



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
CANTON REGIONAL CHAMBER HEALTH FUND

NAIC Group Code 0000, 0000 NAIC Company Code Employer's ID Number 82-6483792
(Current) (Prior)
Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Licensed as business type: Other Is HMO Federally Qualified? NO
Incorporated/Organized 12/01/2017 Commenced Business 12/07/2017
Statutory Home Office 2600 Sixth Street SW Canton, OH, US 44710
Main Administrative Office 2600 Sixth Street SW
Canton, OH, US 44710 330-363-4880
(Telephone Number)
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 Number)
Internet Website Address https://www.cantonchamber.org/healthfund/
Statutory Statement Contact Melissa Rapp 330-363-4880
(Telephone Number)
melissa.rapp@aultman.com 330-363-5012
(E-Mail Address) (Fax Number)

OFFICERS

Todd Hawke, Chairman Daniele Caserta, Treasurer
Sue Grabowski#, Vice Chairman Darla Brown#, Secretary

DIRECTORS OR TRUSTEES

Todd Hawke Daniele Caserta
Robert Mullen Jeff Dafler
Leonard Stevens Darla Brown#
Sue Grabowski Cindy Stevens
Mark Rosneck Jacob Boron#
Rick Baxter#

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 Todd Hawke x Daniele Caserta x

Subscribed and sworn to before me
this 14 day of
November 2025

x Frances Jones

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 Statement Date			4
		1	2	3	December 31 Prior Year Net Admitted Assets
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds.....				
2.	Stocks:				
	2.1 Preferred stocks.....				
	2.2 Common stocks.....				
3.	Mortgage loans on real estate:				
	3.1 First liens.....				
	3.2 Other than first liens.....				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$..... encumbrances).....				
	4.2 Properties held for the production of income (less \$..... encumbrances).....				
	4.3 Properties held for sale (less \$..... encumbrances).....				
5.	Cash (\$.....244,387), cash equivalents (\$.....11,806,657) and short-term investments (\$.....)	12,051,044		12,051,044	11,374,138
6.	Contract loans (including \$..... premium notes).....				
7.	Derivatives.....				
8.	Other invested assets.....				
9.	Receivables for securities.....				
10.	Securities lending reinvested collateral assets.....				
11.	Aggregate write-ins for invested assets.....				
12.	Subtotals, cash and invested assets (Lines 1 to 11).....	12,051,044		12,051,044	11,374,138
13.	Title plants less \$..... charged off (for Title insurers only).....				
14.	Investment income due and accrued.....				
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection.....	47,227		47,227	53,609
	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.....				
	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.....	243,985		243,985	168,729
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.....	1,093,494	538,570	554,924	548,303
25.	Aggregate write-ins for other-than-invested assets.....	78,094	78,094	—	
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	13,513,844	616,664	12,897,180	12,144,779
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28.	Total (Lines 26 and 27).....	13,513,844	616,664	12,897,180	12,144,779
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 Assets.....	78,094	78,094	—	—
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).....	78,094	78,094	—	

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$..... reinsurance ceded).....	2,132,299		2,132,299	1,847,480
2.	Accrued medical incentive pool and bonus amounts.....				
3.	Unpaid claims adjustment expenses.....	14,500		14,500	14,500
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 reserve.....				
7.	Aggregate health claim reserves.....				
8.	Premiums received in advance.....	1,027,676		1,027,676	787,752
9.	General expenses due or accrued.....	533,012		533,012	475,989
10.1	Current federal and foreign income tax payable and interest thereon (including \$..... on realized gains (losses)).....				
10.2	Net deferred tax liability.....				
11.	Ceded reinsurance premiums payable.....	3,224,453		3,224,453	3,411,989
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.....				
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.....				
23.	Aggregate write-ins for other liabilities (including \$..... current).....				
24.	Total liabilities (Lines 1 to 23).....	6,931,940		6,931,940	6,537,710
25.	Aggregate write-ins for special surplus funds.....	XXX	XXX		
26.	Common capital stock.....	XXX	XXX		
27.	Preferred capital stock.....	XXX	XXX		
28.	Gross paid in and contributed surplus.....	XXX	XXX		
29.	Surplus notes.....	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31.	Unassigned funds (surplus).....	XXX	XXX	5,965,240	5,607,069
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	5,965,240	5,607,069
34.	Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	12,897,180	12,144,779
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 to Date		Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months.....	XXX	80,160	73,794	100,635
2.	Net premium income (including \$..... non-health premium income).....	XXX	12,426,785	8,675,255	11,337,674
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	12,426,785	8,675,255	11,337,674
Hospital and Medical:					
9.	Hospital/medical benefits.....		27,093,087	26,526,784	37,303,750
10.	Other professional services.....		278,211	254,699	340,300
11.	Outside referrals.....				
12.	Emergency room and out-of-area.....		1,245,031	1,072,101	1,533,913
13.	Prescription drugs.....		5,596,317	5,040,932	6,941,591
14.	Aggregate write-ins for other hospital and medical.....				
15.	Incentive pool, withhold adjustments and bonus amounts.....				
16.	Subtotal (Lines 9 to 15).....		34,212,646	32,894,516	46,119,554
Less:					
17.	Net reinsurance recoveries.....		25,910,821	27,797,740	38,967,535
18.	Total hospital and medical (Lines 16 minus 17).....		8,301,825	5,096,776	7,152,019
19.	Non-health claims (net).....				
20.	Claims adjustment expenses, including \$..... cost containment expenses.....		413,111	383,920	526,361
21.	General administrative expenses.....		3,544,092	3,232,094	4,454,035
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).....		12,259,028	8,712,790	12,132,415
24.	Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	167,757	(37,535)	(794,741)
25.	Net investment income earned.....		364,581	452,366	591,396
26.	Net realized capital gains (losses) less capital gains tax of \$.....				
27.	Net investment gains (losses) (Lines 25 plus 26).....		364,581	452,366	591,396
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	532,338	414,831	(203,345)
31.	Federal and foreign income taxes incurred.....	XXX	—	150,777	(46,803)
32.	Net income (loss) (Lines 30 minus 31).....	XXX	532,338	264,054	(156,542)
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.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page.....				
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page.....				
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year.....	5,607,069	6,742,909	6,742,909
34.	Net income or (loss) from Line 32.....	532,338	264,054	(156,542)
35.	Change in valuation basis of aggregate policy and claim reserves.....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....			
39.	Change in nonadmitted assets.....	(174,167)	507,859	520,702
40.	Change in unauthorized and certified reinsurance.....			
41.	Change in treasury stock.....			
42.	Change in surplus notes.....			(1,500,000)
43.	Cumulative effect of changes in accounting principles.....			
44.	Capital Changes:			
44.1	Paid in.....			
44.2	Transferred from surplus (Stock Dividend).....			
44.3	Transferred to surplus.....			
45.	Surplus adjustments:			
45.1	Paid in.....			
45.2	Transferred to capital (Stock Dividend).....			
45.3	Transferred from capital.....			
46.	Dividends to stockholders.....			
47.	Aggregate write-ins for gains or (losses) in surplus.....			
48.	Net change in capital and surplus (Lines 34 to 47).....	358,171	771,913	(1,135,840)
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	5,965,240	7,514,822	5,607,069
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	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	12,485,555	9,545,428	12,290,466
2. Net investment income	364,581	452,366	591,396
3. Miscellaneous income	(103,694)		
4. Total (Lines 1 to 3)	12,746,442	9,997,794	12,881,862
5. Benefit and loss related payments	8,017,006	3,500,512	5,569,087
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	3,900,180	4,012,209	4,901,001
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	75,256	203,125	203,126
10. Total (Lines 5 through 9)	11,992,442	7,715,846	10,673,214
11. Net cash from operations (Line 4 minus Line 10)	754,000	2,281,948	2,208,648
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	-		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	-		
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	-		
13.7 Total investments acquired (Lines 13.1 to 13.6)	-		
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	-		
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			(1,500,000)
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(77,094)		(1,000)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(77,094)		(1,501,000)
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)	676,906	2,281,948	707,648
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	11,374,138	10,666,490	10,666,490
19.2 End of period (Line 18 plus Line 19.1)	12,051,044	12,948,438	11,374,138
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001.			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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
Total Members at end of:														
1. Prior Year.....	8,787		8,787											
2. First Quarter.....	8,901		8,901											
3. Second Quarter.....	8,879		8,879											
4. Third Quarter.....	8,993		8,993											
5. Current Year.....														
6. Current Year Member Months.....	80,160		80,160											
Total Member Ambulatory Encounters for Period:														
7. Physician.....														
8. Non-Physician.....														
9. Total.....														
10. Hospital Patient Days Incurred.....	1,904		1,904											
11. Number of Inpatient Admissions.....	401		401											
12. Health Premiums Written (a).....	42,133,742		42,133,742											
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	42,133,742		42,133,742											
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....														
18. Amount Incurred for Provision of Health Care Services.....	34,212,646		34,212,646											

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Claims Payable.....	306,799					306,799
0199999 – Individually listed claims unpaid.....	306,799					306,799
0499999 – Subtotals.....	306,799					306,799
0599999 – Unreported claims and other claim reserves.....						1,825,500
0799999 – Total claims unpaid.....						2,132,299
0899999 – Accrued medical incentive pool and bonus amounts.....						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....						
2. Comprehensive (hospital and medical) group.....	815,263	7,311,244	16,800	2,115,499	832,063	1,847,480
3. Medicare Supplement.....						
4. Vision only.....						
5. Dental only.....						
6. Federal Employees Health Benefits Plan.....						
7. Title XVIII – Medicare.....						
8. Title XIX – Medicaid.....						
9. Credit A&H.....						
10. Disability income.....						
11. Long-term care.....						
12. Other health.....						
13. Health subtotal (Lines 1 to 12).....	815,263	7,311,244	16,800	2,115,499	832,063	1,847,480
14. Health care receivables (a).....		538,570		554,925		984,000
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....						
17. Totals (Lines 13-14+15+16).....	815,263	6,772,674	16,800	1,560,574	832,063	863,480

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	09/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 532,338	\$ (156,542)
(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	<u>\$ 532,338</u>	<u>\$ (156,542)</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 5,965,240	\$ 5,607,069
(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	<u>\$ 5,965,240</u>	<u>\$ 5,607,069</u>

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

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

C. Accounting Policy

The Company uses the following accounting policies:

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

D. Going Concern

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

2. Accounting Changes and Corrections of Errors - Not Applicable
3. Business Combinations and Goodwill - Not Applicable
4. Discontinued Operations - Not Applicable
5. Investments - Not Applicable
6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable
7. Investment Income - Not Applicable
8. Derivative Instruments - Not Applicable

Notes to the Financial Statements

9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability) - Not Applicable
- B. Regarding Deferred Tax Liabilities That Are Not Recognized

Pursuant to Title 17, Chapter 1746 of the Ohio Revised Code, the Company is established as an Ohio Business Trust under which investment earnings net of associated expenses are subject to income tax. As of September 30, 2025, there was no tax liability for income taxes.

The Company has recorded a federal income tax receivable of \$243,985 related to overpayments from estimated taxes made related 2023 and 2024 tax years.

- C. Major Components of Current Income Taxes Incurred

The Company applies the provisions of accounting standards for uncertain income tax provisions. These standards require that a tax position be recognized or derecognized based on a more likely than not threshold. This applies to positions taken or expected to be taken in a tax return. The Company does not believe its statutory financials statements include any uncertain tax positions for the period ended September 30, 2025. Further, there were no income tax related penalties or interest incurred by the Company for the period ended September 30, 2025.

- D. Among the More Significant Book to Tax Adjustments - Not Applicable
- E. Operating Loss and Tax Credit Carryforwards - Not Applicable
- F. Consolidated Federal Income Tax Return - Not Applicable
- 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 - No Significant Changes

11. Debt - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable

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

- A. Outstanding Shares - No Significant Changes
- B. Dividend Rate of Preferred Stock - Not Applicable
- C. Dividend Restrictions - Not Applicable
- D. Ordinary Dividends - Not Applicable
- E. Company Profits Paid as Ordinary Dividends - Not Applicable
- F. Surplus Restrictions - Not Applicable
- G. Surplus Advances - Not Applicable
- H. Stock Held for Special Purposes - Not Applicable
- I. Changes in Special Surplus Funds - Not Applicable
- J. Unassigned Funds (Surplus) - Not Applicable
- K. Company-Issued Surplus Debentures or Similar Obligations

On December 11, 2024, the Company received approval from the Ohio Department of Insurance to initiate the repayment of the surplus notes below totaling \$1,500,000. As of the period ended September 30, 2025, the Company reported \$0 in surplus notes in the accompanying financial statements. The below is for information purposes only.

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (YES/NO)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year	Unapproved Interest And/Or Principal
	11/15/2017	%	\$ 750,000		\$ 750,000	\$	\$
	12/31/2018		750,000		750,000		
Total	XXX	XXX	\$ 1,500,000	XXX	\$ 1,500,000	\$	\$

1	9	10	11	12	13	14
Item Number	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity
	\$	\$	%	\$	\$	
Total	\$	\$	XXX	\$	\$	XXX

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

1	15	16	17	18	19
Item Number	Are Surplus Note payments contractually linked? (YES/NO)	Surplus Note payments subject to administrative offsetting provisions? (YES/NO)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (YES/NO)	Is Asset Issuer a Related Party (YES/NO)	Type of Assets Received Upon Issuance
	NO	NO	NO	NO	Cash
	NO	NO	NO	NO	Cash
Total	XXX	XXX	XXX	XXX	XXX

1	20	21	22
Item Number	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (YES/NO)
	\$	\$	
Total	\$	\$	XXX

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

The surplus note has the following repayment conditions and restrictions:

1. Regulatory Approval

a. Principal shall only be repaid out of the surplus earning of the Borrower.

b. Principal may not be paid until the surplus of the Borrower (as determined in accordance with Chapter 1739 and Title 39 of the Ohio Revised Code as applicable to multiple employer welfare arrangements that offer or provide group self- insured programs) remaining after such repayment is no less in amount than the principal remaining after such repayment.

c. Principal shall not be repaid without the prior written consent of the Superintendent of the Ohio Department of Insurance of the Ohio Department of Insurance.
2. Forgiveness of Debt – To the extent that a payment of all or a portion of the principal is prohibited pursuant to the provisions under the Regulatory Approval section above shall not be considered to be a forgiveness of the indebtedness.
3. Acceleration -The Borrower covenants if:

a. Default is made in the payment of principal when such principal becomes due and payable, other than to the extent that such principal payment is prohibited under Regulatory Approval section above.

b. Borrower fails to

i. use its reasonable best efforts to obtain approval of the Superintendent of the Ohio Department of Insurance to pay principal on or prior to the date on which any such principal shall otherwise be due and payable or

ii. upon receipt of approval of the Superintendent of the Ohio Department of Insurance, promptly make payment to the holder hereof of amounts then past due and owing the portion thereof approved by the Superintendent of the Ohio Department of Insurance.

c. Borrower fails to deliver to the holder

i. as soon as available after the end of each fiscal year, an annual financial statement of Borrower audited by an independent certified public accountant as filed with the Superintendent of the Ohio Department of Insurance.

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

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations (Continued)

10. Consolidation and Merger: In the event of consolidation or merger into another entity, the entity into which the Canton Regional Chamber Health Fund merges or consolidates into must assume the liability of the Borrower.
11. Governing Law: The Surplus Note shall be deemed a contract made under and interpreted in accordance of the laws of the State of Ohio.

M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - Not Applicable

14. Liabilities, Contingencies and Assessments - Not Applicable

15. 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 - Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

A. Fair Value Measurement

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

- Level 1 – Quoted (unadjusted) prices for identical assets in active markets
- Level 2 - Other observable inputs, either directly or indirectly, including:
 - Quoted prices for similar assets in active markets
 - Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
 - Inputs other than quoted prices that are observable for the asset (interest rate, yield curves, volatilities, default rates, etc.)
 - Inputs that are derived principally from or corroborated by observable market data
- Level 3 – Unobservable inputs that cannot be corroborated by observable market data.

(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					
	Cash and short-term investments.....	\$ 12,051,044				12,051,044
	Perpetual preferred stock.....					
	Industrial and misc.....					
	Parent, subsidiaries and affiliates.....					
	Bonds.....					
	U.S. Governments.....					
	Industrial and misc.....					
	Hybrid securities.....					
	Parent, subsidiaries and affiliates.....					
	Common Stock.....					
	Industrial and misc.....					
	Parent, subsidiaries and affiliates.....					
	Derivative assets.....					
	Interest rate contracts.....					
	Foreign exchange contracts.....					
	Credit contracts.....					
	Commodity futures contracts.....					
	Commodity forwards contracts.....					
	Separate account assets.....					
	Total assets at fair value/NAV.....	\$ 12,051,044				12,051,044
b.	Liabilities at fair value					
	Total liabilities at fair value.....					

The company had no Level 2 or Level 3 assets.

(2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable

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

Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the period ended September 30, 2025.

(4) Inputs and techniques used for Level 2 and Level 3 fair values - Not Applicable

(5) Derivatives - Not Applicable

B. Other Fair Value Disclosures - Not Applicable

C. Fair Values for All Financial Instruments by Level 1, 2 and 3 - Not Applicable

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

- D. Not Practicable to Estimate Fair Value - Not Applicable
- E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items - Not Applicable

22. Events Subsequent

Subsequent events have been evaluated through September 30, 2025, which is the date these statutory basis financial statement were available for issuance.

TYPE I – Recognized Subsequent Events

There are no Recognized events subsequent to September 30, 2025, that require recognition and disclosure.

TYPE II – Non –Recognized Subsequent Events

There are no Non-Recognized events subsequent to September 30, 2025, that require recognition and disclosure.

23. Reinsurance

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

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes () No (X)
- (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 - Not Applicable
- C. Commutation of Ceded Reinsurance - Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable
- E. Reinsurance Credit - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable

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 September 30, 2025 totaled \$2,132,299. \$815,263 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are approximately \$16,800. 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 - Not Applicable

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

Notes to the Financial Statements

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 consist of estimated amounts and billed amounts. Estimated amounts are related to prescriptions filled during the three months immediately following quarter-end. Billed amounts represent those that have been accepted in writing, but not collected at the time of the reporting date. Being that the company does not confirm billed amounts within two months of the reporting date, only estimated amounts are admitted at the time of quarter-end.

Pharmacy rebates receivable are estimated based on pharmacy claims eligible for rebates reported during the period multiplied by agreed-upon rates. Pharmacy rebates as of the end of each quarter for the years ended 2025, 2024, 2023 and 2022 are as follows:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
09/30/2025	\$ 554,925	\$ 554,925	\$	\$	\$
06/30/2025	554,447	554,447	115,415		
03/31/2025	533,683	533,683	46,472	434,644	
12/31/2024	542,503	542,503	506,707	(4,382)	7,598
09/30/2024	494,051	494,051	94,180	364,002	896
06/30/2024	494,051	494,051	68,327	386,568	53,771
03/31/2024	399,943	399,943	89,464	290,944	74,109
12/31/2023	749,117	749,117	135,335	374,826	13,935
09/30/2023	712,920	716,659	149,406	318,821	61,610
06/30/2023	701,960	397,485	104,016	—	597,660
03/31/2023	707,644	689,588	75,433	478,252	130,067
12/31/2022	584,289	113,156	435,842	79,431	28,996
09/30/2022	405,983	19,661	45,727	359,848	113,723
06/30/2022	407,772	291,828	17,834	519,044	25,192
03/31/2022	257,782	61,130	30,020	504,026	6,581

B. Risk-Sharing Receivables - Not Applicable

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$
2. Date of the most recent evaluation of this liability:
3. Was anticipated investment income utilized in the calculation? NO

31. Anticipated Salvage and Subrogation - Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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 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?..... NO
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?..... NO
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made..... 12/31/2023
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released..... 12/31/2023
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date)..... 03/10/2025
- 6.4 By what department or departments?
Ohio Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... N/A
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?..... NO
- 7.2 If yes, give full information
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... NO
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... NO
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... YES
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?..... NO
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... NO
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... NO
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)..... NO
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:..... \$
13. Amount of real estate and mortgages held in short-term investments:..... \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?..... NO
- 14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?..... NO
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... N/A
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2..... \$
- 16.3 Total payable for securities lending reported on the liability page..... \$
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?..... NO

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

1	2
Name of Custodian(s)	Custodian Address

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?.....
- 17.4 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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such.

1	2
Name of Firm or Individual	Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... NO.....

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... NO.....

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

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

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?..... NO.....

18.2 If no, list exceptions:
N/A.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... NO.....

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... NO.....

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

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?..... NO.....

GENERAL INTERROGATORIES
PART 2 – HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent.....	66.000 %
1.2	A&H cost containment percent.....	1.000 %
1.3	A&H expense percent excluding cost containment expenses.....	32.000 %
2.1	Do you act as a custodian for health savings accounts?.....	NO
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3	Do you act as an administrator for health savings accounts?.....	NO
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?.....	NO
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?.....	NO

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Accident & Health - Non-Affiliates									
..... 77216	34-1624818.....	 01/01/2025	AULTCARE INS CO.....	 OH.....	 QA/G.....	 SLEL.....	Authorized.....	.....	.....
..... 77216	34-1624818.....	 01/01/2025	AULTCARE INS CO.....	 OH.....	 ASL/G.....	 SLEL.....	Authorized.....	.....	.....
..... 77216	34-1624818.....	 01/01/2025	AULTCARE INS CO.....	 OH.....	 SSL/G.....	 SLEL.....	Authorized.....	.....	.....

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	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	42,133,742							42,133,742	
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	42,133,742							42,133,742	
60.	Reporting entity contributions for employee benefits plans	XXX									
61.	Total (Direct Business)	XXX	42,133,742							42,133,742	
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 —

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

NONE

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)	*
														NO	
Asterisk	Explanation														
1															

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

August Filing

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

EXPLANATION:

1. N/A.....
2.

BARCODES:

1.

000020253650003
2.

OVERFLOW PAGE FOR WRITE-INS

(SI-01) Schedule A - Verification - Real Estate

NONE

(SI-01) Schedule B - Verification - Mortgage Loans

NONE

(SI-01) Schedule BA - Verification - Other Long-Term Invested Assets

NONE

(SI-01) Schedule D - Verification - Bonds and Stocks

NONE

(SI-02) Schedule D - Part 1B

NONE

(SI-03) Schedule DA - Part 1

NONE

(SI-03) Schedule DA - Verification - Short-Term Investments

NONE

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

NONE

(SI-05) Schedule DB - Part C - Section 1

NONE

(SI-06) Schedule DB - Part C - Section 2

NONE

(SI-07) Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.....	11,334,525	10,600,822
2.	Cost of cash equivalents acquired	472,132	733,703
3.	Accrual of discount		
4.	Unrealized valuation increase / (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book / adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	11,806,657	11,334,525
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	11,806,657	11,334,525

(E-01) Schedule A - Part 2
NONE

(E-01) Schedule A - Part 3
NONE

(E-02) Schedule B - Part 2
NONE

(E-02) Schedule B - Part 3
NONE

(E-03) Schedule BA - Part 2
NONE

(E-03) Schedule BA - Part 3
NONE

(E-04) Schedule D - Part 3
NONE

(E-05) Schedule D - Part 4
NONE

(E-06) Schedule DB - Part A - Section 1
NONE

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)
NONE

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-07) Schedule DB - Part B - Section 1
NONE

(E-07) Schedule DB - Part B - Section 1 - Broker Name
NONE

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)
NONE

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period
NONE

(E-08) Schedule DB - Part D - Section 1
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity
NONE

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity
NONE

(E-10) Schedule DB - Part E
NONE

(E-11) Schedule DL - Part 1

NONE

(E-12) Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH
Month End Depository Balances

1 Depository	2 Restricted Asset Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
Huntington National Bank – Canton, Ohio.....					37,234	152,721	244,387	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories.....								XXX
0199999 – Total Open Depositories.....					37,234	152,721	244,387	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories.....								XXX
0299999 – Total Suspended Depositories.....								XXX
0399999 – Total Cash on Deposit.....					37,234	152,721	244,387	XXX
0499999 – Cash in Company's Office.....			XXX	XXX				XXX
0599999 – Total.....					37,234	152,721	244,387	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book / Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
Sweep Accounts								
.....XXX	Huntington Sweep Account #5302 .....	.....	..... 08/23/2023	 3.300 .....	.....	..... 11,806,657	 –	 364,581
8109999999 – Sweep Accounts						 11,806,657	 –	 364,581
8589999999 – Total Cash Equivalents (Unaffiliated)						 11,806,657	 –	 364,581
8609999999 – Total Cash Equivalents						 11,806,657	 –	 364,581