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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

SummaCare, Inc.

NAIC Group Code	3259 (Current Period)	3259 (Prior Period)	NAIC Company Code	95202	Employer's ID Number	34-1726655
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
Incorporated/Organized	10/23/1992		Commenced Business	03/01/1993		
Statutory Home Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44305 (City or Town, State, Country and Zip Code)			
Mail Address	P.O. Box 3620 (Street and Number or P.O. Box)		Akron, OH, 44309-3620 (Area Code) (Telephone Number)			
Primary Location of Books and Records	1200 East Market St. Suite 400 (Street and Number)		Akron, OH, 44309-3620 (City or Town, State, Country and Zip Code)			
	Akrone, OH, 44305 (City or Town, State, Country and Zip Code)		(330)996-8410 (Area Code) (Telephone Number)			
Internet Website Address	SummaCare.com					
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 Fehner	Assistant Treasurer

OTHERS

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

DIRECTORS OR TRUSTEES

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Summit

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)

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 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	51,771,729		51,771,729	34,310,173
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	26,732,532		26,732,532	23,994,651
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 (\$.....11,592,630, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....100,643, Schedule DA)	11,693,273		11,693,273	6,369,249
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)	1,501,029		1,501,029	
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)	91,698,563		91,698,563	64,674,073
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	171,889		171,889	159,041
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection		12,152,279	24,216	12,128,063
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				113,529
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	3,100,000		3,100,000	2,548,755
18.1 Current federal and foreign income tax recoverable and interest thereon	947,753		947,753	530,562
18.2 Net deferred tax asset				27,940
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	437,700		437,700	
21. Furniture and equipment, including health care delivery assets (\$.....0)	562,506	562,506		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	500,414		500,414	234,296
24. Health care (\$.....4,508,070) and other amounts receivable	8,505,621	3,997,552	4,508,069	3,001,824
25. Aggregate write-ins for other than invested assets	1,064,718	1,064,718		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	119,141,443	5,648,992	113,492,451	80,890,901
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	119,141,443	5,648,992	113,492,451	80,890,901
DETAILS OF WRITE-INS				
1101. Misc				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid assets	1,064,718	1,064,718		
2502. Deposits				
2503. Pharmacy Rebates				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,064,718	1,064,718		

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	23,969,444		23,969,444	22,567,660
2. Accrued medical incentive pool and bonus amounts	10,106,920		10,106,920	3,443,459
3. Unpaid claims adjustment expenses	698,397		698,397	580,066
4. Aggregate health policy reserves, including the liability of \$.....6,613,923 for medical loss ratio rebate per the Public Health Service Act	6,613,923		6,613,923	
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	360,279		360,279	392,671
9. General expenses due or accrued	5,455,402		5,455,402	4,905,336
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	180,869		180,869	161,837
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	12,963,263		12,963,263	8,201,429
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	60,348,497		60,348,497	40,252,458
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	67,084,767	67,084,767
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(13,940,813)	(26,446,324)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	53,143,954	40,638,443
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	113,492,451	80,890,901
DETAILS OF WRITE-INS				
2301. Payroll liability				
2302. Other accrued liabilities				
2303. Medicaid Pharmacy Reserve				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	269,298	273,842
1. Member Months	XXX	269,298	273,842
2. Net premium income (including \$.....0 non-health premium income)	XXX	284,385,422	269,407,581
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	284,385,422	269,407,581
Hospital and Medical:			
9. Hospital/medical benefits		195,020,466	205,535,044
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		21,233,265	20,237,387
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		16,315,571	4,784,208
16. Subtotal (Lines 9 to 15)		232,569,302	230,556,639
Less:			
17. Net reinsurance recoveries			113,529
18. TOTAL Hospital and Medical (Lines 16 minus 17)		232,569,302	230,443,110
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....1,821,810 cost containment expenses		4,929,860	4,094,585
21. General administrative expenses		37,923,055	34,706,635
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23. TOTAL Underwriting Deductions (Lines 18 through 22)		275,422,216	269,244,330
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	8,963,206	163,251
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		391,986	774,760
26. Net realized capital gains (losses) less capital gains tax of \$.....0			
27. Net investment gains (losses) (Lines 25 plus 26)		391,986	774,760
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29. Aggregate write-ins for other income or expenses		621	875
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	9,355,813	938,886
31. Federal and foreign income taxes incurred	XXX	(517,770)	(238,297)
32. Net income (loss) (Lines 30 minus 31)	XXX	9,873,583	1,177,183
DETAILS OF WRITE-INS			
0601. Administrative Services Revenue	XXX		
0602. Misc income received from prior year taxes	XXX		
0603. Gain/loss on disposal of asset	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701. Proceeds from the Sale of the Medicaid Product Line	XXX		
0702. Miscellaneous Income	XXX		
0703. Miscellaneous Revenue	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. Medimpact Performance Guarantee			
2902. Miscellaneous Income		621	875
2903. Gain on disposal of asset			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		621	875

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	40,638,443	40,047,622
34. Net income or (loss) from Line 32	9,873,583	1,177,183
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	2,738,910	22,557
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(27,940)	(56,282)
39. Change in nonadmitted assets	(79,042)	(552,639)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	2	
48. Net change in capital and surplus (Lines 34 to 47)	12,505,511	590,821
49. Capital and surplus end of reporting year (Line 33 plus 48)	53,143,954	40,638,443
DETAILS OF WRITE-INS		
4701. Change in Minimum Pension Liability - Unrestricted Funds		
4702. Federal income tax adjustment		
4703. Gain on sale of bonds		
4798. Summary of remaining write-ins for Line 47 from overflow page		2
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		2

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	288,439,771	263,472,487
2.	Net investment income	447,151	749,413
3.	Miscellaneous income	620	875
4.	TOTAL (Lines 1 through 3)	288,887,543	264,222,775
5.	Benefit and loss related payments	224,390,528	227,491,810
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	42,735,763	42,861,689
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(100,579)	(155,880)
10.	TOTAL (Lines 5 through 9)	267,025,711	270,197,619
11.	Net cash from operations (Line 4 minus Line 10)	21,861,832	(5,974,844)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	6,000,000	4,900,000
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	6,000,000	4,900,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	23,529,568	10,429,398
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets	1,500,000	
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	25,029,568	10,429,398
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)	(19,029,568)	(5,529,398)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	2,491,760	4,737,256
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	2,491,760	4,737,256
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	5,324,024	(6,766,986)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	6,369,249	13,136,235
19.2	End of year (Line 18 plus Line 19.1)	11,693,273	6,369,249

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

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income	284,385,422						284,385,422			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Other Non-Health
7. TOTAL Revenues (Lines 1 to 6)	284,385,422						284,385,422			
8. Hospital/medical benefits	195,020,466						195,020,466			XXX
9. Other professional services										XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs	21,233,265							21,233,265		XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts	16,315,571							16,315,571		XXX
15. Subtotal (Lines 8 to 14)	232,569,302							232,569,302		XXX
16. Net reinsurance recoveries										XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	232,569,302						232,569,302			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....1,821,810 cost containment expenses										
20. General administrative expenses	4,929,860						4,929,860			
21. 37,923,055	37,923,055						37,923,055			
22. Increase in reserves for accident and health contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Increase in reserves for life contracts										
24. TOTAL Underwriting Deductions (Lines 17 to 22)	275,422,216						275,422,216			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	8,963,206						8,963,206			
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601. Proceeds from the sales of the Medicaid Product Line		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. Miscellaneous Revenue		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page										
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare	284,627,846	.....	242,423	284,385,422
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8)	284,627,846	.....	242,423	284,385,422
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11)	284,627,846	.....	242,423	284,385,422

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	214,851,947						214,851,947			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	214,851,947						214,851,947			
2. Paid medical incentive pools and bonuses	9,652,110						9,652,110			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	23,969,444						23,969,444			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	23,969,444						23,969,444			
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	10,106,920						10,106,920			
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	22,567,660						22,567,660			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	22,567,660						22,567,660			
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	3,443,459						3,443,459			
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	216,253,731						216,253,731			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	216,253,731						216,253,731			
13. Incurred medical incentive pools and bonuses	16,315,571						16,315,571			

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 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	23,969,444	.....	.....	.....	.....	.....	23,969,444	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net	23,969,444	.....	.....	.....	.....	.....	23,969,444	.....	.....	.....
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	23,969,444	.....	.....	.....	.....	.....	23,969,444	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net	23,969,444	.....	.....	.....	.....	.....	23,969,444	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare	19,500,000	195,351,947	3,000	23,966,444	19,503,000	22,567,660
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	19,500,000	195,351,947	3,000	23,966,444	19,503,000	22,567,660
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pool and bonus amounts	1,301,401	8,350,709	.....	10,106,920	1,301,401	3,443,459
13. TOTALS (Lines 9 - 10 + 11 + 12)	20,801,401	203,702,656	3,000	34,073,364	20,804,401	26,011,119

(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	24,635	24,635	24,635	24,635	24,635
2. 2016	195,907	215,532	215,532	215,532	215,532
3. 2017	XXX	210,995	229,980	229,980	229,980
4. 2018	XXX	XXX	206,847	227,742	227,742
5. 2019	XXX	XXX	XXX	206,483	227,284
6. 2020	XXX	XXX	XXX	XXX	203,703

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	24,668	24,635	24,635	24,635	24,635
2. 2016	220,389	215,576	215,532	215,532	215,532
3. 2017	XXX	233,964	230,782	229,980	229,980
4. 2018	XXX	XXX	228,991	228,031	227,742
5. 2019	XXX	XXX	XXX	232,205	227,287
6. 2020	XXX	XXX	XXX	XXX	237,776

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2016	252,453	215,532	4,214	1.955	219,746	87.044			219,746	87.044
2. 2017	245,811	229,980	4,194	1.823	234,174	95.266			234,174	95.266
3. 2018	258,759	227,742	4,354	1.912	232,096	89.696			232,096	89.696
4. 2019	269,408	227,284	4,233	1.863	231,517	85.936	3		231,520	85.937
5. 2020	284,385	203,703	4,152	2.038	207,855	73.089	34,073	698	242,626	85.316

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Title XVIII - Medicare
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	24,635	24,635	24,635	24,635	24,635
2. 2016	195,907	215,532	215,532	215,532	215,532
3. 2017	XXX	210,995	229,980	229,980	229,980
4. 2018	XXX	XXX	206,847	227,742	227,742
5. 2019	XXX	XXX	XXX	206,483	227,284
6. 2020	XXX	XXX	XXX	XXX	203,703

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	24,668	24,635	24,635	24,635	24,635
2. 2016	220,389	215,576	215,532	215,532	215,532
3. 2017	XXX	233,964	230,782	229,980	229,980
4. 2018	XXX	XXX	228,991	228,031	227,742
5. 2019	XXX	XXX	XXX	232,205	227,287
6. 2020	XXX	XXX	XXX	XXX	237,776

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

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2016	252,453	215,532	4,214	1.955	219,746	87.044			219,746	87.044
2. 2017	245,811	229,980	4,194	1.823	234,174	95.266			234,174	95.266
3. 2018	258,759	227,742	4,354	1.912	232,096	89.696			232,096	89.696
4. 2019	269,408	227,284	4,233	1.863	231,517	85.936	3		231,520	85.937
5. 2020	284,385	203,703	4,152	2.038	207,855	73.089	34,073	698	242,626	85.316

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

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 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)	6,613,923	.....	.....	.....	.....	.....	6,613,923	.....	.....
5. Aggregate write-ins for other policy reserves
6. TOTALS (Gross)	6,613,923	.....	.....	.....	.....	.....	6,613,923	.....	.....
7. Reinsurance ceded
8. TOTALS (Net) (Page 3, Line 4)	6,613,923	.....	.....	.....	.....	.....	6,613,923	.....	.....
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 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)	43,301	43,301	667,891		754,493
2. Salaries, wages and other benefits	656,746	1,165,680	18,278,869		20,101,295
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			635,981		635,981
4. Legal fees and expenses			60,466		60,466
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	18,734		879,460		898,194
7. Traveling expenses		3,128	55,190		58,318
8. Marketing and advertising	4,532		2,874,627		2,879,159
9. Postage, express and telephone	27,910	247,970	392,658		668,538
10. Printing and office supplies	91,487	304	672,713		764,504
11. Occupancy, depreciation and amortization			106,043		106,043
12. Equipment			182,496		182,496
13. Cost or depreciation of EDP equipment and software			420,864		420,864
14. Outsourced services including EDP, claims, and other services	979,100	1,377,975	9,338,066		11,695,141
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			196,284		196,284
17. Collection and bank service charges				293,365	293,365
18. Group service and administration fees		269,694	1,716,112		1,985,806
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					
23.2 State premium taxes			250		250
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes			1,414,844		1,414,844
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			30,241		30,241
26. TOTAL Expenses Incurred (Lines 1 to 25)	1,821,810	3,108,052	37,923,055	293,365	(a) 43,146,282
27. Less expenses unpaid December 31, current year		698,397	5,455,402		6,153,799
28. Add expenses unpaid December 31, prior year		580,066	4,905,336		5,485,402
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)	1,821,810	2,989,721	37,372,989	293,365	42,477,885

DETAILS OF WRITE-INS

2501. Donations					
2502. Miscellaneous Expense			30,241		30,241
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			30,241		30,241

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	770,544	664,331
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)	21,020	21,020
7. Derivative instruments	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL gross investment income	791,564	.....	685,351
11. Investment expenses	(g)	293,365	.....
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) .....	.....	293,365	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	391,986
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 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 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	2,738,910	.....
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)	2,738,910	.....

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 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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	24,216	31,795	7,579
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	562,506	1,199,355	636,849
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	3,997,552	2,467,265	(1,530,287)
25. Aggregate write-ins for other than invested assets	1,064,718	1,871,535	806,817
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,648,992	5,569,950	(79,042)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	5,648,992	5,569,950	(79,042)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Prepaid Assets	1,064,718	1,871,535	806,817
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,064,718	1,871,535	806,817

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	22,516	22,598	22,430	22,347	22,199	269,298
2. Provider Service Organizations
3. Preferred Provider Organizations
4. Point of Service
5. Indemnity Only
6. Aggregate write-ins for other lines of business
7. TOTAL	22,516	22,598	22,430	22,347	22,199	269,298
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

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (the State) for determining its solvency under Ohio Insurance Law. NAIC SAP has been adopted as a component of the prescribed or permitted practices by the State with some modifications. These modifications include a five-year life on Electronic Data Processing (EDP) equipment and a 90-day limitation on collection of affiliate balances. Accordingly, the admitted assets, liabilities, capital and surplus of the Company as of 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	\$ 9,873,583	\$ 1,177,183
(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	\$ 9,873,583	\$ 1,177,183
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4).....	XXX	XXX	XXX	\$ 53,143,954	\$ 40,638,443
(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	\$ 53,143,954	\$ 40,638,443

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 - See number seven, investments in subsidiaries, controlled and affiliated entities

(4) Preferred stocks - None

(5) Mortgage loans on real estate - None

(6) Loan backed securities - None

(7) Investments in subsidiaries, controlled and affiliated entities

SC carries its investment in its subsidiary, Summa Insurance Company (SIC), at audited statutory equity in accordance with SSAP No. 97, Investments in Subsidiary, Controlled and Affiliated Entities. The Company's investment in SIC is classified as common stock on the Assets page.

(8) Investments in joint ventures, partnerships and limited liability companies - None

(9) Accounting policy for derivatives - The Company does not invest in derivative instruments

(10) Investment income as a factor in the premium deficiency calculation

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

The cost of health care services is recognized in the period in which services are provided. Health care expenses also include an estimate of the cost of services provided to the Company's members by third-party providers, which have been incurred but not reported to the Company. The estimate for incurred but not reported claims is based on actuarial projections of costs using historical paid claims data. Estimates are continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of claims paid is dependent on future developments, management is of the opinion that the reserves for claims and the cost to process claims make a reasonable and appropriate provision to cover such claims.

(12) Changes in capitalization policy

The Company's capitalization policy and predefined thresholds have not changed from the prior period

Notes to Financial Statements

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

(13) Pharmaceutical rebate receivables

The pharmaceutical rebate receivables are estimated from a report provided by the pharmacy benefit manager

D. Going Concern

None

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

B. Debt Restructuring - None

C. Reverse Mortgages - None

D. Loan-Backed Securities - None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None

H. Repurchase Agreements Transactions Accounted for as a Sale - None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate - None

K. Low-Income Housing Tax Credits (LIHTC) - None

L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	(1) Total Gross (Admitted & Nonadmitted) Restricted from Current Year	(2) Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	(3) Increase / (Decrease) (1 - 2)	(4) Total Current Year	(5) Total Current Year Nonadmitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Assets %
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	406,057	420,896	(14,839)		406,057	0.341	0.358
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets	\$ 406,057	\$ 420,896	\$ (14,839)	\$ 406,057	0.341 %	0.358 %	

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(4) Collateral received and reflected as assets within the reporting entity's financial statements - None

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - None

O. 5GI Securities - None

P. Short Sales - None

Q. Prepayment Penalty and Acceleration Fees - None

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

Notes to Financial Statements

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The basis, by category of investment income, for excluding (nonadmitting) any investment income due and accrued - All accrued investment income was admitted for the period.

B. Total Amount Excluded - None

8. Derivative Instruments - None

9. Income Taxes

A. Components of the Net Deferred Tax Asset/(Liability)

The components of deferred tax asset as of December 31, 2020 and December 31, 2019 are:

(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	\$ 4,101,292	\$	\$ 4,101,292	\$ 6,026,053	\$	\$ 6,026,053	\$ (1,924,761)	\$	\$ (1,924,761)
(b) Statutory valuation allowance adjustments	1,214,187		1,214,187	3,546,553		3,546,553	(2,332,366)		(2,332,366)
(c) Adjusted gross deferred tax assets (1a - 1b)	2,887,106		2,887,106	2,479,500		2,479,500	407,606		407,606
(d) Deferred tax assets nonadmitted									
(e) Subtotal net admitted deferred tax asset (1c - 1d)	\$ 2,887,106	\$	\$ 2,887,106	\$ 2,479,500	\$	\$ 2,479,500	\$ 407,606	\$	\$ 407,606
(f) Deferred tax liabilities	2,887,106		2,887,106	2,451,560		2,451,560	435,546		435,546
(g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$	\$ -	\$ 27,940	\$	\$ 27,940	\$ (27,940)	\$	\$ (27,940)

(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)				27,940		27,940	(27,940)		(27,940)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date				27,940		27,940	(27,940)		(27,940)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	7,971,593	XXX	XXX	6,095,766	XXX	XXX	1,875,827
(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	2,887,106		2,887,106	2,451,560		2,451,560	435,546		435,546
(d) Deferred tax assets admitted as the result of application of SSAP No. 101									
Total (2(a) + 2(b) + 2(c))	\$ 2,887,106	\$	\$ 2,887,106	\$ 2,479,500	\$	\$ 2,479,500	\$ 407,606	\$	\$ 407,606

(3) Ratio used as basis of admissibility

	2020	2019
(a) Ratio percentage used to determine recovery period and threshold limitation amount	446.000 %	333.000 %
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 53,143,954	\$ 40,638,443

Notes to Financial Statements

9. Income Taxes (Continued)

(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).....	\$ 2,887,106	\$	\$ 2,479,500	\$	\$ 407,606	\$
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).....	\$ 2,887,106	\$	\$ 2,479,500	\$	\$ 407,606	\$
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 - None

C. Major Components of Current Income Taxes Incurred

	(1)		(2)		(3)	
	2020	2019	2019	Change (1-2)	2020	2019
Current income taxes incurred consist of the following major components:						
1. Current Income Tax						
(a) Federal	\$ (498,798)	\$ (238,297)	\$ (238,297)	\$ (260,501)		
(b) Foreign						
(c) Subtotal	\$ (498,798)	\$ (238,297)	\$ (238,297)	\$ (260,501)		
(d) Federal income tax on net capital gains						
(e) Utilization of capital loss carry-forwards						
(f) Other	(18,972)			(18,972)		
(g) Federal and foreign income taxes incurred	\$ (517,770)	\$ (238,297)	\$ (238,297)	\$ (279,473)		
	(1)	(2)	(3)			
	2020	2019	Change (1-2)			
2. Deferred Tax Assets						
(a) Ordinary						
(1) Discounting of unpaid losses	\$ 69,845	\$ 65,744	\$ 65,744	\$ 4,101		
(2) Unearned premium reserve	15,132	16,492	16,492	(1,360)		
(3) Policyholder reserves	54,520	65,341	65,341	(10,822)		
(4) Investments	60,173	54,403	54,403	5,770		
(5) Deferred acquisition costs						
(6) Policyholder dividends accrual						
(7) Fixed assets						
(8) Compensation and benefits accrual						
(9) Pension accrual						
(10) Receivables - nonadmitted	1,186,288	1,169,690	1,169,690	16,598		
(11) Net operating loss carry-forward	2,113,851	4,084,259	4,084,259	(1,970,408)		
(12) Tax credit carry-forward						
(13) Other (including items less than 5% of total ordinary tax assets)	601,484	570,123	570,123	31,361		
(99) Subtotal	\$ 4,101,292	\$ 6,026,053	\$ 6,026,053	\$ (1,924,760)		
(b) Statutory valuation allowance adjustment	1,214,187	3,546,553	3,546,553	(2,332,366)		
(c) Nonadmitted						
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 2,887,106	\$ 2,479,500	\$ 2,479,500	\$ 407,606		
(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)	\$ 2,887,106	\$ 2,479,500	\$ 2,479,500	\$ 407,606		

Notes to Financial Statements

9. Income Taxes (Continued)

	(1) 2020	(2) 2019	(3) Change (1-2)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	\$	\$	\$
(2) Fixed assets	124,113	214,293	(90,180)
(3) Deferred and uncollected premium	2,541,000	2,007,609	533,391
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities)	221,993	229,658	(7,665)
(99) Subtotal	\$ 2,887,106	\$ 2,451,560	\$ 435,546
(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)	<u>\$ 2,887,106</u>	<u>\$ 2,451,560</u>	<u>\$ 435,546</u>
4. Net deferred tax assets/liabilities (2i - 3c)	<u>\$ —</u>	<u>\$ 27,940</u>	<u>\$ (27,940)</u>

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 as of December 31, 2020:

	2020	Effective Tax Rate
Income (loss) before taxes	\$ 1,964,721	21.00 %
Meals & entertainment	2,423	0.026
Change in valuation allowance	(2,440,375)	-26.084
Change in nonadmitted assets	(16,599)	-0.177
Total	<u>\$ (489,831)</u>	<u>-5.236 %</u>

	2020	Effective Tax Rate
Federal income taxes incurred	\$ (517,770)	-5.534 %
Change in net deferred income taxes	27,939	0.299
Total statutory income taxes	<u>\$ (489,831)</u>	<u>-5.236 %</u>

E. Operating Loss and Tax Credit Carryforwards

(1) Unused loss carryforwards available

The company has a net operating loss carry-forward of \$10,452,888 as of December 31, 2020

(2) Income tax expense available for recoupment

There are no income taxes available for recoupment in the event of future net losses.

(3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the internal Revenue Service Code as of 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. Nature of the Relationships

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

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

Notes to Financial Statements

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

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

B. Transactions with Affiliated Organizations

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

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

	2020	2019
Claims expense related to affiliated entities:		
SHS	50,546,221	47,971,929
SPI	8,447,123	9,002,586
ACO	4,251,528	1,712,233
Directors' and officers insurance paid to MAC	46,239	11,443
Management fees charged from SMSO	21,627,095	17,011,752
Management fees charged from Apex	269,694	555,552
Corporate expense allocation paid to SHS	1,618,098	2,004,843

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

D. Amounts Due To or From Related Parties

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

	Due from		Due to	
	2020	2019	2020	2019
SIA	-	-	-	-
SIC	-	-	929,016	642,311
SHS	-	-	10,452,984	5,959,972
APEX	500,414	234,296	-	-
SMSO	-	-	1,460,610	1,595,367
SHMG	-	-	120,653	3,778
	500,414	234,296	12,963,263	8,201,428

E. Management Service Contracts and Cost Sharing Arrangements

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 \$21,627,095 and \$17,011,752 in 2020 and 2019, respectively.

F. Guarantees or Contingencies - None

G. Nature of Relationships that Could Affect Operations

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

H. Amount Deducted for Investment in Upstream Company - None

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

Assets - \$45,089,172
 Liabilities - \$18,356,640
 Net Gain - \$2,927,478

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

(1) Summa Insurance Company's audited statutory equity is compliant with the NAIC statutory accounting practices and procedures.

(2) The monetary effect on net income and surplus - None

(3) 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

Notes to Financial Statements

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

- A. SC is a nonprofit corporation under Ohio law. As such, ownership of the Company is designated as common membership. The sole common member of the Company as of December 31, 2020 and December 31, 2019 is SHSC.
- B. Dividend Rate of Preferred Stock - None
- C. Dividend Restrictions - None
- D. Ordinary Dividends - None
- E. Company Profits Paid as Ordinary Dividends - None
- F. Surplus Restrictions - None
- G. Surplus Advances - None
- H. Stock Held for Special Purposes - None
- I. Special surplus funds – None
- J. Unassigned Funds (Surplus)

The portion of unassigned funds represented or reduced by :

Nonadmitted Asset Values – \$5,648,992
Unrealized Gains (Losses) – \$900,192

- 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

- A. Lessee Operating Lease

(1) Leasing arrangements

The company leases its facility under a noncancelable operating lease which expires during 2024. Rent expense was \$754,494 as of December 31, 2020 and was \$825,144 for year ending December 31, 2019.

- (a) Rental expense - None
- (b) Rental payment contingencies - None
- (c) Terms of renewal or purchase options and escalation clauses - None
- (d) Restrictions imposed by lease agreements - None
- (e) Early termination of lease agreements - None

(2) For leases having initial or remaining noncancelable lease terms in excess of one year

- (a) Minimum aggregate rental commitments at year end

Future minimum payments under noncancelable operating leases are as follows:

Year Ending December 31	Operating Leases
1. 2021.....	\$..... 1,178,370
2. 2022.....	1,178,370
3. 2023.....	1,178,370
4. 2024.....	589,185
5. 2025.....	.....
6. Total.....	\$..... 4,124,295

- (b) Sublease minimum rentals to be received - None

(3) For sale-leaseback transactions - None

- B. Lessor 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	\$ 11,693,273			\$ 11,693,273	
Total assets at fair value/NAV	\$ 11,693,273			\$ 11,693,273	
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	\$ 52,671,920	\$ 51,771,728	\$ 52,671,920			\$ 52,671,920	
Short-term investments	100,643	100,643	100,643			100,643	

- 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 – None

	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?	No	
B. ACA fee assessment payable for the upcoming year	\$	\$
C. ACA fee assessment paid	\$	\$
D. Premium written subject to ACA 9010 assessment	\$	\$
E. Total adjusted capital before surplus adjustment	\$	
F. Total adjusted capital after surplus adjustment	\$	
G. Authorized control level	\$	
H. Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?	\$	

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)

Notes to Financial Statements

23. Reinsurance (Continued)

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

SummaCare estimates accrued retrospective premium adjustments for its business based on a calculation including premium revenue and claims expense based on the 85% loss ratio threshold for Medicare.

B. Method Used to Record

SummaCare records accrued retrospective premium as an adjustment to earned premium.

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by SummaCare at December 31, 2020 that are subject to retrospective rating features was \$6,613,923, that represented 2.3% of the total net premiums written.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	(1) Individual	(2) Small Group Employer	(3) Large Group Employer	(4) Other Categories with Rebates	(5) Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2) Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(3) Medical loss ratio rebates unpaid	\$	\$	\$	\$	\$
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	XXX
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8) Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(9) Medical loss ratio rebates unpaid	\$	\$	\$	\$	\$
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	XXX

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?
NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None

- (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 - 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 - None
 - (5) ACA risk corridors receivable as of reporting date - None

25. Change in Incurred Claims and Claim Adjustment Expenses

Activity in claims unpaid is summarized as follows:

	2020	2019
Balance at January 1	22,567,660	20,996,910
 Incurred related to:		
Current year	219,318,391	227,245,812
Prior years	(3,064,660)	(1,586,910)
Total	216,253,731	225,658,902
 Paid related to:		
Current year	195,351,947	204,678,152
Prior years	19,500,000	19,410,000
Total	214,851,947	224,088,152
 Balance at End of Period	23,969,444	22,567,660

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 \$22,567,660. As of December 31, 2020, \$19,500,000 has been paid for incurred claims attributable to insured events of prior years. There is \$3,000 in reserves remaining for prior years as of December 31, 2020. Therefore, there has been \$3,064,660 in favorable development since December 31, 2019 to December 31, 2020. This favorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

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

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

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The company receives pharmacy re-

rebates. For quarter ending December 31, 2020, pharmacy rebates receivable were estimated by projection amounts from the pharmacy department. Pharmacy rebates receivable are recorded as nonadmitted assets in accordance with SSAP No. 84.

Quarter	Rebates as Reported on Financial Statements	Billed or Otherwise Confirmed	Received Within 90 Days of Billing	Received Within 91 to 180 Days of Billing	Received More Than 180 Days After Billing
12/31/2020	\$ 6,002,327	\$ 2,000,301	\$	\$	\$ 2,000,301
09/30/2020	3,794,435	4,367,954			4,367,954
06/30/2020	3,677,152	4,323,276			4,323,276
03/31/2020	3,835,592	4,022,888			4,022,888
12/31/2019	3,637,309	4,195,445			4,195,445
09/30/2019	3,494,828	5,756,403			5,756,403
06/30/2019	4,770,913	3,628,011			3,628,011
03/31/2019	3,629,681	3,010,087			3,010,087
12/31/2018	3,860,016	3,120,907			3,120,907
09/30/2018	2,945,529	3,180,994			3,180,994
06/30/2018	3,190,416	2,852,830			2,852,830
03/31/2018	3,870,950				

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. There were no premium deficiency reserves recorded as of December 31, 2020 and December 31, 2019, respectively.

- | | |
|---|------------|
| 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 |

Notes to Financial Statements

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?
 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?
- 1.3 State Regulating?
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?
- 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.

Yes[X] No[]

- 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?
- 2.2 If yes, date of change:

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

- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 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.
- 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).
- 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?
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[X]

12/31/2017

12/31/2017

11/07/2018

Yes[] No[] N/A[X]
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?
- 4.12 renewals?
- 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?
- 4.22 renewals?

Yes[] No[X]
Yes[] No[X]Yes[] No[X]
Yes[] No[X]

- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 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.

Yes[] No[X]

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?
- 6.2 If yes, give full information:

Yes[] No[X]

- 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).

1 Nationality	2 Type of Entity
.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
- 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?
- 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.

Yes[] No[X]

Yes[] No[X]

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

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 Nicollet Mall, West Tower, Suite 1101, 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?
 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?
 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?
 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 LLP), 20 Batterson Park Rd, Suite 380, Farmington, CT
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[] No[X]

Yes[] No[X]

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

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

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

24.093 Total payable for securities lending reported on the liability page.

\$ 0
\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes[X] No[]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 406,057
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

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

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

If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes[] No[X]

26.4 If the response to 26.3 is yes, does the reporting entity utilize:

26.41 Special Accounting Provision of SSAP No. 108	Yes[] No[X]
26.42 Permitted Accounting Practice	Yes[] No[X]
26.43 Other Accounting Guidance	Yes[] No[X]

26.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following:

Yes[] No[X]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[] No[X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

28.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts", " handle securities"]

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[X] No[]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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 .....	..... 51,771,729	..... 52,671,920	..... 900,191
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals .....	..... 51,771,729	..... 52,671,920	..... 900,191

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 12/31/20 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 Name	2 Amount Paid
.....

38.1 Amount of payments for legal expenses, if any?

\$ 0

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 Name	2 Amount Paid
.....

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

\$ 30,272

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 Name	2 Amount Paid
Ohio Association of Health Plans .....	..... 17,380
America's Health Insurance Plans .....	..... 12,892

GENERAL INTERROGATORIES (Continued)**PART 2 - HEALTH INTERROGATORIES**

	Yes [] No [X]
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
1.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	\$..... 0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
1.6 Individual policies - Most current three years:	\$..... 0
1.61 TOTAL Premium earned	\$..... 0
1.62 TOTAL Incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.64 TOTAL Premium earned	\$..... 0
1.65 TOTAL Incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
1.7 Group policies - Most current three years:	\$..... 0
1.71 TOTAL Premium earned	\$..... 0
1.72 TOTAL Incurred claims	\$..... 0
1.73 Number of covered lives	\$..... 0
All years prior to most current three years:	\$..... 0
1.74 TOTAL Premium earned	\$..... 0
1.75 TOTAL Incurred claims	\$..... 0
1.76 Number of covered lives	\$..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	284,385,422	269,407,581
2.2 Premium Denominator	284,385,422	269,407,581
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	40,690,287	26,011,119
2.5 Reserve Denominator	40,690,287	26,011,119
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?

Yes [] No [X]

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?

Yes[X] No[]

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

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$..... 300,000
5.32 Medical Only	\$..... 0
5.33 Medicare Supplement	\$..... 0
5.34 Dental & Vision	\$..... 0
5.35 Other Limited Benefit Plan	\$..... 0
5.36 Other	\$..... 0

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?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	..... 16,000
8.2 Number of providers at end of reporting year	..... 16,000

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

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	..... 0
9.22 Business with rate guarantees over 36 months	..... 0

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

Yes[X] No[]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$..... 10,106,920
10.22 Amount actually paid for year bonuses	\$..... 9,652,110
10.23 Maximum amount payable withholds	\$..... 0
10.24 Amount actually paid for year withholds	\$..... 0

11.1 Is the reporting entity organized as:

Yes[] No[X]

- 11.12 A Medical Group/Staff Model,
- 11.13 An Individual Practice Association (IPA), or,
- 11.14 A Mixed Model (combination of above)?

Yes[] No[X]

Yes[X] No[]

Yes[X] No[]

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.

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

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

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

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

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

GENERAL INTERROGATORIES (Continued)

1 Name of Service Area	
Lake	
Tuscarawas	
Columbiana	
Defiance	
Allen	
Lucas	
Seneca	
Ashland	
Auglaize	
Fulton	
Hancock	
Henry	
Holmes	
Mercer	
Ottawa	
Putnam	
Van Wert	
Wood	
Huron	

- 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?
 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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 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
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	113,492,451	80,890,901	78,199,782	75,293,915	91,357,753
2. TOTAL Liabilities (Page 3, Line 24)	60,348,497	40,252,458	38,152,160	38,913,849	35,861,024
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)	53,143,954	40,638,443	40,047,622	36,380,066	55,496,729
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	284,385,422	269,407,581	258,836,015	245,888,751	252,603,781
6. TOTAL Medical and Hospital Expenses (Line 18)	232,569,302	230,443,110	225,764,591	228,190,148	217,252,708
7. Claims adjustment expenses (Line 20)	4,929,860	4,094,585	4,408,952	4,149,553	4,279,290
8. TOTAL Administrative Expenses (Line 21)	37,923,055	34,706,635	29,620,517	25,617,366	33,386,932
9. Net underwriting gain (loss) (Line 24)	8,963,206	163,251	(958,045)	(12,068,316)	(2,315,149)
10. Net investment gain (loss) (Line 27)	391,986	774,760	540,684	427,623	476,594
11. TOTAL Other Income (Lines 28 plus 29)	621	875	35,283	234,990	28,293
12. Net income or (loss) (Line 32)	9,873,583	1,177,183	(280,544)	(10,858,160)	(499,931)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	21,861,832	(5,974,844)	(6,485,482)	(5,126,599)	(4,528,341)
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	53,143,954	40,638,443	40,047,622	36,380,066	55,496,729
15. Authorized control level risk-based capital	11,903,022	12,208,185	12,958,643	12,393,792	12,182,504
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	22,199	22,516	23,293	23,959	23,714
17. TOTAL Members Months (Column 6, Line 7)	269,298	273,842	283,737	291,871	288,226
OPERATING PERCENTAGE (Page 4)					
(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)	81.8	85.5	87.2	92.8	86.1
20. Cost containment expenses	0.6	0.4	0.4	0.3	0.3
21. Other claims adjustment expenses	1.1	1.2	1.3	1.3	1.4
22. TOTAL Underwriting Deductions (Line 23)	96.8	99.9	100.4	104.9	101.0
23. TOTAL Underwriting Gain (Loss) (Line 24)	3.2	0.1	(0.4)	(4.9)	(0.9)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	20,804,401	21,184,459	19,786,840	19,668,976	24,668,331
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	26,011,119	22,946,290	23,013,307	24,515,279	27,804,857
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
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)	26,732,532	23,994,651	23,972,094	21,360,212	28,396,360
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	26,732,532	23,994,651	23,972,094	21,360,212	28,396,360
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

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1. Alabama (AL)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
2. Alaska (AK)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
3. Arizona (AZ)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
4. Arkansas (AR)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
5. California (CA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
6. Colorado (CO)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
7. Connecticut (CT)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
8. Delaware (DE)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
9. District of Columbia (DC)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
10. Florida (FL)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
11. Georgia (GA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
12. Hawaii (HI)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
13. Idaho (ID)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
14. Illinois (IL)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
15. Indiana (IN)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
16. Iowa (IA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
17. Kansas (KS)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
18. Kentucky (KY)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
19. Louisiana (LA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
20. Maine (ME)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
21. Maryland (MD)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
22. Massachusetts (MA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
23. Michigan (MI)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
24. Minnesota (MN)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
25. Mississippi (MS)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
26. Missouri (MO)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
27. Montana (MT)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
28. Nebraska (NE)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
29. Nevada (NV)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
30. New Hampshire (NH)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
31. New Jersey (NJ)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
32. New Mexico (NM)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
33. New York (NY)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
34. North Carolina (NC)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
35. North Dakota (ND)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
36. Ohio (OH)	L	284,627,846	.....	.....	.....	.....	.....	284,627,846	.....
37. Oklahoma (OK)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
38. Oregon (OR)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
39. Pennsylvania (PA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
40. Rhode Island (RI)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
41. South Carolina (SC)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
42. South Dakota (SD)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
43. Tennessee (TN)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
44. Texas (TX)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
45. Utah (UT)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
46. Vermont (VT)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
47. Virginia (VA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
48. Washington (WA)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
49. West Virginia (WV)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
50. Wisconsin (WI)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
51. Wyoming (WY)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
52. American Samoa (AS)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
53. Guam (GU)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
54. Puerto Rico (PR)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
55. U.S. Virgin Islands (VI)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
56. Northern Mariana Islands (MP)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
57. Canada (CAN)	N .....	.....	.....	.....	.....	.....	.....	.....	.....
58. Aggregate other alien (OT)	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
59. Subtotal	XXX	284,627,846	.....	.....	.....	.....	.....	284,627,846	.....
60. Reporting entity contributions for Employee Benefit Plans	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
61. TOTAL (Direct Business)	XXX	284,627,846	.....	.....	.....	.....	.....	284,627,846	.....

DETAILS OF WRITE-INS

58001	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58002	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58003	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....

(a) Active Status Counts:

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

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R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

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(b) Explanation of basis of allocation by state, premiums by state, etc.: All premiums are written in the State of Ohio.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

