



QUARTERLY STATEMENT
AS OF MARCH 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Internet Web Site Address	SummmaCare.com		(330)996-8410 (Area Code)(Telephone Number)			
Statutory Statement Contact	Mike Dennis Weals (Name)		(330)996-5112 (Area Code)(Telephone Number)(Extension)			
	wealsm@summahealth.org (E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerberry	Secretary
Keith Thomas Coleman	Treasurer
Frank Bart Hester	Interim President #

OTHERS

Anne Armao, VP - Marketing & Medicare
Stephen Adamson, VP, Chief Operations Officer
Kevin Cavalier, VP - Sales
Alan Fehlner, Chief Financial Officer
Charles Zonfa M.D., Chief Medical Officer

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.
Rajiv Vishnu Taliwal M.D.
Henry Leigh Gerstenberger
Caroline Fisher Pearson
Robert Jeffrey Copeland
Mark Joseph Sims
Frank Anthony Carrino
Benjamin Paul Sutton
Russell Floyd Mohawk
Thomas Clifford Deveny M.D.
Anthony Lockhart
Frank Bart Hester #

State of Ohio
County of Summit 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.

(Signature) Alan Philip Fehlner (Printed Name) 1. Chief Financial Officer (Title)	(Signature) Keith Thomas Coleman (Printed Name) 2. Treasurer (Title)	(Signature) Stephen Michael Adamson (Printed Name) 3. Vice President, Chief Operations Officer (Title)
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Subscribed and sworn to before me this 15th day of May, 2020 (Notary Public Signature)	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
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ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	35,370,424		35,370,424	34,310,173
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	23,529,886		23,529,886	23,994,651
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 \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....3,457,237), cash equivalents (\$.....0) and short-term investments (\$.....1,079,065)	4,536,302		4,536,302	6,369,249
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	63,436,612		63,436,612	64,674,073
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	164,058		164,058	159,041
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	10,465,609	30,980	10,434,629	9,600,881
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				113,529
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	2,548,755		2,548,755	2,548,755
18.1	Current federal and foreign income tax recoverable and interest thereon	645,319		645,319	530,562
18.2	Net deferred tax asset	13,970		13,970	27,940
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)	1,092,074	1,092,074		
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	251,686		251,686	234,296
24.	Health care (\$.....2,104,383) and other amounts receivable	4,560,006	2,455,623	2,104,383	3,001,824
25.	Aggregate write-ins for other-than-invested assets	1,554,134	1,554,134		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	84,732,223	5,132,811	79,599,412	80,890,901
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	84,732,223	5,132,811	79,599,412	80,890,901
DETAILS OF WRITE-INS					
1101.	Misc				
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid assets	1,554,134	1,554,134		
2502.	Deposits				
2503.	Pharmacy Rebates				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,554,134	1,554,134		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	22,406,576		22,406,576	22,567,660
2.	Accrued medical incentive pool and bonus amounts	2,424,114		2,424,114	3,443,459
3.	Unpaid claims adjustment expenses	580,066		580,066	580,066
4.	Aggregate health policy reserves, including the liability of \$.....0 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	392,211		392,211	392,671
9.	General expenses due or accrued	5,812,029		5,812,029	4,905,336
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	83,894		83,894	161,837
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	7,387,232		7,387,232	8,201,429
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	Total liabilities (Lines 1 to 23)	39,086,122		39,086,122	40,252,458
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	67,084,767	67,084,767
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(26,571,477)	(26,446,324)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	40,513,290	40,638,443
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	79,599,412	80,890,901
DETAILS OF WRITE-INS					
2301.	Payroll liability				
2302.	Other accrued liabilities				
2303.	Medicaid Pharmacy Reserve				
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	68,005	69,210	273,842
2.	Net premium income (including \$.....0 non-health premium income)	X X X	67,525,530	64,879,623	269,407,581
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X		7,970	
8.	Total revenues (Lines 2 to 7)	X X X	67,525,530	64,887,593	269,407,581
Hospital and Medical:					
9.	Hospital/medical benefits		52,181,082	47,384,680	205,535,044
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs		6,380,045	7,055,834	20,237,387
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		(124,696)	563,304	4,784,208
16.	Subtotal (Lines 9 to 15)		58,436,431	55,003,818	230,556,639
Less:					
17.	Net reinsurance recoveries				113,529
18.	Total hospital and medical (Lines 16 minus 17)		58,436,431	55,003,818	230,443,110
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....307,189 cost containment expenses		1,059,997	884,851	4,094,585
21.	General administrative expenses		8,354,097	7,816,030	34,706,635
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		67,850,525	63,704,699	269,244,330
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(324,995)	1,182,894	163,251
25.	Net investment income earned		119,502	212,294	774,760
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		119,502	212,294	774,760
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses		(18)		875
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(205,511)	1,395,188	938,886
31.	Federal and foreign income taxes incurred	X X X	(121,954)	(42,111)	(238,297)
32.	Net income (loss) (Lines 30 minus 31)	X X X	(83,557)	1,437,299	1,177,183
DETAILS OF WRITE-INS					
0601.	Administrative Services Revenue	X X X			
0602.	Misc income received from prior year taxes	X X X			
0603.	Gain/loss on disposal of asset	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	Proceeds from the Sale of the Medicaid Product Line	X X X			
0702.	Miscellaneous Income	X X X		7,970	
0703.	Miscellaneous Revenue	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		7,970	
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	Medimpact Performance Guarantee				
2902.	Miscellaneous Income		(18)		875
2903.	Gain on disposal of asset				
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		(18)		875

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	40,638,443	40,047,622	40,047,622
34.	Net income or (loss) from Line 32	(83,557)	1,437,299	1,177,183
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(464,765)	647,578	22,557
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(13,970)	(42,111)	(56,282)
39.	Change in nonadmitted assets	437,139	(32,866)	(552,639)
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			
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		1	2
48.	Net change in capital and surplus (Lines 34 to 47)	(125,153)	2,009,901	590,821
49.	Capital and surplus end of reporting period (Line 33 plus 48)	40,513,290	42,057,523	40,638,443
DETAILS OF WRITE-INS				
4701.	Change in Minimum Pension Liability - Unrestricted Funds			
4702.	Federal income tax adjustment			
4703.	Gain on sale of bonds			
4798.	Summary of remaining write-ins for Line 47 from overflow page		1	2
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		1	2

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	66,691,322	64,624,164	263,472,487
2.	Net investment income	63,306	166,397	749,413
3.	Miscellaneous income	(18)	7,970	875
4.	TOTAL (Lines 1 to 3)	66,754,610	64,798,531	264,222,775
5.	Benefit and loss related payments	59,503,330	52,483,328	227,491,810
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	8,507,402	8,175,025	42,861,689
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(7,197)	(153,228)	(155,880)
10.	TOTAL (Lines 5 through 9)	68,003,535	60,505,125	270,197,619
11.	Net cash from operations (Line 4 minus Line 10)	(1,248,925)	4,293,406	(5,974,844)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			4,900,000
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			4,900,000
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	1,009,072	400,000	10,429,398
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	1,009,072	400,000	10,429,398
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,009,072)	(400,000)	(5,529,398)
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			
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)	425,050	4,949,133	4,737,256
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	425,050	4,949,133	4,737,256
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,832,947)	8,842,539	(6,766,986)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	6,369,249	13,136,235	13,136,235
19.2	End of period (Line 18 plus Line 19.1)	4,536,302	21,978,774	6,369,249

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	22,516							22,516		
2. First Quarter	22,598							22,598		
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	68,005							68,005		
Total Member Ambulatory Encounters for Period:										
7. Physician	20,338							20,338		
8. Non-Physician	10,027							10,027		
9. Total	30,365							30,365		
10. Hospital Patient Days Incurred	11,970							11,970		
11. Number of Inpatient Admissions	1,668							1,668		
12. Health Premiums Written (a)	67,586,794							67,586,794		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	67,586,794							67,586,794		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	59,616,859							59,616,859		
18. Amount Incurred for Provision of Health Care Services	58,436,430							58,436,430		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......67,586,794.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	16,170,576	3,674,000	1,414,000	522,000	626,000	22,406,576
0499999 Subtotals	16,170,576	3,674,000	1,414,000	522,000	626,000	22,406,576
0599999 Unreported claims and other claim reserves						
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						22,406,576
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,424,114

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		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		
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	18,689,000	40,033,211	1,148,000	21,258,576	19,837,000	22,567,660
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	18,689,000	40,033,211	1,148,000	21,258,576	19,837,000	22,567,660
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	460,979	433,670	1,511,480	912,634	1,972,459	3,443,459
13.	Totals (Lines 9 - 10 + 11 + 12)	19,149,979	40,466,881	2,659,480	22,171,210	21,809,459	26,011,119

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

SummaCare, Inc.’s (the Company or SC) statutory financial statements are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI) and in accordance with the Accounting Practices and Procedures Manual.

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of March 31, 2020 and December 31, 2019 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material. Additionally, the Company’s risk based capital would not have triggered a regulatory event had it not used a prescribed or permitted practice.

	SSAP #	F/S Page	F/S Line	2020	2019
<u>Net Income</u>					
1) SummaCare state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	(83,557)	1,177,183
2) State Prescribed Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
3) State Permitted Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
4) NAIC SAP	XXX	XXX	XXX	(83,557)	1,177,183
<u>Surplus</u>					
5) SummaCare state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	40,513,290	40,638,443
6) State Prescribed Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
7) State Permitted Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
8) NAIC SAP	XXX	XXX	XXX	40,513,290	40,638,443

B. Use of Estimates

The preparation of financial statements in conformity with *Accounting Practices and Procedures Manual*, the NAIC Annual Statement Instructions and other accounting practices prescribed or permitted by the ODI requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ significantly from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- 1) Cash and Short-Term Investments
- Cash and short-term investments include cash on hand, cash held in bank accounts (including overdrafts), interest bearing deposits, and money market instruments purchased with an original maturity of one year or less. Short-term investments are stated at amortized cost.
- 2) Bonds not backed by other loans – None.
- 3) Common stocks – See number seven, investments in subsidiaries, controlled and affiliated entities.
- 4) Preferred stocks – None.
- 5) Mortgage loans on real estate – None.
- 6) Loan backed securities – None.
- 7) SC carries its investment in its subsidiary, Summa Insurance Company (SIC), at audited statutory equity in accordance with SSAP No. 97, Investments in Subsidiary, Controlled and Affiliated Entities. The Company’s investment in SIC is classified as common stock on the Assets page.
- 8) Investments in joint ventures, partnerships and limited liability companies – None.
- 9) Accounting policy for derivatives – The Company does not invest in derivative instruments.
- 10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 54, Individual Group Accident and Health Contracts.
- 11) The cost of health care services is recognized in the period in which services are provided. Health care expenses also include an estimate of the cost of services provided to the Company’s members by third-party providers, which have been incurred but not reported to the Company. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are

Notes to Financial Statement

continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid is dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.

- 12) The Company’s capitalization policy and predefined thresholds have not changed from the prior period.
- 13) The pharmaceutical rebate receivables are estimated from a report provided by the pharmacy benefit manager.

D. Going Concern – Not applicable.

2. Accounting Changes and Corrections of Errors

- A. Accounting Changes** – None.
- B. Corrections of Errors** – None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method** – None.
- B. Statutory Merger** – None.
- C. Assumption Reinsurance** – None.
- D. Impairment Loss** – None.

4. Discontinued Operations – None.

5. Investments

- A.** Mortgage Loans – None.
- B.** Debt Restructuring – None.
- C.** Reverse Mortgages – None.
- D.** Loan backed securities – None.
- E.** Dollar Repurchase Agreements and/or Securities Lending Transactions – None.
- F.** Repurchase Agreements Transactions Accounted for as Secured Borrowings – None.
- G.** Reverse Repurchase Agreements Transactions Accounted for a Secured Borrowings – None.
- H.** Repurchase Agreements Transactions Accounted for as a Sale – None.
- I.** Reverse Repurchase Agreements Transactions Accounted for as a Sale – None.
- J.** Real Estate – None.
- K.** Low Income Housing Tax Credits – None.
- L.** Restricted Assets

Notes to Financial Statement

	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$0	\$0	\$0	\$0	\$0	\$0
b. Collateral held under security lending agreemen	\$0	\$0	\$0	\$0	\$0	\$0
c. Subject to repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
d. Subject to reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
e. Subject to dollar repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
f. Subject to dollar reverse repurchase agreements	\$0	\$0	\$0	\$0	0.000	0.000
g. Placed under option contracts	\$0	\$0	\$0	\$0	0.000	0.000
h. Letter stock or securities restricted as to sale	\$0	\$0	\$0	\$0	0.000	0.000
i. FHLB capital stock	\$0	\$0	\$0	\$0	0.000	0.000
j. On deposit with states	\$425,475	\$420,896	\$4,579	\$425,475	0.502	0.000
k. On deposit with other regulatory bodies	\$0	\$0	\$0	\$0	0.000	0.000
l. Pledged as collateral to FHLB	\$0	\$0	\$0	\$0	0.000	0.000
m. Pledged as collateral not captured in other categori	\$0	\$0	\$0	\$0	0.000	0.000
n. Other restricted assets						
o. Total restricted assets	\$425,475	\$420,896	\$4,579	\$425,475	0.502	0.000

- M. Working Capital Finance Investments – None.
- N. Offsetting and Netting of Assets and Liabilities – None.
- O. 5GI Securities – None.
- P. Short Sales – None.
- Q. Prepayment Penalty and Acceleration Fees – None.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. For investments in joint ventures, partnerships and limited liability companies that exceed 10% of the admitted assets of the insurer – None.
- B. Impaired investments in joint ventures, partnerships and limited liability companies – None.

7. Investment Income

- A. The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued - All accrued investment income was admitted for the period.
- B. Total amount excluded - None

8. Derivative Instruments – None.

9. Income Taxes

- A. The components of deferred tax asset as of March 31, 2020 and December 31, 2019 are:

Notes to Financial Statement

1.
- (a) Gross Deferred Tax Assets

(b) Statutory Valuation Allowance Adjustments

(c) Adjusted Gross DTA's (1a-1b)

(d) DTA's Nonadmitted

(e) Subtotal Net DTA's (1c-1d)

(f) Deferred Tax Liabilities

(g) Net Admitted DTA / Net DTL (1e-1f)

2.

Admission Calculation Components SSAP No. 101

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.

(b) Adjusted Gross DTA's Expected to be Realized (Excluding The Amount of DTA's From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2 (b) 1 and 2 (b) 2 Below)

1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date.

2. Adjusted Gross DTA's Allowed Per Limitation Threshold.

(c) Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's.

(d) DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c))

3.

(a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount.

(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above.

4.
- Impact of Tax-Planning Strategies
- (a) Determination of Adjusted Gross DTA's and Net Admitted DTA's By Tax Character as a percentage.

1. Adjusted Gross DTA's

2. Percentage of Adjusted Gross DTA's

3. Net Admitted DTA's

4. Percentage of Net Admitted Gross DTA's because of tax planning.

- (b) Does the Company's tax planning strategies include reinsurance?

3/31/2020			12/31/2019			Change		
Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
\$5,772,273	\$0	\$5,772,273	\$6,026,053	\$0	\$6,026,053	(\$253,780)	\$0	(\$253,780)
\$3,157,149	\$0	\$3,157,149	\$3,546,553	\$0	\$3,546,553	(\$389,404)	\$0	(\$389,404)
\$2,615,123	\$0	\$2,615,123	\$2,479,500	\$0	\$2,479,500	\$135,624	\$0	\$135,624
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$2,615,123	\$0	\$2,615,123	\$2,479,500	\$0	\$2,479,500	\$135,624	\$0	\$135,624
\$2,601,154	\$0	\$2,601,154	\$2,451,560	\$0	\$2,451,560	\$149,593	\$0	\$149,593
\$13,970	\$0	\$13,970	\$27,940	\$0	\$27,940	(\$13,970)	\$0	(\$13,970)
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$13,970	\$0	\$13,970	\$27,940	\$0	\$27,940	(\$13,970)	\$0	(\$13,970)
\$13,970	\$0	\$13,970	\$27,940	\$0	\$27,940	(\$13,970)	\$0	(\$13,970)
XXX	XXX	\$6,076,994	XXX	XXX	\$6,095,766	XXX	XXX	(\$18,773)
\$2,601,154	\$0	\$2,601,154	\$2,451,560	\$0	\$2,451,560	\$149,593	\$0	\$149,593
\$2,615,123	\$0	\$2,615,123	\$2,479,500	\$0	\$2,479,500	\$135,624	\$0	\$135,624
2020	2019							
332%	333%							
\$40,513,290	\$40,638,443							
3/31/2020			12/31/2019					
Ordinary	Capital	Total	Ordinary	Capital	Total			
\$2,615,123	\$0	\$2,615,123	\$2,479,500	\$0	\$2,479,500			
\$0	\$0	\$0	\$0	\$0	\$0			
\$2,615,123	\$0	\$2,615,123	\$2,479,500	\$0	\$2,479,500			
\$0	\$0	\$0	\$0	\$0	\$0			
Yes	No	X						

B. Regarding deferred tax liabilities not recognized – None.

C. Current income taxes incurred consist of the following components:

Notes to Financial Statement

	3/31/2020	12/31/2019	Change
1. Current Income Tax			
(a) Federal	(\$121,954)	(\$238,297)	\$116,343
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	(\$121,954)	(\$238,297)	\$116,343
(d) Federal Income Tax on Net Capital Gains	\$0	\$0	\$0
(e) Utilization of Capital Loss Carry Forwards	\$0	\$0	\$0
(f) Other	\$0	\$0	\$0
(g) Federal and Foreign Income Taxes Incurred	(\$121,954)	(\$238,297)	\$116,343
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$65,457	\$65,744	(\$286)
(2) Unearned Premium Reserve	\$16,473	\$16,492	(\$19)
(3) Policyholder Reserves	\$65,341	\$65,341	(\$0)
(4) Investments	\$54,403	\$54,403	\$0
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	\$0	\$0	\$0
(8) Compensation and Benefits Accrual	\$0	\$0	\$0
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$848,555	\$1,169,690	(\$321,135)
(11) Net Operating Loss Carry-Forward	\$4,158,707	\$4,084,259	\$74,448
(12) Tax Credits	\$0	\$0	\$0
(13) Other	\$563,336	\$570,123	(\$6,787)
Subtotal	\$5,772,273	\$6,026,052	(\$253,780)
(b) Statutory Valuation Allowance (Ordinary)	\$3,157,149	\$3,546,553	(\$389,404)
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	\$2,615,123	\$2,479,500	\$135,624
(e) Capital			
(1) Investments	\$0	\$0	\$0
(2) Net Capital Loss Carry-Forward	\$0	\$0	\$0
(3) Unrealized Gains/losses	\$0	\$0	\$0
(4) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(f) Statutory Valuation Allowance Adjustment	\$0	\$0	\$0
(g) Nonadmitted	\$0	\$0	\$0
(h) Admitted Capital Deferred Tax Assets	\$0	\$0	\$0
(i) Admitted Deferred Tax Assets	\$2,615,123	\$2,479,500	\$135,624
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$0	\$0	\$0
(2) Fixed Assets	\$189,595	\$214,293	(\$24,698)
(3) Deferred and Uncollected Premium	\$2,181,900	\$2,007,609	\$174,291
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	\$229,659	\$229,658	\$1
Subtotal	\$2,601,154	\$2,451,560	\$149,594
(b) Capital			
(1) Investments	\$0	\$0	\$0
(2) Real Estate	\$0	\$0	\$0
(3) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(c) Deferred Tax Liabilities	\$2,601,154	\$2,451,560	\$149,594
4. Net Deferred Tax Assets / Liabilities	\$13,970	\$27,940	(\$13,970)

D. The provision for federal income taxes incurred is different than that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows as of March 31, 2020:

Description	Amount	Tax Effect	Effective Tax Rate
Income (loss) before taxes	(205,512)	(43,157)	21.0%
Meals & entertainment	16,390	3,442	-1.7%
Change in valuation allowance	(1,854,303)	(389,404)	189.5%
Change in nonadmitted assets	1,529,313	321,156	-156.3%
	(\$14,112)	(107,963)	52.5%
Federal income taxes incurred			(121,954)
Change in net deferred income taxes			13,969
Total statutory income taxes			(107,986)

E. Amounts of operating loss and tax credit carry-forwards available for tax purposes

Notes to Financial Statement

- 1. The company has a net operating loss carry-forward of \$19,803,368 as of March 31, 2020.
- 2. There are no income taxes available for recoupment in the event of future net losses.
- 3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of March 31, 2020 and December 31, 2019.

F. Consolidation of Federal Income Tax Return

Summa Health System Corporation files a consolidated federal income tax which includes the following entities: SummaCare, Inc., Summa Insurance Company, Summa Integrated Services Organization, Apex Benefits Services, LLC, Summa Insurance Agency, LLC, Wadsworth-Rittman Professional Services Corporation, Ohio Health Choice, Summa Management Services Organization, Health Care Center Physicians and Cornerstone Medical Services. Allocation of federal income taxes is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis.

G. Federal and foreign loss contingencies as determined in accordance with SSAP 5R – None.

H. Repatriation Transition Tax – None.

I. Alternative Minimum Tax Credit – None.

10. Information Concerning Parent, Subsidiaries, and Affiliates

A. Nature of the Relationships

SummaCare, Inc. is a wholly owned subsidiary of Summa Health System Corporation (SHSC). Summa Insurance Company (SIC) is a wholly-owned subsidiary of SummaCare, Inc.

Affiliated and subsidiary organizations of SC include Summa Health System Community; HealthSpan Partners; Summa Health: Summa Health System, Inc. (SHS); Summa Insurance Company (SIC); Summa Health Network LLC (SHN); Apex Benefits Services, LLC (Apex); Summa Insurance Agency, LLC (SIA); Wadsworth-Rittman Professional Services Corporation; Summa Physicians, Inc. (SPI); Summa Foundation; Health Care Center Physicians Inc. (HCCP); Middlebury Assurance Corp. (MAC); Summa Rehabilitation Hospital, LLC; Ohio Health Choice, Inc. (OHC); Cornerstone Medical Services (Cornerstone); ARIS Teleradiology LLC (ARIS); Summa Accountable Care Organization (ACO); Summa Integrated Services Organization (SISO); Summa Management Services Organization (SMSO); and Medina-Summit ASC, LLC.

The Company is licensed in Ohio as a health-insuring corporation (HIC) under Chapter 1751 of the Ohio Revised Code. SC contracts with providers to provide comprehensive health care services to a defined enrolled population (members) for a predetermined monthly fee. The population from which the Company draws its membership is predominately located in Northeast Ohio. The Company is subject to competition from other health insuring companies as well as to the regulations of certain state and federal agencies. The Company is also subject to periodic financial examinations by those regulatory authorities.

B. & C. Transactions with Affiliated Organizations

SC members receive various medical services from SHS, and other SHS subsidiaries. Certain members of the Board of Directors of the Company are members of the Board of Trustees of SHS and SHS’s subsidiary and affiliated organizations.

The operating activities with affiliated entities as of March 31, 2020 and December 31, 2019 are as follows:

	2020	2019
Claims expense related to affiliated entities:		
SHS	\$ 13,913,570	47,971,929
SPI	2,122,885	9,002,586
ACO	591,230	1,712,233
Directors' and officers insurance paid to MAC	10,892	11,443
Management fees charged to SHN	—	—
Management fees charged from SMSO	5,222,329	17,011,752
Management fees charged from Apex	111,714	555,552
Corporate expense allocation paid to SHS	366,054	2,004,843

Notes to Financial Statement

D. The balances outstanding with affiliated entities as of March 31, 2020 and December 31, 2019 are as follows:

	Due from		Due to	
	2020	2019	2020	2019
SIA	\$ —	—	—	—
SIC	—	—	778,230	642,311
SHS	—	—	3,002,232	5,959,972
APEX	251,686	234,296	—	—
SMSO	—	—	3,602,992	1,595,367
SHMG	—	—	3,778	3,778
	\$ 251,686	234,296	7,387,232	8,201,428

E. Guarantees or undertakings – None.

F. In 2020 and 2019, the Company contracted with SMSO for general administrative services, which include but are not limited to claims processing, customer service, eligibility, human resources, computer support, programming, finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company. The Company recognized expense of \$5,222,329 and \$17,011,752 in 2020 and 2019, respectively.

G. The Company’s common membership is held by its parent, Summa Health System Corporation.

H. Investments in upstream intermediate entities or ultimate parent – None.

I. Investments in SCA Entities

As of March 31, 2020, the Company owned 100% of the common stock of SIC, whose carrying value is exceeds 10% of the admitted assets of SC. The Company carries SIC at audited statutory equity. Assets, liabilities and net losses of SIC as of March 31, 2020 were:

Assets - \$43,681,246
Liabilities - \$20,151,360
Net Loss – \$436,132

J. Investments in impaired SCA entities – None.

K. Investments in foreign insurance subsidiaries – None.

L. Investment in downstream noninsurance holding company – None.

M. All SCA investment – None.

N. Investments in insurance SCA’s – Summa Insurance Company’s audited statutory equity is compliant with the NAIC statutory accounting practices and procedures.

O. SCA or SSAP No. 48 Entity Loss Tracking – Not required.

11. Debt

SC has no debt as of March 31, 2020.

12. Retirement Plans

A. Defined Benefit Plan - None.

B. A narrative description of investment policy and strategies – Not applicable.

C. The fair value of each class of plan asset – Not applicable.

D. A narrative description of the basis used to determine the long-term rate of return – Not applicable.

E. Defined Contribution Plan – None.

Notes to Financial Statement

- F.** Multiemployer Plan – None.
- G.** Consolidated / Holding Company Plan – None.
- H.** Postemployment Benefits and Compensated Absences – None.
- I.** Impact of Medicare Modernization Act on Postretirement Benefits – None.

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

- 1.) SC is a nonprofit corporation under Ohio law. As such, ownership of the Company is designated as common membership. The sole common member of the Company as of March 31, 2020 and December 31, 2019 is SHSC.
- 2.) Dividends rate, liquidation value – Not applicable.
- 3.) Dividend Restrictions – Not applicable.
- 4.) Date and amounts of dividends paid – Not applicable.
- 5.) Portion of reporting entity’s profits that can be paid as ordinary dividends – Not applicable.
- 6.) Restrictions on unassigned funds – None.
- 7.) Mutual Reciprocals - None.
- 8.) Stock held by the Company for special purposes – None.
- 9.) Special surplus funds – None.
- 10.) The portion of unassigned funds represented or reduced by :
 - Nonadmitted Asset Values – \$5,132,811
 - Unrealized Gains (Losses) – \$1,230,490
- 11.) Surplus notes – None.
- 12.) Restatement in a quasi-reorganization – Not applicable
- 13.) Quasi-reorganization – Not applicable.

14. Liabilities, Contingencies and Assessments

- A.** Contingent commitments – None.
- B.** Assessments – None
- C.** Gain contingencies – None.
- D.** Claims related extra contractual obligation and bad faith losses stemming from lawsuits – None.
- E.** Joint and Several Liabilities – None.
- F.** All other contingencies – None.

15. Leases

- A.** Lessee Leasing Arrangements.
 - 1.) The company leases its facility under a noncancelable operating lease which expires during 2021. Rent expense was \$154,776 as of March 31, 2020 and was \$825,144 for year ending December 31, 2019.
 - 2.) Future minimum payments under noncancelable operating leases are as follows:

Notes to Financial Statement

	Payable to Affiliated Organizations	Payable to Nonaffiliated Organizations	Total
Year ending December 31, 2020	187,005.00	1,178,370.00	1,365,375.00
Year ending December 31, 2021	-	546,633.00	546,633.00
Total Minimum future commitment	<u>\$ 187,005.00</u>	<u>\$ 1,725,003.00</u>	<u>\$ 1,912,008.00</u>

3.) The Company has not entered into any sale-leaseback transactions.

B. Lessor Leasing Arrangements - None

16. Information Regarding Off-Balance Sheet Risk – Not Applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liability – Not Applicable.

.

18. Gains or Loss to the Reporting Entity from Uninsured Plans – Not Applicable.

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

20. Fair Value Measurement

A. Assets and liabilities measured and reported at fair value.

1) Fair value measurements at the reporting date.

Notes to Financial Statement

Description for each class of asset or liability	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Cash and short-term investments	\$4,536,302	\$0	\$0	\$4,536,302
Perpetual referred stock				
Industrial and misc	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0
Total perpetual and preferred stock	\$0	\$0	\$0	\$0
Bonds				
U.S. Governments	\$0	\$0	\$0	\$0
Industrial and misc	\$0	\$0	\$0	\$0
Hybrid securities	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0
Total Bonds	\$0	\$0	\$0	\$0
Common stock				
Industrial and misc	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0
Total common stock	\$0	\$0	\$0	\$0
Derivative assets				
Interest rate contracts				
Foreign exchange contracts	\$0	\$0	\$0	\$0
Credit contracts	\$0	\$0	\$0	\$0
Commodity futures contracts	\$0	\$0	\$0	\$0
Commodity forwards contracts	\$0	\$0	\$0	\$0
Total derivatives	\$0	\$0	\$0	\$0
Separate account assets	\$0	\$0	\$0	\$0
Total assets at fair value	\$4,536,302	\$0	\$0	\$4,536,302
b. Liabilities at fair value				
Derivative liabilities	\$0	\$0	\$0	\$0
Total liabilities at fair value	\$0	\$0	\$0	\$0

- 2) Fair value measurement in (Level 3) of the Fair Value Hierarchy – None.
- 3) Policy for determining when transfers between levels are recognized – Not applicable.
- 4) For fair value measurements categorized within level 2 and level 3 of the fair value hierarchy – The fair values of the Company’s investment in U.S. Treasury and U.S. government agency bond securities are based on quoted prices or dealer quotes. For bonds not actively traded, fair values are estimated using values obtained from independent pricing services, or in the case of private placements, are estimated by discounting the expected future cash flows using current market rates applicable to the yield, credit and maturity of the investment.
- 5) Derivative assets and liabilities – None.

- B. The carrying amounts reported in the statutory statements of admitted assets, liabilities, and capital and surplus for cash and short-term investments, uncollected premiums, reinsurance recoverable, investment income due and accrued, other receivables, federal income tax receivable, receivables from and payables to parent, affiliates and subsidiary, claims unpaid, unpaid claims adjustment expenses, accrued medical incentive pool, premiums received in advance, general expenses due or accrued, and other liabilities approximate fair value because of the short-term nature of these items. A financial instrument’s categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.
- C. The following table summarizes the Company’s fair value measurements for financial instruments where fair value is a financial statement disclosure item only.

Notes to Financial Statement

March 31, 2020									
Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)			
U.S. Treasury securities: \$	36,599,860	\$ 35,370,424	\$ 36,599,860	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
U.S. government agency securities \$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Short-term investments \$	1,079,065	\$ 1,079,065	\$ 1,079,065	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

December 31, 2019									
Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)			
U.S. Treasury securities: \$	34,496,491	\$ 34,310,173	\$ 34,496,491	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
U.S. government agency securities \$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Short-term investments \$	2,610,716	\$ 2,610,716	\$ 2,610,716	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- D. Not practicable to estimate fair value – Not applicable.
- E. Investments measured using the NAV – None.

21. Other Items

- A. Unusual or Infrequent Items – None.
- B. Troubled Debt Restructuring – None.
- C. Other Disclosures and Unusual Items – None.
- D. Business Interruption Insurance Recoveries – None.
- E. State Transferable and Non-transferable Tax Credits – None.
- F. Subprime Mortgage Related Exposure – None.
- G. Retained Assets – None.
- H. Insurance-Linked Securities (ILS) Contracts – None.
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is the Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – None.

22. Events Subsequent

- Type I – Recognized Subsequent Events – None.
- Type II – Nonrecognized Subsequent Events – None.

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)

If yes, give full details.
- (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)

Notes to Financial Statement

If yes, give full details.

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 credit?
Yes () No (X)
- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$_____
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$_____
- (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 reinsurance policies?

Yes () No (X)

If yes, give full details.

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 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. \$0
- (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)

If yes, what is the amount of the reinsurance credits, whether an asset or a reduction of a liability, taken for such new agreements or amendments? \$_____

- B. Uncollectible Reinsurance – None.**
- C. Commutation of Ceded Reinsurance – None.**
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None.**

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination – None.

25. Changes in Incurred Claims and Claims Adjustment Expenses

Activity in claims unpaid is summarized as follows:

	2020	2019
Balance at January 1	22,567,660	20,996,910
Incurred related to:		
Current year	61,291,786	227,245,812
Prior Year	(2,730,660)	(1,586,910)
Total	58,561,126	225,658,902
Paid related to:		
Current year	40,033,211	204,678,152
Prior Year	18,689,000	19,410,000
Total	58,722,211	224,088,152
Balance at end of period	22,406,576	22,567,660

- A. Reserves as of December 31, 2019 were \$22,567,660. As of March 31, 2020, \$18,689,000 has been paid for incurred claims attributable to insured events of prior years. There is \$1,148,000 in reserves remaining for prior years as of March 31, 2020. Therefore, there has been \$2,730,660 in favorable development since December 31,

Notes to Financial Statement

2019 to March 31, 2020. This favorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses from the previous year.

26. Intercompany Pooling Arrangements – None.

27. Structured Settlements – None.

28. Healthcare Receivables

- A. The company receives pharmacy rebates on a quarterly basis. As of March 30, 2020, a receivable was recorded equal to two quarters of rebates. For quarter ending March 31, 2020, pharmacy rebates receivable were estimated by projection amounts from the pharmacy department. Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

Quarter	Estimates Rebates Receivable	Pharmacy Rebates as Billed or Otherwise Confirmed	Rebates Received Within 90 Days Of Billing	Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
3/31/2020	3,835,592	0	0	0	0
12/31/2019	3,637,309	2,067,265	0	0	2,067,265
9/30/2019	3,494,828	2,128,392	0	0	2,128,392
6/30/2019	4,770,913	5,756,403	0	0	5,756,403
3/31/2019	3,629,681	3,628,011	0	0	3,628,011
12/31/2018	3,860,016	3,010,087	0	0	3,010,087
9/30/2018	2,945,529	3,120,907	0	0	3,120,907
6/30/2018	3,190,416	3,180,994	0	0	3,180,994
3/31/2018	3,870,950	2,852,830	0	0	2,852,830
12/31/2017	3,363,798	2,628,235	0	0	2,628,235
9/30/2017	3,040,289	2,795,703	0	0	2,795,703
6/30/2017	2,562,792	2,914,478	0	0	2,914,478
3/31/2017	2,693,537	2,703,038	0	0	2,703,038

- B. Method used by the Company to estimate its risk sharing receivables – The Company has no risk sharing receivables.

29. Participating Policies – None.

30. Premium Deficiency Reserves

Premium deficiency losses are recognized when it is probable that expected claim expenses will exceed future premiums on existing health contracts. For purposes of premium deficiency losses, contracts are grouped in a manner consistent with the Company’s method of acquiring, servicing and measuring the profitability of such contracts. There were no premium deficiency reserves recorded as of March 31, 2020 and December 31, 2019, respectively.

1. Liability carried for premium deficiency reserves: \$0
2. Date of the most recent evaluation of this liability: December 31, 2019
3. Was anticipated investment income utilized in the calculation: Yes

31. Anticipated Salvage Value and Subrogation – None

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?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 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?

Yes[] No[X]
- 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[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 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?

Yes[] No[X]
- 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?

Yes[] No[X]
- If yes, complete and file the merger history data file with the NAIC.
- 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?

If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

..... 12/31/2017
- 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.

..... 12/31/2017
- 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).

..... 11/07/2018
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[] N/A[X]
- 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?

Yes[] No[X]
- 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?

Yes[] No[X]
- 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?

Yes[] No[X]
- 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 affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
..... No .....	..... No .....	..... No .....	..... No

- 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?

(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?

Yes[] No[X]
- 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?

Yes[] No[X]
- 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[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 251,686

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.)

Yes[] No[X]
- 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:

\$ 0
13. Amount of real estate and mortgages held in short-term investments:

\$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		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	23,994,651	23,529,886
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	23,994,651	23,529,886
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?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

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

\$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

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[X] No[]

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

1	2
Name of Custodian(s)	Custodian Address
Huntington Bank	106 South Main Street, Akron, OH 44308

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?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

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. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1	2
Name of Firm or Individual	Affiliation
Chris Keller - Huntington Bank .....	..... 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?

Yes[X] 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?

Yes[] No[X]

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

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

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

Yes[X] No[]

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?

Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for 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?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

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?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	86.995%
1.2 A&H cost containment percent	0.455%
1.3 A&H expense percent excluding cost containment expenses	13.487%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[] No[X]
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?	Yes[] No[X]

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
60410	73-0714500 .....	..... 01/01/2020	AMERICAN FIDELITY ASSUR CO	OK .....	..... SSL/I .....	..... SLEL .....	.....	.....	.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	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		67,586,794					67,586,794	
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)	X X X								
59.	Subtotal	X X X		67,586,794					67,586,794	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	X X X		67,586,794					67,586,794	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
N None of the above Not allowed to write business in the state

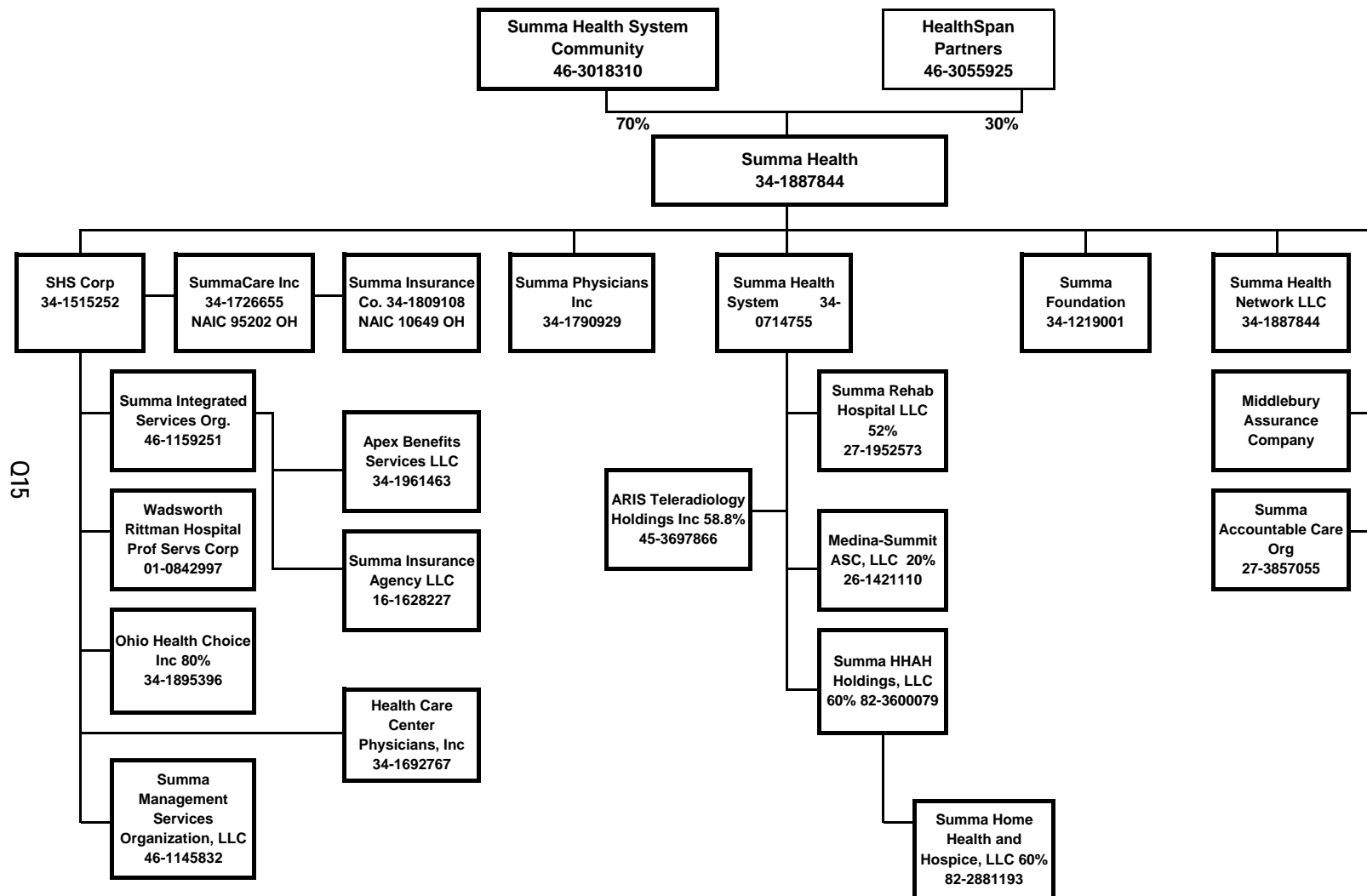
1
56

- R Registered - Non-domiciled RRGs
Q Qualified - Qualified or accredited reinsurer

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y
PART 1A - DETAIL 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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing 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? (Y/N)	*
016	SUMMA INSURANCE COMPANY	00000	34-1887844				SUMMA HEALTH	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership		SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UDP	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		10649	34-1809108				SUMMA INSURANCE COMPANY	OH	DS	SUMMACARE INC.	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		95202	34-1726655				SUMMACARE INC.	OH	RE	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	16-1628227				SUMMA INSURANCE AGENCY LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	01-0842997				WADSWORTH-RITTMAN PROFESSIONAL SERVICES CORPORATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	34-1895396				OHIO HEALTH CHOICE INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	34-2020978				CONERSTONE MEDICAL SERVICES	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	50.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	34-1790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	45-3697866				ARIS TELERADIOLOGY LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	20.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	HEALTHSPAN PARTNERS SUMMA HEALTH SYSTEM COMMUNITY /	N	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	0000001

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing 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? (Y/N)	*
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	46-1159251				SUMMA INTEGRATED SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	46-3018310				SUMMA HEALTH SYSTEM COMMUNITY	OH	UIP					N	0000002
		00000	46-3055925				HEALTHSPAN PARTNERS	OH	UIP					N	0000003
		00000	34-0714755				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM / HEALTHSPAN PARTNERS	N	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	82-3600079				SUMMA HHAH HOLDINGS, LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	82-2881193				SUMMA HOME HEALTH AND HOSPICE	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	

Asterisk	Explanation
0000001	Middlebury Assurance Company is located in the Cayman Islands.
0000002	Summa Health System Community is the ultimate controlling entity with 70% ownership in Summa Health
0000003	HealthSpan Partners is the ultimate controlling entity with 30% ownership in Summa Health System.

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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95202202036500001

2020

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Premium Tax Recoverable				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
	X X X			
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X			
0704. Proceeds from the Sale of the Medicaid Product Line	X X X			
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)				
2904. Rental Revenue				
2905. City Income Taxes				
2906. Minority Interest Income (Expense)				
2907. City Taxes				
2908. Network Access Fees - Providers				
2909. Minority Interest Expense				
2910. Write off of tax receivable				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704. 2014 CMS Revenue Reconciliation			
4705. Correction of an error - 2006 Premium Taxes			
4706. Misc. Adjustment			
4707. Increase par value of common stock			2
4708. Adjustments to 2008 financial statements			
4709. True up adjustment related to Deferred Tax			
4710. Miscellaneous		1	
4711. Capital contribution made to Summa Insurance Company			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		1	2

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		
9.	Total foreign exchange change in book value/recorded investment		
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		
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 depreciation		
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)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

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	58,304,824	52,768,212
2.	Cost of bonds and stocks acquired	1,009,072	10,429,398
3.	Accrual of discount	4,129	22,183
4.	Unrealized valuation increase (decrease)	(464,765)	22,557
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		4,900,000
7.	Deduct amortization of premium		37,526
8.	Total foreign exchange change in book/adjusted carrying value	47,050	
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		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	58,900,310	58,304,824
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	58,900,310	58,304,824

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

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1.	NAIC 1 (a)	36,920,889			(471,400)	36,449,489			36,920,889
2.	NAIC 2 (a)								
3.	NAIC 3 (a)								
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	36,920,889			(471,400)	36,449,489			36,920,889
PREFERRED STOCK									
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	36,920,889			(471,400)	36,449,489			36,920,889

(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 \$.....1,079,065; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	1,079,065	X X X	1,079,065	4,390	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,610,716	4,512,575
2.	Cost of short-term investments acquired	(1,531,651)	(1,901,859)
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,079,065	2,610,716
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,079,065	2,610,716

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 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	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
Bonds - U.S. Governments									
912828T91 ...	US Treasury Note		01/17/2020 ..	Huntington Bank	X X X	250,215	250,000	915	1
912828K74 ...	US Treasury Note		01/17/2020 ..	Huntington Bank	X X X	508,750	500,000	(679)	1
912828YX2 ...	US Treasury Note		01/17/2020 ..	Huntington Bank	X X X	250,107	250,000	252	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	1,009,072	1,000,000	488	X X X
8399997 Subtotal - Bonds - Part 3					X X X	1,009,072	1,000,000	488	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	1,009,072	1,000,000	488	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	1,009,072	X X X	488	X X X

E05 Schedule D Part 4 NONE

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DB Part E NONE

E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
Huntington - General Operating	Akron, Ohio .....	.....	.....	.....	.....	.....	24,878,742	20,809,641	2,296,504	X X X
SummaCare - Petty Cash	Akron, Ohio .....	.....	.....	.....	.....	.....	290	290	290	X X X
Huntington - Goodyear	Akron, Ohio .....	.....	.....	.....	.....	.....	(742)			X X X
Huntington - SHS	Akron, Ohio .....	.....	.....	.....	.....	.....	1,398,208	510,153	1,160,443	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X ..	.....	.....	.....	.....	.....	X X X
0199999 Totals - Open Depositories			X X X	X X X ..	.....	.....	26,276,498	21,320,084	3,457,237	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X ..	.....	.....	.....	.....	.....	X X X
0299999 Totals - Suspended Depositories			X X X	X X X ..	.....	.....	.....	.....	.....	X X X
0399999 Total Cash On Deposit			X X X	X X X ..	.....	.....	26,276,498	21,320,084	3,457,237	X X X
0499999 Cash in Company's Office			X X X	X X X ..	X X X ..	X X X ..	.....	.....	.....	X X X
0599999 Total Cash			X X X	X X X ..	.....	.....	26,276,498	21,320,084	3,457,237	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>								
8899999 Total Cash Equivalents

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