



**QUARTERLY STATEMENT**  
AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
**AULTCARE INSURANCE COMPANY**

NAIC Group Code ..... 4805, 4805 ..... NAIC Company Code ..... 77216 ..... Employer's ID Number ..... 34-1624818 .....  
(Current) (Prior)  
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 ..... 330-363-3325 .....  
Canton, OH, US 44710 ..... (Telephone Number)  
Mail Address ..... 2600 Sixth Street SW ..... Canton, OH, US 44710 .....  
Primary Location of Books and .....  
Records ..... 2600 Sixth Street SW ..... 330-363-4057 .....  
Canton, OH, US 44710 ..... (Telephone Number)  
Internet Website Address ..... www.aultcare.com .....  
Statutory Statement Contact ..... Melissa Rapp ..... 330-363-4880 .....  
..... (Telephone Number)  
..... melissa.rapp@aultman.com ..... 330-363-5012 .....  
..... (E-Mail Address) ..... (Fax Number)

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

State of Ohio .....  
County of Stark ..... SS

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

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

Subscribed and sworn to before me  
this 14 day of

November 2025  
x [Signature] .....

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  December 31 Prior Year Net Admitted Assets
		1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1.	Bonds.....	44,793,735		44,793,735	43,541,172
2.	Stocks:				
	2.1 Preferred stocks.....				
	2.2 Common stocks.....	15,962,492		15,962,492	14,270,633
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 (\$.....7,642,780), cash equivalents (\$.....) and short-term investments (\$.....).....	7,642,780		7,642,780	2,545,325
6.	Contract loans (including \$..... premium notes).....				
7.	Derivatives.....				
8.	Other invested assets.....	9,746,713		9,746,713	9,655,702
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).....	78,145,720		78,145,720	70,012,832
13.	Title plants less \$..... charged off (for Title insurers only).....				
14.	Investment income due and accrued.....	487,359		487,359	447,391
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection.....	8,479,873		8,479,873	8,151,802
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
	15.3 Accrued retrospective premiums (\$.....213,530) and contracts subject to redetermination (\$.....).....	213,530		213,530	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers.....	4,813,243		4,813,243	4,039,461
	16.2 Funds held by or deposited with reinsured companies.....				
	16.3 Other amounts receivable under reinsurance contracts.....				
17.	Amounts receivable relating to uninsured plans.....				
18.1	Current federal and foreign income tax recoverable and interest thereon.....	892,399		892,399	
18.2	Net deferred tax asset.....	2,954,486		2,954,486	2,954,486
19.	Guaranty funds receivable or on deposit.....				
20.	Electronic data processing equipment and software.....				
21.	Furniture and equipment, including health care delivery assets (\$.....).....				
22.	Net adjustment in assets and liabilities due to foreign exchange rates.....				
23.	Receivables from parent, subsidiaries and affiliates.....	6,487,503		6,487,503	6,075,765
24.	Health care (\$.....6,233,885) and other amounts receivable.....	10,415,757	4,181,872	6,233,885	9,221,123
25.	Aggregate write-ins for other-than-invested assets.....	33,960	33,960	—	
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	112,923,830	4,215,832	108,707,998	100,902,860
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28.	Total (Lines 26 and 27).....	112,923,830	4,215,832	108,707,998	100,902,860
Details of Write-Ins					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page.....				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501.	Prepaid Expenses.....	33,960	33,960	—	—
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).....	33,960	33,960	—	

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$.....1,532,400 reinsurance ceded) .....	39,354,750		39,354,750	33,448,105
2.	Accrued medical incentive pool and bonus amounts .....	51,481		51,481	293,489
3.	Unpaid claims adjustment expenses .....	308,700		308,700	308,700
4.	Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act .....				
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	4,951,992		4,951,992	3,641,758
9.	General expenses due or accrued .....	3,736,869		3,736,869	7,239,323
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 .....	3,645,194		3,645,194	2,886,152
12.	Amounts withheld or retained for the account of others .....				
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$..... current ) and interest thereon \$..... (including \$..... current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	11,001,866		11,001,866	2,788,175
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....	261,603		261,603	512,186
23.	Aggregate write-ins for other liabilities (including \$..... current) .....				
24.	Total liabilities (Lines 1 to 23) .....	63,312,455		63,312,455	51,117,888
25.	Aggregate write-ins for special surplus funds .....	XXX	XXX		
26.	Common capital stock .....	XXX	XXX	1,000,000	1,000,000
27.	Preferred capital stock .....	XXX	XXX		
28.	Gross paid in and contributed surplus .....	XXX	XXX	24,387,534	24,387,534
29.	Surplus notes .....	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX		
31.	Unassigned funds (surplus) .....	XXX	XXX	20,008,009	24,397,438
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26 \$.....) .....	XXX	XXX		
	32.2 shares preferred (value included in Line 27 \$.....) .....	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	45,395,543	49,784,972
34.	Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	108,707,998	100,902,860
Details of Write-Ins					
2301.	.....				
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501.	.....	XXX	XXX		
2502.	.....	XXX	XXX		
2503.	.....	XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX		
3001.	.....	XXX	XXX		
3002.	.....	XXX	XXX		
3003.	.....	XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year To Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months.....	XXX	526,128	657,419	872,637
2.	Net premium income (including \$..... non-health premium income).....	XXX	196,170,463	194,150,256	265,136,595
3.	Change in unearned premium reserves and reserve for rate credits.....	XXX			
4.	Fee-for-service (net of \$..... medical expenses).....	XXX			
5.	Risk revenue.....	XXX			
6.	Aggregate write-ins for other health care related revenues.....	XXX			
7.	Aggregate write-ins for other non-health revenues.....	XXX			
8.	Total revenues (Lines 2 to 7).....	XXX	196,170,463	194,150,256	265,136,595
Hospital and Medical:					
9.	Hospital/medical benefits.....		108,625,880	111,308,068	151,489,499
10.	Other professional services.....				
11.	Outside referrals.....		6,528,530	6,872,061	9,552,198
12.	Emergency room and out-of-area.....		4,373,104	3,969,130	3,969,130
13.	Prescription drugs.....		20,904,142	23,468,440	32,759,343
14.	Aggregate write-ins for other hospital and medical.....		47,072,900	44,181,248	61,671,869
15.	Incentive pool, withhold adjustments and bonus amounts.....		521,102	302,210	406,980
16.	Subtotal (Lines 9 to 15).....		188,025,658	190,101,156	259,849,019
Less:					
17.	Net reinsurance recoveries.....		11,117,203	11,457,425	17,568,174
18.	Total hospital and medical (Lines 16 minus 17).....		176,908,455	178,643,731	242,280,845
19.	Non-health claims (net).....				
20.	Claims adjustment expenses, including \$.....4,914,525 cost containment expenses.....		6,271,783	4,808,007	8,571,012
21.	General administrative expenses.....		18,913,766	22,174,008	26,806,681
22.	Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....				
23.	Total underwriting deductions (Lines 18 through 22).....		202,094,004	205,625,746	277,658,538
24.	Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(5,923,541)	(11,475,490)	(12,521,943)
25.	Net investment income earned.....		1,765,825	2,281,789	2,809,436
26.	Net realized capital gains (losses) less capital gains tax of \$.....(23,014).....		(92,054)	(279,404)	1,624,811
27.	Net investment gains (losses) (Lines 25 plus 26).....		1,673,771	2,002,385	4,434,247
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)].....				
29.	Aggregate write-ins for other income or expenses.....				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(4,249,770)	(9,473,105)	(8,087,696)
31.	Federal and foreign income taxes incurred.....	XXX	(892,400)	(1,923,023)	1,907,721
32.	Net income (loss) (Lines 30 minus 31).....	XXX	(3,357,370)	(7,550,082)	(9,995,417)
Details of Write-Ins					
0601.	.....	XXX			
0602.	.....	XXX			
0603.	.....	XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page.....	XXX			
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX			
0701.	.....	XXX			
0702.	.....	XXX			
0703.	.....	XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page.....	XXX			
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX			
1401.	Reinsurance Claims.....		47,072,900	44,181,248	61,671,869
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page.....				
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....		47,072,900	44,181,248	61,671,869
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page.....				
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year.....	49,784,972	49,476,598	49,476,598
34.	Net income or (loss) from Line 32.....	(3,357,370)	(7,550,082)	(9,995,417)
35.	Change in valuation basis of aggregate policy and claim reserves.....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....292,733.....	1,215,773	1,190,651	(257,470)
37.	Change in net unrealized foreign exchange capital gain or (loss).....			
38.	Change in net deferred income tax.....	292,733	289,683	2,252,956
39.	Change in nonadmitted assets.....	(2,540,565)	(2,133,547)	2,308,305
40.	Change in unauthorized and certified reinsurance.....			
41.	Change in treasury stock.....			
42.	Change in surplus notes.....			
43.	Cumulative effect of changes in accounting principles.....			
44.	Capital Changes:			
	44.1 Paid in.....			
	44.2 Transferred from surplus (Stock Dividend).....			
	44.3 Transferred to surplus.....			
45.	Surplus adjustments:			
	45.1 Paid in.....	—	—	6,000,000
	45.2 Transferred to capital (Stock Dividend).....			
	45.3 Transferred from capital.....			
46.	Dividends to stockholders.....			
47.	Aggregate write-ins for gains or (losses) in surplus.....			
48.	Net change in capital and surplus (Lines 34 to 47).....	(4,389,429)	(8,203,295)	308,374
49.	Capital and surplus end of reporting period (Line 33 plus 48).....	45,395,543	41,273,303	49,784,972
Details of Write-Ins				
4701.	.....			
4702.	.....			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page.....			
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	197,698,138	198,900,595	264,255,713
2. Net investment income	1,637,209	2,283,613	2,792,242
3. Miscellaneous income	480,633	495,349	(561,154)
4. Total (Lines 1 to 3)	199,815,980	201,679,557	266,486,801
5. Benefit and loss related payments	172,017,600	178,974,022	243,885,323
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	28,938,586	28,872,077	33,063,053
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)	(23,014)	(110,009)	(110,010)
10. Total (Lines 5 through 9)	200,933,172	207,736,090	276,838,366
11. Net cash from operations (Line 4 minus Line 10)	(1,117,192)	(6,056,532)	(10,351,565)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	6,449,511	13,838,105	16,723,746
12.2 Stocks			5,994,439
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			1,500,000
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	–	–	–
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,449,511	13,838,105	24,218,185
13. Cost of investments acquired (long-term only):			
13.1 Bonds	7,796,490	7,158,380	15,834,371
13.2 Stocks	274,364	306,683	1,283,875
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets		64	846,707
13.6 Miscellaneous applications	–	635,770	–
13.7 Total investments acquired (Lines 13.1 to 13.6)	8,070,854	8,100,898	17,964,953
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,621,343)	5,737,207	6,253,232
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock	–	–	6,000,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	7,835,990	1,112,061	(4,750,970)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	7,835,990	1,112,061	1,249,030
Reconciliation of Cash, Cash Equivalents and Short-Term Investments			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	5,097,455	792,736	(2,849,303)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,545,325	5,394,628	5,394,628
19.2 End of period (Line 18 plus Line 19.1)	7,642,780	6,187,364	2,545,325
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.....	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.....														
6. Current Year Member Months.....	526,128	53,772	187,667	14,496		57,095	36						213,062	
Total Member Ambulatory Encounters for Period:														
7. Physician.....	94,399	18,152	52,564	1,535		629	19						21,500	
8. Non-Physician.....	187,551	36,065	104,434	3,049		1,250	37						42,716	
9. Total.....	281,950	54,217	156,998	4,584		1,879	56						64,216	
10. Hospital Patient Days Incurred.....	6,669	1,283	3,714	108		44	1						1,519	
11. Number of Inpatient Admissions.....	1,526	293	850	25		10							348	
12. Health Premiums Written (a).....	205,594,720	39,534,755	114,480,650	3,342,847		1,370,638	40,646						46,825,184	
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	205,352,713	39,488,218	114,345,894	3,338,912		1,369,025	40,598						46,770,066	
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	172,017,600	33,078,056	95,784,010	2,796,903		1,146,790	34,008						39,177,833	
18. Amount Incurred for Provision of Health Care Services.....	188,025,658	36,156,319	104,697,725	3,057,184		1,253,511	37,173						42,823,746	

(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)						
0599999 – Unreported claims and other claim reserves.....						40,887,150
0799999 – Total claims unpaid.....						40,887,150
0899999 – Accrued medical incentive pool and bonus amounts.....						51,481

UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4		
Line of Business		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.....	4,094,144	33,325,846	75,700	6,944,152	4,169,844	6,054,920
2.	Comprehensive (hospital and medical) group.....	18,088,150	81,720,317	1,006,800	21,142,884	19,094,950	19,120,111
3.	Medicare Supplement.....	501,618	2,339,167			501,618	
4.	Vision only.....						
5.	Dental only.....	137,477	990,363	8,500	245,815	145,977	235,104
6.	Federal Employees Health Benefits Plan.....	22,830	45,962	200	5,800	23,030	5,703
7.	Title XVIII – Medicare.....						
8.	Title XIX – Medicaid.....						
9.	Credit A&H.....						
10.	Disability income.....						
11.	Long-term care.....						
12.	Other health.....	7,221,000	32,555,165		9,924,900	7,221,000	8,032,265
13.	Health subtotal (Lines 1 to 12).....	30,065,219	150,976,820	1,091,200	38,263,551	31,156,419	33,448,103
14.	Health care receivables (a).....	22,111	10,415,757			22,111	57,734
15.	Other non-health.....						
16.	Medical incentive pools and bonus amounts.....	485,667	96,243		51,481	485,667	293,489
17.	Totals (Lines 13-14+15+16).....	30,528,775	140,657,306	1,091,200	38,315,032	31,619,975	33,683,858

(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

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

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

	SSAP #	F/S Page	F/S Line #	09/30/2025	12/31/2024
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (3,357,370)	\$ (9,995,417)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ (3,357,370)</u>	<u>\$ (9,995,417)</u>
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 45,395,543	\$ 49,784,972
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$ 45,395,543</u>	<u>\$ 49,784,972</u>

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

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

C. Accounting Policy

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds were stated at amortized cost using the straight-line method.
- (3) Common stock is stated at market value.
- (4) The Company had no preferred stock during the periods reported.
- (5) The Company had no mortgage loans during the periods reported.
- (6) The Company had no loan backed securities during the periods reported.
- (7) The Company has investments in subsidiaries and affiliates with a book adjusted carrying value totaling \$9,746,713. Of this amount, \$200,819 is invested in McKinley Life Agency, Ltd, which is carried at GAAP equity value. In addition, \$9,545,894 invested in West Tuscarawas Property Management, carried at GAAP equity.
- (8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- (9) The Company had no derivatives during the periods reported.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. The Company obtains an estimate of the liabilities for unpaid losses from its independent actuary calculations quarterly.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84.

D. Going Concern

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

2. Accounting Changes and Corrections of Errors

The Company has moved the assumed reinsurance premiums, claims and allocated expenses of a MEWA from the other health to the Comprehensive category in the annual statement.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

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

B. Statutory Merger

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

- (1) Name and description of entities - Not Applicable

Notes to the Financial Statements

3. Business Combinations and Goodwill (Continued)

- (2) Method of accounting - Not Applicable
- (3) Shares of stock issued in transaction - Not Applicable
- (4) Results of operations for period prior - Not Applicable
- (5) Adjustments recorded to surplus - Not Applicable

C. Assumption Reinsurance

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

- (1) Name of ceding entity - Not Applicable
- (2) Type of business assumed - Not Applicable
- (3) Cost of acquired business and amount of goodwill - Not Applicable
- (4) Amount of amortization of goodwill recorded for prior year - Not Applicable

D. Impairment Loss

An impairment loss was not recognized during the periods reported.

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

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Asset-Backed Securities - Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- J. Real Estate

The Company owns \$9,545,894 worth of shares in West Tuscarawas Property Management, an affiliate company that hold certain real estate properties for the production of income.

- (1) Impairment loss - Not Applicable
- (2) Real estate sold or classified held for sale - Not Applicable
- (3) Changes to a plan of sale for an investment in real estate - Not Applicable
- (4) Retail land sales operations - Not Applicable
- (5) Participating mortgage loan features - Not Applicable

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

L. Restricted Assets

The Company has a deposit with a fair market value of \$502,949 with state of Ohio.

Notes to the Financial Statements

5. Investments (Continued)

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	502,949	503,905	(956)		502,949	0.445	0.463
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets (Sum of a through n)	\$ 502,949	\$ 503,905	\$ (956)	\$	\$ 502,949	0.445 %	0.463 %

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

M. Working Capital Finance Investments - Not Applicable

N. Offsetting and Netting of Assets and Liabilities - Not Applicable

O. 5GI Securities - Not Applicable

P. Short Sales - Not Applicable

Q. Prepayment Penalty and Acceleration Fees - Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset Type - Not Applicable

S. Aggregate Collateral Loans by Qualifying Investment Collateral - Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

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

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

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

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

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

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

B. Total Amount Excluded

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

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

Interest Income Due and Accrued	Amount
1. Gross	\$ 487,359
2. Nonadmitted	\$
3. Admitted	\$ 487,359

D. The aggregate deferred interest - Not Applicable

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

8. Derivative Instruments - Not Applicable

9. Income Taxes

The company has no significant changes as of September 30, 2025.

A. Components of the Net Deferred Tax Asset/(Liability) - No Significant Changes

B. Regarding Deferred Tax Liabilities That Are Not Recognized - Not Applicable

C. Major Components of Current Income Taxes Incurred - No Significant Changes

Notes to the Financial Statements

9. Income Taxes (Continued)

- D. Among the More Significant Book to Tax Adjustments
- No Significant Changes for the period
- E. Operating Loss and Tax Credit Carryforwards
- At September 30, 2025, the Company had \$0 net operating loss carry forwards available to offset against future taxable income.
- (2) Income tax expense available for recoupment
- (3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.
- F. Consolidated Federal Income Tax Return
- (1) The Company is included in a consolidated federal income tax return with the following affiliates: Aultra Administrative Group; North Central Medical Resources; Aultman Medical Group, Inc.; MainSite Solutions ASO, LLC.; AultCare Corporation; and Aultman ASC Holdings, LLC.
- (2) The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity in which is a party to the consolidation. In the event any federal Tax Benefit Item of the AultCare Companies for any taxable period after they cease being Members of the Consolidated Group is eligible to be carried back to a taxable period while the AultCare Companies were Members of the Consolidated Group, the AultCare Companies shall, where possible, elect to carry such amounts forward to subsequent taxable periods. If the AultCare Companies are required by law to carry back any such federal Tax Benefit Item, the AultCare Companies shall be entitled to a payment at the time and to the extent that such Tax Benefit Item reduces the federal income Tax liability of the Consolidated Group. For purposes of computing the amount of the payment described in this section, one or more federal Tax Benefit Items shall be considered to have reduced the Consolidated Group's federal income Tax liability in a given taxable period by an amount equal to the difference, if any, between (i) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed without regard to such federal Tax Benefit Item or Items and (ii) the amount of the Consolidated Group's federal income Tax liability for the taxable period computed with regard to such federal Tax Benefit Item or Items. For the avoidance of doubt, if the AultCare Companies are required to carry back a federal Tax Benefit Item, such federal Tax Benefit Item shall reduce the Consolidated Group's federal income Tax liability only after all federal Tax Benefit Items of AultCare Holdings have been applied to reduce the Consolidated Group's federal income Tax liability in such taxable period. Appropriate reconciliation payments shall be made in the event that it is subsequently determined that a Tax Benefit Item did not reduce the Consolidated Group's federal income Tax liabilities, including by reason of any such Tax Benefit Item being subsequently disallowed in whole or in part or by reason of other Tax benefits becoming available.
- G. Federal or Foreign Income Tax Loss Contingencies - Not Applicable
- H. Repatriation Transition Tax (RTT) - Not Applicable
- I. Alternative Minimum Tax (AMT) Credit - Not Applicable

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

- A. A, B, C - The Company had the following transactions with affiliates.
- The Company is a party to a Master Services Agreement with Aultman Health Foundation, the ultimate controlling person, under which AHF provides the Company with certain professional management, administration, billing, purchasing, physical plant, and staffing services and support. The Company paid Aultman Health Foundation \$731,638 and \$944,103, respectively, for services provided under the Master Services Agreement as of September 30, 2025, and December 31, 2024, respectively.
- The Company has a capitation arrangement with Aultman Hospital and has paid \$18,050,902 and \$22,774,682 in capitated claims for its commercial enrollees as of September 30, 2025, and December 31, 2024, respectively. The company paid claims to affiliated companies in the amount of \$6,706,798 and \$10,885,366 of September 30, 2025, and December 31, 2024, respectively.
- The Company also is a party to a Management and Administrative Services Agreement with AultCare Corporation under which AultCare Corporation provides the Company with certain specified services, including (among others) management and administrative services, provider networking services, marketing and sales services, and office facilities. The Company paid AultCare Corporation \$14,411,616 and \$17,236,203 , respectively, for services provided under the Management and Administrative Services Agreement thru September 30, 2025, and December 31, 2024, respectively.
- D. The Company has an amount due to an affiliate, Mckinley Life Agency, Ltd. The company reported \$79,330 due to the subsidiary as of September 30, 2025.
- The Company has an intercompany revolving credit facility in place with AultCare Corporation, an affiliate that allows the Company to borrow and repay operating funds. The Company reported \$10,922,536 and \$1,651,432 due to AultCare Corporation under the terms of this agreement as of September 30, 2025 and December 31, 2024, respectively.
- The Company has an intercompany revolving credit facility in place with its parent company, AultCare Health Insuring Corporation. The Company reported \$0 due from the parent as of September 30, 2025. Whereas, as of December 31, 2024, the Company reported \$727,567 due to the parent.
- The Company also has a capitation arrangement with Aultman Hospital for anticipation of future services. As of September 30, 2025, the Company has paid \$1,970,477 Aultman Hospital for these future services.
- Upon approval from ODI, the Company received \$6,000,000 as a capital contribution from its parent, AultCare Health Insuring Company (AHIC), on February 28, 2025, which was recorded as contributed capital as of December 31, 2024.
- E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.
- F. Both Aultman Health Foundation, the ultimate controlling entity, and AultCare Corporation, an affiliate, provided various administrative, marketing, and claims processing services for the Company.
- G. All outstanding shares of the Company were owned by the Company's parent, AultCare Health Insuring Corporation, a not-for-profit corporation domiciled in the State of Ohio.
- H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.
- I. The Company did not have an investment in an SCA entity that exceeds 10% of admitted assets of the insurer.

Notes to the Financial Statements

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

- J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have an investment in a foreign insurance subsidiary.
- L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.
- M. All SCA Investments  
The Company did not hold any other SCA Investments.  

(1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities) - Not Applicable

(2) NAIC filing response information - Not Applicable
- N. Investment in Insurance SCAs  
The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.  

(1) Not Applicable

(2) The monetary effect on net income and surplus - Not Applicable

(3) Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking  
The company did not have any SCA losses.

11. Debt

- A. The Company did not have any debt including capital notes.
- B. FHLB (Federal Home Loan Bank) Agreements  
The Company did not have any debt including capital notes.  

(1) FHLB agreements - Not Applicable

(2) FHLB capital stock - Not Applicable

(3) Collateral pledged to FHLB - Not Applicable

(4) Borrowing from FHLB - Not Applicable

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

- A. Defined Benefit Plan  
The Company had no defined benefit plans.  

(1) Change in benefit obligation - Not Applicable

(2) Change in plan assets - Not Applicable

(3) Funded status - Not Applicable

(4) Components of net periodic benefit cost - Not Applicable

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost - Not Applicable

(6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost - Not Applicable

(7) Weighted-average assumptions used to determine net periodic benefit cost - Not Applicable

(8) Accumulated benefit obligation - Not Applicable

(9) Assumed health care cost trend rate(s) - Not Applicable

(10) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated - Not Applicable

(11) Contributions expected to be paid to the plan during the next fiscal year - Not Applicable

(12) Amounts and types of securities of the reporting entity and related parties included in plan assets - Not Applicable

(13) Alternative method used to amortize prior service amounts or net gains and losses - Not Applicable

(14) Substantive commitments used as the basis for accounting for the benefit obligation - Not Applicable

(15) Special or contractual termination benefits recognized during the period - Not Applicable

(16) Significant changes in the benefit obligation or plan assets not otherwise disclosed - Not Applicable

(17) Funded status of the plan and surplus impact - Not Applicable
- B. Investment Policies and Strategies of Plan Assets  
The Company had no defined benefit plans.
- C. Fair Value of Each Class of Plan Assets  
The Company had no defined benefit plans.

Notes to the Financial Statements

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

- (1) Fair value measurements of plan assets at reporting date - Not Applicable
- (2) Valuation technique(s) and inputs to measure fair value - Not Applicable

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

The Company had no defined benefit plans.

E. Defined Contribution Plans

The Company participates in a defined contribution plan sponsored by Aultman Health Foundation. Contributions of 3% of each employee's compensation are made each year to the plan. The Company's contributions for the defined contribution plan were \$210,927 and \$312,756 as of September 30, 2025 and December 31, 2024 respectively.

F. Multiemployer Plans

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

G. Consolidated/Holding Company Plans

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

H. Postemployment Benefits and Compensated Absences

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

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

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

- (1) Recognition of the existence of the Act - Not Applicable
- (2) Effects of the subsidy in measuring the net postretirement benefit cost - Not Applicable
- (3) Disclosure of gross benefit payments - Not Applicable

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

- A. The Company has \$1,000,000 in common stock outstanding, which is owned by its direct parent, Aultman Health Foundation.
- B. The Company had no preferred stock outstanding.
- C. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- D. The Company paid \$0 dividends as of September 30, 2025 to AultCare Health Insurance Company.
- E. There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- F. There were no restrictions placed on the Company's surplus.
- G. The Total Amount of advances to surplus not repaid is \$0 as of September 30, 2025.
- H. Stock Held for Special Purposes
  - (a) For conversion of preferred stock: 0 shares
  - (b) For employee stock options: 0 shares
  - (c) For stock purchase warrants: 0 shares
- I. The Company did not have changes in the balances of any special surplus funds.
- J. Unassigned Funds (Surplus)

The Company did not have any surplus funds represented that were reduced.
- K. Company-Issued Surplus Debentures or Similar Obligations

The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations

The Company had no restatements due to quasi-reorganizations during the periods reported.
- M. The Company was not involved in a quasi-reorganization during the periods reported.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments

The Company is not aware of any material contingent commitments.

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

Notes to the Financial Statements

14. Liabilities, Contingencies and Assessments (Continued)

- B. Assessments
- The Company is subject to the Ohio Life and Health Insurance Guaranty and does not know of any assessments that could have a material financial effect.
- (1) Not Applicable
- (2) Assets (Liabilities) recognized from paid and accrued premium tax offsets and policy surcharges - Not Applicable
- (3) Guaranty fund liabilities and assets related to long-term care insolvencies - Not Applicable
- C. Gain Contingencies
- The Company has no gain contingencies.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits
- Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.
- E. Joint and Several Liabilities
- Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.
- F. All Other Contingencies
- Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

15. Leases

- A. Lessee Operating Lease
- (1) Leasing arrangements
- The Company has no operating leases. Corporate office facilities expense is covered through the management service agreement with AultCare Corporation in Note 10 above.
- (2) For leases having initial or remaining noncancelable lease terms in excess of one year
- (a) Minimum aggregate rental commitments at period end
- |    | Year Ending December 31    | Operating Leases |
|----|----------------------------|------------------|
| 1. | 2025                       | \$ 126,611       |
| 2. | 2026                       | 21,102           |
| 3. | 2027                       |                  |
| 4. | 2028                       |                  |
| 5. | 2029                       |                  |
| 6. | Thereafter                 |                  |
| 7. | Total (sum of 1 through 6) | \$ 147,713       |
- (b) Sublease minimum rentals to be received - Not Applicable
- (3) For sale-leaseback transactions - Not Applicable
- B. Lessor Leases
- Leasing is not a significant part of the lessor’s business activities in terms of revenue, net income, or assets.
- (1) Operating leases - Not Applicable
- (2) Leveraged leases - Not Applicable

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

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

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

- A. ASO Plans
- The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans during the periods reported.
- B. ASC Plans
- The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans during the periods reported.
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract
- The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans during the periods reported.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

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

Notes to the Financial Statements

20. Fair Value Measurements

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

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

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

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

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

A. Fair Value Measurement

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock.....	\$ 15,962,492	\$	\$	\$	\$ 15,962,492
Total assets at fair value/NAV.....	<u>\$ 15,962,492</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 15,962,492</u>
b. Liabilities at fair value					
Total liabilities at fair value.....	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

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

The Company had no assets with fair value measurements using significant unobservable inputs.

(3) The Company uses the valuation technique that is based on the quoted prices in the active markets.

(4) The Company has no Level 2 or Level 3 assets.

(5) The Company does not have any derivative assets or liabilities.

B. Other Fair Value Disclosures

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

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds.....	\$ 15,943,016	\$ 15,943,016	\$ 15,943,016	\$	\$	\$	\$
Industrial and Misc.....	19,551,859	19,551,859		19,551,859			
CD's.....	6,298,861	6,298,861	6,298,861				
Common Stock.....	15,962,492	15,962,492	15,962,492				

D. Not Practicable to Estimate Fair Value

The Company had no fair value instruments or classes of financial instruments where it was not practical to estimate the fair value at September 30, 2025 or December 31, 2024.

E. Nature and Risk of Investments Reported at NAV

The Company had no fair value instruments or classes of financial instruments where it was not practical to estimate the fair value at either September 30, 2025 or December 31, 2024.

21. Other Items - None

22. Events Subsequent

Type I – Recognized Subsequent Events:

The Company did not have any subsequent events as of the filing date for the statutory statement as of September 30, 2025.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through the filing date for the statutory statement as of September 30, 2025. The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist as September 30, 2025, but arose after that date, which would have a material effect on its financial condition.

Notes to the Financial Statements

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)
- (2)

Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)
- (2)

Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1)

What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.   \$
- (2)

Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B. Uncollectible Reinsurance

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

C. Commutation of Ceded Reinsurance

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

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

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

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

E. Reinsurance Credit - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

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

B. Method Used to Record

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

C. Amount and Percent of Net Retrospective Premiums

The Company has no group health plans as of September 30, 2025. No other net premiums written by the Company are subject to retrospective rating features.

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

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

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

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? YES

Notes to the Financial Statements

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

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

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

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

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)	-	-	-	-	-	-	-	-	B	-	-
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Explanations of Adjustments: None

25. Change in Incurred Claims and Claim Adjustment Expenses

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

Reserves as of December 31, 2024 were \$33,448,103. As of September 30, 2025, \$30,065,219 had been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,091,200. Therefore, there has been a favorable development of \$2,291,684 since December 31, 2024. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

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

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

26. Intercompany Pooling Arrangements

The Company had no intercompany pooling arrangements.

27. Structured Settlements

Note 27 is Not Applicable for Health Entities

The Company had no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

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

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

Notes to the Financial Statements

28. Health Care Receivables (Continued)

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
09/30/2025	\$ 4,152,782	\$	\$	\$	\$
06/30/2025	4,727,439	3,912,989	4,452,052		
03/31/2025	3,912,989	4,698,328	4,540,929	96,787	
12/31/2024	4,698,328	4,533,121	4,227,463	339,729	13,602
09/30/2024	4,533,121	4,411,504	4,123,991	(58,521)	435,696
06/30/2024	4,411,504	3,756,310	771,976	2,798,054	720,484
03/31/2024	3,756,310	3,918,910	1,983,975	3,286,951	155,511
12/31/2023	3,918,910	3,828,497	926,767	3,706,941	486,120
09/30/2023	3,828,497	3,823,424	595,584	3,876,934	322,352
06/30/2023	3,823,424	3,808,014	560,969	3,467,021	874,933
03/31/2023	3,808,014	3,886,419	3,884,012	438,499	274,244

B. Risk-Sharing Receivables

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

29. Participating Policies

The Company does not have participating policies or policyholder dividends.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$—
2. Date of the most recent evaluation of this liability: 09/30/2025
3. Was anticipated investment income utilized in the calculation? NO

31. Anticipated Salvage and Subrogation

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

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 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?..... YES  
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?..... N/A  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made..... 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)..... 06/26/2025
- 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?..... YES .....
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$ ..... 6,487,503

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?..... YES .....
- 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.....		9,746,713
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....		9,746,713
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*?..... YES .....

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

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

1	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?..... NO .....
- 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
FEG Investment Advisors	U
Huntington Bank - Custodial	U
AultCare Investment Committee	A
Richmond Capital	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? 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
121658	FEG Investment Advisors	254900XDP1T9AWCX2C62	801-61324	NO
105674	Clearstead Advisors LLC	549300CYW1YPZG7GYG08	SEC-801-33554	NO
104636	Richmond Capital	2549000Y1PM6HPB5PO6O	801-17534	DS

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

18.2 If no, list exceptions:

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

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

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

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

Has the reporting entity self-designated 5GI securities? 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.....	94.520 %
1.2	A&H cost containment percent.....	3.050 %
1.3	A&H expense percent excluding cost containment expenses.....	6.150 %
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

NONE

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			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	205,554,074				40,646			205,594,720	
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	205,554,074				40,646			205,594,720	
60.	Reporting entity contributions for employee benefits plans		XXX									
61.	Total (Direct Business)		XXX	205,554,074				40,646			205,594,720	
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									

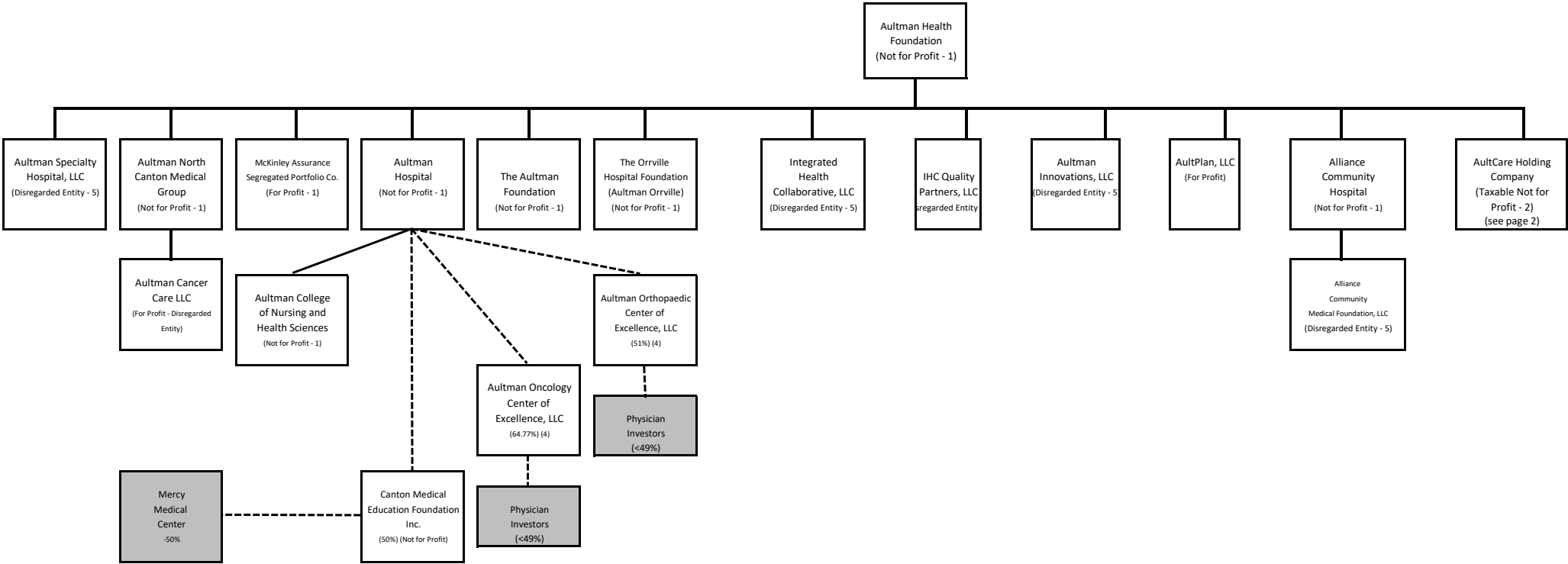
(a) Active Status Counts

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

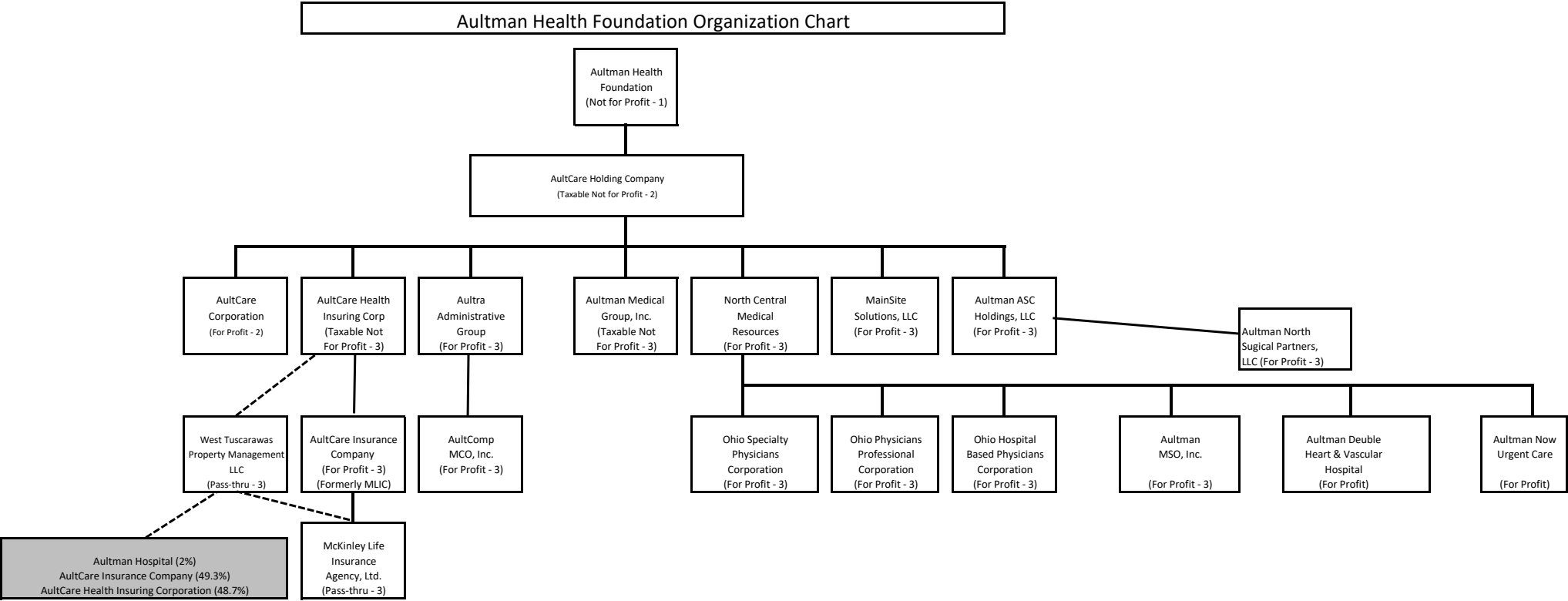
PART 1 – ORGANIZATIONAL CHART

Aultman Health Foundation Organization Chart



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

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



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	100.0	Aultman Health Foundation	NO	1
			34-0714538				Aultman Hospital	OH	NIA	Aultman Health Foundation	Ownership		Aultman Health Foundation	NO	
			34-1624818				AultCare Insurance Company	OH	RE	AultCare Health Insuring Corporation	Ownership	100.0	Aultman Health Foundation	NO	
			34-1488123				AultCare Corporation	OH	IA	Aultman Health Foundation & Stark County Care Physicians, Inc.	Other	100.0	Aultman Health Foundation	NO	
			20-0090246				West Tuscarawas Property Management, LLC	OH	DS	AultCare Insurance Company & AultCare Health Insurance Corp & Aultman Hospital	Ownership	49.3	Aultman Health Foundation	NO	
			34-1795772				McKinley Life Insurance Agency, Ltd.	OH	DS	AultCare Insurance Company	Ownership	100.0	Aultman Health Foundation	NO	
			20-4951704				Aultra Administrative Group	OH	IA	AultCare Holding Company	Management	100.0	Aultman Health Foundation	NO	
			27-4379962				AultComp MCO, Inc.	OH	NIA	Aultra Administrative Group	Ownership	100.0	Aultman Health Foundation	NO	
			34-1853300				Ohio Specialty Physician's Corporation	OH	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	NO	
			98-0468384				McKinley Assurance Segregated Portfolio Company (SPC)	CYM	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			20-1359433				Aultman College of Nursing and Health Sciences	OH	NIA	Aultman Hospital	Ownership	100.0	Aultman Hospital	NO	
			31-1509904				Aultman MSO, Inc.	OH	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	NO	
			20-8090459				The Aultman Foundation	OH	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			31-1509897				Ohio Physicians Professional Corporation	OH	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	NO	
			34-1610344				North Central Medical Resources	OH	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	NO	
4805		15461	34-1871647				Ohio Hospital Based Physician Corporation	OH	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	NO	
			13-4246188				Aultman Specialty Hospital, LLC	OH	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			34-1243260				Canton Medical Education Foundation	OH	NIA	Other	Ownership, Board of Directors	50.0	Aultman Hospital	NO	3
			46-3305099				AultCare Health Insuring Corporation	OH	UDP	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	NO	
			34-1088530				Aultman North Canton Medical Group	OH	NIA	Aultman Health Foundation	Ownership, Board of Directors	100.0	Aultman Health Foundation	NO	
			34-0733138				The Orville Hospital Foundation	OH	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			45-3166014				Aultman Medical Group, Inc.	OH	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	NO	
			47-1165287				AultCare Holding Company	OH	UIP	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			47-3587655				MainSite ASO, LLC	OH	NIA	AultCare Holding Company	Ownership	100.0	Aultman Health Foundation	NO	
			46-4625320				Integrated Health Collaborative LLC	OH	NIA	Aultman Health Foundation	Ownership	100.0	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)	*
			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	100.0	Aultman Health Foundation	NO	
			34-0714581				Alliance Community Hospital	OH	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			26-3646817				Alliance Community Medical Foundation LLC	OH	NIA	Alliance Community Hospital	Ownership	100.0	Aultman Health Foundation	NO	
			84-4874605				Aultman Now Urgent Care	OH	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	NO	
			84-2848226				Aultman Deuble Heart & Vascular Hospital	OH	NIA	North Central Medical Resources	Ownership	100.0	Aultman Health Foundation	NO	
			85-1242075				AultPlan LLC	OH	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			87-1559540				Aultman Cancer Center LLC	OH	NIA	Aultman North Canton Medical Group	Ownership	100.0	Aultman Health Foundation	NO	
			87-4146836				IHC Quality Partners LLC	OH	NIA	Aultman Health Foundation	Ownership	100.0	Aultman Health Foundation	NO	
			93-3918322				Aultman ASC Holdings	OH	NIA	AultCare Holding Company	Ownership	100.0	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 AHE														
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														

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.....
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EXPLANATION:

1. ....
2. ....

BARCODES:

1.   
7 7 2 1 6 2 0 2 5 3 6 5 0 0 0 3

2.

**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION  
Real Estate

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

SCHEDULE B – VERIFICATION  
Mortgage Loans

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

SCHEDULE BA - VERIFICATION  
Other Long-Term Invested Assets

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	9,655,702	10,308,992
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition .....		846,708
2.2	Additional investment made after acquisition .....		
3.	Capitalized deferred interest and other .....		
4.	Accrual of discount .....	91,011	
5.	Unrealized valuation increase / (decrease) .....		2
6.	Total gain (loss) on disposals .....		
7.	Deduct amounts received on disposals .....		1,500,000
8.	Deduct amortization of premium, depreciation and proportional amortization .....		
9.	Total foreign exchange change in book / adjusted carrying value .....		
10.	Deduct current year's other-than-temporary impairment recognized .....		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	9,746,713	9,655,702
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....	9,746,713	9,655,702

SCHEDULE D - VERIFICATION  
Bonds and Stocks

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	57,811,806	61,913,168
2.	Cost of bonds and stocks acquired .....	8,070,854	17,118,246
3.	Accrual of discount .....	122,384	147,112
4.	Unrealized valuation increase / (decrease) .....	1,417,496	205,425
5.	Total gain (loss) on disposals .....	(92,054)	1,390,136
6.	Deduct consideration for bonds and stocks disposed of .....	6,449,511	22,739,495
7.	Deduct amortization of premium .....	124,746	244,096
8.	Total foreign exchange change in book / adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		21,310
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	60,756,227	57,811,806
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....	60,756,227	57,811,806

SCHEDULE D – PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book / Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
<b>Issuer Credit Obligations (ICO)</b>								
1. NAIC 1 (a).....	33,720,469	2,510,794	1,732,504	(1,670)	34,191,890	33,720,469	34,497,089	34,040,151
2. NAIC 2 (a).....	10,405,925	901,735	1,017,907	6,893	9,686,111	10,405,925	10,296,646	9,501,021
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total ICO.....	44,126,394	3,412,529	2,750,411	5,223	43,878,001	44,126,394	44,793,735	43,541,172
<b>Asset-Backed Securities (ABS)</b>								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total ABS.....								
<b>Preferred Stock</b>								
15. NAIC 1.....								
16. NAIC 2.....								
17. NAIC 3.....								
18. NAIC 4.....								
19. NAIC 5.....								
20. NAIC 6.....								
21. Total Preferred Stock.....								
22. Total ICO, ABS, & Preferred Stock.....	44,126,394	3,412,529	2,750,411	5,223	43,878,001	44,126,394	44,793,735	43,541,172

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

(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

(SI-08) Schedule E - Part 2 - Verification - Cash Equivalents

NONE

(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**

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)								
91282C-NC-1	US TREASURY N/B 4.25% 05/15/2035	08/14/2025	Chase Securities Inc.	XXX	99,773	100,000	1,063	1.B FE
91282C-NT-4	US TREASURY N/B 4.25% 08/15/2035	09/22/2025	Deutsche Bank Securities	XXX	605,180	600,000	2,702	1.B FE
0019999999 – Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)					704,953	700,000	3,765	XXX
Issuer Credit Obligations: Corporate Bonds (Unaffiliated)								
020002-BL-4	ALLSTATE CORP 5.05% 06/24/2029	08/19/2025	Barclays Capital	XXX	51,351	50,000	393	2.A FE
06051G-HG-7	BANK OF AMERICA CORP SERIES MTN	07/15/2025	MarketAxess Corp.	XXX	103,588	105,000	1,517	1.G FE
11135F-CG-4	BROADCOM INC 5.2%	09/05/2025	Bancorp Investments Inc	XXX	156,929	150,000	3,098	1.G FE
14040H-CN-3	CAPITAL ONE FINANCIAL CORP V/R	09/05/2025	Chase Securities Inc.	XXX	24,239	25,000	16	2.B FE
202795-JN-1	COMMONWEALTH EDISON CO.	08/07/2025	Chase Securities Inc.	XXX	123,848	125,000	2,223	1.F FE
260003-AC-2	DOVER CORP 6.65% 06/01/2028	06/30/2025	Goldman Sachs	XXX	79,526	75,000	416	2.A FE
29444G-AJ-6	EQUITABLE COS INC 7% 04/01/2028	09/17/2025	Millennium Advisors LLC	XXX	63,960	60,000	1,948	2.A FE
38141G-WV-2	GOLDMAN SACHS GROUP INC V/R	08/06/2025	Chase Securities Inc.	XXX	148,059	150,000	1,653	2.A FE
49326E-EN-9	KEYCORP SERIES MTN V/R 4.789%	09/05/2025	Citigroup Global Markets	XXX	50,099	50,000	645	2.B FE
74456Q-CB-0	Public Service Electric	09/03/2025	MarketAxess Corp.	XXX	23,327	25,000	83	1.F FE
74456Q-CB-0	Public Service Electric	07/17/2025	Oppenheimer and Co. Inc	XXX	183,700	200,000	41	1.F FE
747525-BP-7	QUALCOMM INC 1.65%	08/06/2025	Jane Street Execution Services	XXX	138,390	165,000	582	1.F FE
845467-AS-8	SOUTHWESTERN ENERGY COMPANY	08/13/2025	Chase Securities Inc.	XXX	176,558	175,000	3,893	2.C FE
871829-BL-0	Sysco Corp.	07/15/2025	Wells Fargo Securities	XXX	158,084	150,000	2,603	2.B FE
913017-BA-6	UNITED TECH CORP 7.5% 09/15/2029	08/19/2025	MarketAxess Corp.	XXX	55,814	50,000	1,615	2.A FE
91282C-JW-2	US TREASURY N/B 4% 01/31/2029	08/19/2025	Citigroup Global Markets	XXX	126,060	125,000	272	1.A
960413-AW-2	WESTLAKE CORPORATION 3.375% 06/15/2030	07/15/2025	Merrill Lynch Professional	XXX	94,046	100,000	291	2.B FE
0089999999 – Issuer Credit Obligations: Corporate Bonds (Unaffiliated)					1,757,575	1,780,000	21,288	XXX
Issuer Credit Obligations: Certificates of Deposit (Unaffiliated)								
38150V-5X-3	GOLDMAN SACHS BANK USA MEDIUM CD	09/03/2025	FTN Financial Securities	XXX	250,000	250,000		1.A
61776N-VY-6	MORGAN STANLEY CD 3.95%	07/31/2025	FTN Financial Securities	XXX	200,000	200,000		1.A
61778E-BY-6	Morgan Stanley Bank Medium Term CD	07/25/2025	FTN Financial Securities	XXX	250,000	250,000		1.A
88241T-WT-3	TEXAS EXCHANGE BANK SSB MEDIUM CD	09/22/2025	FTN Financial Securities	XXX	250,000	250,000		1.A
0249999999 – Issuer Credit Obligations: Certificates of Deposit (Unaffiliated)					950,000	950,000		XXX
0489999999 – Subtotal - Issuer Obligations (Unaffiliated)					3,412,529	3,430,000	25,053	XXX
0509999997 – Subtotals - Issuer Credit Obligations - Part 3					3,412,529	3,430,000	25,053	XXX
0509999998 – Summary Item from Part 5 for Issuer Credit Obligations (N/A to Quarterly)					XXX	XXX	XXX	XXX
0509999999 – Subtotals - Issuer Credit Obligations					3,412,529	3,430,000	25,053	XXX
2009999999 – Subtotals - Issuer Credit Obligations and Asset-Backed Securities					3,412,529	3,430,000	25,053	XXX
Common Stocks: Mutual Funds Designations Not Assigned by the SVO								
31428Q-73-9	FEDERATED TOTAL BOND RETURN	09/03/2025	Reinvested Dividend	2,545.832	24,262	XXX		XXX
31428Q-73-9	FEDERATED TOTAL BOND RETURN	08/04/2025	Reinvested Dividend	2,522.551	23,788	XXX		XXX
31428Q-73-9	FEDERATED TOTAL BOND RETURN	07/03/2025	Reinvested Dividend	2,473.757	23,501	XXX		XXX
922908-80-1	VANGUARD TOTAL MKT IDX INST FUND	09/29/2025	Reinvested Dividend	131.404	20,923	XXX		XXX
5329999999 – Common Stocks: Mutual Funds Designations Not Assigned by the SVO					92,474	XXX		XXX
5989999997 – Subtotals - Common Stocks - Part 3					92,474	XXX		XXX
5989999998 – Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
5989999999 – Subtotals Common Stocks .....					92,474	XXX		XXX
5999999999 – Subtotals Preferred and Common Stocks .....					92,474	XXX		XXX
6009999999 – Totals .....					3,505,002	XXX	25,053	XXX

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change in Book / Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B. / A.C.V. (10+11-12)	Total Foreign Exchange Change in B./A.C.V.	Book / Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)																				
912828-K7-4	U.S. TREASURY NOTES 2.000% 8/15/2025	08/15/2025	Matured	XXX	100,000	100,000	101,422	100,168		(168)		(168)		100,000				2,000	08/15/2025	1.B FE
0019999999 – Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)					100,000	100,000	101,422	100,168		(168)		(168)		100,000				2,000	XXX	XXX
Issuer Credit Obligations: Non-U.S. Sovereign Jurisdiction Securities																				
67077M-AT-5	NUTRIEN LTD 4.2% 04/01/2029-2029	08/19/2025	Toronto Dominion Securities	XXX	124,196	125,000	121,283	121,285		507		507		121,791		2,405	2,405	4,652	04/01/2029	2.B FE
0039999999 – Issuer Credit Obligations: Non-U.S. Sovereign Jurisdiction Securities					124,196	125,000	121,283	121,285		507		507		121,791		2,405	2,405	4,652	XXX	XXX
Issuer Credit Obligations: Corporate Bonds (Unaffiliated)																				
11135F-AN-1	BROADCOM INC 3.459% 09/15/2026	07/15/2025	Goldman Sachs	XXX	44,514	45,000	49,644	46,443		(452)		(452)		45,991		(1,478)	(1,478)	953	09/15/2026	2.A FE
11135F-AN-1	BROADCOM INC 3.459% 09/15/2026	08/13/2025	Goldman Sachs	XXX	79,440	80,000	86,817	82,358		(838)		(838)		81,520		(2,080)	(2,080)	2,767	09/15/2026	2.A FE
11135F-AN-1	BROADCOM INC 3.459% 09/15/2026	08/13/2025	Goldman Sachs	XXX	24,831	25,000	26,638	25,608		(218)		(218)		25,391		(559)	(559)	887	09/15/2026	2.A FE
12189T-AK-0	BURLINGTON NORTHERN SANTA FE	08/26/2025	Dougherty & Company LLC	XXX	10,995	10,000	10,903	10,803		(110)		(110)		10,693		302	302	462	05/13/2029	1.F FE
209111-FJ-7	CONSOLIDATED EDISON CO 2.9% 12/01/2026	08/06/2025	Goldman Sachs	XXX	68,678	70,000	75,196	71,792		(553)		(553)		71,239		(2,561)	(2,561)	1,387	12/01/2026	1.G FE
	CONSOLIDATED EDISON CO 2.9% 12/01/2026		Goldman Sachs	XXX	40,226	41,000	37,961	39,256		524		524		39,780		445	445	812	12/01/2026	1.G FE
38141G-WB-6	GOLDMAN SACHS GROUP INC 3.85% 01/26/202	08/06/2025	MLPFS Inc	XXX	109,409	110,000	122,438	114,701		(1,339)		(1,339)		113,362		(3,953)	(3,953)	4,364	01/26/2027	2.A FE
	GOLDMAN SACHS GROUP INC 3.85% 01/26/202		MLPFS Inc	XXX	149,195	150,000	159,986	154,252		(1,205)		(1,205)		153,047		(3,853)	(3,853)	5,951	01/26/2027	2.A FE
67077M-AE-8	NUTRIEN LTD 4% 12/15/2026	09/05/2025	Jane Street Execution Services	XXX	149,811	150,000	140,865	145,381		1,536		1,536		146,917		2,894	2,894	4,383	12/15/2026	2.B FE
74340X-BK-6	PROLOGIS INC 3.25% 10/01/2026	09/05/2025	Millennium Advisors LLC	XXX	173,677	175,000	192,042	181,013		(2,313)		(2,313)		178,700		(5,023)	(5,023)	5,324	10/01/2026	1.F FE
74456Q-BR-6	PUBLIC SVC ELEC&GAS CO 2.25% 09/15/2026	07/15/2025	Millennium Advisors LLC	XXX	9,763	10,000	10,773	10,228		(72)		(72)		10,156		(393)	(393)	188	09/15/2026	1.F FE
74456Q-BR-6	PUBLIC SVC ELEC&GAS CO 2.25% 09/15/2026	07/15/2025	Millennium Advisors LLC	XXX	48,814	50,000	53,173	50,885		(278)		(278)		50,608		(1,794)	(1,794)	941	09/15/2026	1.F FE
74456Q-BR-6	PUBLIC SVC ELEC&GAS CO 2.25% 09/15/2026	07/15/2025	Millennium Advisors LLC	XXX	146,441	150,000	135,009	143,175		2,093		2,093		145,268		1,173	1,173	2,822	09/15/2026	1.F FE
84756N-AH-2	SPECTRA ENERGY PARTNERS 3.375% 10/15/20	07/15/2025	Sumridge Partners LLC	XXX	137,861	140,000	128,192	134,333		1,644		1,644		135,977		1,884	1,884	3,557	10/15/2026	2.B FE
91282C-JW-2	US TREASURY N/B 4% 01/31/2029	08/19/2025	MLPFS Inc	XXX	126,059	125,000	126,060	126,060						126,060		(1)	(1)	272	01/31/2029	1.A
949746-SH-5	WELLS FARGO & CO 3% 10/23/2026	07/17/2025	Goldman Sachs	XXX	63,878	65,000	71,331	66,882		(561)		(561)		66,321		(2,443)	(2,443)	1,277	10/23/2026	2.A FE
949746-SH-5	WELLS FARGO & CO 3% 10/23/2026	07/17/2025	Goldman Sachs	XXX	39,310	40,000	43,888	41,230		(367)		(367)		40,863		(1,554)	(1,554)	786	10/23/2026	2.A FE
949746-SH-5	WELLS FARGO & CO 3% 10/23/2026	07/17/2025	Goldman Sachs	XXX	83,533	85,000	91,871	87,460		(733)		(733)		86,726		(3,193)	(3,193)	1,388	10/23/2026	2.A FE
0089999999 – Issuer Credit Obligations: Corporate Bonds (Unaffiliated)					1,506,432	1,521,000	1,562,785	1,531,861		(3,242)		(3,242)		1,528,619		(22,188)	(22,188)	38,522	XXX	XXX
Issuer Credit Obligations: Certificates of Deposit (Unaffiliated)																				
02589A-DV-1	AMERICAN EXPR NATL BK CD 3.35% 09/02/20	09/02/2025	Matured	XXX	150,000	150,000	150,000	150,000						150,000				5,053	09/02/2025	1.A
03753X-CG-3	APEX BANK CD 3.25% 09/02/2025	09/02/2025	Matured	XXX	150,000	150,000	150,000	150,000						150,000				3,673	09/02/2025	1.A
06740K-QZ-3	BARCLAY'S BANK CD 3.3% 07/28/2025	07/28/2025	Matured	XXX	200,000	200,000	200,000	200,000						200,000				6,618	07/28/2025	1.A
14042T-JL-2	CAPITAL ONE BANK CD 3.3% 08/18/2025	08/18/2025	Matured	XXX	150,000	150,000	150,000	150,000						150,000				4,964	08/18/2025	1.A
	DISCOVER BANK CD 3.35% 07/29/2025		Matured	XXX	200,000	200,000	200,000	200,000						200,000				6,700	07/29/2025	1.A
35907X-EW-3	FRONTIER BANK CD 3.35% 09/16/2025	09/16/2025	Matured	XXX	150,000	150,000	150,000	150,000						150,000				3,772	09/16/2025	1.A
0249999999 – Issuer Credit Obligations: Certificates of Deposit (Unaffiliated)					1,000,000	1,000,000	1,000,000	1,000,000						1,000,000				30,779	XXX	XXX
0489999999 – Subtotal - Issuer Obligations (Unaffiliated)					2,730,628	2,746,000	2,785,489	2,753,313		(2,903)		(2,903)		2,750,411		(19,783)	(19,783)	75,954	XXX	XXX
0509999997 – Subtotals - Issuer Credit Obligations - Part 4					2,730,628	2,746,000	2,785,489	2,753,313		(2,903)		(2,903)		2,750,411		(19,783)	(19,783)	75,954	XXX	XXX
0509999998 – Summary Item from Part 5 for Issuer Credit Obligations (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999 – Subtotals - Issuer Credit Obligations					2,730,628	2,746,000	2,785,489	2,753,313		(2,903)		(2,903)		2,750,411		(19,783)	(19,783)	75,954	XXX	XXX
2009999999 – Subtotals - Issuer Credit Obligations and Asset-Backed Securities					2,730,628	2,746,000	2,785,489	2,753,313		(2,903)		(2,903)		2,750,411		(19,783)	(19,783)	75,954	XXX	XXX
6009999999 – Totals					2,730,628	XXX	2,785,489	2,753,313		(2,903)		(2,903)		2,750,411		(19,783)	(19,783)	75,954	XXX	XXX

(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 Bank- Claims – Canton, Ohio					1,815,062	855,912	7,084,570	XXX
Huntington Bank - Trust – Canton, Ohio		4.160	7,631		747,576	832,215	236,207	XXX
Huntington Bank - Brokered CDs – Canton, Ohio		4.050	1,066		225,370	184,761	156,978	XXX
Huntington Bank - Mutual Funds – Canton, Ohio					1,458	1,463	1,468	XXX
Huntington Bank - Richmond Capital – Canton, Ohio		4.160	866		120,435	59,225	159,957	XXX
Huntington Bank - MLI General – Canton, Ohio					3,600	3,600	3,600	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			9,563		2,913,501	1,937,176	7,642,780	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			9,563		2,913,501	1,937,176	7,642,780	XXX
0499999 – Cash in Company's Office			XXX	XXX				XXX
0599999 – Total			9,563		2,913,501	1,937,176	7,642,780	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
8609999999 – Total Cash Equivalents .....								

NONE