



**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

**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.....	6,398,978	953,930	6,367			7,359,275
0299999 Total group.....	6,398,978	953,930	6,367			7,359,275
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).....	6,398,978	953,930	6,367			7,359,275

**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.....	4,256,915			2,499,113	2,499,113	4,256,915
0199999 – Pharmaceutical Rebate Receivables.....	4,256,915			2,499,113	2,499,113	4,256,915
0299998 – Aggregate of Amounts Not Individually Listed.....	204,697					204,697
0299999 – Claim Overpayment Receivables.....	204,697					204,697
0499998 – Aggregate of Amounts Not Individually Listed.....	1,970,477					1,970,477
0499999 – Capitation Arrangement Receivables.....	1,970,477					1,970,477
0799999 – Gross Health Care Receivables.....	6,432,089			2,499,113	2,499,113	6,432,089

**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 .....	9,499,678	9,914,698		6,756,028	9,499,678	8,868,180
2. Claim overpayment receivables .....	52,567	366,202		204,697	52,567	57,734
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....	1,970,477	1,668,270		1,970,477	1,970,477	1,970,477
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. Totals (Lines 1 through 6) .....	11,522,722	11,949,170		8,931,202	11,522,722	10,896,391

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 .....						36,517,405
0799999 – Total claims unpaid .....						36,517,405
0899999 – Accrued medical incentive pool and bonus amounts .....						708,692

**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
0299999 – Receivables not individually listed .....	141,462					141,462	
0399999 – Total gross amounts receivable .....	141,462					141,462	

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0299999 – Payables not individually listed.....		193,790	193,790	
0399999 – Total gross payables.....		193,790	193,790	

**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
<b>Capitation Payments:</b>						
1. Medical groups.....	23,710,838	10.187	33,099	50.741	23,710,838	
2. Intermediaries.....						
3. All other providers.....						
4. Total capitation payments.....	23,710,838	10.187	33,099	50.741	23,710,838	
<b>Other Payments:</b>						
5. Fee-for-service.....	12,828,763	5.512	XXX	XXX		12,828,763
6. Contractual fee payments.....	196,209,372	84.301	XXX	XXX	8,504,689	187,704,683
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.....	209,038,135	89.813	XXX	XXX	8,504,689	200,533,446
13. Total (Line 4 plus Line 12).....	232,748,973	100.000 %	XXX	XXX	32,215,527	200,533,446

**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 Insurance Company

2. Canton, OH  
(LOCATION)

NAIC Group Code: 4805

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025

NAIC Company Code: 77216

	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	71,929	6,453	23,967	1,675		6,502	4						33,328	
2. First quarter	67,750	6,112	20,860	1,619		6,419	4						32,736	
3. Second quarter	67,287	5,944	20,754	1,605		6,479	4						32,501	
4. Third quarter	66,209	5,708	20,573	1,593		5,979	4						32,352	
5. Current year	65,231	5,326	20,182	1,585		5,912	4						32,222	
6. Current year member months	802,660	70,095	248,448	19,258		74,791	48						390,020	
Total Member Ambulatory Encounters for Year:														
7. Physician	126,698	24,363	70,549	2,060		845	25						28,856	
8. Non-physician	247,239	47,543	137,669	4,020		1,648	49						56,310	
9. Total	373,937	71,906	208,218	6,080		2,493	74						85,166	
10. Hospital patient days incurred	8,585	1,651	4,780	140		57	2						1,955	
11. Number of inpatient admissions	1,950	375	1,086	32		13	-						444	
12. Health premiums written (b)	231,482,398	51,063,883	105,386,085	4,592,409		1,801,808	39,863						68,598,350	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	271,609,151	52,228,973	151,239,254	4,695,759		1,810,737	53,697						61,580,731	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	232,748,973	44,756,371	129,600,865	3,784,359		1,551,668	46,014						53,009,696	
18. Amount incurred for provision of health care services	249,704,553	48,593,202	137,713,864	4,117,946		1,684,687	49,959						57,544,895	

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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 \$



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION AultCare Insurance Company

2. Canton, OH  
(LOCATION)

NAIC Group Code: 4805

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2025

NAIC Company Code: 77216

	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	71,929	6,453	23,967	1,675		6,502	4						33,328	
2. First quarter	67,750	6,112	20,860	1,619		6,419	4						32,736	
3. Second quarter	67,287	5,944	20,754	1,605		6,479	4						32,501	
4. Third quarter	66,209	5,708	20,573	1,593		5,979	4						32,352	
5. Current year	65,231	5,326	20,182	1,585		5,912	4						32,222	
6. Current year member months	802,660	70,095	248,448	19,258		74,791	48						390,020	
Total Member Ambulatory Encounters for Year:														
7. Physician	126,698	24,363	70,549	2,060		845	25						28,856	
8. Non-physician	247,239	47,543	137,669	4,020		1,648	49						56,310	
9. Total	373,937	71,906	208,218	6,080		2,493	74						85,166	
10. Hospital patient days incurred	8,585	1,651	4,780	140		57	2						1,955	
11. Number of inpatient admissions	1,950	375	1,086	32		13	-						444	
12. Health premiums written (b)	231,482,398	51,063,883	105,386,085	4,592,409		1,801,808	39,863						68,598,350	
13. Life premiums direct														
14. Property/casualty premiums written														
15. Health premiums earned	271,609,151	52,228,973	151,239,254	4,695,759		1,810,737	53,697						61,580,731	
16. Property/casualty premiums earned														
17. Amount paid for provision of health care services	232,748,973	44,756,371	129,600,865	3,784,359		1,551,668	46,014						53,009,696	
18. Amount incurred for provision of health care services	249,704,553	48,593,202	137,713,864	4,117,946		1,684,687	49,959						57,544,895	

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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 \$

**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
<b>Non-Affiliates, U.S. Non-Affiliates</b>												
16325	82-6483792	01/01/2018	CANTON REGIONAL CHAMBER HEALTH FUND	OH	SSL/G	CMM	39,415,149					
0899999 – Non-Affiliates, U.S. Non-Affiliates							39,415,149					
1099999 – Total Non-Affiliates							39,415,149					
1199999 – Total U.S. (Sum of 0399999 and 0899999)							39,415,149					
9999999 – Total (Sum of 0799999 and 1099999)							39,415,149					

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
<b>Accident and Health, Affiliates, Non-U.S., Captive</b>						
	AA-3770278	01/01/2015	McKinley Assur Spc	CYM	4,053,676	665,080
1599999 – Accident and Health, Affiliates, Non-U.S., Captive					4,053,676	665,080
1799999 – Accident and Health, Affiliates, Non-U.S., Total					4,053,676	665,080
1899999 – Accident and Health, Total Affiliates					4,053,676	665,080
<b>Accident and Health, Non-Affiliates, U.S. Non-Affiliates</b>						
82627	06-0839705	01/01/2021	SWISS RE LIFE & HLTH AMER INC	MO	693,075	997,620
1999999 – Accident and Health, Non-Affiliates, U.S. Non-Affiliates					693,075	997,620
2199999 – Accident and Health, Non-Affiliates, Total Non-Affiliates					693,075	997,620
2299999 – Total Accident and Health					4,746,751	1,662,700
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					693,075	997,620
2499999 – Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					4,053,676	665,080
9999999 – Total (Sum of 1199999 and 2299999)					4,746,751	1,662,700

**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		
<b>General Account, Authorized, Affiliates, U.S., Other</b>													
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/I	SLEL	1,222,447						
70939	13-2611847	01/01/2019	GERBER LIFE INS CO	NY	SSL/G	SLEL	12,394,412						
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/I	SLEL	159,315						
82627	06-0839705	01/01/2020	SWISS RE LIFE & HLTH AMER INC	MO	SSL/G	SLEL	268,745						
0299999 – General Account, Authorized, Affiliates, U.S., Other							14,044,919						
0399999 – General Account, Authorized, Affiliates, U.S., Total							14,044,919						
0799999 – General Account, Authorized, Total Authorized Affiliates							14,044,919						
1199999 – Total General Account Authorized							14,044,919						
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							14,044,919						
9199999 – Total U.S.							14,044,919						
9999999 – Total (Sum of 4599999 and 9099999)							14,044,919						

(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
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	14,045	12,251	16,080	16,285	14,674
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	4,747	4,039	1,046	3,226	228
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....		2,387	1,764		
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	69,010,725		69,010,725
2. Accident and health premiums due and unpaid (Line 15)	7,359,275		7,359,275
3. Amounts recoverable from reinsurers (Line 16.1)	4,746,751	(4,746,751)	—
4. Net credit for ceded reinsurance	XXX	4,746,751	4,746,751
5. All other admitted assets (Balance)	9,982,559		9,982,559
6. Total assets (Line 28)	91,099,310	—	91,099,310
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	34,854,705		34,854,705
8. Accrued medical incentive pool and bonus payments (Line 2)	708,692		708,692
9. Premiums received in advance (Line 8)	2,467,809		2,467,809
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)	8,925,512		8,925,512
15. Total liabilities (Line 24)	46,956,718		46,956,718
16. Total capital and surplus (Line 33)	44,142,592	XXX	44,142,592
17. Total liabilities, capital and surplus (Line 34)	91,099,310		91,099,310
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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	4,746,751	XXX	XXX
22. Other ceded reinsurance recoverables		XXX	XXX
23. Total ceded reinsurance recoverables	4,746,751	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	4,746,751	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 Insurance Company

**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	100.000	Aultman Health Foundation	NO	1
			20-0090246				West Tuscarawas Property Management, LLC	OH	DS	AultCare Insurance Company & AultCare Health Insurance Corp & Aultman Hospital	Ownership	49.300	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	100.000	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	
4805		15461	34-1871647				Ohio Hospital Based Physician Corporation	OH	NIA	North Central Medical Resources	Ownership	100.000	Aultman Health Foundation	NO	
			13-4246188				Aultman Specialty Hospital, LLC	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			34-1243260				Canton Medical Education Foundation	OH	NIA	Other	Ownership, Board of Directors	50.000	Aultman Hospital	NO	3
			46-3305099				AultCare Health Insuring Corporation	OH	UDP	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	UIP	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 LLC	OH	NIA	Aultman Health Foundation	Ownership	100.000	Aultman Health Foundation	NO	
			45-4215510				Aultman Oncology Center of Excellence LLC	OH	NIA	Other	Ownership, Other		Aultman Health Foundation	NO	
			46-2540184				Aultman Orthopedic Center of Excellence LLC	OH	NIA	Other	Ownership, Other		Aultman Health Foundation	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	

**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)	*
			26-3646817				Alliance Community Medical Foundation LLC	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	AultCare Corporation's governance is controlled by Aultman Health Foundation 50% and Stark Quality Care Physicians, Inc 50%, 100% of equity owned by Aultman Health Foundation
2	Tuscarawas Valley Regional Cancer Center is controlled by Aultman Health Foundation 50% and a non-insurance affiliate entity Union Hospital 50%
3	Canton Medical Education Foundation is controlled by Aultman Hospital 50% and a non-insurance affiliate entity Mercy Medical Center 50%
4	The Midwest Health Collaborative is comprised of Cleveland Clinic Foundation, Tri-Health, ProMedica, Premier Health and Aultman Health Foundation working together to build quality network and pooling of resources
5	The Independent Hospital Network is a not for profit organization that is comprised of Aultman Hospital, Aultman Orville and Alliance Community Hospital are affiliates of AHF
6	IHN Sourcing Group is a not for profit collaborative between Aultman Hospital, Union Hospital, Alliance Community Hospital, Pomerene Hospital and Aultman Orrville Hospital
7	Aultman Oncology Center of Excellence, LLC is owned Aultman Hospital and community oncologists
8	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)
77216	34-1624818	AULTCARE CORP					(19,556,657)				(19,556,657)	5,149,676
	AA-3770278	McKinley Assur Spc										(5,149,676)
	34-1445390	Aultman Health Foundation					(961,769)				(961,769)	
	34-1488123	AULTCARE INSURANCE COMPANY					20,518,426				20,518,426	
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 Insuring Corporation.....	AultCare Holding Company.....	100.000 %	NO	Aultman Health Foundation.....	Aultman Health Foundation Group.....	100.000 %	NO
AultCare Insurance Company.....	AultCare Health Insuring Company.....	100.000 %	NO	Aultman Health Foundation.....	Aultman Health Foundation Group.....	100.000 %	NO

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

**REQUIRED FILINGS**

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













	Responses
<b>March Filing</b>	
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 .....
<b>April Filing</b>	
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 .....
<b>June Filing</b>	
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.

<b>March Filing</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	Yes .....
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 .....
<b>April Filing</b>	
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 .....
<b>August Filing</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	Yes .....

**SUPPLEMENTAL EXHIBITS AND SCHEDULE INTERROGATORIES**

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	 7 7 2 1 6 2 0 2 5 2 0 5 0 0 0 0 0
12.	 7 7 2 1 6 2 0 2 5 4 2 0 0 0 0 0 0
13.	 7 7 2 1 6 2 0 2 5 3 7 1 0 0 0 0 0
14.	 7 7 2 1 6 2 0 2 5 3 7 0 0 0 0 0 0
15.	 7 7 2 1 6 2 0 2 5 3 6 5 0 0 0 0 0
16.	 7 7 2 1 6 2 0 2 5 2 2 4 0 0 0 0 0
17.	 7 7 2 1 6 2 0 2 5 2 2 5 0 0 0 0 0
18.	 7 7 2 1 6 2 0 2 5 2 2 6 0 0 0 0 0
19.	 7 7 2 1 6 2 0 2 5 6 0 0 0 0 0 0 0
20.	 7 7 2 1 6 2 0 2 5 3 0 6 0 0 0 0 0
21.	 7 7 2 1 6 2 0 2 5 2 1 1 0 0 0 0 0
22.	
23.	
24.	 7 7 2 1 6 2 0 2 5 2 9 0 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

**OVERFLOW PAGE FOR WRITE-INS**



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2025  
 (To Be Filed By March 1)  
 FOR THE STATE OF Ohio

NAIC Group Code: 4805

NAIC Company Code: 77216

Address (City, State and Zip Code): Canton, OH, US 44710

Person Completing This Exhibit:

Title:

Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2022				Policies Issued in 2023, 2024, 2025			
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives
N/A		A	YES	3	06/03/2010				PRIMETIME Choices					3,073	106	3.449	1
N/A		F	YES	3	06/03/2010				PRIMETIME Choices					1,467,818	1,257,660	85.682	389
N/A		N	YES	3	06/03/2010				PRIMETIME Choices					75,200	43,152	57.383	25
N/A		G	NO	3	06/03/2010				PRIMETIME Choices					3,116,869	2,800,470	89.849	1,145
N/A		F	YES	3	06/03/2010				PRIMETIME Choices					21,428	4,926	22.989	14
N/A		G	NO	3	05/11/2020				PRIMETIME Choices					11,371	11,632	102.295	11
0199999 – TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														4,695,759	4,117,946	87.695	1,585
0299999 – TOTAL EXPERIENCE ON GROUP POLICIES																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address:.....2600 Sixth Street SW Canton OH 44313.....
  - 2.2 Contact Person and Phone Number:.....Michael Scheetz 800-334-8858.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:.....2600 Sixth Street SW Canton OH 44710.....
  - 3.2 Contact Person and Phone Number:.....Michael Scheetz 800-334-8858.....
4. Explain any policies identified above as policy type "O"

Supp360 OH