8,401,985	
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net														
10. Accrued medical incentive pools and bonuses, prior year	293,489	210,298	39,372				43,819							
11. Amounts recoverable from reinsurers December 31, prior year														
12. Incurred benefits:														
12.1 Direct	248,487,505	224,933,194	17,986,520	504,110		131,257	24,409						4,908,015	
12.2 Reinsurance assumed														
12.3 Reinsurance ceded	(1,337,900)	(339,500)	(998,400)											
12.4 Net	249,825,405	225,272,694	18,984,920	504,110		131,257	24,409						4,908,015	
13. Incurred medical incentive pools and bonuses	1,217,050	(210,298)	1,471,167				(43,819)							

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct														
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net														
2. Incurred but Unreported:														
2.1 Direct	34,854,706	8,582,794	19,950,400			226,512	6,000						6,089,000	
2.2 Reinsurance assumed														
2.3 Reinsurance ceded														
2.4 Net	34,854,706	8,582,794	19,950,400			226,512	6,000						6,089,000	
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. TOTALS:														
4.1 Direct	34,854,706	8,582,794	19,950,400			226,512	6,000						6,089,000	
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net	34,854,706	8,582,794	19,950,400			226,512	6,000						6,089,000	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual	4,262,731	39,978,888		4,196,544	4,262,731	6,054,920
2. Comprehensive (hospital and medical) group	18,210,032	114,420,279		21,085,650	18,210,032	19,120,111
3. Medicare supplement	504,110	3,440,395			504,110	
4. Vision only						
5. Dental only	139,850	1,237,925		226,512	139,850	235,104
6. Federal employees health benefits plan	24,112	72,304		6,000	24,112	5,703
7. Title XVIII – Medicare						
8. Title XIX – Medicaid						
9. Credit A&H						
10. Disability income						
11. Long-term care						
12. Other health	7,221,000	49,220,092		9,340,000	7,221,000	8,032,265
13. Health subtotal (Lines 1 to 12)	30,361,835	208,369,883		34,854,706	30,361,835	33,448,103
14. Health care receivables (a)	204,697	8,931,202			204,697	57,734
15. Other non-health						
16. Medical incentive pools and bonus amounts	485,667	316,180		708,692	485,667	293,489
17. Totals (Lines 13 - 14 + 15 + 16)	30,642,805	199,754,861		35,563,398	30,642,805	33,683,858

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

UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
GRAND TOTAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....	-	-	-	-	-
2. 2021.....	195,992	195,992	195,992	195,992	195,992
3. 2022.....	XXX	201,506	201,507	201,507	201,507
4. 2023.....	XXX	XXX	195,211	195,210	195,210
5. 2024.....	XXX	XXX	XXX	55,286	55,286
6. 2025.....	XXX	XXX	XXX	XXX	247,882

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....	-	-	-	-	-
2. 2021.....	224,363	195,992	195,992	195,992	195,992
3. 2022.....	XXX	232,563	201,507	201,507	201,507
4. 2023.....	XXX	XXX	227,563	227,563	227,563
5. 2024.....	XXX	XXX	XXX	56,674	56,674
6. 2025.....	XXX	XXX	XXX	XXX	249,705

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	227,209	195,992			195,992	86.261	-		195,992	86.261
2. 2022.....	233,302	201,507			201,507	86.372	-		201,507	86.372
3. 2023.....	227,154	195,210			195,210	85.937	32,353		227,563	100.180
4. 2024.....	236,609	55,286			55,286	23.366	1,388		56,674	23.953
5. 2025.....	271,609	247,882	35,563	14.347	283,445	104.358	1,823	686	285,954	105.281

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
HOSPITAL & MEDICAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	-	-	-	-	-
2. 2021	169,640	169,640	169,640	169,640	169,640
3. 2022	XXX	164,862	164,862	164,862	164,862
4. 2023	XXX	XXX	160,935	160,934	160,934
5. 2024	XXX	XXX	XXX	24,822	24,822
6. 2025	XXX	XXX	XXX	XXX	189,490

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	-	-	-	-	-
2. 2021	194,037	169,640	169,640	169,640	169,640
3. 2022	XXX	191,004	164,862	164,862	164,862
4. 2023	XXX	XXX	188,321	188,321	188,321
5. 2024	XXX	XXX	XXX	48,043	48,043
6. 2025	XXX	XXX	XXX	XXX	186,307

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	192,218	169,640			169,640	88.254	-		169,640	88.254
2. 2022	194,419	164,862			164,862	84.797	-		164,862	84.797
3. 2023	187,535	160,934			160,934	85.815	27,387		188,321	100.419
4. 2024	190,990	24,822			24,822	12.996	23,221		48,043	25.155
5. 2025	203,468	189,490	35,563	18.768	225,053	110.609	(3,183)	686	222,556	109.381

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
MEDICARE SUPPLEMENT

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	-	-	-	-	-
2. 2021	1,953	1,953	1,953	1,953	1,953
3. 2022	XXX	2,483	2,483	2,483	2,483
4. 2023	XXX	XXX	3,127	3,127	3,127
5. 2024	XXX	XXX	XXX	3,874	3,874
6. 2025	XXX	XXX	XXX	XXX	3,784

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	-	-	-	-	-
2. 2021	1,953	1,953	1,953	1,953	1,953
3. 2022	XXX	2,483	2,483	2,483	2,483
4. 2023	XXX	XXX	3,127	3,127	3,127
5. 2024	XXX	XXX	XXX	-	-
6. 2025	XXX	XXX	XXX	XXX	4,109

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	2,482	1,953			1,953	78.687	-		1,953	78.687
2. 2022	2,892	2,483			2,483	85.858	-		2,483	85.858
3. 2023	3,594	3,127			3,127	87.006	-		3,127	87.006
4. 2024	4,288	3,874			3,874	90.345	(3,874)		-	-
5. 2025	4,416	3,784			3,784	85.688	325		4,109	93.048

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
DENTAL ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	-	-	-	-	-
2. 2021	1,585	1,585	1,585	1,585	1,585
3. 2022	XXX	1,511	1,511	1,511	1,511
4. 2023	XXX	XXX	1,408	1,408	1,408
5. 2024	XXX	XXX	XXX	1,481	1,481
6. 2025	XXX	XXX	XXX	XXX	1,552

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior	-	-	-	-	-
2. 2021	1,771	1,585	1,585	1,585	1,585
3. 2022	XXX	1,656	1,511	1,511	1,511
4. 2023	XXX	XXX	1,454	1,454	1,454
5. 2024	XXX	XXX	XXX	223	223
6. 2025	XXX	XXX	XXX	XXX	1,685

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021	2,415	1,585			1,585	65.631	-		1,585	65.631
2. 2022	2,196	1,511			1,511	68.807	-		1,511	68.807
3. 2023	2,250	1,408			1,408	62.578	46		1,454	64.622
4. 2024	1,852	1,481			1,481	79.968	(1,258)		223	12.041
5. 2025	1,811	1,552			1,552	85.699	133		1,685	93.043

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
VISION ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior					
2. 2021					
3. 2022	XXX				
4. 2023	XXX	XXX			
5. 2024	XXX	XXX	XXX		
6. 2025	XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021										
2. 2022										
3. 2023										
4. 2024										
5. 2025										

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....	-	-	-	-	-
2. 2021.....	9,634	9,634	9,634	9,634	9,634
3. 2022.....	XXX	9,417	9,417	9,417	9,417
4. 2023.....	XXX	XXX	9,435	9,435	9,435
5. 2024.....	XXX	XXX	XXX	2	2
6. 2025.....	XXX	XXX	XXX	XXX	46

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....	-	-	-	-	-
2. 2021.....	10,516	9,634	9,634	9,634	9,634
3. 2022.....	XXX	10,589	9,417	9,417	9,417
4. 2023.....	XXX	XXX	10,646	10,646	10,646
5. 2024.....	XXX	XXX	XXX	6	6
6. 2025.....	XXX	XXX	XXX	XXX	50

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	12,491	9,634			9,634	77.128	-		9,634	77.128
2. 2022.....	11,124	9,417			9,417	84.655	-		9,417	84.655
3. 2023.....	10,068	9,435			9,435	93.713	1,211		10,646	105.741
4. 2024.....	982	2			2	0.204	4		6	0.611
5. 2025.....	54	46			46	85.185	4		50	92.593

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
TITLE XVIII MEDICARE

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
TITLE XIX MEDICAID

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....					
2. 2021.....					
3. 2022.....	XXX				
4. 2023.....	XXX	XXX			
5. 2024.....	XXX	XXX	XXX		
6. 2025.....	XXX	XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....										
2. 2022.....										
3. 2023.....										
4. 2024.....										
5. 2025.....										

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
OTHER HEALTH

Section A – Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....	-	-	-	-	-
2. 2021.....	13,180	13,180	13,180	13,180	13,180
3. 2022.....	XXX	23,234	23,234	23,234	23,234
4. 2023.....	XXX	XXX	20,306	20,306	20,306
5. 2024.....	XXX	XXX	XXX	25,107	25,107
6. 2025.....	XXX	XXX	XXX	XXX	53,010

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2021	2 2022	3 2023	4 2024	5 2025
1. Prior.....	-	-	-	-	-
2. 2021.....	16,087	13,180	13,180	13,180	13,180
3. 2022.....	XXX	26,831	23,234	23,234	23,234
4. 2023.....	XXX	XXX	24,015	24,015	24,015
5. 2024.....	XXX	XXX	XXX	8,402	8,402
6. 2025.....	XXX	XXX	XXX	XXX	57,554

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021.....	17,602	13,180			13,180	74.878	-		13,180	74.878
2. 2022.....	22,670	23,234			23,234	102.488	-		23,234	102.488
3. 2023.....	23,707	20,306			20,306	85.654	3,709		24,015	101.299
4. 2024.....	38,497	25,107			25,107	65.218	(16,705)		8,402	21.825
5. 2025.....	61,860	53,010			53,010	85.694	4,544		57,554	93.039

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves													
2. Additional policy reserves (a)													
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including \$..... for investment income)													
5. Aggregate write-ins for other policy reserves													
6. Totals (gross)													
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)													
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits													
11. Aggregate write-ins for other claim reserves													
12. Totals (gross)													
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)													
NONE													
Details of Write-Ins													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)													
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)													

(a) Includes \$ – premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$..... for occupancy of own building).....	78,483	21,792	–		100,275
2. Salaries, wages and other benefits.....	3,539,492	1,507,991	7,154,714		12,202,197
3. Commissions (less \$..... ceded plus \$..... assumed).....	–	–	7,673,676		7,673,676
4. Legal fees and expenses.....	222,659	–	(70,954)		151,705
5. Certifications and accreditation fees.....	638,524	–	1,207,405		1,845,929
6. Auditing, actuarial and other consulting services.....	307,943	–	2,675,752		2,983,695
7. Traveling expenses.....	9,710	–	43,710		53,420
8. Marketing and advertising.....	956	–	173,609		174,565
9. Postage, express and telephone.....	301,266	115,129	61,292		477,688
10. Printing and office supplies.....	110,812	3,302	336,091		450,205
11. Occupancy, depreciation and amortization.....	–	77,172	(80,222)		(3,050)
12. Equipment.....	6	2,639	30,037		32,683
13. Cost or depreciation of EDP equipment and software.....	348,777	–	567,154		915,931
14. Outsourced services including EDP, claims, and other services.....	244,081	–	628,299		872,380
15. Boards, bureaus and association fees.....	2,666	–	117,176		119,842
16. Insurance, except on real estate.....	–	–	–		–
17. Collection and bank service charges.....	–	–	297,803		297,803
18. Group service and administration fees.....	610,301	50	(342,542)		267,809
19. Reimbursements by uninsured plans.....					
20. Reimbursements from fiscal intermediaries.....					
21. Real estate expenses.....					
22. Real estate taxes.....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....			20,697		20,697
23.2 State premium taxes.....			3,522,067		3,522,067
23.3 Regulatory authority licenses and fees.....	1,664		747,470		749,134
23.4 Payroll taxes.....	210,092	86,387	430,279		726,757
23.5 Other (excluding federal income and real estate taxes).....	889		108,297		109,186
24. Investment expenses not included elsewhere.....					
25. Aggregate write-ins for expenses.....					
26. Total expenses incurred (Lines 1 to 25).....	6,628,320	1,814,462	25,301,811		(a) 33,744,593
27. Less expenses unpaid December 31, current year.....			4,272,514		4,272,514
28. Add expenses unpaid December 31, prior year.....			7,239,322		7,239,322
29. Amounts receivable relating to uninsured plans, prior year.....					
30. Amounts receivable relating to uninsured plans, current year.....					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....	6,628,320	1,814,462	28,268,619		36,711,401
Details of Write-Ins					
2501.....					
2502.....					
2503.....					
2598. Summary of remaining write-ins for Line 25 from overflow page.....					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....					

(a) Includes management fees of \$ 20,518,426 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) 557,461	563,224
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 1,101,832	1,103,199
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	409,660	409,660
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments		
7.	Derivative instruments	(f)	
8.	Other invested assets		352,006
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	2,068,953	2,428,089
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		2,428,089
Details of Write-Ins			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	(65,121)		(65,121)		
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	497,706		497,706	1,540,947	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	432,585		432,585	1,540,947	
Details of Write-Ins						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			
16.2 Funds held by or deposited with reinsured companies.....			
16.3 Other amounts receivable under reinsurance contracts.....			
17. Amounts receivable relating to uninsured plans.....			
18.1 Current federal and foreign income tax recoverable and interest thereon.....			
18.2 Net deferred tax asset.....			
19. Guaranty funds receivable or on deposit.....			
20. Electronic data processing equipment and software.....			
21. Furniture and equipment, including health care delivery assets.....			
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			
23. Receivables from parent, subsidiaries and affiliates.....			
24. Health care and other amounts receivable.....	2,499,113	1,675,267	(823,846)
25. Aggregate write-ins for other-than-invested assets.....	50,983		(50,983)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,550,096	1,675,267	(874,829)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27).....	2,550,096	1,675,267	(874,829)
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.....	50,983		(50,983)
2502.....			
2503.....			
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	50,983		(50,983)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	4	4	4	4	4	48
2. Provider Service Organizations.....						
3. Preferred Provider Organizations.....	36,922	33,391	32,501	31,738	31,420	393,334
4. Point of Service.....						
5. Indemnity Only.....						
6. Aggregate write-ins for other lines of business.....	35,003	34,355	5,106	33,945	33,807	409,278
7. Total.....	71,929	67,750	37,611	65,687	65,231	802,660
Details of Write-Ins						
0601. Reinsurance.....	33,328	32,736	3,501	32,352	32,222	390,020
0602. Medicare Supplement.....	1,675	1,619	1,605	1,593	1,585	19,258
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	35,003	34,355	5,106	33,945	33,807	409,278

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of AultCare Insurance 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.

	SSAP #	F/S Page	F/S Line #	2025	2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (6,308,498)	\$ (9,995,417)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (6,308,498)	\$ (9,995,417)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 44,142,592	\$ 49,784,972
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 44,142,592	\$ 49,784,972

B. Use of Estimates in the Preparation of the 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 \$10,098,368. Of this amount, \$215,639 is invested in McKinley Life Agency, Ltd, which is carried at GAAP equity value. In addition, \$9,882,729 invested in West Tuscarawas Property Management, 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 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 uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense 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 - None

Notes to the Financial Statements

3. Business Combinations and Goodwill

A. Statutory Purchase Method

The Company had no business combinations accounted for under the statutory purchase method during the periods reported.

B. Statutory Merger

The Company was not part of any merger during the periods reported.

(1) Name and description of entities - Not Applicable

(2) Method of accounting - Not Applicable

(3) Shares of stock issued in transaction - Not Applicable

(4) Results of operations for period prior - Not Applicable

(5) Adjustments recorded to surplus - Not Applicable

C. Assumption Reinsurance

The Company had no assumption of reinsurance during the periods reported.

(1) Name of ceding entity - Not Applicable

(2) Type of business assumed - Not Applicable

(3) Cost of acquired business and amount of goodwill - Not Applicable

(4) Amount of amortization of goodwill recorded for prior year - Not Applicable

D. Impairment Loss

An impairment loss was not recognized during the periods reported.

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable

B. Debt Restructuring - Not Applicable

C. Reverse Mortgages - Not Applicable

D. Asset-Backed Securities - Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

J. Real Estate

The Company owns \$9,882,729 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.

(1) Impairment loss - Not Applicable

(2) Real estate sold or classified held for sale - Not Applicable

(3) Changes to a plan of sale for an investment in real estate - Not Applicable

(4) Retail land sales operations - Not Applicable

(5) Participating mortgage loan features - Not Applicable

K. Investments in Tax Credit Structures (tax credit investments) - Not Applicable

L. Restricted Assets

The Company has a deposit with a carrying value of \$502,051 with the state of Ohio.

Notes to the Financial Statements

5. Investments (Continued)

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	(3) Increase / (Decrease) (1 minus 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 minus 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Assets	(8) Amount Reported in General Interrogatories	(9) Difference from Note and GI	(10) GI Ref
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%	XXX	XXX	XXX
b. Collateral held under security lending agreements										25.04+25.05
c. Subject to repurchase agreements										26.21
d. Subject to reverse repurchase agreements										26.22
e. Subject to dollar repurchase agreements										26.23
f. Subject to dollar reverse repurchase agreements										26.24
g. Placed under option contracts										26.25
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock										26.26
i. FHLB capital stock										26.27
j. On deposit with states	502,051	503,905	(1,854)		502,051	0.536	0.551	502,051	-	26.28
k. On deposit with other regulatory bodies										26.29
l. Pledged as collateral to FHLB (including assets backing funding agreements)										26.31
m. Pledged as collateral not captured in other categories										26.30
n. Other restricted assets										26.32
o. Collateral assets received and on balance sheet								XXX	XXX	XXX
p. Assets held under modco reinsurance agreements								XXX	XXX	XXX
q. Assets held under funds withheld reinsurance agreements								XXX	XXX	XXX
r. Total restricted assets (Sum of a through q)	\$ 502,051	\$ 503,905	\$ (1,854)	\$	\$ 502,051	0.536 %	0.551 %	XXX	XXX	XXX

Explanation for differences between the Note and general interrogatories:

GI Reference	Difference between Note and GI (Per Column 9 above)	Explanation
25.04+25.05	\$	
26.21		
26.22		
26.23		
26.24		
26.25		
26.26		
26.27		
26.28	-	
26.29		
26.31		
26.30		
26.32		

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance (excluding Modco/FWH) and derivatives, are reported in the aggregate) - Not Applicable
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance (excluding Modco/FWH) and derivatives, are reported in the aggregate) - Not Applicable
- (4) Collateral received and assets held under Modco/Funds Withheld (FWH) reinsurance agreements reflected as assets within the reporting entity's financial statements - Not Applicable
- (5) Assets held as collateral or under modified coinsurance (Modco) or funds withheld reinsurance (FWH) agreements that have been pledged for another purpose specific to the insurance reporting entity (not for the benefit of the reinsurer) - Not Applicable

- M. Working Capital Finance Investments - Not Applicable
- N. Offsetting and Netting of Assets and Liabilities - Not Applicable
- O. 5GI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type - Not Applicable
- S. Aggregate Collateral Loans by Qualifying Investment Collateral - Not Applicable

Notes to the Financial Statements

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets

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

B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

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

B. Total Amount Excluded

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

C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross	\$ 454,522
2. Nonadmitted	\$
3. Admitted	\$ 454,522

D. The aggregate deferred interest - Not Applicable

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - Not Applicable

8. Derivative Instruments - Not Applicable

9. Income Taxes

The company has no significant changes as of December 31, 2025.

A. Components of the net deferred tax asset/(liability)

(1) Change between years by tax character

	2025			2024			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets	\$ 4,277,399	\$ 87,452	\$ 4,364,851	\$ 2,771,210	\$ 358,166	\$ 3,129,376	\$ 1,506,189	\$ (270,714)	\$ 1,235,475
(b) Statutory valuation allowance adjustments	689,081		689,081				689,081		689,081
(c) Adjusted gross deferred tax assets (1a - 1b)	3,588,318	87,452	3,675,770	2,771,210	358,166	3,129,376	817,108	(270,714)	546,394
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 3,588,318	\$ 87,452	\$ 3,675,770	\$ 2,771,210	\$ 358,166	\$ 3,129,376	\$ 817,108	\$ (270,714)	\$ 546,394
(f) Deferred tax liabilities	42,673	678,611	721,284	10,196	164,694	174,890	32,477	513,917	546,394
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 3,545,645	\$ (591,159)	\$ 2,954,486	\$ 2,761,014	\$ 193,472	\$ 2,954,486	\$ 784,631	\$ (784,631)	\$ -

(2) Admission calculation components SSAP No. 101

	2025			2024			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(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 (lesser of 2(b)1 and 2(b)2 below)				2,771,210	358,166	3,129,376	(2,771,210)	(358,166)	(3,129,376)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date				2,771,210	358,166	3,129,376	(2,771,210)	(358,166)	(3,129,376)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX		XXX	XXX		XXX	XXX	
(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				(10,196)	(164,694)	(174,890)	10,196	164,694	174,890
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$	\$	\$	\$ 2,761,014	\$ 193,472	\$ 2,954,486	\$ (2,761,014)	\$ (193,472)	\$ (2,954,486)

(3) Ratio used as basis of admissibility

	2025	2024
(a) Ratio percentage used to determine recovery period and threshold limitation amount	314.417 %	367.682 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 44,142,592	\$ 49,784,972

Notes to the Financial Statements

9. Income Taxes (Continued)

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

	2025		2024		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col 1-3)	Capital (Col 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 3,588,318	\$ 87,452	\$ 2,771,210	\$ 358,166	\$ 817,108	\$ (270,714)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 3,588,318	\$ 87,452	\$ 2,771,210	\$ 358,166	\$ 817,108	\$ (270,714)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? **NO**

B. Regarding deferred tax liabilities that are not recognized - Not Applicable

C. Major components of current income taxes incurred

	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
Current income taxes incurred consist of the following major components:			
1. Current Income Tax			
(a) Federal	\$	\$ 1,907,721	\$ (1,907,721)
(b) Foreign			
(c) Subtotal (1a+1b)	\$	\$ 1,907,721	\$ (1,907,721)
(d) Federal income tax on net capital gains		406,195	(406,195)
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$	\$ 2,313,916	\$ (2,313,916)
	(1)	(2)	(3)
	2025	2024	Change (Col 1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$	\$ 59,871	\$ (59,871)
(2) Unearned premium reserve		166,692	(166,692)
(3) Policyholder reserves		117,785	(117,785)
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual		334,950	(334,950)
(9) Pension accrual			
(10) Receivables - nonadmitted			
(11) Net operating loss carry-forward	4,277,399	2,064,660	2,212,739
(12) Tax credit carry-forward			
(13) Other		27,252	(27,252)
(99) Subtotal (Sum of 2a1 through 2a13)	\$ 4,277,399	\$ 2,771,210	\$ 1,506,189
(b) Statutory valuation allowance adjustment	689,081		689,081
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 3,588,318	\$ 2,771,210	\$ 817,108
(e) Capital			
(1) Investments	\$	\$ 248,045	\$ (248,045)
(2) Net capital loss carry-forward		110,121	(110,121)
(3) Real estate			
(4) Other	87,452		87,452
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 87,452	\$ 358,166	\$ (270,714)
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	87,452	358,166	(270,714)
(i) Admitted deferred tax assets (2d + 2h)	\$ 3,675,770	\$ 3,129,376	\$ 546,394

Notes to the Financial Statements

9. Income Taxes (Continued)

	(1) 2025	(2) 2024	(3) Change (Col 1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$	\$
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other	42,673	10,196	32,477
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>\$ 42,673</u>	<u>\$ 10,196</u>	<u>\$ 32,477</u>
(b) Capital			
(1) Investments	\$	\$ 164,694	\$ (164,694)
(2) Real estate			
(3) Other	678,611		678,611
(99) Subtotal (3b1+3b2+3b3)	<u>\$ 678,611</u>	<u>\$ 164,694</u>	<u>\$ 513,917</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>\$ 721,284</u>	<u>\$ 174,890</u>	<u>\$ 546,394</u>
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 2,954,486</u>	<u>\$ 2,954,486</u>	<u>\$ -</u>

The change in deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	(1) 2025	(2) 2024	(3) Change (Col 1-2)
Adjusted gross deferred tax assets	\$	\$	\$
Total deferred tax liabilities			
Net deferred tax assets (liabilities)	\$	\$	\$
Statutory valuation allowance adjustment			
Net deferred tax assets (liabilities) after statutory valuation allowance	\$	\$	\$
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			<u>\$</u>

D. Among the more significant book to tax adjustments

No Significant Changes for the period

	2025	Effective Tax Rate
Provision computed at statutory rate	\$	%
Change in nonadmitted assets		
Tax exempt income, net of proration		
Dividends received deduction, net of proration		
Nondeductible expenses		
Elimination of IMR Amortization		
Small Life Insurance Company Deduction		
Prior year under (over) accrual		
Other		
Total	<u>\$</u>	<u>%</u>

	2025	Effective Tax Rate
Federal and foreign income taxes incurred	\$	%
Realized capital gains (losses) tax		
Change in net deferred income taxes		
Total statutory income taxes	<u>\$</u>	<u>%</u>

E. Operating loss and tax credit carryforwards - None

F. Consolidated federal income tax return

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

Notes to the Financial Statements

9. Income Taxes (Continued)

(2) 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, 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.

G. Federal or foreign income tax loss contingencies - Not Applicable

H. Repatriation Transition Tax (RTT) - Not Applicable

I. Alternative Minimum Tax (AMT) Credit - Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. 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 \$961,769 and \$944,103, respectively, for services provided under the Master Services Agreement as of December 31, 2025, and December 31, 2024, respectively.

The Company has a capitation arrangement with Aultman Hospital and has paid \$23,710,838 and \$22,774,682 in capitated claims for its commercial enrollees as of December 31, 2025, and December 31, 2024, respectively. The company paid claims to affiliated companies in the amount of \$8,504,689 and \$10,885,366 of December 31, 2025, and December 31, 2024, respectively.

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 \$19,556,657 and \$17,236,203, respectively, for services provided under the Management and Administrative Services Agreement thru December 31, 2025, and December 31, 2024, respectively.

D. The Company has an amount due to an affiliate, Mckinley Life Agency, Ltd. The company reported \$79,330 due to the subsidiary as of December 31, 2025.

The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows the Company to borrow and repay operating funds. The Company reported \$68,649 due to AultCare Corporation under the terms of this agreement as of December 31, 2025. However, the Company reported \$1,651,432 due to AultCare Corporation as of December 31, 2024.

The Company has an intercompany revolving credit facility in place with its parent company, AultCare Health Insuring Corporation. The Company reported \$8,009 due from Aultcare Health Insurance Company as of December 31, 2025. Whereas, as of December 31, 2024, the Company reported \$727,567 due to the parent.

The Company has a capitation arrangement with Aultman Hospital for anticipation of future services. As of December 31, 2025, the Company has paid \$1,970,477 Aultman Hospital for these future services. The Company owes Aultman Hospital \$45,811 at December 31, 2025.

The Company has an intercompany agreement with Aultra Administration Group in which Aultcare Insurance Company is due \$133,453 at December 31, 2025.

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 administrative, marketing, and claims processing services for the Company.

G. All outstanding shares of the Company were owned by the Company's parent, AultCare Health Insuring Corporation, 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 did not have an investment in an SCA entity that exceeds 10% of admitted assets of the insurer.

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

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

- 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. All SCA Investments
The Company did not hold any other SCA Investments.
(1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities) - Not Applicable
(2) NAIC filing response information - Not Applicable
- N. Investment in Insurance SCAs
The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.
(1) Not Applicable
(2) The monetary effect on net income and surplus - Not Applicable
(3) Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking
The company did not have any SCA losses.

11. Debt

- A. The Company did not have any debt including capital notes.
- B. FHLB (Federal Home Loan Bank) Agreements
The Company did not have any debt including capital notes.
(1) FHLB agreements - Not Applicable
(2) FHLB capital stock - Not Applicable
(3) Collateral pledged to FHLB - Not Applicable
(4) Borrowing from FHLB - Not Applicable
- C. Unused commitments and lines of credit for financing arrangements: - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan
The Company had no defined benefit plans.
(1) Change in benefit obligation - Not Applicable
(2) Change in plan assets - Not Applicable
(3) Funded status - Not Applicable
(4) Components of net periodic benefit cost - Not Applicable
(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost - Not Applicable
(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost - Not Applicable
(7) Weighted-average assumptions used to determine net periodic benefit cost - Not Applicable
(8) Accumulated benefit obligation - Not Applicable
(9) Assumed health care cost trend rate(s) - Not Applicable
(10) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated - Not Applicable
(11) Contributions expected to be paid to the plan during the next fiscal year - Not Applicable
(12) Amounts and types of securities of the reporting entity and related parties included in plan assets - Not Applicable
(13) Alternative method used to amortize prior service amounts or net gains and losses - Not Applicable
(14) Substantive commitments used as the basis for accounting for the benefit obligation - Not Applicable
(15) Special or contractual termination benefits recognized during the period - Not Applicable
(16) Significant changes in the benefit obligation or plan assets not otherwise disclosed - Not Applicable
(17) Funded status of the plan and surplus impact - Not Applicable
- B. Investment Policies and Strategies of Plan Assets
The Company had no defined benefit plans.

Notes to the Financial Statements

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (Continued)

C. Fair Value of Each Class of Plan Assets

The Company had no defined benefit plans.

(1) Fair value measurements of plan assets at reporting date - Not Applicable

(2) Valuation technique(s) and inputs to measure fair value - Not Applicable

D. Expected Long-Term Rate of Return for the Plan Assets

The Company had no defined benefit plans.

E. Defined Contribution Plans

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 \$277,802 and \$312,756 as of December 31, 2025 and December 31, 2024 respectively.

F. Multiemployer Plans

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

G. Consolidated/Holding Company Plans

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

H. Postemployment Benefits and Compensated Absences

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

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

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

(1) Recognition of the existence of the Act - Not Applicable

(2) Effects of the subsidy in measuring the net postretirement benefit cost - Not Applicable

(3) Disclosure of gross benefit payments - Not Applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. The Company has \$1,000,000 in common stock outstanding, which is owned by its direct parent, Aultman Health Foundation.

B. The Company had no preferred stock outstanding.

C. 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.

D. The Company paid \$0 dividends as of December 31, 2025 to AultCare Health Insurance Company.

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

F. There were no restrictions placed on the Company's surplus.

G. The Total Amount of advances to surplus not repaid is \$0 as of December 31, 2025.

H. Stock Held for Special Purposes

(a) For conversion of preferred stock: 0 shares

(b) For employee stock options: 0 shares

(c) For stock purchase warrants: 0 shares

I. The Company did not have changes in the balances of any special surplus funds.

J. Unassigned Funds (Surplus)

The Company did not have any surplus funds represented that were reduced.

K. Company-Issued Surplus Debentures or Similar Obligations

The Company had no outstanding surplus debentures or similar obligations during the periods reported.

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations

The Company had no restatements due to quasi-reorganizations during the periods reported.

M. The Company was not involved in a quasi-reorganization during the periods reported.

Notes to the Financial Statements

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company is not aware of any material contingent commitments.

- (1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company - Not Applicable
- (2) Nature and circumstances of guarantee - Not Applicable
- (3) Aggregate compilation of guarantee obligations - Not Applicable

B. Assessments

The Company is subject to the Ohio Life and Health Insurance Guaranty and does not know of any assessments that could have a material financial effect.

- (1) Not Applicable
- (2) Assets (Liabilities) recognized from paid and accrued premium tax offsets and policy surcharges - Not Applicable
- (3) Guaranty fund liabilities and assets related to long-term care insolvencies - Not Applicable

C. Gain Contingencies

The Company has no gain contingencies.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

E. Joint and Several Liabilities

Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

F. All Other Contingencies

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) Leasing arrangements

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) For leases having initial or remaining noncancelable lease terms in excess of one year

(a) Minimum aggregate rental commitments at year end

Year Ending December 31	Operating Leases
1. 2026.....	\$ 218,838
2. 2027.....
3. 2028.....
4. 2029.....
5. 2030.....
6. Thereafter.....
7. Total (sum of 1 through 6).....	\$ 218,838

(b) Sublease minimum rentals to be received - Not Applicable

(3) For sale-leaseback transactions - Not Applicable

B. Lessor Leases

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

- (1) Operating leases - Not Applicable
- (2) Leveraged leases - Not Applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

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

B. ASC Plans

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

Notes to the Financial Statements

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (Continued)

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

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

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

20. Fair Value Measurements

The fair value of financial instruments represents estimates of fair values at a specific point in time determined by the Company using available market information and appropriate valuation methodologies. These estimates are subjective in nature and involve uncertainties and significant judgement in the interpretation of current market data. Therefore, the fair values presented are not necessarily indicative of amounts the Company could realize or settle currently.

The level in the fair value hierarchy within which fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement in its entirety. The three levels of the hierarchy are as follows:

Level 1: Inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date.

Level 2: Inputs (other than quoted prices included in Level 1 are either directly or indirectly observable for the asset through correlation with market data at the measurement date and for the duration of the instrument's anticipated life.

Level 3: Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Unobservable inputs reflect the Company's own assumptions about the assumptions that market participants would use in pricing the asset or liability at the measurement date.

A. Fair Value Measurement

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock.....	\$ 15,118,998	\$	\$	\$	\$ 15,118,998
Total assets at fair value/NAV.....	<u>\$ 15,118,998</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 15,118,998</u>
b. Liabilities at fair value					
Total liabilities at fair value.....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

(2) Fair value measurements in Level 3 of the fair value hierarchy

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. Other Fair Value Disclosures

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

C. Fair Values or NAV for All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds.....	\$ 18,811,612	\$ 18,909,324	\$	\$ 18,811,612	\$	\$	\$
Industrial and Misc.....	18,284,980	18,061,404	10,299,989	7,984,991			
CDs.....	5,831,595	5,798,916	5,831,595				
Common Stock.....	15,118,998	15,118,998	15,118,998				

D. Not Practicable to Estimate Fair Value

The Company had no fair value instruments or classes of financial instruments where it was not practical to estimate the fair value at December 31, 2025 or December 31, 2024.

E. Nature and Risk of Investments Reported at NAV

The Company had no fair value instruments or classes of financial instruments where it was not practical to estimate the fair value at either December 31, 2025 or December 31, 2024.

21. Other Items - None

22. Events Subsequent

Type I – Recognized Subsequent Events:

The Company did not have any subsequent events as of the filing date for the statutory statement as of December 31, 2025.

Type II – Nonrecognized Subsequent Events:

Notes to the Financial Statements

22. Events Subsequent (Continued)

Subsequent events have been considered through the filing date for the statutory statement as of December 31, 2025. The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist as December 31, 2025, but arose after that date, which would have a material effect on its financial condition.

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 reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under 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 for reasons 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. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes () No (X)

B. Uncollectible Reinsurance

The Company did not write off any uncollectible reinsurance during the periods reported.

C. Commutation of Ceded Reinsurance

The Company did not have any commutation of ceded reinsurance during the periods reported.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

The Company did not have a Reinsurer Rating Downgrade or Status Subject to Revocation during the periods reported.

- (1) Reporting entity ceding to certified reinsurer whose rating was downgraded or status subject to revocation - Not Applicable
(2) Reporting entity's certified reinsurer rating downgraded or status subject to revocation - Not Applicable

E. Reinsurance Credit - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The Company has a contract with CMS that is subject to redetermination upon audits performed by the Inspector General. CMS adjusts its payments to the Company based on how actual benefit cost varied from estimated benefit costs included in the bid.

B. Method Used to Record

The Company records accrued retrospective premiums as an adjustment to earned premiums.

C. Amount and Percent of Net Retrospective Premiums

The Company has no group health plans as of December 31, 2025. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - Not Applicable

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO
The Company did not have any ACA Risk Sharing Premium Adjustments Receivables as of December 31, 2025.

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments).....	\$..... -
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment.....	\$..... -
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium).....	-
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment.....	\$..... -
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid).....	-

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	(1)	(2)	(3)	(4)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)

a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high-risk pool payments).....	\$..... -	\$..... -	\$.....	\$.....	\$..... -	\$..... -	\$.....	\$.....	A	\$..... -	\$..... -
2. Premium adjustments (payable) (including high-risk pool premium).....	-	-	-	-	-	-	-	-	B	-	-
3. Subtotal ACA Permanent Risk Adjustment Program.....	\$..... -	\$..... -	\$.....	\$.....	\$..... -	\$..... -	\$.....	\$.....		\$..... -	\$..... -

Explanations of Adjustments: None

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2024 were \$33,683,858. As of December 31, 2025, \$30,361,835 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 a favorable development of \$3,322,023 since December 31, 2025. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses

There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the current reporting period. The Company utilizes an independent actuary who performs these calculations on an annual basis for year-end reporting.

26. Intercompany Pooling Arrangements

The Company had no intercompany pooling arrangements.

27. Structured Settlements

Note 27 is Not Applicable for Health Entities

The Company had no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

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

Pharmacy rebates receivable is 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 2025, 2024, and 2023, are as follows:

Notes to the Financial Statements

28. Health Care Receivables (Continued)

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
12/31/2025	\$ 4,256,915	\$	\$	\$	\$
09/30/2025	4,384,585	4,727,439	4,566,004		
06/30/2025	4,727,439	3,912,989	4,452,052	256,926	
03/31/2025	3,912,989	4,698,328	4,540,929	96,787	46,810
12/31/2024	4,698,328	4,533,121	4,227,463	339,729	(17,134)
09/30/2024	4,533,121	4,411,504	4,123,991	(58,521)	418,739
06/30/2024	4,411,504	3,756,310	771,976	2,798,054	723,873
03/31/2024	3,756,310	3,918,910	1,983,975	3,286,951	156,062
12/31/2023	3,918,910	3,828,497	926,767	3,706,941	486,120
09/30/2023	3,828,497	3,823,424	595,584	3,876,934	322,352
06/30/2023	3,823,424	3,808,014	560,969	3,467,021	874,933
03/31/2023	3,808,014	3,886,419	3,884,012	438,499	274,244

B. Risk-Sharing Receivables

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

C. Medicare Prescription Payment Plan Receivables - None

29. Participating Policies

The Company does not have participating policies or policyholder dividends.

30. Premium Deficiency Reserves

- Liability carried for premium deficiency reserves: \$ -
- Date of the most recent evaluation of this liability: 12/31/2025
- Was anticipated investment income utilized in the calculation? NO

31. Anticipated Salvage and Subrogation

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. 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
If yes, complete Schedule Y, Parts 1, 1A, 2, and 3.
- 1.2. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?..... YES
- 1.3. State Regulating?..... Ohio
- 1.4. Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 1.5. If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 2.1. Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO
- 2.2. If yes, date of change:.....
- 3.1. State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2023
- 3.2. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released..... 12/31/2023
- 3.3. 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)..... 06/26/2025
- 3.4. By what department or departments?
Ohio Department of Insurance
- 3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 3.6. Have all of the recommendations within the latest financial examination report been complied with?..... N/A
- 4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....
- 4.11. sales of new business?..... NO
- 4.12. renewals?..... NO
- 4.2. During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....
- 4.21. sales of new business?..... NO
- 4.22. renewals?..... NO
- 5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
If yes, complete and file the merger history data file with the NAIC.
- 5.2. If yes, provide the name of the 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.
- | 1 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |
- 6.1. Has the 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?..... NO
- 6.2. If yes, give full information
- 7.1. Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?..... NO
- 7.2. If yes,
- 7.21. State the percentage of foreign control..... %
- 7.22. State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1 | 2 |
|-------------|----------------|
| Nationality | Type of Entity |
| | |
- 8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?..... NO
- 8.2. If response to 8.1 is yes, please identify the name of the DIHC.....
- 8.3. Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4. If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

- 8.5. Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?..... NO.....
- 8.6. If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?..... N/A.....
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Clifton Larson Allen, LLP, 4505 Stephen Circle NW, Suite 200, Canton, OH 44718
- 10.1. Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?..... NO.....
- 10.2. If the response to 10.1 is yes, provide information related to this exemption:
- 10.3. Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?..... NO.....
- 10.4. If the response to 10.3 is yes, provide information related to this exemption:
- 10.5. Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?..... YES.....
- 10.6. If the response to 10.5 is no or n/a, please explain.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Lee Benefits Consulting, 702 Saxony Drive, Seven Fields, PA 16046 - Actuary - Mr. Duane P. Lee
- 12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?..... YES.....
12.11 Name of real estate holding company
West Tuscarawas Property Management
12.12 Number of parcels involved.....
12.13 Total book / adjusted carrying value..... \$ 9,882,728
- 12.2. If yes, provide explanation
AultCare Insurance Company owns \$9,882,728 worth of shares of West Tusc. Property Management, which is a for profit real estate holding company located in Canton OH.
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....
- 13.2. Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?..... NO.....
- 13.3. Have there been any changes made to any of the trust indentures during the year?..... NO.....
- 13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?..... N/A.....
- 14.1. 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.....
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.
- 14.11. If the response to 14.1 is no, please explain:
- 14.2. Has the code of ethics for senior managers been amended?..... NO.....
- 14.21. If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3. Have any provisions of the code of ethics been waived for any of the specified officers?..... NO.....
- 14.31. If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1. Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?..... NO.....
- 15.2. If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
			\$

BOARD OF DIRECTORS

- 16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? YES
- 17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? YES
- 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? YES

FINANCIAL

- 19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? NO
- 20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 - 20.11 To directors or other officers \$
 - 20.12 To stockholders not officers \$
 - 20.13 Trustees, supreme or grand (Fraternal only) \$
- 20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
 - 20.21 To directors or other officers \$
 - 20.22 To stockholders not officers \$
 - 20.23 Trustees, supreme or grand (Fraternal only) \$
- 21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? NO
- 21.2. If yes, state the amount thereof at December 31 of the current year:
 - 21.21 Rented from others \$
 - 21.22 Borrowed from others \$
 - 21.23 Leased from others \$
 - 21.24 Other \$
- 22.1. Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? NO
- 22.2. If answer is yes:
 - 22.21 Amount paid as losses or risk adjustment \$
 - 22.22 Amount paid as expenses \$
 - 22.23 Other amounts paid \$
- 23.1. Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? NO
- 23.2. If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ -
- 24.1. Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? NO
- 24.2. If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01. Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) YES
- 25.02. If no, give full and complete information, relating thereto
- 25.03. For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04. For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions \$
- 25.05. For the reporting entity's securities lending program, report amount of collateral for other programs \$
- 25.06. Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? N/A
- 25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? N/A
- 25.08. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? N/A

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

25.09. For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
 25.091. Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
 25.092. Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
 25.093. Total payable for securities lending reported on the liability page \$

26.1. Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03) YES

26.2. If yes, state the amount thereof at December 31 of the current year:
 26.21. Subject to repurchase agreements \$
 26.22. Subject to reverse repurchase agreements \$
 26.23. Subject to dollar repurchase agreements \$
 26.24. Subject to reverse dollar repurchase agreements \$
 26.25. Placed under option agreements \$
 26.26. Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$
 26.27. FHLB Capital Stock \$
 26.28. On deposit with states \$ 502,051
 26.29. On deposit with other regulatory bodies \$
 26.30. Pledged as collateral - excluding collateral pledged to an FHLB \$
 26.31. Pledged as collateral to FHLB - including assets backing funding agreements \$
 26.32. Other \$

26.3. For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

27.1. Does the reporting entity have any hedging transactions reported on Schedule DB? NO

27.2. If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. N/A

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3. Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? NO

27.4. If the response to 27.3 is YES, does the reporting entity utilize:
 27.41 Special accounting provision of SSAP No. 108 NO
 27.42 Permitted accounting practice NO
 27.43 Other accounting guidance NO

27.5. By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: NO

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1. Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? NO

28.2. If yes, state the amount thereof at December 31 of the current year. \$

29. 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

29.01. For agreements that comply with the requirements of the *NAIC Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's 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

29.02. 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)

29.03. Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? NO

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

29.05. 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. This includes both primary and sub-advisors. 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	2
Name of Firm or Individual	Affiliation
FEG Investment Advisors	U
Huntington Bank - Custodial	U
AultCare Investment Committee	A
Richmond Capital	U

29.0597. For those firms/individuals listed in the table for Question 29.05, 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? NO

29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? NO

29.06. For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4
Central Registration Depository Number	Name of Firm or Individual	Registered With	Investment Management Agreement (IMA) Filed
121658	FEG Investment Advisors	801-61324	NO
104636	Richmond Capital	801-17534	DS
	AultCare Investment Committee		

30.1. Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? YES

30.2. If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
921910501	VANGUARD INTL GROWTH FUND	\$ 862,671
89354D338	TRANSAMERICA INT. EQUITY FUND	935,375
922908728	VANGUARD TOTAL MKT IDX ADMIRAL FUND	7,146,884
31428Q739	FEDERATED TOTAL RETURN	6,174,070
30.2999 TOTAL		\$ 15,119,000

30.3. For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book / Adjusted Carrying Value Attributable to the Holding	Date of Valuation
VANGUARD INTL GROWTH FUND	Taiwan Semiconductor Manufacturing	\$ 778,505	12/31/2025
TRANSAMERICA INT. EQUITY FUND	ASML Holding N.V.	740,206	12/31/2025
VANGUARD TOTAL MKT IDX ADMIRAL FUND	NVIDIA Corporation	2,818,491	12/31/2025
FEDERATED TOTAL RETURN BOND		6,624,031	12/31/2025

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1. Issuer Credit Obligations	\$ 42,769,645	\$ 42,928,187	\$ 158,542
31.2. Asset-Backed Securities			
31.3. Preferred Stocks			
31.4. Totals	\$ 42,769,645	\$ 42,928,187	\$ 158,542

31.5. Describe the sources or methods utilized in determining the fair values:

The market value of the bonds reported on the Huntington Investment statements are used to report Fair Value.

32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? YES

32.2. If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? NO

32.3. If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1. Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? YES

33.2. If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 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?..... NO.....

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?..... NO.....

36. 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?..... NO.....

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?..... N/A.....

38.1. Does the reporting entity directly hold cryptocurrencies?..... NO.....

38.2. If the response to 38.1 is yes, on what schedule are they reported?.....

39.1. Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?..... NO.....

39.2. If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly..... NO.....

39.22 Immediately converted to U.S. dollars..... NO.....

39.3. If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

40.1. Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?..... \$..... 112,511

40.2. List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Alliance of Community Health Plans.....	\$..... 27,067
Ohio Association of Health Plans.....	9,892

41.1. Amount of payments for legal expenses, if any?..... \$..... 151,688

41.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Squire Patton Boggs (US) LLP.....	\$..... 88,837

42.1. Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?..... \$..... 13,969

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

42.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
Alliance of Community Health Plans	\$..... 7,579
Ohio Association of Health Plans 6,390

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? YES
- 1.2 If yes, indicate premium earned on U.S. business only..... \$ 4,695,759
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?..... \$
- 1.31 Reason for excluding:
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above..... \$
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance..... \$ 4,117,946
- 1.6 Individual policies:
Most current three years:
1.61 Total premium earned..... \$ 4,695,759
1.62 Total incurred claims..... \$ 4,117,946
1.63 Number of covered lives..... 1,585
All years prior to most current three years:
1.64 Total premium earned..... \$
1.65 Total incurred claims..... \$
1.66 Number of covered lives.....
- 1.7 Group policies:
Most current three years:
1.71 Total premium earned..... \$
1.72 Total incurred claims..... \$
1.73 Number of covered lives.....
All years prior to most current three years:
1.74 Total premium earned..... \$
1.75 Total incurred claims..... \$
1.76 Number of covered lives.....

2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator.....	\$ 256,852,628	\$ 265,136,595
2.2 Premium Denominator.....	\$ 256,852,628	\$ 265,136,595
2.3 Premium Ratio (2.1/2.2).....	100.000 %	100.000 %
2.4 Reserve Numerator.....	\$ 34,854,706	\$ 33,503,505
2.5 Reserve Denominator.....	\$ 35,563,397	\$ 33,741,594
2.6 Reserve Ratio (2.4/2.5).....	98.007 %	99.294 %

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?..... NO
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?..... YES
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?..... NO
- 5.1 Does the reporting entity have stop-loss reinsurance?..... YES
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical..... \$ 400,000
5.32 Medical Only..... \$ 600,000
5.33 Medicare Supplement..... \$
5.34 Dental and Vision..... \$
5.35 Other Limited Benefit Plan..... \$ 52,500
5.36 Other..... \$
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
N/A
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?..... YES
- 7.2 If no, give details
- 8. Provide the following information regarding participating providers:
8.1 Number of providers at start of reporting year..... 4,258
8.2 Number of providers at end of reporting year..... 4,258
- 9.1 Does the reporting entity have business subject to premium rate guarantees?..... NO
- 9.2 If yes, direct premium earned:
9.21 Business with rate guarantees between 15-36 months..... \$
9.22 Business with rate guarantees over 36 months..... \$

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?..... YES.....
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses..... \$ 169,250
- 10.22 Amount actually paid for year bonuses..... \$
- 10.23 Maximum amount payable withholds..... \$
- 10.24 Amount actually paid for year withholds..... \$
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model,..... NO.....
- 11.13 An Individual Practice Association (IPA), or,..... NO.....
- 11.14 A Mixed Model (combination of above)?..... NO.....
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?..... YES.....
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus..... Ohio.....
- 11.4 If yes, show the amount required..... \$ 1,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?..... NO.....
- 11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
Ohio.....

- 13.1 Do you act as a custodian for health savings accounts?..... NO.....
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$
- 13.3 Do you act as an administrator for health savings accounts?..... NO.....
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?..... N/A.....
- 14.2. If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written..... \$
- 15.2 Total Incurred Claims..... \$
- 15.3 Number of Covered Lives.....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... NO.....
- 16.1 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?..... NO.....

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2025	2024	2023	2022	2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	91,099,310	100,902,860	100,088,068	93,121,441	93,262,438
2. Total liabilities (Page 3, Line 24)	46,956,718	51,117,888	50,611,470	50,584,037	43,534,811
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. Total capital and surplus (Page 3, Line 33)	44,142,592	49,784,972	49,476,601	42,537,403	49,727,627
Income Statement (Page 4)					
5. Total revenues (Line 8)	256,852,628	265,136,595	259,707,473	262,188,022	254,852,081
6. Total medical and hospital expenses (Line 18)	232,277,207	242,280,845	225,360,555	232,027,342	224,803,513
7. Claims adjustment expenses (Line 20)	8,442,782	8,571,012	6,257,529	6,042,716	8,469,984
8. Total administrative expenses (Line 21)	25,301,811	26,806,681	29,088,607	33,787,448	34,599,052
9. Net underwriting gain (loss) (Line 24)	(9,169,172)	(12,521,943)	(999,218)	(9,669,484)	(13,020,469)
10. Net investment gain (loss) (Line 27)	2,774,157	4,434,247	6,548,118	1,335,911	5,389,213
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(6,308,498)	(9,995,417)	6,545,706	(8,134,988)	(6,707,660)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(6,268,105)	(10,351,565)	(4,658,210)	(5,328,685)	(3,841,681)
Risk-Based Capital Analysis					
14. Total adjusted capital	44,142,592	49,784,972	49,476,600	42,537,403	49,727,627
15. Authorized control level risk-based capital	16,250,703	13,540,236	12,114,810	12,509,396	11,923,417
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	65,231	71,929	84,515	79,612	81,846
17. Total members months (Column 6, Line 7)	802,660	872,637	969,978	970,156	970,990
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	90.4	91.4	86.8	88.5	88.2
20. Cost containment expenses	2.6	2.4	1.7	1.6	2.6
21. Other claims adjustment expenses	0.7	0.8	0.7	0.7	0.7
22. Total underwriting deductions (Line 23)	103.6	104.7	100.4	103.7	105.1
23. Total underwriting gain (loss) (Line 24)	(3.6)	(4.7)	(0.4)	(3.7)	(5.1)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	30,642,805	38,330,733	29,264,160	27,836,617	25,234,943
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	33,683,858	32,136,736	31,048,104	28,371,920	25,242,984
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)					
29. Affiliated mortgage loans on real estate					
30. All other affiliated			10,308,995	12,206,552	12,004,662
31. Total of above lines 26 to 30			10,308,995	12,206,552	12,004,662
32. Total investment in parent included in Lines 26 to 30 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3—Accounting Changes and Corrections of Errors?
If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & 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	231,442,535			39,863			231,482,398	
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		231,442,535			39,863			231,482,398	
60. Reporting entity contributions for employee benefit plans	XXX									
61. Total (direct business)	XXX		231,442,535			39,863			231,482,398	
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	1	4. Q - Qualified - Qualified or accredited reinsurer	-
2. R - Registered - Non-domiciled RRGs	-	5. N - None of the above - Not allowed to write business in the state	56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	-		

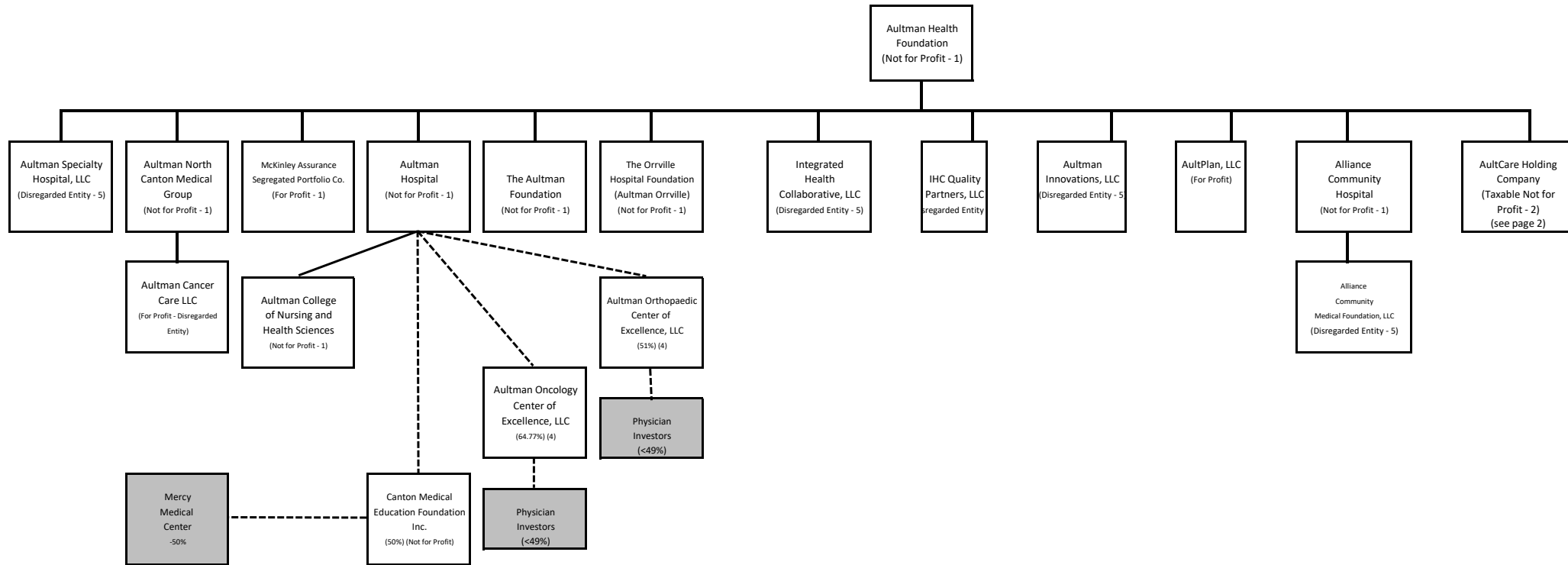
(b) Explanation of basis of allocation by states, premiums by state, etc

The company only has business in the State of Ohio.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

