



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE  
Summa Insurance Company, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	10649	Employer's ID Number	34-1809108
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[X] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	08/07/1995		Commenced Business	02/01/1996		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Internet Website Address	SummaCare.com		(330)996-8410 (Area Code)(Telephone Number)			
Statutory Statement Contact	Michael Dennis Weals (Name)		(330)996-5112 (Area Code)(Telephone Number)(Extension)			
	wealsm@summacare.com (E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Henry Leigh Gerstenberger	Chair
Robert Andrew Gerberry	Secretary
Keith Thomas Coleman	Treasurer
William Carl Epling	President #
Alan Philip Fehlner	Assistant Treasurer #

OTHERS

Charles Zonfa M.D., Chief Medical Officer  
Alan Fehlner, Chief Financial Officer #  
Kevin Cavalier, VP - Sales

Stephen Adamson M.D., VP, Chief Operations Officer  
Anne Armao, VP - Marketing & Medicare

DIRECTORS OR TRUSTEES

Frank Anthony Carrino  
Benjamin Paul Sutton  
Henry Leigh Gerstenberger  
Caroline Fisher Pearson  
Robert Jeffrey Copeland  
Mark Joseph Sims

Rajiv Vishnu Taliwal M.D.  
Lydia Alexander Cook M.D.  
Russell Floyd Mohawk  
Thomas Clifford Deveny M.D.  
Anthony Lockhart  
William Carl Epling #

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) William Carl Epling (Printed Name) 2. President (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  
26th day of Feb, 2021

- 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 Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D) .....	26,207,205		26,207,205	23,363,466
2.	Stocks (Schedule D):				
2.1	Preferred stocks .....				
2.2	Common Stocks .....				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate (Schedule A):				
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 (\$.....13,148,210, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....85,709, Schedule DA) .....	13,233,919		13,233,919	16,165,637
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives (Schedule DB) .....				
8.	Other invested assets (Schedule BA) .....				
9.	Receivables for securities .....				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL) .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	39,441,123		39,441,123	39,529,103
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	105,311		105,311	118,908
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,538,508	218,866	1,319,642	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 .....	166,838		166,838	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 .....	448,294		448,294	865,937
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....	745,220		745,220	1,117,830
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....				
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	929,016		929,016	1,162,654
24.	Health care (\$.....1,933,728) and other amounts receivable .....	3,046,763	1,113,035	1,933,728	1,127,808
25.	Aggregate write-ins for other than invested assets .....	45,875	45,875		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	46,466,948	1,377,776	45,089,172	46,689,569
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	46,466,948	1,377,776	45,089,172	46,689,569
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Prepaid Expenses .....	45,875	45,875		
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) .....	45,875	45,875		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	11,407,964		11,407,964	10,910,926
2.	Accrued medical incentive pool and bonus amounts .....				
3.	Unpaid claims adjustment expenses .....	395,397		395,397	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 reserves .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	2,926,375		2,926,375	5,048,844
9.	General expenses due or accrued .....	1,213,926		1,213,926	3,042,232
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital 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 .....	2,412,978		2,412,978	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) .....	18,356,640		18,356,640	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	(73,633,911)	(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	26,732,532	23,994,651
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33) .....	X X X	X X X	45,089,172	46,689,569
DETAILS OF WRITE-INS					
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		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months .....	X X X .....	215,035	259,612
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	112,350,271	126,048,715
3.	Change in unearned premium reserves and reserve 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 .....	112,350,271	126,048,715
Hospital and Medical:				
9.	Hospital/medical benefits .....		71,061,840	83,898,467
10.	Other professional services .....			
11.	Outside referrals .....			
12.	Emergency room and out-of-area .....			
13.	Prescription drugs .....		19,257,822	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) .....		90,319,662	107,375,450
Less:				
17.	Net reinsurance recoveries .....		(1,736,236)	(448,313)
18.	TOTAL Hospital and Medical (Lines 16 minus 17) .....		92,055,898	107,823,763
19.	Non-health claims (net) .....			
20.	Claims adjustment expenses, including \$.....995,031 cost containment expenses .....		2,791,040	2,599,408
21.	General administrative expenses .....		15,017,044	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) .....		109,863,982	127,838,798
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	2,486,289	(1,790,083)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		427,497	457,126
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....			
27.	Net investment gains (losses) (Lines 25 plus 26) .....		427,497	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 .....		389	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 .....	2,914,175	(1,331,800)
31.	Federal and foreign income taxes incurred .....	X X X .....	(13,303)	(672,239)
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	2,927,478	(659,561)
DETAILS OF WRITE-INS				
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 (Line 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) .....		389	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 (Line 2901 through 2903 plus 2998) (Line 29 above) .....		389	1,157

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year .....	23,994,651	23,972,094
34.	Net income or (loss) from Line 32 .....	2,927,478	(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 .....	(189,597)	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) .....	2,737,881	22,557
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	26,732,532	23,994,651
DETAILS OF WRITE-INS			
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	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance .....	111,401,547	126,948,033
2.	Net investment income .....	465,848	423,430
3.	Miscellaneous income .....		
4.	TOTAL (Lines 1 through 3) .....	111,867,395	127,371,463
5.	Benefit and loss related payments .....	91,451,756	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 .....	19,609,242	19,164,763
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....430,946 tax on capital gains (losses) .....	(430,946)	(244,415)
10.	TOTAL (Lines 5 through 9) .....	110,630,052	131,986,947
11.	Net cash from operations (Line 4 minus Line 10) .....	1,237,343	(4,615,484)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	2,250,000	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) .....	2,250,000	11,750,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	5,118,492	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) .....	5,118,492	16,618,693
14.	Net increase (decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(2,868,492)	(4,868,693)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		
16.6	Other cash provided (applied) .....	(1,300,569)	3,848,323
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(1,300,569)	3,848,323
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(2,931,718)	(5,635,854)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	16,165,637	21,801,491
19.2	End of year (Line 18 plus Line 19.1) .....	13,233,919	16,165,637

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

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income .....	112,350,271	109,906,851	114,006						2,329,414	
2.	Change in unearned premium reserves and reserve for rate credit .....										
3.	Fee-for-service (net of \$.0 medical expenses) .....										X X X
4.	Risk revenue .....										X X X
5.	Aggregate write-ins for other health care related revenues .....										X X X
6.	Aggregate write-ins for other non-health care related revenues .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6) .....	112,350,271	109,906,851	114,006						2,329,414	
8.	Hospital/medical benefits .....	71,061,840	71,004,025	57,890						(75)	X X X
9.	Other professional services .....										X X X
10.	Outside referrals .....										X X X
11.	Emergency room and out-of-area .....										X X X
12.	Prescription drugs .....	19,257,822	19,782,863							(525,041)	X X X
13.	Aggregate write-ins for other hospital and medical .....										X X X
14.	Incentive pool, withhold adjustments and bonus amounts .....										X X X
15.	Subtotal (Lines 8 to 14) .....	90,319,662	90,786,888	57,890						(525,116)	X X X
16.	Net reinsurance recoveries .....	(1,736,236)	345,095							(2,081,331)	X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16) .....	92,055,898	90,441,793	57,890						1,556,215	X X X
18.	Non-health claims (net) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.995,031 cost containment expenses .....	2,791,040	2,805,478	1,789						(16,227)	
20.	General administrative expenses .....	15,017,044	15,094,728	9,625						(87,309)	
21.	Increase in reserves for accident and health contracts .....										X X X
22.	Increase in reserves for life contracts .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22) .....	109,863,982	108,341,999	69,304						1,452,679	
24.	Net underwriting gain or (loss) (Line 7 minus Line 23) .....	2,486,289	1,564,852	44,702						876,735	
DETAILS OF WRITE-INS											
0501.	.....										X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page .....										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	.....										X X X
1302.	.....										X X X
1303.	.....										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page .....										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										X X X

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical) .....	111,748,355		1,841,504	109,906,851
2.	Medicare Supplement .....	114,006			114,006
3.	Dental only .....				
4.	Vision only .....				
5.	Federal Employees Health Benefits Plan .....				
6.	Title XVIII - Medicare .....				
7.	Title XIX - Medicaid .....				
8.	Other health .....	129,324	2,558,708	358,618	2,329,414
9.	Health subtotal (Lines 1 through 8) .....	111,991,685	2,558,708	2,200,122	112,350,271
10.	Life .....				
11.	Property/casualty .....				
12.	TOTALS (Lines 9 to 11) .....	111,991,685	2,558,708	2,200,122	112,350,271



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	89,198,802	89,673,437	57,622						(532,257)	
1.2 Reinsurance assumed .....	2,705,931								2,705,931	
1.3 Reinsurance ceded .....	452,977	412,722							40,255	
1.4 Net .....	91,451,756	89,260,715	57,622						2,133,419	
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	11,307,964	11,283,279	12,685						12,000	
3.2 Reinsurance assumed .....	100,000								100,000	
3.3 Reinsurance ceded .....										
3.4 Net .....	11,407,964	11,283,279	12,685						112,000	
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year .....										
6. Net healthcare receivables (a) .....										
7. Amounts recoverable from reinsurers December 31, current year .....	166,838	166,838								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	10,187,104	10,169,828	12,416						4,860	
8.2 Reinsurance assumed .....	723,822								723,822	
8.3 Reinsurance ceded .....										
8.4 Net .....	10,910,926	10,169,828	12,416						728,682	
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed .....										
9.3 Reinsurance ceded .....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year .....										
11. Amounts recoverable from reinsurers December 31, prior year .....	273,942	234,465							39,477	
12. Incurred benefits:										
12.1 Direct .....	90,319,662	90,786,888	57,891						(525,117)	
12.2 Reinsurance assumed .....	2,082,109								2,082,109	
12.3 Reinsurance ceded .....	345,873	345,095							778	
12.4 Net .....	92,055,898	90,441,793	57,891						1,556,214	
13. Incurred medical incentive pools and bonuses .....										

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

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....										
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....										
2. Incurred but Unreported:										
2.1 Direct .....	11,307,964	11,283,279	12,685						12,000	
2.2 Reinsurance assumed .....	100,000								100,000	
2.3 Reinsurance ceded .....										
2.4 Net .....	11,407,964	11,283,279	12,685						112,000	
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS										
4.1 Direct .....	11,307,964	11,283,279	12,685						12,000	
4.2 Reinsurance assumed .....	100,000								100,000	
4.3 Reinsurance ceded .....										
4.4 Net .....	11,407,964	11,283,279	12,685						112,000	

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical) .....	9,929,000	79,399,342		11,283,279	9,929,000	10,169,828
2.	Medicare Supplement .....	7,000	50,622		12,685	7,000	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 .....	726,822	1,446,074		112,000	726,822	728,682
9.	Health subtotal (Lines 1 to 8) .....	10,662,822	80,896,038		11,407,964	10,662,822	10,910,926
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pool and bonus amounts .....						
13.	TOTALS (Lines 9 - 10 + 11 + 12) .....	10,662,822	80,896,038		11,407,964	10,662,822	10,910,926

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

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	20,377	20,377	20,377	20,377	20,377
2.	2016 .....	143,497	157,496	157,496	157,496	157,496
3.	2017 .....	X X X	134,037	150,581	150,581	150,581
4.	2018 .....	X X X	X X X	137,050	149,352	149,352
5.	2019 .....	X X X	X X X	X X X	100,801	111,464
6.	2020 .....	X X X	X X X	X X X	X X X	80,896

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	(187,341)	(187,341)	(187,341)	20,377	20,377
2.	2016 .....	160,122	157,498	157,496	157,496	157,496
3.	2017 .....	X X X	149,794	150,585	150,581	150,581
4.	2018 .....	X X X	X X X	153,235	149,354	149,352
5.	2019 .....	X X X	X X X	X X X	111,710	111,464
6.	2020 .....	X X X	X X X	X X X	X X X	92,304

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2016 .....	190,629	157,496	2,611	1.658	160,107	83.989			160,107	83.989
2.	2017 .....	170,195	150,581	2,784	1.849	153,365	90.111			153,365	90.111
3.	2018 .....	170,796	149,352	2,808	1.880	152,160	89.089			152,160	89.089
4.	2019 .....	126,049	111,464	2,655	2.382	114,119	90.535			114,119	90.535
5.	2020 .....	112,350	80,896	2,365	2.923	83,261	74.108	11,408	395	95,064	84.614

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Hospital and Medical  
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	20,340	20,340	20,340	20,340	20,340
2.	2016 .....	142,633	156,612	156,612	156,612	156,612
3.	2017 .....	X X X	133,252	149,776	149,776	149,776
4.	2018 .....	X X X	X X X	136,504	148,786	148,786
5.	2019 .....	X X X	X X X	X X X	100,207	110,136
6.	2020 .....	X X X	X X X	X X X	X X X	79,399

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	(187,378)	(187,378)	(187,378)	20,340	20,340
2.	2016 .....	159,212	156,614	156,612	156,612	156,612
3.	2017 .....	X X X	148,987	149,780	149,776	149,776
4.	2018 .....	X X X	X X X	152,674	148,788	148,786
5.	2019 .....	X X X	X X X	X X X	110,375	110,136
6.	2020 .....	X X X	X X X	X X X	X X X	90,682

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2016 .....	189,520	156,612	2,598	1.659	159,210	84.007			159,210	84.007
2.	2017 .....	169,160	149,776	2,769	1.849	152,545	90.178			152,545	90.178
3.	2018 .....	170,210	148,786	2,799	1.881	151,585	89.057			151,585	89.057
4.	2019 .....	124,813	110,136	2,653	2.409	112,789	90.366			112,789	90.366
5.	2020 .....	109,907	79,399	2,363	2.976	81,762	74.392	11,283	395	93,440	85.017

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Medicare Supplement

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	27	27	27	27	27
2.	2016 .....	78	87	87	87	87
3.	2017 .....	X X X	63	70	70	70
4.	2018 .....	X X X	X X X	68	81	81
5.	2019 .....	X X X	X X X	X X X	75	82
6.	2020 .....	X X X	X X X	X X X	X X X	51

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	27	27	27	27	27
2.	2016 .....	113	87	87	87	87
3.	2017 .....	X X X	72	70	70	70
4.	2018 .....	X X X	X X X	77	81	81
5.	2019 .....	X X X	X X X	X X X	87	82
6.	2020 .....	X X X	X X X	X X X	X X X	64

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2016 .....	132	87	2	2.005	89	67.231			89	67.231
2.	2017 .....	133	70	1	1.429	71	53.383			71	53.383
3.	2018 .....	132	81	1	1.627	82	62.362			82	62.362
4.	2019 .....	125	82	2	2.413	84	67.183			84	67.183
5.	2020 .....	114	51	2	3.340	53	46.231	13		66	57.635

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare	NONE
12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid	NONE
12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid	NONE
12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid	NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	10	10	10	10	10
2.	2016 .....	786	797	797	797	797
3.	2017 .....	X X X	722	735	735	735
4.	2018 .....	X X X	X X X	478	485	485
5.	2019 .....	X X X	X X X	X X X	519	1,246
6.	2020 .....	X X X	X X X	X X X	X X X	1,446

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	10	10	10	10	10
2.	2016 .....	797	797	797	797	797
3.	2017 .....	X X X	735	735	735	735
4.	2018 .....	X X X	X X X	484	485	485
5.	2019 .....	X X X	X X X	X X X	1,248	1,246
6.	2020 .....	X X X	X X X	X X X	X X X	1,558

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2016 .....	977	797	11	1.421	808	82.736			808	82.736
2.	2017 .....	902	735	14	1.905	749	83.038			749	83.038
3.	2018 .....	454	485	8	1.649	493	108.590			493	108.590
4.	2019 .....	1,111	1,246			1,246	112.151			1,246	112.151
5.	2020 .....	2,329	1,446			1,446	62.087	112		1,558	66.896



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....									
2. Additional policy reserves (a) .....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income) .....									
5. Aggregate write-ins for other policy reserves .....									
6. TOTALS (Gross) .....									
7. Reinsurance ceded .....									
8. TOTALS (Net) (Page 3, Line 4) .....									
9. Present value of amounts not yet due on claims .....									
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. TOTALS (Gross) .....									
13. Reinsurance ceded .....									
14. TOTALS (Net) (Page 3, Line 7) .....									
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page ....									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) ....									
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) ..									

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building) .....	18,370	18,370	225,692		262,432
2.	Salaries, wages and other benefits .....	388,302	1,149,576	3,913,819		5,451,697
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed) .....			3,155,926		3,155,926
4.	Legal fees and expenses .....			18,172		18,172
5.	Certifications and accreditation fees .....					
6.	Auditing, actuarial and other consulting services .....	18,734	3,303	172,393		194,430
7.	Traveling expenses .....	12	3,895	6,429		10,336
8.	Marketing and advertising .....	1,485		401,655		403,140
9.	Postage, express and telephone .....	17,506	52,781	134,168		204,455
10.	Printing and office supplies .....	89,695	378	147,834		237,907
11.	Occupancy, depreciation and amortization .....			14,809		14,809
12.	Equipment .....			62,283		62,283
13.	Cost or depreciation of EDP equipment and software .....					
14.	Outsourced services including EDP, claims, and other services .....	460,407	479,217	3,199,962		4,139,586
15.	Boards, bureaus and association fees .....					
16.	Insurance, except on real estate .....			68,273		68,273
17.	Collection and bank service charges .....				30,155	30,155
18.	Group service and administration fees .....		88,489	680,988		769,477
19.	Reimbursements by uninsured plans .....					
20.	Reimbursements from fiscal intermediaries .....					
21.	Real estate expenses .....					
22.	Real estate taxes .....					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes .....	520		7,283		7,803
23.2	State premium taxes .....			480,273		480,273
23.3	Regulatory authority licenses and fees .....			2,041,048		2,041,048
23.4	Payroll taxes .....			235,512		235,512
23.5	Other (excluding federal income and real estate taxes) .....					
24.	Investment expenses not included elsewhere .....					
25.	Aggregate write-ins for expenses .....			50,525		50,525
26.	TOTAL Expenses Incurred (Lines 1 to 25) .....	995,031	1,796,009	15,017,044	30,155	(a) 17,838,239
27.	Less expenses unpaid December 31, current year .....		395,397	1,213,926		1,609,323
28.	Add expenses unpaid December 31, prior year .....		368,249	3,042,232		3,410,481
29.	Amounts receivable relating to uninsured plans, prior year .....					
30.	Amounts receivable relating to uninsured plans, current year .....					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	995,031	1,768,861	16,845,350	30,155	19,639,397
DETAILS OF WRITE-INS						
2501.	Miscellaneous Expenses .....			50,525		50,525
2502.	Donations .....					
2503.	.....					
2598.	Summary of remaining write-ins for Line 25 from overflow page .....					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....			50,525		50,525

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a)..... 499,107	..... 457,652
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....	.....
1.3	Bonds of affiliates .....	(a).....	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....	.....
2.11	Preferred stocks of affiliates .....	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e).....	.....
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL gross investment income .....	..... 499,107	..... 457,652
11.	Investment expenses .....	.....	(g)..... 30,155
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g).....
13.	Interest expense .....	.....	(h).....
14.	Depreciation on real estate and other invested assets .....	.....	(i).....
15.	Aggregate write-ins for deductions from investment income .....	.....	.....
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	..... 30,155
17.	Net Investment income (Line 10 minus Line 16) .....	.....	..... 427,497
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	TOTAL Capital gains (losses) .....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D) .....			
2.	Stocks (Schedule D):			
2.1	Preferred stocks .....			
2.2	Common stocks .....			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens .....			
3.2	Other than first liens .....			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company .....			
4.2	Properties held for the production of income .....			
4.3	Properties held for sale .....			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6.	Contract loans .....			
7.	Derivatives (Schedule DB) .....			
8.	Other invested assets (Schedule BA) .....			
9.	Receivables for securities .....			
10.	Securities lending reinvested collateral assets (Schedule DL) .....			
11.	Aggregate write-ins for invested assets .....			
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....			
13.	Title plants (for Title insurers only) .....			
14.	Investment income due and accrued .....			
15.	Premiums and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection .....	218,866	31,193	(187,673)
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3	Accrued retrospective premiums and contracts subject to redetermination .....			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers .....			
16.2	Funds held by or deposited with reinsured companies .....			
16.3	Other amounts receivable under reinsurance contracts .....			
17.	Amounts receivable relating to uninsured plans .....			
18.1	Current federal and foreign income tax recoverable and interest thereon .....			
18.2	Net deferred tax asset .....			
19.	Guaranty funds receivable or on deposit .....			
20.	Electronic data processing equipment and software .....			
21.	Furniture and equipment, including health care delivery assets .....			
22.	Net adjustment in assets and liabilities due to foreign exchange rates .....			
23.	Receivables from parent, subsidiaries and affiliates .....			
24.	Health care and other amounts receivable .....	1,113,035	1,140,275	27,240
25.	Aggregate write-ins for other than invested assets .....	45,875	16,711	(29,164)
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,377,776	1,188,179	(189,597)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28.	TOTAL (Lines 26 and 27) .....	1,377,776	1,188,179	(189,597)
DETAILS OF WRITE-INS				
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page .....			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....			
2501.	Prepaid Expenses .....	45,875	16,711	(29,164)
2502.	Deferred gain on bonds sold to SummaCare .....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page .....			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	45,875	16,711	(29,164)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations .....	.....	.....	.....	.....	.....	.....
2.	Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3.	Preferred Provider Organizations .....	..... 19,884	..... 18,967	..... 18,338	..... 17,258	..... 16,656	..... 215,035
4.	Point of Service .....	.....	.....	.....	.....	.....	.....
5.	Indemnity Only .....	.....	.....	.....	.....	.....	.....
6.	Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7.	TOTAL .....	..... 19,884	..... 18,967	..... 18,338	..... 17,258	..... 16,656	..... 215,035
DETAILS OF WRITE-INS							
0601.	.....	.....	.....	.....	.....	.....	.....
0602.	.....	.....	.....	.....	.....	.....	.....
0603.	.....	.....	.....	.....	.....	.....	.....
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....	.....	.....
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....	.....	.....

Notes to Financial Statements

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 December 31, 2020 and December 31, 2019 and the results of its operations and its cash flow for the years then ended have been determined in accordance with accounting principles prescribed or permitted by the ODI. Management believes the monetary effect on net income and statutory surplus between NAIC SAP and accounting principles prescribed or permitted by the ODI is not material. Additionally, the Company's risk based capital would not have triggered a regulatory event had it not used a prescribed or permitted practice.

	SSAP #	F/S Page	F/S Line #	2020	2019
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 2,927,478	\$ (659,561)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 2,927,478	\$ (659,561)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 26,732,532	\$ 23,994,651
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 26,732,532	\$ 23,994,651

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

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) Investments in joint ventures, partnerships and limited liability companies
- 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) Liabilities for losses and loss/claim adjustment expenses
- 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.
- (12) Changes in capitalization policy
- The Company's capitalization policy and predefined thresholds have not changed from the prior period.
- (13) Pharmaceutical rebate receivables
- The pharmaceutical rebate receivables are estimated from a report provided by the pharmacy benefit manager.

Notes to Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

- D. Going Concern
- None

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus
- All accrued investment income was admitted for the period.
- B. Total Amount Excluded
- \$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 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. Components of the Net Deferred Tax Asset/(Liability)

The components of deferred tax asset / liability at December 31, 2020 and December 31, 2019 are as follows:

(1) Change between years by tax character

	2020			2019			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Gross deferred tax assets	\$ 3,091,107	\$	\$ 3,091,107	\$ 4,191,374	\$	\$ 4,191,374	\$ (1,100,267)	\$	\$ (1,100,267)
(b) Statutory valuation allowance adjustments	3,076,701		3,076,701	4,171,312		4,171,312	(1,094,611)		(1,094,611)
(c) Adjusted gross deferred tax assets (1a - 1b)	14,406		14,406	20,062		20,062	(5,656)		(5,656)
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 14,406	\$	\$ 14,406	\$ 20,062	\$	\$ 20,062	\$ (5,656)	\$	\$ (5,656)
(f) Deferred tax liabilities	14,406		14,406	20,062		20,062	(5,656)		(5,656)
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$	\$ -	\$	\$	\$	\$ -	\$	\$ -

Notes to Financial Statements

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

	2020			2019			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)	.....	.....	.....	.....	.....	.....	.....	.....	.....
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	4,009,880	XXX	XXX	3,599,198	XXX	XXX	410,682
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	14,406		14,406	20,062		20,062	(5,656)		(5,656)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.									
Total 2(a) + 2(b) + 2(c))	\$ 14,406	\$ .....	\$ 14,406	\$ 20,062	\$ .....	\$ 20,062	\$ (5,656)	\$ .....	\$ (5,656)

(3) Ratio used as basis of admissibility

	2020	2019
(a) Ratio percentage used to determine recovery period and threshold limitation amount	630.000 %	495.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 26,732,532	\$ 23,994,651

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

	2020		2019		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 14,406	\$ .....	\$ 20,062	\$ .....	\$ (5,656)	\$ .....
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 14,406	\$ .....	\$ 20,062	\$ .....	\$ (5,656)	\$ .....
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? NO

B. Regarding Deferred Tax Liabilities That Are Not Recognized

There are no temporary differences for deferred tax liabilities that are not recognized at December 31, 2020 and December 31, 2019.

C. Major Components of Current Income Taxes Incurred

Current income taxes incurred consist of the following major components:	(1)	(2)	(3)
	2020	2019	Change (1-2)
1. Current Income Tax			
(a) Federal	\$ (487,375)	\$ (672,239)	\$ 184,864
(b) Foreign	.....	.....	.....
(c) Subtotal	\$ (487,375)	\$ (672,239)	\$ 184,864
(d) Federal income tax on net capital gains	.....	.....	.....
(e) Utilization of capital loss carry-forwards	.....	.....	.....
(f) Other	474,072	.....	474,072
(g) Federal and foreign income taxes incurred	\$ (13,303)	\$ (672,239)	\$ 658,936



Notes to Financial Statements

9. Income Taxes (Continued)

	(1)	(2)	(3)
	2020	2019	Change (1-2)
2. Deferred Tax Assets			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 33,133	\$ 29,946	\$ 3,187
(2) Unearned premium reserve	122,908	212,051	(89,144)
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets	8,784	9,158	(374)
(8) Compensation and benefits accrual	120,410	138,173	(17,763)
(9) Pension accrual			
(10) Receivables - nonadmitted	289,333	249,518	39,815
(11) Net operating loss carry-forward	2,224,520	3,286,796	(1,062,276)
(12) Tax credit carry-forward			
(13) Other (including items less than 5% of total ordinary tax assets)	292,020	265,732	26,288
(99) Subtotal	\$ 3,091,107	\$ 4,191,374	\$ (1,100,267)
(b) Statutory valuation allowance adjustment	3,076,701	4,171,312	(1,094,611)
(c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 14,406	\$ 20,062	\$ (5,656)
(e) Capital			
(1) Investments	\$	\$	\$
(2) Net capital loss carry-forward			
(3) Real estate			
(4) Other (including items <5% of total capital tax assets)			
(99) Subtotal	\$	\$	\$
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)			
(i) Admitted deferred tax assets (2d + 2h)	\$ 14,406	\$ 20,062	\$ (5,656)
	(1)	(2)	(3)
	2020	2019	Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$ 422	\$ 483	\$ (61)
(2) Fixed assets			
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities)	13,984	19,579	(5,595)
(99) Subtotal	\$ 14,406	\$ 20,062	\$ (5,656)
(b) Capital			
(1) Investments	\$	\$	\$
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities)			
(99) Subtotal	\$	\$	\$
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 14,406	\$ 20,062	\$ (5,656)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

D. Among the More Significant Book to Tax Adjustments

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:

	2020	Effective Tax Rate
Income (loss) before taxes	\$ 611,977	21.000 %
Meals & entertainment	722	0.025
Non deductible club dues		
Annual fee for health insurers	355,693	12.206
Change in valuation allowance	(941,880)	-32.321
Change in nonadmitted assets	(39,815)	-1.366
Deferred tax rate change		
Other		
Total	\$ (13,303)	-0.456 %

Notes to Financial Statements

9. Income Taxes (Continued)

	2020	Effective Tax Rate
Federal income taxes incurred .....	\$ (13,303)	-0.456 %
Change in net deferred income taxes .....		
Total statutory income taxes .....	<u>\$ (13,303)</u>	<u>-0.456 %</u>

E. Operating Loss and Tax Credit Carryforwards

- (1) The company has \$10,213,507 in net operating loss or tax credit carry-forwards as of December 31, 2020.
- (2) Income tax expense available for recoupment

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 December 31, 2020 and December 31, 2019.

F. Consolidated Federal Income Tax Return

- (1) 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.
- (2) 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 or Foreign Income Tax Loss Contingencies - None

H. Repatriation Transition Tax (RTT) - None

I. Alternative Minimum Tax (AMT) Credit - None

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

- A. 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); Medina-Summit ASC; SummaCare of Michigan Inc.; Summa HHAH Holdings LLC; Summa Health Home and Hospice, LLC.
- B. Transactions with Affiliated Organizations

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

	2020	2019
Claims expense related to affiliated entities:		
SHS	16,204,649	16,570,324
SPI	1,622,089	1,585,827
ACO	225,554	2,158,936
Directors' and officers insurance paid to MAC	16,083	4,612
Management fees charged from Apex	176,977	597,996
Management fees charged from SMSO	5,706,742	8,301,619
Corporate expense allocation paid to SHS	562,817	807,926

C. Transactions With Related Party Who Are Not Reported on Schedule Y - None

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

	Due from		Due to	
	2020	2019	2020	2019
SummaCare	929,016	642,311	-	-
APEX	-	520,343	23,815	-
SHS	-	-	1,561,608	2,572,693
SMSO	-	-	827,555	751,974
	<u>929,016</u>	<u>1,162,654</u>	<u>2,412,978</u>	<u>3,324,667</u>

- E. In 2020 and 2019, the Company contracted with SMSO for general administrative services, which include but are not limited to claims processing, customer service, eligibility, human resources, computer support, programming, finance, and other general administrative services. Fees are based on actual expenses allocated from SMSO to the Company. The Company recognized expense of \$5,706,742 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.

# Notes to Financial Statements

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

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.

- F. Guarantees or Contingencies - None
- G. All outstanding shares of common stock are owned by the parent, SummaCare, Inc.
- H. Amount Deducted for Investment in Upstream Company - None
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None
- K. Foreign Subsidiary Value Using CARVM - None
- L. Downstream Holding Company Value Using Look-Through Method - None
- M. All SCA Investments - None
- N. Investment in Insurance SCAs - None
- O. SCA and SSAP No. 48 Entity Loss Tracking - None

**11. Debt - None**

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None**

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

- A. As of December 31, 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.
- B. Dividend Rate of Preferred Stock - None
- C. 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 \$2,673,253.
- D. Ordinary Dividends - None
- E. Portion of reporting entities profits that may be paid as ordinary dividends  
  
Reference number 3 above.
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Changes in Special Surplus Funds - None
- J. Unassigned Funds (Surplus)  
  
Nonadmitted Asset Values – \$1,377,776  
  
Unrealized Gains (Losses) – \$932,296
- K. Company-Issued Surplus Debentures or Similar Obligations - None
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - None
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - None

**14. Liabilities, Contingencies and Assessments - None**

**15. Leases - None**

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None**

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - None**

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None**

**20. Fair Value Measurements**

- A. Fair Value Measurement  
  
Assets and liabilities measured and reported at fair value.

Notes to Financial Statements

20. Fair Value Measurements (Continued)

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash and short-term investments	\$ 13,233,919	\$	\$	\$	\$ 13,233,919
Total assets at fair value/NAV	\$ 13,233,919	\$	\$	\$	\$ 13,233,919
b. Liabilities at fair value					
Total liabilities at fair value	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) Policy on transfers into and out of Level 3 - None

(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) Derivatives - None

B. Other Fair Value Disclosures

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

The following table summarizes the Company's fair value measurements for financial instruments where fair value is a financial statement disclosure item only.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
U.S. Treasury Securities	\$ 27,139,500	\$ 26,207,205	\$ 27,139,500	\$	\$	\$	\$
U.S. Government Agency Securities							
Short-term investments	85,709	85,709	85,709				

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

21. Other Items - 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 this fee for years after 2020. The fee payable in 2020 is \$1,692,421 for premiums written in 2019.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?	YES	
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 1,932,000
C. ACA fee assessment paid	\$ 1,693,777	\$
D. Premium written subject to ACA 9010 assessment	\$ 112,350,271	\$ 126,048,715
E. Total adjusted capital before surplus adjustment	\$ 26,732,532	
F. Total adjusted capital after surplus adjustment	\$ 26,732,532	
G. Authorized control level	\$ 4,240,856	
H. Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?	No	

Notes to Financial Statements

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

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

Yes ( ) No (X)
- (2)

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

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

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

Yes ( ) No (X)
- (2)

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

Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1)

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

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

Yes ( ) No (X)

- B. Uncollectible Reinsurance - None
- C. Commutation of Reinsurance Reflected in Income and Expenses - None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None
- E. Reinsurance Credit - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - None
- B. Method Used to Record - None
- C. Amount and Percent of Net Retrospective Premiums - None
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
- (1)

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

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

Notes to Financial Statements

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

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

	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to the ACA risk adjustment (including high-risk pool payments)	\$ 660,000
Liabilities	
2. Risk adjustment user fees payable for ACA risk adjustment	\$ 4,486
3. Premium adjustments payable due to ACA risk adjustment (including high-risk pool premium)	
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA risk adjustment	\$ (416,633)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	3,177
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA reinsurance	\$
2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA reinsurance – not reported as ceded premium	\$
5. Ceded reinsurance premiums payable due to ACA reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA reinsurance	
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA reinsurance	\$
8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments	
9. ACA reinsurance contributions - not reported as ceded premium	
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA risk corridors liabilities	\$ –
2. Reserve for rate credits or policy experience rating refunds due to ACA risk corridors	
Operations (Revenue & Expense)	
3. Effect of ACA risk corridors on net premium income (paid/received)	\$ 3,923,084
4. Effect of ACA risk corridors on change in reserves for rate credits	

Notes to Financial Statements

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

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

		Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1. Premium adjustments receivable (including high risk pool payments)	\$ 2,300,000	—	\$ 1,191,747	—	\$ 1,108,253	—	\$ (1,108,253)	—	A	\$ —	\$ —
	2. Premium adjustments (payable) (including high risk pool premium)	—	—	—	—	—	—	—	—	B	—	—
	3. Subtotal ACA Permanent Risk Adjustment Program	\$ 2,300,000	—	\$ 1,191,747	—	\$ 1,108,253	—	\$ (1,108,253)	—		\$ —	\$ —
b.	Transitional ACA Reinsurance Program											
	1. Amounts recoverable for claims paid	\$ —	—	\$ —	—	\$ —	—	\$ —	—	C	\$ —	\$ —
	2. Amounts recoverable for claims unpaid (contra liability)	—	—	—	—	—	—	—	—	D	—	—
	3. Amounts receivable relating to uninsured plans	—	—	—	—	—	—	—	—	E	—	—
	4. Liabilities for contributions payable due to ACA reinsurance - not reported as ceded premium	—	—	—	—	—	—	—	—	F	—	—
	5. Ceded reinsurance premiums payable	—	—	—	—	—	—	—	—	G	—	—
	6. Liability for amounts held under uninsured plans	—	—	—	—	—	—	—	—	H	—	—
	7. Subtotal ACA Transitional Reinsurance Program	\$ —	—	\$ —	—	\$ —	—	\$ —	—		\$ —	\$ —
c.	Temporary ACA Risk Corridors Program											
	1. Accrued retrospective premium	\$ —	—	\$ 3,923,084	—	\$ (3,923,084)	—	\$ 3,923,084	—	I	\$ —	\$ —
	2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—	J	—	—
	3. Subtotal ACA Risk Corridors Program	\$ —	—	\$ 3,923,084	—	\$ (3,923,084)	—	\$ 3,923,084	—		\$ —	\$ —
d.	Total for ACA risk sharing provisions	\$ 2,300,000	—	\$ 5,114,831	—	\$ (2,814,831)	—	\$ 2,814,831	—		\$ —	\$ —

Explanations of Adjustments  
A: The receivable was adjusted to true up to an estimate by an outside actuarial firm  
B: None  
C: None  
D: None  
E: None  
F: None  
G: None  
H: None  
I: None  
J: None

Notes to Financial Statements

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

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

										Unsettled Balances as of the Reporting Date	
Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium .....	\$ .....	\$ .....	\$ .... 1,947,108	\$ .....	\$ .... (1,947,108)	\$ .....	\$ .... 1,947,108	\$ .....	A	\$ .....	\$ .....
2. Reserve for rate credits or policy experience rating refunds .....	.....	.....	.....	.....	.....	.....	.....	.....	B	.....	.....
b. 2015											
1. Accrued retrospective premium .....	\$ .....	\$ .....	\$ ..... 267,806	\$ .....	\$ ..... (267,806)	\$ .....	\$ ..... 267,806	\$ .....	C	\$ .....	\$ .....
2. Reserve for rate credits or policy experience rating refunds .....	.....	.....	.....	.....	.....	.....	.....	.....	D	.....	.....
c. 2016											
1. Accrued retrospective premium .....	\$ .....	\$ .....	\$ ..... 1,708,170	\$ .....	\$ .... (1,708,170)	\$ .....	\$ ..... 1,708,170	\$ .....	E	\$ .....	\$ .....
2. Reserve for rate credits or policy experience rating refunds .....	.....	.....	.....	.....	.....	.....	.....	.....	F	.....	.....
d. Total for Risk Corridors .....	\$ .....	\$ .....	\$ ..... 3,923,084	\$ .....	\$ ..... (3,923,084)	\$ .....	\$ ..... 3,923,084	\$ .....		\$ .....	\$ .....

Explanations of Adjustments: None

(5) ACA risk corridors receivable as of reporting date

	(1)	(2)	(3)	(4)	(5)	(6)
Risk Corridor Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Nonaccrued Amounts for Impairment or Other Reasons	Amounts Received from CMS	Asset Balance Gross of Nonadmissions (1-2-3)	Nonadmitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ 2,156,071	\$ (152,081)	\$ 2,308,152	\$ -	\$ -	\$ -
b. 2015	296,547	28,741	267,806	-	-	-
c. 2016	1,891,491	183,320	1,708,171	-	-	-
d. Total (a+b+c)	\$ 4,344,109	\$ 59,980	\$ 4,284,129	\$ -	\$ -	\$ -

25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in claims unpaid is summarized as follows:

	2020	2019
Balance at January 1	10,910,926	16,188,991
Incurred related to:		
Current year	92,304,002	111,708,754
Prior years	(248,104)	(3,884,991)
Total	92,055,898	107,823,763
Paid related to:		
Current year	80,896,038	100,799,828
Prior years	10,662,822	12,302,000
Total	91,558,860	113,101,828
Balance at End of Period	11,407,964	10,910,926

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

Reserves as of December 31, 2019 were \$10,910,926. As of December 31, 2020, \$10,662,822 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are \$0. Therefore, there has been \$248,104 in favorable experience from December 31, 2019 to December 31, 2020. This favorable 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.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The company receives pharmacy rebates on a quarterly basis. As of December 31, 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).



Notes to Financial Statements

28. Health Care Receivables (Continued)

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 2,238,142	\$	\$	\$	\$
09/30/2020	2,330,250	1,049,983			1,049,983
06/30/2020	2,326,747	2,130,649			2,130,649
03/31/2020	2,303,970	2,124,188			2,124,188
12/31/2019	2,051,678	2,093,950			2,093,950
09/30/2019	1,844,105	2,141,356			2,141,356
06/30/2019	2,261,589	3,658,752			3,658,752
03/31/2019	3,414,113	3,186,461			3,186,461
12/31/2018	3,247,831	2,935,559			2,935,559
09/30/2018	3,726,953	2,091,428			2,091,428
06/30/2018	3,348,848	2,143,234			2,143,234
03/31/2018	2,751,408	1,888,107			1,888,107

B. Risk-Sharing Receivables - None

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.

1. Liability carried for premium deficiency reserves:

\$—
2. Date of the most recent evaluation of this liability:

12/31/2020
3. Was anticipated investment income utilized in the calculation?

Yes

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 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, 1A and 2.
1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[ ] N/A[ ]
1.3 State Regulating? Ohio
1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. N/A
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: 12/31/2017
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
3.2 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
3.3 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
3.4 By what department or departments?
3.5 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]
3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[ ] No[X]
4.12 renewals? Yes[ ] No[X]
4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[ ] No[X]
4.22 renewals? Yes[ ] No[X]
5.1 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.
5.2 If yes, provide the name of the 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.

Table with 3 columns: 1 Name of Entity, 2 NAIC Company Code, 3 State of Domicile

- 6.1 Has the 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]
6.2 If yes, give full information:
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[ ] No[X]
7.2 If yes,
7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

Table with 2 columns: 1 Nationality, 2 Type of Entity

- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.

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

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? RSM US LLP, 801 Nicollett Mall, West Tower, Suite 1100, Minneapolis, MN 55402-2526
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[ ] No[X]
10.2 If response to 10.1 is yes, provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[ ] No[X]
10.4 If response to 10.3 is yes, provide information related to this exemption:
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[ ] N/A[ ]
10.6 If the response to 10.5 is no or n/a please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Shumei Kuo, Risk & Regulatory Consulting (associated with RSM US LLP), 20 Batterson Park Rd, Suite 380, Farmington CT 06032
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[ ] No[X]

GENERAL INTERROGATORIES (Continued)

- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value
- \$ 00
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
- Yes[ ] No[ ] N/A[X]
- 13.3 Have there been any changes made to any of the trust indentures during the year?
- Yes[ ] No[ ] N/A[X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- Yes[ ] No[ ] N/A[X]
- 14.1 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?
- Yes[ ] No[X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?
- Yes[ ] No[X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes[ ] No[X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
- Yes[X] No[ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
- Yes[X] No[ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes[X] No[ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes[ ] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers
- \$ 0
- 20.12 To stockholders not officers
- \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only)
- \$ 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers
- \$ 0
- 20.22 To stockholders not officers
- \$ 0
- 20.23 Trustees, supreme or grand (Fraternal only)
- \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes[ ] No[X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others
- \$ 0
- 21.22 Borrowed from others
- \$ 0
- 21.23 Leased from others
- \$ 0
- 21.24 Other
- \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes[ ] No[X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment
- \$ 0
- 22.22 Amount paid as expenses
- \$ 0
- 22.23 Other amounts paid
- \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes[X] No[ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$ 929,016

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes[ ] No[X]
- 24.02 If no, give full and complete information, relating thereto
- All securities are in the possession of Huntington Bank
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 For the reporting entity s securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.
- \$ 0
- 24.05 For the reporting entity s securities lending program, report amount of collateral for other programs.
- \$ 0
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes[ ] No[ ] N/A[X]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes[ ] No[ ] N/A[X]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes[ ] No[ ] N/A[X]
- 24.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.
- \$ 0



GENERAL INTERROGATORIES (Continued)

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
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[ ] No[X]

29.2 If yes, complete the following schedule:

1  CUSIP #	2  Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total .....	.....	.....

29.3 For each mutual fund listed in the table above, complete the following schedule:

1  Name of Mutual Fund (from above table)	2  Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4  Date of Valuation
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1  Statement (Admitted) Value	2  Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	..... 26,207,205	..... 27,139,500	..... 932,296
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals .....	..... 26,207,205	..... 27,139,500	..... 932,296

30.4 Describe the sources or methods utilized in determining the fair values:

The values are based on the prices of assets at the close of the stock market on 12/31/2020 as determined by Thomson Reuters

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[ ] No[X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

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

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes[X] No[ ]

32.2 If no, list exceptions:

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

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

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

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

Has the reporting-entity self-designated 5GI securities?

Yes[ ] No[X]

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

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

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

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

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

Has the reporting entity self-designated PLGI securities?

Yes[ ] No[X]

35. 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]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.

c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.

GENERAL INTERROGATORIES (Continued)

d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a-36.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes[ ] No[ ] N/A[X]

OTHER

37.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$..... 0

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....

38.1 Amount of payments for legal expenses, if any? \$..... 18,172

38.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$..... 5,039

39.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
Ohio Association of Health Plans .....	.....2,893
America's Health Insurance Plans .....	.....2,146

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

1.2 If yes, indicate premium earned on U.S. business only:

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

1.6 Individual policies - Most current three years:

1.61 TOTAL Premium earned

1.62 TOTAL Incurred claims

1.63 Number of covered lives

All years prior to most current three years:

1.64 TOTAL Premium earned

1.65 TOTAL Incurred claims

1.66 Number of covered lives

1.7 Group policies - Most current three years:

1.71 TOTAL Premium earned

1.72 TOTAL Incurred claims

1.73 Number of covered lives

All years prior to most current three years:

1.74 TOTAL Premium earned

1.75 TOTAL Incurred claims

1.76 Number of covered lives

Yes[X] No[ ]

\$ ..... 114,006

\$ ..... 0

\$ ..... 0

\$ ..... 57,890

\$ ..... 114,006

\$ ..... 57,890

..... 32

\$ ..... 0

\$ ..... 0

..... 0

\$ ..... 0

\$ ..... 0

..... 0

\$ ..... 0

\$ ..... 0

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	112,350,271	126,048,715
2.2	Premium Denominator .....	112,350,271	126,048,715
2.3	Premium Ratio (2.1 / 2.2) .....	100.000	100.000
2.4	Reserve Numerator .....	11,407,964	10,910,926
2.5	Reserve Denominator .....	11,407,964	10,910,926
2.6	Reserve Ratio (2.4 / 2.5) .....	100.000	100.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

5.1 Does the reporting entity have stop-loss reinsurance?

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

5.32 Medical Only

5.33 Medicare Supplement

5.34 Dental & Vision

5.35 Other Limited Benefit Plan

5.36 Other

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The Company's provider contracts include insolvency provisions, continuity of care provisions and hold harmless language.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

8.2 Number of providers at end of reporting year

9.1 Does the reporting entity have business subject to premium rate guarantees?

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

10.2 If yes:

10.21 Maximum amount payable bonuses

10.22 Amount actually paid for year bonuses

10.23 Maximum amount payable withholds

10.24 Amount actually paid for year withholds

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above)?

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4 If yes, show the amount required.

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

Yes[ ] No[X]

..... 700,000

\$ ..... 0

\$ ..... 0

\$ ..... 0

\$ ..... 0

\$ ..... 0

\$ ..... 0

..... 7,000

..... 7,000

Yes[ ] No[X]

..... 0

..... 0

Yes[ ] No[X]

Yes[X] No[ ]

Yes[X] No[ ]

\$ ..... 2,500,000

Yes[ ] No[X]

1
Name of Service Area
Summit .....
Portage .....
Cuyahoga .....
Gauga .....
Stark .....
Medina .....
Wayne .....
Ashtabula .....
Carroll .....
Lorain .....
Mahoning .....
Trumbull .....

GENERAL INTERROGATORIES (Continued)

1
Name of Service Area
Ottawa .....
Sandusky .....
Erie .....
Huron .....
Lake .....
Ashland .....
Holmes .....
Tuscarawas .....

13.1 Do you act as a custodian for health savings accounts?

Yes[ ] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

13.3 Do you act as an administrator for health savings accounts?

Yes[ ] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written

\$..... 0

15.2 Total incurred claims

\$..... 0

15.2 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes[ ] No[X]

16.1 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]



FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 28) .....	45,089,172	46,689,569	50,010,096	48,332,431	54,884,384
2. TOTAL Liabilities (Page 3, Line 24) .....	18,356,640	22,694,918	26,038,002	26,972,219	26,488,024
3. Statutory minimum capital and surplus requirement .....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. TOTAL Capital and Surplus (Page 3, Line 33) .....	26,732,532	23,994,651	23,972,094	21,360,212	28,396,360
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	112,350,271	126,048,715	170,796,083	170,195,348	190,629,097
6. TOTAL Medical and Hospital Expenses (Line 18) .....	92,055,898	107,823,763	154,024,710	147,170,072	158,551,600
7. Claims adjustment expenses (Line 20) .....	2,791,040	2,599,408	2,844,889	2,785,411	2,597,754
8. TOTAL Administrative Expenses (Line 21) .....	15,017,044	17,415,627	26,446,582	25,715,951	24,787,115
9. Net underwriting gain (loss) (Line 24) .....	2,486,289	(1,790,083)	(12,520,098)	(5,476,086)	4,692,628
10. Net investment gain (loss) (Line 27) .....	427,497	457,126	395,243	415,300	450,831
11. TOTAL Other Income (Lines 28 plus 29) .....	389	1,157	1,312	151,659	1,730
12. Net income or (loss) (Line 32) .....	2,927,478	(659,561)	(11,897,506)	(5,029,001)	4,029,637
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	1,237,343	(4,615,484)	(12,113,446)	(4,602,263)	(2,395,668)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	26,732,532	23,994,651	23,972,094	21,360,212	28,396,360
15. Authorized control level risk-based capital .....	4,240,856	4,850,501	6,703,222	6,222,333	6,631,342
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	16,656	19,884	30,903	31,491	36,003
17. TOTAL Members Months (Column 6, Line 7) .....	215,035	259,612	376,361	397,460	453,682
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	81.9	85.5	90.2	86.5	83.2
20. Cost containment expenses .....	0.9	0.4	0.3	0.3	0.2
21. Other claims adjustment expenses .....	1.6	1.6	1.3	1.3	1.2
22. TOTAL Underwriting Deductions (Line 23) .....	97.8	101.4	107.3	103.2	97.5
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	2.2	(1.4)	(7.3)	(3.2)	2.5
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	10,662,822	12,304,000	16,548,485	14,001,289	20,377,348
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	10,910,926	16,188,991	15,758,920	16,625,124	21,947,831
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. TOTAL of Above Lines 26 to 31 .....					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only							
State, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L	111,991,685						111,991,685	
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	111,991,685						111,991,685	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	X X X	111,991,685						111,991,685	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
N - None of the above - Not allowed to write business in the state
1
56
R - Registered - Non-domiciled RRGs
Q - Qualified - Qualified or accredited reinsurer

(b) Explanation of basis of allocation by state, premiums by state, etc.: The Company only has business in the State of Ohio.

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

