



**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2020**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**Summa Insurance Company, Inc.**

NAIC Group Code 3259 , 3259 NAIC Company Code 10649 Employer's ID Number 34-1809108  
(Current Period) (Prior Period)

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[ ] Property/Casualty[X] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 08/07/1995 Commenced Business 02/01/1996

Statutory Home Office 1200 East Market St. Suite 400 , Akron, OH, 44305  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1200 East Market St. Suite 400  
(Street and Number)

Akron, OH, 44305 (330)996-8410  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 3620 , Akron, OH, 44309  
(Street and Number or P.O. Box) (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 (330)996-8410  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address SummaCare.com

Statutory Statement Contact Mike Dennis Weals (330)996-5112  
(Name) (Area Code)(Telephone Number)(Extension)

wealsm@summahealth.org \_\_\_\_\_  
(E-Mail Address) (Fax Number)

**OFFICERS**

<u>Name</u>	<u>Title</u>
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerberry	Secretary
Keith Thomas Coleman	Treasurer
Frank Bart Hester	Interim President #
Alan Philip Fehlner	Assistant Treasurer #

**OTHERS**

Anne Armao, VP - Marketing & Medicare  
 Charles Zonfa M.D., Chief Medical Officer  
 Alan Fehlner, Chief Financial Officer #

Kevin Cavalier, VP - Sales  
 Stephen Adamson, VP, Chief Operations Officer

**DIRECTORS OR TRUSTEES**

Frank Anthony Carrino	Rajiv Vishnu Taliwal M.D.
Benjamin Paul Sutton	Lydia Alexander Cook M.D.
Henry Leigh Gerstenberger	Russell Floyd Mohawk
Caroline Fisher Pearson	Thomas Clifford Deveny M.D.
Robert Jeffrey Copeland	Anthony Lockhart
Mark Joseph Sims	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  
14th day of August , 2020

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[ ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	23,754,180		23,754,180	23,363,466
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....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 (\$.....11,507,257), cash equivalents (\$.....0) and short-term investments (\$.....2,312,613) .....	13,819,870		13,819,870	16,165,637
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) .....	37,574,050		37,574,050	39,529,103
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	113,422		113,422	118,908
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,363,428	313,763	3,049,665	2,493,387
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 .....				273,942
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	923,576		923,576	865,937
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....	1,117,830		1,117,830	1,117,830
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	641,030		641,030	1,162,654
24. Health care (\$.....1,902,820) and other amounts receivable .....	3,072,101	1,169,281	1,902,820	1,127,808
25. Aggregate write-ins for other-than-invested assets .....	120,121	120,121		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	46,925,558	1,603,165	45,322,393	46,689,569
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	46,925,558	1,603,165	45,322,393	46,689,569
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Prepaid Expenses .....	120,121	120,121		
2502. Deferred ACA Asset .....				
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) .....	120,121	120,121		

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	12,716,386		12,716,386	10,910,926
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	368,249		368,249	368,249
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 .....	4,281,594		4,281,594	5,048,844
9. General expenses due or accrued .....	5,315,332		5,315,332	3,042,232
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 .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	712,178		712,178	3,324,667
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) .....	23,393,739		23,393,739	22,694,918
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		1,932,000
26. Common capital stock .....	X X X	X X X	2,500,062	2,500,062
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	97,866,381	97,866,381
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	(78,437,789)	(78,303,792)
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	21,928,654	23,994,651
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	45,322,393	46,689,569
<b>DETAILS OF WRITE-INS</b>				
2301. Minority Interest .....				
2302. Deferred gain on sale of bonds to SummaCare, Inc. ....				
2303. Miscellaneous .....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501. ACA Annual Fee on Health Insurers .....	X X X	X X X		1,932,000
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		1,932,000
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	112,656	136,100	259,612
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	56,642,392	64,086,073	126,048,715
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			
8. Total revenues (Lines 2 to 7) .....	X X X	56,642,392	64,086,073	126,048,715
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		37,512,398	43,554,290	83,898,467
10. Other professional services .....				
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		9,656,144	11,232,809	23,476,983
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		47,168,542	54,787,099	107,375,450
<b>Less:</b>				
17. Net reinsurance recoveries .....		(1,630,565)	491,455	(448,313)
18. Total hospital and medical (Lines 16 minus 17) .....		48,799,107	54,295,644	107,823,763
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....407,146 cost containment expenses .....		1,249,628	1,004,719	2,599,408
21. General administrative expenses .....		8,610,975	8,157,579	17,415,627
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) .....		58,659,710	63,457,942	127,838,798
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(2,017,318)	628,131	(1,790,083)
25. Net investment income earned .....		228,437	242,973	457,126
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		228,437	242,973	457,126
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 .....		182	280,817	1,157
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	(1,788,699)	1,151,921	(1,331,800)
31. Federal and foreign income taxes incurred .....	X X X	(137,688)	(59,850)	(672,239)
32. Net income (loss) (Lines 30 minus 31) .....	X X X	(1,651,011)	1,211,771	(659,561)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	X X X			
0602. ....	X X X			
0603. ....	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. ....	X X X			
0702. ....	X X X			
0703. ....	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			
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 network performance guarantee .....				
2902. Miscellaneous Income (Expense) .....		182	280,817	1,157
2903. Finance and service charges not included in premiums .....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....		182	280,817	1,157

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	23,994,651	23,972,094	23,972,094
34. Net income or (loss) from Line 32 .....	(1,651,011)	1,211,771	(659,561)
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 .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(414,986)	388,657	682,120
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 .....			(2)
48. Net change in capital and surplus (Lines 34 to 47) .....	(2,065,997)	1,600,428	22,557
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	21,928,654	25,572,522	23,994,651
<b>DETAILS OF WRITE-INS</b>			
4701. Gain on sale of bonds .....			
4702. Correction of an error - Federal Income Tax .....			
4703. Correction of an Error - Hospital / Medical Benefits .....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			(2)
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			(2)

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	55,318,864	63,193,563	126,948,033
2. Net investment income .....	246,739	205,770	423,430
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	55,565,603	63,399,333	127,371,463
5. Benefit and loss related payments .....	46,719,704	55,847,137	113,066,599
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	7,587,503	8,838,797	19,164,763
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	(80,049)	(244,415)	(244,415)
10. TOTAL (Lines 5 through 9) .....	54,227,158	64,441,519	131,986,947
11. Net cash from operations (Line 4 minus Line 10) .....	1,338,445	(1,042,186)	(4,615,484)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....		5,500,000	11,750,000
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) .....		5,500,000	11,750,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	403,531	7,000,000	16,618,693
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) .....	403,531	7,000,000	16,618,693
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) .....	(403,531)	(1,500,000)	(4,868,693)
<b>Cash from Financing and Miscellaneous Sources</b>			
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) .....	(3,280,681)	2,555,467	3,848,323
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(3,280,681)	2,555,467	3,848,323
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(2,345,767)	13,281	(5,635,854)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	16,165,637	21,801,491	21,801,491
19.2 End of period (Line 18 plus Line 19.1) .....	13,819,870	21,814,772	16,165,637

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

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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	19,884	2,465	17,003	36						380
2. First Quarter .....	18,967	2,213	16,294	33						427
3. Second Quarter .....	18,338	2,192	15,677	33						436
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	112,656	13,220	96,660	201						2,575
Total Member Ambulatory Encounters for Period:										
7. Physician .....	11,494	1,430	10,037	27						
8. Non-Physician .....	5,142	832	4,309	1						
9. Total .....	16,636	2,262	14,346	28						
10. Hospital Patient Days Incurred .....	2,130	276	1,854							
11. Number of Inpatient Admissions .....	469	51	418							
12. Health Premiums Written (a) .....	56,542,534	8,056,400	48,363,774	57,614						64,746
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	56,542,534	8,056,400	48,363,774	57,614						64,746
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	45,139,259	6,930,535	38,390,724	31,462						(213,462)
18. Amount Incurred for Provision of Health Care Services .....	47,168,542	7,243,983	40,097,053	24,200						(196,694)

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

**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 .....	6,351,386	2,977,000	2,889,000	159,000	340,000	12,716,386
0499999 Subtotals .....	6,351,386	2,977,000	2,889,000	159,000	340,000	12,716,386
0599999 Unreported claims and other claim reserves .....						
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						12,716,386
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	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) .....	10,056,000	35,162,137	130,000	12,059,604	10,186,000	10,169,828
2. Medicare Supplement .....	6,000	25,462		5,154	6,000	12,416
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....	3,000	1,741,047		521,628	3,000	728,682
9. Health subtotal (Lines 1 to 8) .....	10,065,000	36,928,646	130,000	12,586,386	10,195,000	10,910,926
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	10,065,000	36,928,646	130,000	12,586,386	10,195,000	10,910,926

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

# Notes to Financial Statement

## 1. Summary of Significant Accounting Policies and Going Concern

### A. Accounting Practices

Summa Insurance Company's (the Company or SIC) 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 June 30, 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
<b><u>Net Income</u></b>					
1) SIC state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	(1,651,011)	(659,561)
2) State Prescribed Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
3) State Permitted Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
4) NAIC SAP	XXX	XXX	XXX	<u>(1,651,011)</u>	<u>(659,561)</u>
<b><u>Surplus</u></b>					
5) SIC state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	21,928,654	23,994,651
6) State Prescribed Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
7) State Permitted Practices that increase / (decrease) NAIC SAP:	-	-	-	-	-
8) NAIC SAP	XXX	XXX	XXX	<u>21,928,654</u>	<u>23,994,651</u>

### 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 – None.
- 4) Preferred stocks – None.
- 5) Mortgage loans on real estate – None.
- 6) Loan backed securities – None.
- 7) Investments in subsidiaries, controlled and affiliated entities - None.
- 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) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing liabilities are continually reviewed and any adjustments are reflected in the period determined.

## Notes to Financial Statement

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 as 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** - None

**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. The total amount excluded was \$0.**

### 8. Derivative Instruments – None.

### 9. Income Taxes

The 2020 amounts were calculated in accordance with SSAP No. 101. The application of SSAP No. 101 requires a company to evaluate the recoverability of deferred tax assets and to establish a valuation allowance if necessary to reduce the deferred tax asset to an amount which is more likely than not to be realized. Considerable judgment is required in determining whether a valuation allowance is necessary, and if so, the amount of such valuation allowance. In evaluating the need for a valuation allowance the Company includes many factors, including: (1) the nature of the

## Notes to Financial Statement

deferred tax assets and liabilities; (2) whether they are ordinary or capital; (3) the timing of reversal; (4) taxable income in prior carry back years as well as projected taxable earnings exclusive of reversing temporary differences and carry forwards; (5) the length of time that carryovers can be used; (6) unique tax rules that would impact the utilization of the deferred tax assets; (7) any tax planning strategies that the Company would employ to avoid a tax benefit expiring unused. In 2020 and 2019, the Company determined a full valuation allowance was necessary.

### A. The components of deferred tax asset / liability at June 30, 2020 and December 31, 2019 are as follows:

	6/30/20			12/31/19			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
1.									
(a) Gross Deferred Tax Assets	\$3,954,662	\$0	\$3,954,662	\$4,191,374	\$0	\$4,191,374	(\$236,712)	\$0	(\$236,712)
(b) Statutory Valuation Allowance Adjustments	\$3,934,631	\$0	\$3,934,631	\$4,171,312	\$0	\$4,171,312	(\$236,682)	\$0	(\$236,682)
(c) Adjusted Gross DTA's (1a-1b)	\$20,031	\$0	\$20,031	\$20,062	\$0	\$20,062	(\$31)	\$0	(\$31)
(d) DTA's Nonadmitted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(e) Subtotal Net DTA's (1c-1d)	\$20,031	\$0	\$20,031	\$20,062	\$0	\$20,062	(\$31)	\$0	(\$31)
(f) Deferred Tax Liabilities	(\$20,031)	\$0	(\$20,031)	(\$20,062)	\$0	(\$20,062)	\$31	\$0	\$31
(g) Net Admitted DTA / Net DTL (1e-1f)	\$0	\$0	\$0	\$0	\$0	\$0	(\$0)	\$0	(\$0)
2.									
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(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)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1. Adjusted Gross DTA's Expected to be Realized Following the Balance Sheet Date.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. Adjusted Gross DTA's Allowed Per Limitation Threshold.	XXX	XXX	\$3,289,298	XXX	XXX	\$3,599,198	XXX	XXX	(\$309,900)
(c) Adjusted Gross DTA's (Excluding The Amount of DTA's from 2 (a) and 2 (b) above) Offset by Gross DTL's.	\$20,031	\$0	\$20,031	\$20,062	\$0	\$20,062	(\$31)	\$0	(\$31)
(d) DTA's Admitted as the result of application of SSAP No. 101. Total (2(a)+2(b)+2(c))	\$20,031	\$0	\$20,031	\$20,062	\$0	\$20,062	(\$31)	\$0	(\$31)
3.									
(a) Ratio Percentage used To Determine Recovery Period And Threshold Limitation Amount.	479%	495%							
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2 (b) 2 Above.	\$21,928,654	\$23,994,651							
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 from 9A1c	\$20,031	\$0	\$20,031	\$20,062	\$0	\$20,062			
2. Percentage of Adjusted Gross DTA's	0%	0%	0%	0%	0%	0%			
3. Net Admitted Gross DTA's 9A1e	\$20,031	\$0	\$20,031	\$20,062	\$0	\$20,062			
4. Percentage of Net Admitted Adjusted Gross DTA's because of tax planning.	0%	0%	0%	0%	0%	0%			
(b) Does the Company's tax planning strategies include reinsurance?	Yes	No	X						

**B. Regarding deferred tax liabilities not recognized** – There are no temporary differences for deferred tax liabilities that are not recognized at June 30, 2020 and December 31, 2019.

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

## Notes to Financial Statement

	6/30/2020	12/31/2019	Change
1. Current Income Tax			
(a) Federal	(\$137,688)	(\$672,239)	\$534,550
(b) Foreign	\$0	\$0	\$0
(c) Subtotal	(\$137,688)	(\$672,239)	\$534,550
(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	(\$137,688)	(\$672,239)	\$534,550
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unpaid Losses	\$35,348	\$29,946	\$5,402
(2) Unearned Premium Reserve	\$179,827	\$212,051	(\$32,225)
(3) Policyholder Reserves	\$0	\$0	\$0
(4) Investments	\$0	\$0	\$0
(5) Deferred Acquisition Costs	\$0	\$0	\$0
(6) Policyholder Dividends Accrual	\$0	\$0	\$0
(7) Fixed Assets	\$8,971	\$9,158	(\$187)
(8) Compensation and Benefits Accrual	\$209,573	\$138,173	\$71,400
(9) Pension Accrual	\$0	\$0	\$0
(10) Receivables - Nonadmitted	\$336,665	\$249,518	\$87,147
(11) Net Operating Loss Carry-Forward	\$2,847,440	\$3,286,796	(\$439,356)
(12) Tax credit carryforward	\$0	\$0	\$0
(13) Other (Including items < 5% of total or	\$336,838	\$265,732	\$71,106
Subtotal	\$3,954,662	\$4,191,374	(\$236,712)
(b) Statutory Valuation Allowance	\$3,934,631	\$4,171,312	(\$236,682)
(c) Nonadmitted	\$0	\$0	\$0
(d) Admitted Ordinary Deferred Tax Assets	\$20,031	\$20,062	(\$31)
(e) Capital			
(1) Investments	\$0	\$0	\$0
(2) Net Capital Loss Carry-Forward	\$0	\$0	\$0
(3) Real Estate	\$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	\$20,031	\$20,062	(\$31)
3. Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$452	\$483	(\$31)
(2) Fixed Assets	\$0	\$0	\$0
(3) Deferred and Uncollected Premium	\$0	\$0	\$0
(4) Policyholder Reserves	\$0	\$0	\$0
(5) Other	\$19,579	\$19,579	\$0
Subtotal	\$20,031	\$20,062	(\$31)
(b) Capital			
(1) Investments	\$0	\$0	\$0
(2) Real Estate	\$0	\$0	\$0
(3) Unrealized Gains/ Losses	\$0	\$0	\$0
(4) Other	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0
(c) Deferred Tax Liabilities	\$20,031	\$20,062	(\$31)
4. Net Deferred Tax Assets / Liabilities	(\$0)	(\$0)	\$0

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:

Description	Amount	Tax Effect	Effective Tax Rate
Income (loss) before taxes	(1,788,699)	(375,627)	21.0%
Meals & entertainment	2,945	619	0.0%
Non deductible club dues	-	-	
Annual fee for health insurers	1,692,421	355,409	-19.9%
Change in valuation allowance	(147,341)	(30,942)	1.7%
Change in nonadmitted assets	(414,986)	(87,147)	4.9%
Deferred tax rate change	-	-	0.0%
Other	-	-	0.0%
	<u>(655,659)</u>	<u>(137,688)</u>	<u>7.7%</u>

Federal income taxes incurred	(137,688)
Change in net deferred income taxes	0
Total statutory income taxes	<u>(137,688)</u>

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

## Notes to Financial Statement

1. The company has \$13,559,240 in net operating loss or tax credit carry-forwards as of June 30, 2020.
2. The following are income taxes incurred in the current and prior year that will be available for recoupment in the event of future net losses: \$0
3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of June 30, 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

Summa Insurance Company, Inc. (SIC or the Company) is incorporated as a domestic stock property and casualty company. As such, SIC offers groups preferred provider products through which enrolled members elect to receive care from a Summa Preferred Provider (network provider) or a non-network provider at the member's option. The population from which SIC draws its membership is predominately in northeast Ohio. Affiliated organizations of SIC include Summa Health System Community; HealthSpan Partners; Summa Health; Summa Health System (SHS); Summa Health System Corporation (SHSC); Summa Health Network LLC (SHN); SummaCare, Inc. (SC); 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.

### B. & C. Transactions with Affiliated Organizations

The operating activities with affiliated entities as of June 30, 2020 and December 31, 2019 are as follows:

	<u>2020</u>	<u>2019</u>
Claims expense related to affiliated entities:		
SHS	8,360,773	16,570,324
SPI	731,134	1,585,827
ACO	220,585	2,158,936
Directors' and officers' insurance premiums to MAC	9,241	4,612
Management fees charged to SIC from Apex	177,444	597,996
Management fees charged to SIC from SMSO	2,601,344	8,301,619
Corporate expense allocation paid to SHS	355,626	807,926

### D. Balance outstanding with affiliated entities as of June 30, 2020 and December 31, 2019:

	<u>Due from</u>		<u>Due to</u>	
	<u>2020</u>	<u>2019</u>	<u>2020</u>	<u>2019</u>
SummaCare	641,030	642,311	—	—
Apex	—	520,343	239,508	—
ACO	—	—	—	—
SHS	—	—	45,730	2,572,693
SMSO	—	—	426,940	751,974
	<u>\$ 641,030</u>	<u>1,162,654</u>	<u>712,178</u>	<u>3,324,667</u>

### 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,

## Notes to Financial Statement

finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company. The Company recognized expense of \$2,601,344 and \$8,301,619 in 2020 and 2019, respectively.

In 2020 and 2019, the Company was party to a Claims System Cost Allocation Services Agreement with Apex in which Apex agreed to make use of the claims system available to SIC. SIC agreed to pay a user fee based on direct and indirect costs incurred by Apex with respect to the system.

In 2020 and 2019, the Company was party to a Cost Allocation Services Agreement with SHS in which SHS agreed to be responsible for certain common services required by SIC in order to optimize cost savings and achieve higher levels of efficiencies. SIC agreed to pay a fee representing the expenses allocated from SHS.

- G.** All outstanding shares of common stock are owned by the parent, SummaCare, Inc.
- H.** Investments in upstream intermediate entities or ultimate parent – None.
- I.** Investments in SCA entities - None.
- 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 – None.
- O.** SCA or SSAP No. 48 Entity Loss Tracking – None.

### 11. Debt

SIC has no debt as of June 30, 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.
- 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) As of June 30, 2020, SC owned all of the 100 authorized and outstanding shares of SIC Class A common stock. SC also owns all of the 606,463 outstanding shares of SIC Class C common stock with a par value of \$.0001 per share.
- 2) Dividend rate, liquidation value and redemption schedule of preferred stock issues - None
- 3) Dividend restrictions – In accordance with the Ohio Revised Code, the Company must receive approval from ODI to pay a dividend or distribution during 2020, which when combined with the dividends or distributions paid within the preceding 12 months exceeds the greater of either (a) 10% of the Company's capital and surplus as of December 31, 2019, or (b) the Company's net gain from operations for the year ended December 31, 2019. Accordingly, during 2020, prior approval from the ODI is required for any dividend or distribution payment which exceeds \$2,399,465.
- 4) Dates and amounts of dividends paid – None.
- 5) Portion of reporting entities profits that may be paid as ordinary dividends - Reference number 3 above.
- 6) Restrictions on unassigned funds – None.
- 7) Mutual Reciprocal - None.
- 8) Stock held by the Company for special purposes – None.

## Notes to Financial Statement

- 9) Changes in the balances of special surplus funds – None.
- 10) The portion of unassigned funds represented or reduced by :
  - Nonadmitted Asset Values – \$1,603,165
  - Unrealized Gains (Losses) – \$1,120,204
- 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 – None.**

### **16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not applicable.**

### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of 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
<b>a. Assets at fair value</b>				
Cash and short-term investments	\$13,819,870	\$0	\$0	\$13,819,870
<b>Perpetual referred stock</b>				
Industrial and misc	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0
Total perpetual and preferred stock	\$0	\$0	\$0	\$0
<b>Bonds</b>				
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
<b>Common stock</b>				
Industrial and misc	\$0	\$0	\$0	\$0
Parent, subsidiaries and affiliates	\$0	\$0	\$0	\$0
Total common stock	\$0	\$0	\$0	\$0
<b>Derivative assets</b>				
<b>Interest rate contracts</b>				
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	\$13,819,870	\$0	\$0	\$13,819,870
<b>b. Liabilities at fair value</b>				
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

June 30, 2020						
Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
U.S. Treasury securities	\$ 24,116,531	\$ 23,004,781	\$ 24,116,531	\$ -	\$ -	\$ -
U.S. government agency securities	\$ 757,853	\$ 749,399	\$ -	\$ 757,853	\$ -	\$ -
Short-term investments	\$ 2,312,613	\$ 2,312,613	\$ 2,312,613	\$ -	\$ -	\$ -

December 31, 2019						
Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
U.S. Treasury securities	\$ 22,713,672	\$ 22,615,200	\$ 22,713,672	\$ -	\$ -	\$ -
U.S. government agency securities	\$ 759,059	\$ 748,266	\$ -	\$ 759,059	\$ -	\$ -
Short-term investments	\$ 2,458,199	\$ 2,458,199	\$ 2,458,199	\$ -	\$ -	\$ -

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 – 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

The Company is subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). The fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The Consolidated Appropriation Act of 2020 is suspending the fee for years after 2020. The fee payable in 2020 is \$1,692,421 for premiums written in 2019.

## Notes to Financial Statement

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write health premium that is subject to Section 9010 of the ACA act?	<u>Yes</u>	<u>Yes</u>
B. ACA fee assessment payable for the upcoming year	<u>\$0</u>	<u>\$1,692,421</u>
C. ACA fee assessment paid	<u>\$0</u>	<u>\$0</u>
D. Premium written subject to ACA 9010 assessment	<u>\$56,642,392</u>	<u>\$126,048,715</u>
E. Total Adjusted Capital before surplus adjustment	<u>\$21,928,654</u>	
F. Total Adjusted Capital after surplus adjustment	<u>\$21,928,654</u>	
G. Authorized Control Level after surplus adjustment	<u>\$4,577,211</u>	
H. Would reporting the ACA assessment as of year-end have triggered an RBC action level (YES/No)?	<u>No</u>	

**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)

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)

## 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.**

## Notes to Financial Statement

**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**

**A. Method used by reporting entity to estimate accrued retrospective premium adjustments** – None.

**B. Accrued retrospective premiums are recorded through written premium or earned premium** – None.

**C. Amount of net written premiums that are subject to retrospective rating features** – None.

**D. Amount of medical loss ratio rebates required pursuant to the Public Health Service Act** – None.

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

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? - NO.

2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (2) \$2,300,000

Liabilities

2. Risk adjustment user fee payable for ACA Risk Adjustment \$10,914

3. Premium adjustments payable due to ACA Risk Adjustment (2) \$0

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment (2) \$90,156

5. Reported in expense as ACA risk adjustment user fees (incurred/paid) \$2,525

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance \$0

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) (1) \$0

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance (1) \$0

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance (Not reported as ceded reinsurance premium) \$0

5. Ceded reinsurance premiums payable due to ACA Reinsurance \$0

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance (1) \$0

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance \$0

8. Reinsurance recoveries due to ACA Reinsurance payments or expected payments \$0

9. ACA reinsurance contributions - not reported as ceded premium \$0

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors (2) \$0

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors (1) \$0

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received) (2) \$0

4. Effect of ACA Risk Corridors on change in reserves for rate credits (1) \$0

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

## Notes to Financial Statement

Summa Insurance Company  
ACA Risk Sharing Provisions  
As of June 30, 2020

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances - Report Date	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Prior Year Accrued Less Payments (Col 2 - 4 + 8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivables	\$2,300,000	\$0	\$0	\$0	\$2,300,000	\$0	\$0	\$0	A	\$2,300,000	\$0
2. Premium adjustments (payable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0	\$0
3. Subtotal ACA Permanent Risk Adjustment Program	\$2,300,000	\$0	\$0	\$0	\$2,300,000	\$0	\$0	\$0		\$2,300,000	\$0
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. Amounts recoverable for claims unpaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	G	\$0	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$2,300,000	\$0	\$0	\$0	\$2,300,000	\$0	\$0	\$0		\$2,300,000	\$0

Explanations of Adjustments  
A The receivable was adjusted to true-up to an estimate performed by an outside actuarial firm.

## 4) Roll-forward of risk corridors asset and liability balances by program benefit year.

Summa Insurance Company  
Rollforward of Risk Corridor Asset and Liability Balances by Program Year  
As of June 30, 2020

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances - Report Date	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Prior Year Accrued Less Payments (Col 2 - 4 + 8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0	\$0
b. 2015											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
c. 2016											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0
d. Total for ACA Risk Corridors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0

Explanations of Adjustments  
A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_

## 5) ACA risk corridor receivable as of the reporting date.

Summa Insurance Company  
Risk Corridors Program Year  
As of June 30, 2020

Risk Corridor Program Year	1 Estimated amount to be filed or final amount filed with CMS	2 Non-accrued amounts for impairment	3 Amounts received from CMS	4 Asset balance (gross of non-admissions) (1-2-3)	5 Non-admitted amount	6 Net admitted asset (4-5)
a. 2014	\$2,156,071	\$1,795,027	\$361,044	\$0	\$0	\$0
b. 2015	\$296,547	\$296,547	\$0	\$0	\$0	\$0
c. 2016	\$1,891,491	\$1,891,491	\$0	\$0	\$0	\$0
d. Total	\$4,344,109	\$3,983,065	\$361,044	\$0	\$0	\$0

## 25. Changes in Incurred Claims and Claims Adjustment Expenses

Activity in claims unpaid is summarized as follows:

## Notes to Financial Statement

	<u>2020</u>	<u>2019</u>
Balance at January 1	10,910,926	16,188,991
Incurred related to:		
Current year	48,791,210	111,708,754
Prior years	7,896	(3,884,991)
Total	<u>48,799,106</u>	<u>107,823,763</u>
Paid related to:		
Current year	36,928,646	100,799,828
Prior years	10,065,000	12,302,000
Total	<u>46,993,646</u>	<u>113,101,828</u>
Balance at End of Period	12,716,386	10,910,926

Reserves as of December 31, 2019 were \$10,910,926. As of June 30, 2020, \$10,065,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$130,000. Therefore, there has been \$7,896 in unfavorable experience from December 31, 2019 to June 30, 2020. This unfavorable experience 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.

**26. Intercompany Pooling Arrangements** – None.

**27. Structured Settlements** – None.

**28. Healthcare Receivables**

The company receives pharmacy rebates on a quarterly basis. As of June 30, 2020, a receivable was recorded equal to two quarters of rebates. Pharmacy rebates receivable are estimated by projection amounts from the pharmacy department. The admission of pharmacy rebates receivable are subject to the terms stated within SSAP No. 84 (Certain Healthcare Receivables).

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
6/30/2020	1,969,871	0	0	0	0
3/31/2020	2,039,811	1,043,522	0	0	1,043,522
12/31/2019	2,051,678	1,050,428	0	0	1,050,428
9/30/2019	1,844,105	1,090,928	0	0	1,090,928
6/30/2019	2,261,589	3,658,752	0	0	3,658,752
3/31/2019	3,414,113	3,186,461	0	0	3,186,461
12/31/2018	3,247,831	2,935,559	0	0	2,935,559
9/30/2018	3,726,953	2,091,428	0	0	2,091,428
6/30/2018	3,348,848	2,143,234	0	0	2,143,234
3/31/2018	2,751,408	1,888,107	0	0	1,888,107
12/31/2017	2,088,596	1,788,897	0	0	1,788,897
9/30/2017	663,530	1,336,330	0	0	1,336,330
6/30/2017	630,520	953,559	0	0	953,559
3/31/2017	465,548	457,968	0	0	457,968

**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.

- Liability carried for premium deficiency reserve: \$0
- Date of the most recent evaluation of this liability: December 31, 2019
- Was anticipated investment income utilized in the calculation? YES

## **Notes to Financial Statement**

**31. Anticipated Salvage Value and Subrogation** – Not applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? 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. N/A
  
- 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 Name of Entity	2 NAIC Company Code	3 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? Yes[ ] No[ ] N/A[X]  
If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2017 .....
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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? Yes[X] No[ ]
  - (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: \$ ..... 641,030

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

## GENERAL INTERROGATORIES (Continued)

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
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) .....		
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   
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes  No  N/A   
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ ..... 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  No

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

1 Name of Custodian(s)	2 Custodian Address
Huntington National Bank .....	106 South Main St, 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 Name(s)	2 Location(s)	3 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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 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  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

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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 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  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

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

## **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  | ..... 86.872% |
| 1.2 A&H cost containment percent  | ..... 0.719%  |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 14.484% |
| 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
<b>Accident and Health - Non-affiliates</b>									
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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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	56,542,533						56,542,533	
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	56,542,533						56,542,533	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X								
61. Total (Direct Business) .....	X X X	56,542,533						56,542,533	
<b>DETAILS OF WRITE-INS</b>									
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

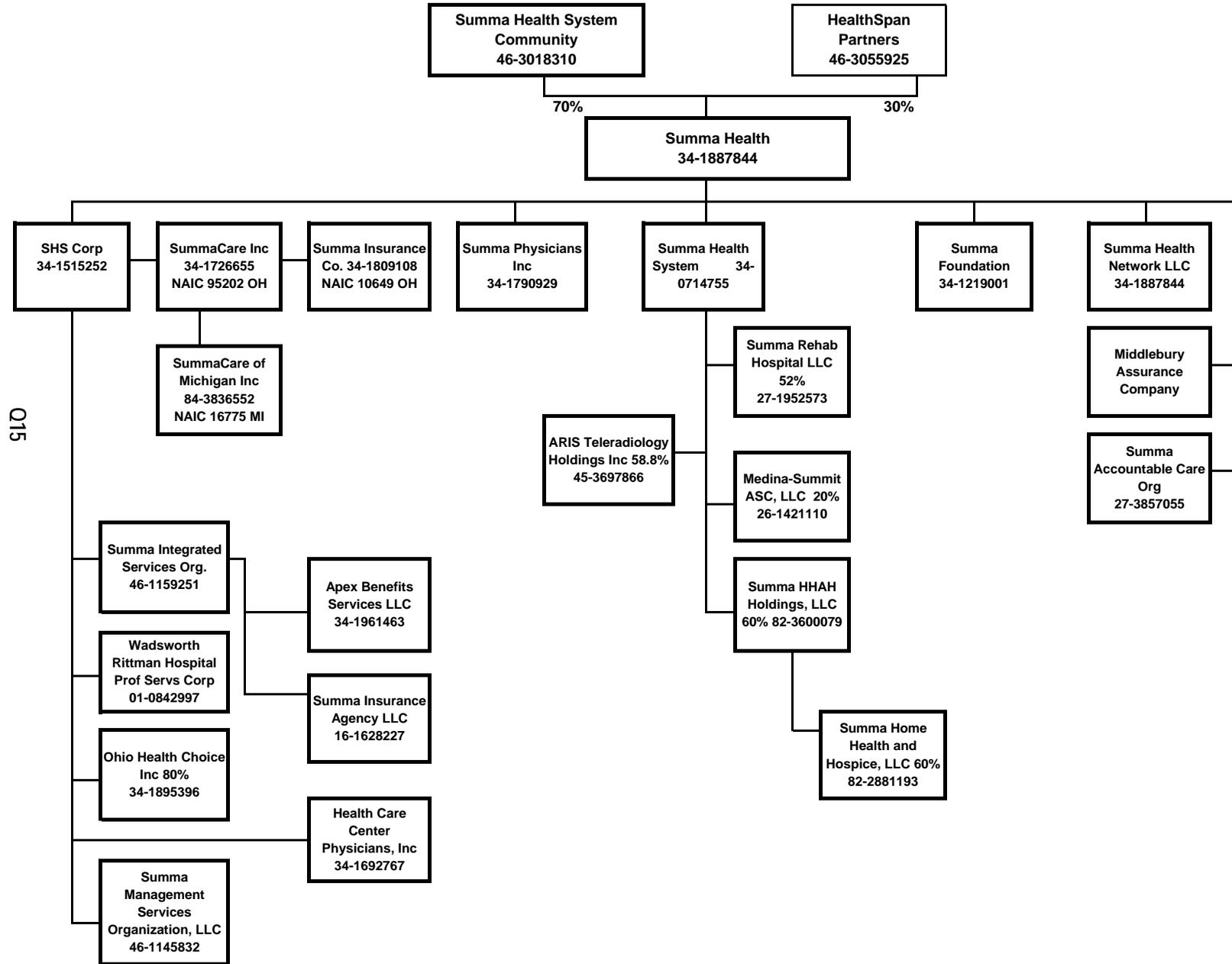
- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

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# 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 Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
3259	SUMMA INSURANCE COMPANY	95202	34-1726655				SUMMACARE INC	OH	UDP	SUMMA HEALTH SYSTEM CORP	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
3259	SUMMA INSURANCE COMPANY	10649	34-1809108				SUMMA INS CO INC	OH	RE	SUMMACARE	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1887844				SUMMA HEALTH	OH	UIP	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1515252				SUMMA HEALTH SYSTEM CORPORATION	OH	UIP	SUMMA HEALTH	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	341961463				APEX BENEFITS SERVICES LLC	OH	NIA	SUMMA INTEGRATED SERVICES ORGANIZATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1895396				OHIO HEALTH CHOICE	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	80.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1692767				HEALTH CARE CENTER PHYSICIANS INC	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	341790929				SUMMA PHYSICIANS INC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1219001				SUMMA FOUNDATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	45-3697866				ARIS TELERADIOLOGY	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	58.8	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	27-1952573				SUMMA REHAB HOSPITAL	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	52.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	26-1421110				MEDINA-SUMMIT ASC LLC	OH	NIA	SUMMA HEALTH SYSTEM	Ownership	20.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-1887844				SUMMA HEALTH NETWORK LLC	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	27-3857055				SUMMA ACCOUNTABLE CARE ORGANIZATION	OH	NIA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000					MIDDLEBURY ASSURANCE COMPANY	CYM	IA	SUMMA HEALTH	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	46-1145832				SUMMA MANAGEMENT SERVICES ORGANIZATION	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
		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	0000001
		00000	46-3055925				HEALTHSPAN PARTNERS	OH	UIP					N	0000002
		00000	01-0842997				WADSWORTH RITTMAN HOSPITAL PROFESSIONAL SERVICES CORP	OH	NIA	SUMMA HEALTH SYSTEM CORPORATION	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
		00000	34-0714755				SUMMA HEALTH SYSTEM	OH	NIA	SUMMA HEALTH	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, LLC	OH	NIA	SUMMA HHAH HOLDINGS, LLC	Ownership	60.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	
3259	SUMMA INSURANCE COMPANY	16775	84-3836552				SUMMACARE OF MICHIGAN INC.	MI	DS	SUMMACARE	Ownership	100.0	SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS	N	

Q16.1

Asterisk	Explanation
0000001	SUMMA HEALTH SYSTEM COMMUNITY IS THE ULTIMATE CONTROLLING ENTITY WITH 70% OWNERSHIP.
0000002	HEALTHSPAN PARTNERS IS THE ULTIMATE CONTROLLING ENTITY WITH 30% OWNERSHIP.
0000003	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**RESPONSE**

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



10649202036500002

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
	0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	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. Write off of tax receivable .....				
2905. Miscellaneous Income .....				
2906. Minority Interest Income (Expense) .....				
2907. City Taxes .....				
2908. Network Access Fees - Providers .....				
2909. Minority Interest Expense .....				
2910. Gain on the sale of fixed assets .....				
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. ....			
4705. ....			
4706. ....			
4707. ....			
4708. Retired treasury stock .....			
4709. 2008 adjustments to minority interest & federal taxes .....			
4710. Common Stock Adjustment .....			
4711. Misc. Adjustment .....			(2)
4712. Increase par value of common stock .....			
4713. Correction of an error - 2006 Premium Taxes .....			
4714. Deferred gain on sale of bonds to SummaCare, Inc. ....			
4715. Federal income tax adjustment .....			
4716. Miscellaneous .....			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....			(2)

STATEMENT AS OF **June 30, 2020** OF THE **Summa Insurance Company, Inc.**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

	1 Year To Date	2 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) .....		

**NONE**

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

	1 Year To Date	2 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) .....		

**NONE**

**SCHEDULE BA - VERIFICATION**

**Other Long-Term Invested Assets**

	1 Year To Date	2 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) .....		

**NONE**

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	23,363,466	18,510,000
2. Cost of bonds and stocks acquired .....	403,531	16,618,692
3. Accrual of discount .....	3,553	6,471
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		11,750,000
7. Deduct amortization of premium .....	16,370	21,698
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	23,754,180	23,363,466
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	23,754,180	23,363,466

## SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	25,958,641			108,152	25,958,641	26,066,793		25,821,665
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	25,958,641			108,152	25,958,641	26,066,793		25,821,665
<b>PREFERRED STOCK</b>								
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 .....	25,958,641			108,152	25,958,641	26,066,793		25,821,665

(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 \$.....2,312,613; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

**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 .....	2,312,613	X X X	2,312,613	3,890	

**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 .....	2,458,199	6,854,317
2. Cost of short-term investments acquired .....	(145,586)	(4,396,118)
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) .....	2,312,613	2,458,199
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	2,312,613	2,458,199

**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**

<b>E01 Schedule A Part 2</b>	<b>NONE</b>
<b>E01 Schedule A Part 3</b>	<b>NONE</b>
<b>E02 Schedule B Part 2</b>	<b>NONE</b>
<b>E02 Schedule B Part 3</b>	<b>NONE</b>
<b>E03 Schedule BA Part 2</b>	<b>NONE</b>
<b>E03 Schedule BA Part 3</b>	<b>NONE</b>
<b>E04 Schedule D Part 3</b>	<b>NONE</b>
<b>E05 Schedule D Part 4</b>	<b>NONE</b>
<b>E06 Schedule DB Part A Section 1</b>	<b>NONE</b>
<b>E07 Schedule DB Part B Section 1</b>	<b>NONE</b>
<b>E08 Schedule DB Part D Section 1</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b>	<b>NONE</b>
<b>E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b>	<b>NONE</b>
<b>E10 Schedule DB Part E</b>	<b>NONE</b>
<b>E11 Schedule DL - Part 1 - Securities Lending Collateral Assets</b>	<b>NONE</b>
<b>E12 Schedule DL - Part 2 - Securities Lending Collateral Assets</b>	<b>NONE</b>

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>								
Huntington Bank ..... Akron, Ohio .....					11,342,800	12,544,731	11,507,257	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			11,342,800	12,544,731	11,507,257	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....								
0299999 Totals - Suspended Depositories .....	X X X	X X X						X X X
0399999 Total Cash On Deposit .....	X X X	X X X			11,342,800	12,544,731	11,507,257	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			11,342,800	12,544,731	11,507,257	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 style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>									
8899999 Total Cash Equivalents .....									

## INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11  
Accounting Practices and Policies; Q5; Q10, Note 1  
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    Unrealized; Q4; Q5  
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Capital Notes; Q6; Q10, Note 11  
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Cash; Q2; Q6; QE12  
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Claims; Q3; Q4; Q8; Q9  
Collars; QE06; QSI04  
Commissions; Q6  
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2  
Cost Containment Expenses; Q4  
Contingencies; Q10, Note 14  
Counterparty Exposure; Q10, Note 8; QE06; QE08  
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