



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2025
 OF THE CONDITION AND AFFAIRS OF THE
AULTCARE HEALTH INSURING CORPORATION

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

Organized under the Laws of OH State of Domicile or Port of Entry OH
 Country of Domicile US
 Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
 Incorporated/Organized 07/11/2013 Commenced Business 01/01/2015
 Statutory Home Office 2600 Sixth Street SW Canton, OH, 44710
 Main Administrative Office 2600 Sixth Street SW Canton, OH, 44710 330-363-3325
 (Telephone)
 Mail Address 2600 Sixth Street SW Canton, OH, 44710
 Primary Location of Books and 2600 Sixth Street SW 330-363-4057
 Records Canton, OH, 44710 (Telephone)
 Internet Website Address www.aultcare.com
 Statutory Statement Contact Melissa Rapp 330-363-4880
 (Telephone)
 melissa.rapp@aultman.com 330-363-5012
 (E-Mail) (Fax)

OFFICERS

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

DIRECTORS OR TRUSTEES

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

State of Ohio
 County of Stark SS

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

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

Subscribed and sworn to before me
 this 27 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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group subscribers:						
0299997 Group subscriber subtotal.....						
0299998 Premiums due and unpaid not individually listed.....	7,582,069					7,582,069
0299999 Total group.....	7,582,069					7,582,069
0399999 Premiums due and unpaid from Medicare entities.....						
0499999 Premiums due and unpaid from Medicaid entities.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15).....	7,582,069					7,582,069

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Optum.....	4,007,371			1,571,235	1,571,235	4,007,371
0199999 – Pharmaceutical Rebate Receivables.....	4,007,371			1,571,235	1,571,235	4,007,371
0299998 – Aggregate of Amounts Not Individually Listed.....	40,397					40,397
0299999 – Claim Overpayment Receivables.....	40,397					40,397
0499998 – Aggregate of Amounts Not Individually Listed.....	4,228,475					4,228,475
0499999 – Capitation Arrangement Receivables.....	4,228,475					4,228,475
0799999 – Gross Health Care Receivables.....	8,276,243			1,571,235	1,571,235	8,276,243

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	6,335,654	7,797,849	1,571,235	4,007,371	7,906,889	7,441,122
2. Claim overpayment receivables	157,251	349,250		40,397	157,251	157,251
3. Loans and advances to providers						
4. Capitation arrangement receivables			4,228,475		4,228,475	4,228,475
5. Risk sharing receivables						
6. Other health care receivables						3,822
7. Totals (Lines 1 through 6)	6,492,905	8,147,099	5,799,710	4,047,768	12,292,615	11,830,670

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0599999 – Unreported claims and other claim reserves						16,939,066
0799999 – Total claims unpaid						16,939,066
0899999 – Accrued medical incentive pool and bonus amounts						1,043,399

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0399999 – Total gross amounts receivable.....							

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
AultCare Corporation.....		3,621,887	3,621,887	
AultCare Insurance Company.....		2,509,507	2,509,507	
Aultman Health Foundation.....		339,281	339,281	
0199999 – Individually listed payable.....		6,470,675	6,470,675	
0399999 – Total gross payables.....		6,470,675	6,470,675	

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non- Affiliated Providers
Capitation Payments:						
1. Medical groups	50,746,410	24.845	14,225	100.000	50,746,410	
2. Intermediaries						
3. All other providers						
4. Total capitation payments	50,746,410	24.845	14,225	100.000	50,746,410	
Other Payments:						
5. Fee-for-service	22,889,372	11.207	XXX	XXX	11,444,686	11,444,686
6. Contractual fee payments	130,614,727	63.948	XXX	XXX	14,074,339	116,540,388
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	153,504,099	75.155	XXX	XXX	25,519,025	127,985,074
13. Total (Line 4 plus Line 12)	204,250,509	100.000 %	XXX	XXX	76,265,435	127,985,074

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 – Totals			XXX	XXX	XXX

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AultCare Health Insuring Corporation

2. Canton, OH
(LOCATION)

NAIC Group Code: 4805

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025

NAIC Company Code: 15461

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	15,135							15,135						
2. First quarter.....	14,968							14,968						
3. Second quarter.....	14,348							14,348						
4. Third quarter.....	14,288							14,288						
5. Current year.....	14,225							14,225						
6. Current year member months.....	172,264							172,264						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	189,885							189,885						
8. Non-physician.....	355,518							355,518						
9. Total.....	545,403							545,403						
10. Hospital patient days incurred.....	49,617							49,617						
11. Number of inpatient admissions.....	6,212							6,212						
12. Health premiums written (b).....	227,173,179							227,173,179						
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	212,435,739							212,435,739						
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	204,250,509							204,250,509						
18. Amount incurred for provision of health care services.....	205,891,461							205,891,461						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 227,173,179



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AultCare Health Insuring Corporation

2. Canton, OH
(LOCATION)

NAIC Group Code: 4805

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 15461

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior year.....	15,135							15,135						
2. First quarter.....	14,968							14,968						
3. Second quarter.....	14,348							14,348						
4. Third quarter.....	14,288							14,288						
5. Current year.....	14,225							14,225						
6. Current year member months.....	172,264							172,264						
Total Member Ambulatory Encounters for Year:														
7. Physician.....	189,885							189,885						
8. Non-physician.....	355,518							355,518						
9. Total.....	545,403							545,403						
10. Hospital patient days incurred.....	49,617							49,617						
11. Number of inpatient admissions.....	6,212							6,212						
12. Health premiums written (b).....	227,173,179							227,173,179						
13. Life premiums direct.....														
14. Property/casualty premiums written.....														
15. Health premiums earned.....	212,435,739							212,435,739						
16. Property/casualty premiums earned.....														
17. Amount paid for provision of health care services.....	204,250,509							204,250,509						
18. Amount incurred for provision of health care services.....	205,891,461							205,891,461						

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 227,173,179

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 - Total (Sum of 0799999 and 1099999)												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Affiliates, Non-U.S., Captive						
	AA-3770278	01/01/2015	MCKINLEY ASSUR SPC	CYM	480,526	
1599999 – Accident and Health, Affiliates, Non-U.S., Captive					480,526	
1799999 – Accident and Health, Affiliates, Non-U.S., Total					480,526	
1899999 – Accident and Health, Total Affiliates					480,526	
2299999 – Total Accident and Health					480,526	
2499999 – Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					480,526	
9999999 – Total (Sum of 1199999 and 2299999)					480,526	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Affiliates, Non-U.S., Captive													
	AA-3770278	04/01/2015	MCKINLEY ASSUR SPC	CYM	SSL/G	SLEL	21,769						
	AA-3770278	04/01/2015	MCKINLEY ASSUR SPC	CYM	SSL/I	SLEL	508,661						
82627	06-0839705	04/01/2021	SWISS RE LIFE & HLTH AMER INC	MO	SSL/G	SLEL	6,623						
82627	06-0839705	04/01/2021	SWISS RE LIFE & HLTH AMER INC	MO	SSL/I	SLEL	150,570						
0499999 – General Account, Authorized, Affiliates, Non-U.S., Captive							687,623						
0699999 – General Account, Authorized, Affiliates, Non-U.S., Total							687,623						
0799999 – General Account, Authorized, Total Authorized Affiliates							687,623						
1199999 – Total General Account Authorized							687,623						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							687,623						
9299999 – Total Non-U.S.							687,623						
9999999 – Total (Sum of 4599999 and 9099999)							687,623						

(34) Schedule S - Part 4

NONE

(34) Schedule S - Part 4 - Bank Footnote

NONE

(35) Schedule S - Part 5

NONE

(35) Schedule S - Part 5 - Bank Footnote

NONE

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

	1	2	3	4	5
	2025	2024	2023	2022	2021
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare.....	688	420	458	427	404
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	481	856	507		608
9. Experience rating refunds due or unpaid.....				262	
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	81,784,595		81,784,595
2. Accident and health premiums due and unpaid (Line 15)	7,582,069		7,582,069
3. Amounts recoverable from reinsurers (Line 16.1)	480,526	(480,526)	—
4. Net credit for ceded reinsurance	XXX	480,526	480,526
5. All other admitted assets (Balance)	12,643,616		12,643,616
6. Total assets (Line 28)	102,490,806	—	102,490,806
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	16,939,066		16,939,066
8. Accrued medical incentive pool and bonus payments (Line 2)	1,043,399		1,043,399
9. Premiums received in advance (Line 8)	62,731		62,731
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	8,378,097		8,378,097
15. Total liabilities (Line 24)	26,423,293		26,423,293
16. Total capital and surplus (Line 33)	76,067,513	XXX	76,067,513
17. Total liabilities, capital and surplus (Line 34)	102,490,806		102,490,806
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		XXX	XXX
19. Accrued medical incentive pool		XXX	XXX
20. Premiums received in advance		XXX	XXX
21. Reinsurance recoverable on paid losses	480,526	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	480,526	XXX	XXX
24. Premiums receivable		XXX	XXX
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		XXX	XXX
26. Unauthorized reinsurance		XXX	XXX
27. Reinsurance with Certified Reinsurers		XXX	XXX
28. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
29. Other ceded reinsurance payables/offsets		XXX	XXX
30. Total ceded reinsurance payables/offsets		XXX	XXX
31. Total net credit for ceded reinsurance	480,526	XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

			Direct Business Only					
States, Etc.			1	2	3	4	5	6
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate other alien	OT						
59.	Totals							

NONE

Annual Statement for the Year 2025 of the AultCare Health Insuring Corporation

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4805		77216	34-1445390				Aultman Health Foundation	OH	UIP	Self	Board of Directors		Aultman Health Foundation	NO	
			34-0714538				Aultman Hospital	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			34-1624818				AultCare Insurance Company	OH	RE	AultCare Health Insuring Corporation	Ownership	100.000	Aultman Health Foundation	NO	
			34-1488123				AultCare Corporation	OH	IA	Aultman Health Foundation & Stark County Care Physicians, Inc	Other		Aultman Health Foundation	NO	
			20-0090246				West Tuscarawas Property Management, LLC	CYM	DS	AultCare Insurance Company & AultCare Health Insuring Corp & Aultman Hospital	Ownership	48.700	Aultman Health Foundation	NO	
			34-1795772				McKinley Life Insurance Agency, Ltd.	OH	DS	AultCare Insurance Company	Ownership	100.000	Aultman Health Foundation	NO	
			20-4951704				Aultra Administrative Group	OH	IA	AultCare Holding Company	Management		Aultman Health Foundation	NO	
			27-4379962				AultComp MCO, Inc.	OH	NIA	Aultra Administrative Group	Ownership	100.000	Aultman Health Foundation	NO	
			34-1853300				Ohio Specialty Physician's Corporation	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO	
			98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	CYM	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			20-1359433				Aultman College of Nursing and Health Sciences	OH	NIA	Aultman Hospital	Ownership	100.000	Aultman Hospital	NO	
			31-1509904				Aultman MSO, Inc.	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO	
			20-8090459				The Aultman Foundation	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			31-1509897				Ohio Physicians Professional Corporation	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO	
34-1610344				North Central Medical Resources	OH	NIA	AultCare Holding Company	Ownership	100.000	Aultman Health Foundation	NO				
34-1871647				Ohio Hospital Based Physician Corporation	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO				
31-1689698				Tuscarawas Valley Regional Cancer Center	OH	NIA	Aultman Health Foundation	Ownership	50.000	Aultman Health Foundation	NO				
13-4246188				Aultman Specialty Hospital, LLC	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO				
4805		15461	34-1243260				Canton Medical Education Foundation	OH	NIA	Other	Ownership, Board of Directors	50.000	Aultman Hospital	NO	1
			46-3305099				AultCare Health Insuring Corporation	OH	RE	AultCare Holding Company	Ownership	100.000	Aultman Health Foundation	NO	
			34-1088530				Aultman North Canton Medical Group	OH	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.000	Aultman Health Foundation	NO	
			34-0733138				The Orville Hospital Foundation	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			45-3166014				Aultman Medical Group, Inc	OH	NIA	AultCare Holding Company	Ownership	100.000	Aultman Health Foundation	NO	
			47-1165287				AultCare Holding Company	OH	UDP	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			47-3587655				MainSite ASO, LLC	OH	NIA	AultCare Holding Company	Ownership	100.000	Aultman Health Foundation	NO	
			46-4625320				Integrated Health Collaborative	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			45-4215510				Aultman Oncology Center of Excellence	OH	NIA	Other	Ownership, Other	51.000	Aultman Health Foundation	NO	2
			46-2540184				Aultman Orthopedic Center of Excellence	OH	NIA	Other	Ownership, Other	51.000	Aultman Health Foundation	NO	3

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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

Asterisk	Explanation
1	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50%.
2	Aultman Oncology Center of Excellence, LLC is owned Aultman Hospital and community oncologists.
3	Aultman Orthopedic Center of Excellence, LLC is owned by Aultman Hospital and community orthopedic surgeons.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
15461	46-3305099	AULTCARE HLTH INSURING CORP					(21,957,420)				(21,957,420)	
	47-1165287	AULTCARE HOLDING COMPANY										
	AA-3770278	MCKINLEY ASSUR SPC										
	34-1445390	AULTMAN HEALTH FOUNDATION					1,957,073				1,957,073	
	34-1488123	AULTCARE CORPORATION					20,000,347				20,000,347	
9999999	- Control Totals						-		XXX		-	

SCHEDULE Y

Part 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
AultCare Health Insurance Company.....	Aultman Health Foundation.....	100.000 %	NO.....	Aultman Health Foundation.....	Aultman Helath Foundation.....	100.000 %	NO.....
AultCare Insurance Company.....	Aultman Health Foundation.....	100.000 %	NO.....	Aultman Health Foundation.....	Aultman Health Foundation.....	100.000 %	NO.....

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Responses
March Filing	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	Yes
2. Will an Actuarial Opinion be filed by March 1?.....	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	Yes
April Filing	
5. Will Management's Discussion and Analysis be filed by April 1?.....	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	Yes
June Filing	
8. Will an Audited Financial Report be filed by June 1?.....	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....	Yes

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.


March Filing	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?.....	No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	No
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	No
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	No
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	No
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for the Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	No
April Filing	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?.....	No
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	Yes
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	No
August Filing	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	No

SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES


Explanation

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