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2021

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QUARTERLY STATEMENT
AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE
SummaCare, Inc.

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

OFFICERS

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

OTHERS

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

Stephen Adamson, VP, Chief Operations Officer
Susan Titterington, VP - Sales #

Alan Fehlner, Chief Financial Officer

DIRECTORS OR TRUSTEES

Lydia Alexander Cook M.D.
Rajiv Vishnu Taliwal M.D.
Henry Leigh Gerstenberger
Caroline Fisher Pearson
George Emerson Strickler #
William Carl Epling

Frank Anthony Carrino
Benjamin Paul Sutton
Russell Floyd Mohawk
Thomas Clifford Deveny M.D.
Mark Joseph Sims

State of Ohio
County of Summit ss

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

(Signature)
Alan Philip Fehlner
(Printed Name)
1.
Chief Financial Officer
(Title)

(Signature)
William Carl Epling
(Printed Name)
2.
President
(Title)

(Signature)
Stephen Michael Adamson
(Printed Name)
3.
Vice President, Chief Operations Officer
(Title)

Subscribed and sworn to before me this
13th day of Aug , 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 Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 50,967,417 | | 50,967,417 | 51,771,729 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | 33,441,376 | | 33,441,376 | 26,732,532 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. Cash (\$.....9,594,119), cash equivalents (\$.....0) and short-term investments (\$.....1,217,927) | 10,812,046 | | 10,812,046 | 11,693,273 |
| 6. Contract loans (including \$.....0 premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | 1,500,870 | | 1,500,870 | 1,501,029 |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 96,721,709 | | 96,721,709 | 91,698,563 |
| 13. Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 165,727 | | 165,727 | 171,889 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 8,712,082 | 18,952 | 8,693,130 | 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 | | | | |
| 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 | 4,960,000 | | 4,960,000 | 3,100,000 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 1,089,438 | | 1,089,438 | 947,753 |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | 382,873 | | 382,873 | 437,700 |
| 21. Furniture and equipment, including health care delivery assets (\$.....0) | 426,695 | 426,695 | | |
| 22. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | 219,540 | | 219,540 | 500,414 |
| 24. Health care (\$.....4,600,781) and other amounts receivable | 7,960,540 | 3,359,759 | 4,600,781 | 4,508,069 |
| 25. Aggregate write-ins for other-than-invested assets | 1,394,160 | 1,394,160 | | |
| 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 122,032,764 | 5,199,566 | 116,833,198 | 113,492,451 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. TOTAL (Lines 26 and 27) | 122,032,764 | 5,199,566 | 116,833,198 | 113,492,451 |
| 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 | 1,394,160 | 1,394,160 | | |
| 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) | 1,394,160 | 1,394,160 | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|-------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$.....0 reinsurance ceded) | 27,890,289 | | 27,890,289 | 23,969,444 |
| 2. Accrued medical incentive pool and bonus amounts | 9,235,563 | | 9,235,563 | 10,106,920 |
| 3. Unpaid claims adjustment expenses | 698,397 | | 698,397 | 698,397 |
| 4. Aggregate health policy reserves, including the liability of \$.....3,017,723 for medical loss ratio rebate per the Public Health Service Act | 3,017,723 | | 3,017,723 | 6,613,923 |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | 378,442 | | 378,442 | 360,279 |
| 9. General expenses due or accrued | 6,471,277 | | 6,471,277 | 5,455,402 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | | | | |
| 12. Amounts withheld or retained for the account of others | | | | |
| 13. Remittances and items not allocated | 25,910 | | 25,910 | 180,869 |
| 14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates | 11,450,018 | | 11,450,018 | 12,963,263 |
| 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) | 59,167,619 | | 59,167,619 | 60,348,497 |
| 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 | (9,419,188) | (13,940,813) |
| 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 | 57,665,579 | 53,143,954 |
| 34. Total Liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 116,833,198 | 113,492,451 |
| 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 To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|------------------------------|
| | | | | 4 Total |
| | 1 Uncovered | 2 Total | 3 Total | |
| 1. Member Months | XXX | 138,563 | 135,398 | 269,298 |
| 2. Net premium income (including \$.....0 non-health premium income) | XXX | 145,956,962 | 139,640,840 | 284,385,422 |
| 3. Change in unearned premium reserves and reserves 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 | | 620 | |
| 8. Total revenues (Lines 2 to 7) | XXX | 145,956,962 | 139,641,460 | 284,385,422 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 113,886,091 | 95,464,256 | 195,020,466 |
| 10. Other professional services | | | | |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | | | |
| 13. Prescription drugs | | 12,273,980 | 12,572,354 | 21,233,265 |
| 14. Aggregate write-ins for other hospital and medical | | | | |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 2,391,335 | 1,918,048 | 16,315,571 |
| 16. Subtotal (Lines 9 to 15) | | 128,551,406 | 109,954,658 | 232,569,302 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | | |
| 18. Total hospital and medical (Lines 16 minus 17) | | 128,551,406 | 109,954,658 | 232,569,302 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$.....1,063,562 cost containment expenses | | 2,727,698 | 2,127,581 | 4,929,860 |
| 21. General administrative expenses | | 18,115,748 | 18,522,474 | 37,923,055 |
| 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) | | 149,394,852 | 130,604,713 | 275,422,216 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (3,437,890) | 9,036,747 | 8,963,206 |
| 25. Net investment income earned | | 158,852 | 251,755 | 391,986 |
| 26. Net realized capital gains (losses) less capital gains tax of \$.....0 | | | | |
| 27. Net investment gains or (losses) (Lines 25 plus 26) | | 158,852 | 251,755 | 391,986 |
| 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 | | 500,868 | | 621 |
| 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 | (2,778,170) | 9,288,502 | 9,355,813 |
| 31. Federal and foreign income taxes incurred | XXX | (141,685) | (41,640) | (517,770) |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (2,636,485) | 9,330,142 | 9,873,583 |
| 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 | | 620 | |
| 0703. Miscellaneous Revenue | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | | | |
| 0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | | 620 | |
| 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 | | 500,868 | | 621 |
| 2903. Gain on disposal of asset | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | 500,868 | | 621 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|---|
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 53,143,954 | 40,638,443 | 40,638,443 |
| 34. Net income or (loss) from Line 32 | (2,636,485) | 9,330,142 | 9,873,583 |
| 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 | 6,708,685 | (2,065,997) | 2,738,910 |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | | (13,970) | (27,940) |
| 39. Change in nonadmitted assets | 449,425 | 1,178,287 | (79,042) |
| 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 | | | |
| 48. Net change in capital and surplus (Lines 34 to 47) | 4,521,625 | 8,428,462 | 12,505,511 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 57,665,579 | 49,066,905 | 53,143,954 |
| 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 | | | |
| 4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | | | |

CASH FLOW

| | | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|---|---------------------------------|-------------------------------|---|
| Cash from Operations | | | | |
| 1. | Premiums collected net of reinsurance | 145,813,858 | 142,677,276 | 288,439,771 |
| 2. | Net investment income | 213,015 | 269,261 | 447,151 |
| 3. | Miscellaneous income | 500,868 | 620 | 620 |
| 4. | TOTAL (Lines 1 to 3) | 146,527,741 | 142,947,157 | 288,887,543 |
| 5. | Benefit and loss related payments | 125,501,918 | 106,944,717 | 224,390,528 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 21,687,571 | 18,505,483 | 42,735,763 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | (7,197) | (100,579) |
| 10. | TOTAL (Lines 5 through 9) | 147,189,489 | 125,443,003 | 267,025,711 |
| 11. | Net cash from operations (Line 4 minus Line 10) | (661,748) | 17,504,154 | 21,861,832 |
| Cash from Investments | | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| 12.1 | Bonds | 3,000,000 | | 6,000,000 |
| 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) | 3,000,000 | | 6,000,000 |
| 13. | Cost of investments acquired (long-term only): | | | |
| 13.1 | Bonds | 2,243,691 | 1,009,072 | 23,529,568 |
| 13.2 | Stocks | | | |
| 13.3 | Mortgage loans | | | |
| 13.4 | Real estate | | | |
| 13.5 | Other invested assets | | 1,500,000 | 1,500,000 |
| 13.6 | Miscellaneous applications | | | |
| 13.7 | TOTAL investments acquired (Lines 13.1 to 13.6) | 2,243,691 | 2,509,072 | 25,029,568 |
| 14. | Net increase (or decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 756,309 | (2,509,072) | (19,029,568) |
| 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) | (975,788) | 2,261,232 | 2,491,760 |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | (975,788) | 2,261,232 | 2,491,760 |
| 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) | (881,227) | 17,256,314 | 5,324,024 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| 19.1 | Beginning of year | 11,693,273 | 6,369,249 | 6,369,249 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 10,812,046 | 23,625,563 | 11,693,273 |

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

| | | | | |
|---------|-------|-------|-------|-------|
| 20.0001 | | | | |
|---------|-------|-------|-------|-------|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 22,199 | | | | | | | 22,199 | | |
| 2. First Quarter | 23,112 | | | | | | | 23,112 | | |
| 3. Second Quarter | 22,990 | | | | | | | 22,990 | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 138,563 | | | | | | | 138,563 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 45,415 | | | | | | | 45,415 | | |
| 8. Non-Physician | 25,065 | | | | | | | 25,065 | | |
| 9. Total | 70,480 | | | | | | | 70,480 | | |
| 10. Hospital Patient Days Incurred | 22,922 | | | | | | | 22,922 | | |
| 11. Number of Inpatient Admissions | 3,260 | | | | | | | 3,260 | | |
| 12. Health Premiums Written (a) | 146,081,578 | | | | | | | 146,081,578 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 146,081,578 | | | | | | | 146,081,578 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 125,501,918 | | | | | | | 125,501,918 | | |
| 18. Amount Incurred for Provision of Health Care Services | 128,551,406 | | | | | | | 128,551,406 | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....146,081,578.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0199999 Individually Listed Claims Unpaid ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 19,418,289 | 4,401,000 | 1,726,000 | 803,000 | 1,542,000 | 27,890,289 |
| 0499999 Subtotals | 19,418,289 | 4,401,000 | 1,726,000 | 803,000 | 1,542,000 | 27,890,289 |
| 0599999 Unreported claims and other claim reserves ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 0699999 Total Amounts Withheld ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 0799999 Total Claims Unpaid ..... | ..... | ..... | ..... | ..... | ..... | 27,890,289 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts ..... | ..... | ..... | ..... | ..... | ..... | 9,235,563 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1+3) | 6 Estimated Claim Reserve and Claim Liability Dec 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 Dec 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| | | | | | | |
| 1. Comprehensive (hospital & medical) ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. Medicare Supplement ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. Dental only ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. Vision only ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. Federal Employees Health Benefits Plan ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. Title XVIII - Medicare | 22,784,000 | 99,455,225 | 636,000 | 27,254,289 | 23,420,000 | 23,969,444 |
| 7. Title XIX - Medicaid ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. Other health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. Health subtotal (Lines 1 to 8) | 22,784,000 | 99,455,225 | 636,000 | 27,254,289 | 23,420,000 | 23,969,444 |
| 10. Healthcare receivables (a) ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 11. Other non-health ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 12. Medical incentive pools and bonus amounts | 1,664,412 | 1,598,282 | 6,417,503 | 2,818,060 | 8,081,915 | 10,106,920 |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 24,448,412 | 101,053,507 | 7,053,503 | 30,072,349 | 31,501,915 | 34,076,364 |

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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 June 30, 2021 and December 31, 2020 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 # | 06/30/2021 | 12/31/2020 |
|---|--------|----------|------------|----------------|---------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4)..... | XXX | XXX | XXX | \$ (2,636,485) | \$ 9,873,583 |
| (2) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (3) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4)..... | XXX | XXX | XXX | \$ (2,636,485) | \$ 9,873,583 |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4)..... | XXX | XXX | XXX | \$ 57,665,579 | \$ 53,143,954 |
| (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 | \$ 57,665,579 | \$ 53,143,954 |

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, mandatory convertible securities, and SVO-identified investments per SSAP No. 26R - None

(3) Common stocks - See number seven, investments in subsidiaries, controlled and affiliated entities

(4) Preferred stocks - None

(5) Mortgage loans - 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 Statement

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 Nonadmitted Restricted | (5) Total Current Year Admitted Restricted (1 - 4) | (6) Gross (Admitted & Nonadmitted) Restricted to Total Assets | (7) Admitted to Total Admitted Assets |
|--|---|---|--|---|--|---|---|
| a. Subject to contractual obligation for which liability is not shown | \$ | \$ | \$ | \$ | \$ | \$ | % |
| b. Collateral held under security lending agreements | \$ | \$ | \$ | \$ | \$ | \$ | % |
| c. Subject to repurchase agreements | \$ | \$ | \$ | \$ | \$ | \$ | % |
| d. Subject to reverse repurchase agreements | \$ | \$ | \$ | \$ | \$ | \$ | % |
| e. Subject to dollar repurchase agreements | \$ | \$ | \$ | \$ | \$ | \$ | % |
| f. Subject to dollar reverse repurchase agreements | \$ | \$ | \$ | \$ | \$ | \$ | % |
| g. Placed under option contracts | \$ | \$ | \$ | \$ | \$ | \$ | % |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | \$ | \$ | \$ | \$ | \$ | \$ | % |
| i. FHLB capital stock | \$ | \$ | \$ | \$ | \$ | \$ | % |
| j. On deposit with states | \$ 411,036 | \$ 406,057 | \$ 4,979 | \$ | \$ 411,036 | \$ 0.337 | 0.352 % |
| 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 | \$ 411,036 | \$ 406,057 | \$ 4,979 | \$ | \$ 411,036 | 0.337 % | 0.352 % |

(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

R. Reporting Entity's Share of Cash Pool by Asset type - None

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

Notes to Financial Statement

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 June 30, 2021 and December 31, 2020 are:

(1) Change between years by tax character

| | 06/30/2021 | | | 12/31/2020 | | | Change | | |
|--|--------------|---------|--------------------|--------------|---------|--------------------|-----------------------|----------------------|--------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Gross deferred tax assets | \$ 3,721,183 | \$ | \$ 3,721,183 | \$ 4,101,292 | \$ | \$ 4,101,292 | \$ (380,109) | \$ | \$ (380,109) |
| (b) Statutory valuation allowance adjustments | 1,560,466 | | 1,560,466 | 1,214,187 | | 1,214,187 | 346,279 | | 346,279 |
| (c) Adjusted gross deferred tax assets (1a - 1b) | 2,160,717 | | 2,160,717 | 2,887,106 | | 2,887,106 | (726,389) | | (726,389) |
| (d) Deferred tax assets nonadmitted | | | | | | | | | |
| (e) Subtotal net admitted deferred tax asset (1c - 1d) | \$ 2,160,717 | \$ | \$ 2,160,717 | \$ 2,887,106 | \$ | \$ 2,887,106 | \$ (726,389) | \$ | \$ (726,389) |
| (f) Deferred tax liabilities | 2,160,717 | | 2,160,717 | 2,887,106 | | 2,887,106 | (726,389) | | (726,389) |
| (g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

(2) Admission calculation components SSAP No. 101

| | 06/30/2021 | | | 12/31/2020 | | | Change | | |
|--|--------------|---------|--------------------|--------------|---------|--------------------|-----------------------|----------------------|--------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Federal income taxes paid in prior years recoverable through loss carrybacks | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| (b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below) | | | | | | | | | |
| 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date | | | | | | | | | |
| 2. Adjusted gross deferred tax assets allowed per limitation threshold | XXX | XXX | 8,649,837 | XXX | XXX | 7,971,593 | XXX | XXX | 678,244 |
| (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 | 2,160,717 | | 2,160,717 | 2,887,106 | | 2,887,106 | (726,389) | | (726,389) |
| (d) Deferred tax assets admitted as the result of application of SSAP No. 101 | | | | | | | | | |
| Total (2(a) + 2(b) + 2(c)) | \$ 2,160,717 | \$ | \$ 2,160,717 | \$ 2,887,106 | \$ | \$ 2,887,106 | \$ (726,389) | \$ | \$ (726,389) |

(3) Ratio used as basis of admissibility

| | 06/30/2021 | 12/31/2020 |
|--|---------------|---------------|
| (a) Ratio percentage used to determine recovery period and threshold limitation amount | 478.000 % | 446.000 % |
| (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above | \$ 57,665,579 | \$ 53,143,954 |

Notes to Financial Statement

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

| | 06/30/2021 | | 12/31/2020 | | Change | | | |
|---|--------------|---------|--------------|---------|------------------------|-----------------------|---|--|
| | (1) | | (3) | | (4) | | | |
| | Ordinary | Capital | Ordinary | Capital | Ordinary (Col. 1-3) | Capital (Col. 2-4) | | |
| 1. Adjusted gross DTAs amount from Note 9A1(c)..... | \$ 2,160,717 | | \$ 2,887,106 | | \$ (726,389) | | | |
| 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)..... | \$ 2,160,717 | | \$ 2,887,106 | | \$ (726,389) | | | |
| 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) | | |
|---|--------------|--------------|--------------|-----------|--------|--|--|
| | 06/30/2021 | 12/31/2020 | Change (1-2) | | | | |
| Current income taxes incurred consist of the following major components: | | | | | | | |
| 1. Current Income Tax | | | | | | | |
| (a) Federal..... | \$ (141,685) | \$ (498,798) | \$ 357,113 | | | | |
| (b) Foreign..... | | | | | | | |
| (c) Subtotal..... | \$ (141,685) | \$ (498,798) | \$ 357,113 | | | | |
| (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..... | \$ (141,685) | \$ (517,770) | \$ 376,085 | | | | |
| | (1) | (2) | (3) | | | | |
| | 06/30/2021 | 12/31/2020 | Change (1-2) | | | | |
| 2. Deferred Tax Assets | | | | | | | |
| (a) Ordinary | | | | | | | |
| (1) Discounting of unpaid losses..... | \$ 81,902 | \$ 69,845 | \$ 12,057 | | | | |
| (2) Unearned premium reserve..... | | 15,895 | 15,132 | 763 | | | |
| (3) Policyholder reserves..... | | 54,520 | 54,520 | — | | | |
| (4) Investments..... | | 60,173 | 60,173 | — | | | |
| (5) Deferred acquisition costs..... | | | | | | | |
| (6) Policyholder dividends accrual..... | | | | | | | |
| (7) Fixed assets..... | | | | | | | |
| (8) Compensation and benefits accrual..... | | | | | | | |
| (9) Pension accrual..... | | | | | | | |
| (10) Receivables - nonadmitted..... | | 1,091,909 | 1,186,288 | (94,379) | | | |
| (11) Net operating loss carry-forward..... | | 1,784,395 | 2,113,851 | (329,456) | | | |
| (12) Tax credit carry-forward..... | | | | | | | |
| (13) Other (including items less than 5% of total ordinary tax assets)..... | | 632,389 | 601,484 | 30,905 | | | |
| (99) Subtotal..... | \$ 3,721,183 | \$ 4,101,292 | \$ (380,109) | | | | |
| (b) Statutory valuation allowance adjustment..... | | 1,560,466 | 1,214,187 | 346,279 | | | |
| (c) Nonadmitted..... | | | | | | | |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)..... | \$ 2,160,717 | \$ 2,887,106 | \$ (726,389) | | | | |
| (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)..... | \$ 2,160,717 | \$ 2,887,106 | \$ (726,389) | | | | |

Notes to Financial Statement

9. Income Taxes (Continued)

| | (1) 06/30/2021 | (2) 12/31/2020 | (3) Change (1-2) |
|---|---------------------|---------------------|---------------------|
| 3. Deferred Tax Liabilities | | | |
| (a) Ordinary | | | |
| (1) Investments | \$ | \$ | \$ |
| (2) Fixed assets | 121,060 | 124,113 | (3,053) |
| (3) Deferred and uncollected premium | 1,817,663 | 2,541,000 | (723,337) |
| (4) Policyholder reserves | | | |
| (5) Other (including items <5% of total ordinary tax liabilities) | 221,994 | 221,993 | 1 |
| (99) Subtotal | \$ 2,160,717 | \$ 2,887,106 | \$ (726,389) |
| (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>\$ 2,160,717</u> | <u>\$ 2,887,106</u> | <u>\$ (726,389)</u> |
| 4. Net deferred tax assets/liabilities (2i - 3c) | <u>\$ —</u> | <u>\$ —</u> | <u>\$ —</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 June 30, 2021:

| | 06/30/2021 | Effective Tax Rate |
|-------------------------------------|---------------------|--------------------|
| Income (loss) before taxes | \$ (583,416) | 21.000 % |
| Meals & entertainment | 1,072 | -0.039 ... |
| Change in valuation allowance | 346,279 | -12.464 ... |
| Change in nonadmitted assets | 94,380 | -3.397 ... |
| Total | <u>\$ (141,685)</u> | <u>5.100 %</u> |

| | 06/30/2021 | Effective Tax Rate |
|---|---------------------|--------------------|
| Federal income taxes incurred | \$ (141,685) | 5.100 % |
| Change in net deferred income taxes | | |
| Total statutory income taxes | <u>\$ (141,685)</u> | <u>5.100 %</u> |

E. Operating Loss and Tax Credit Carryforwards

(1) Unused loss carryforwards available

The company has a net operating loss carry-forward of \$8,884,050 as of June 30, 2021.

(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 June 30, 2021 and December 31, 2020.

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; 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. Beginning in 2021, the partnership with HealthSpan ended. Their share of the company was purchased back by Summa.

Notes to Financial Statement

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 June 30, 2021 and December 31, 2020 are as follows:

| | 2021 | 2020 |
|--|------------|------------|
| Claims expense related to affiliated entities: | | |
| SHS | 30,301,595 | 50,546,221 |
| SPI | 5,253,648 | 8,447,123 |
| ACO | 1,128,033 | 4,251,528 |
| Directors' and officers insurance paid to MAC | 21,628 | 46,239 |
| Management fees charged from SMSO | 12,223,412 | 21,627,095 |
| Management fees charged from Apex | 98,664 | 269,694 |
| Corporate expense allocation paid to SHS | 738,312 | 1,618,098 |

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 June 30, 2021 and December 31, 2020 are as follows:

| | Due from | | Due to | |
|------|----------|---------|------------|------------|
| | 2021 | 2020 | 2021 | 2020 |
| SIA | - | - | - | - |
| SIC | - | - | 462,380 | 929,016 |
| SHS | - | - | 9,156,060 | 10,452,984 |
| APEX | 219,540 | 500,414 | - | - |
| SMSO | - | - | 1,818,200 | 1,460,610 |
| SHMG | - | - | 13,378 | 120,653 |
| | 219,540 | 500,414 | 11,450,018 | 12,963,263 |

E. Management Service Contracts and Cost Sharing Arrangements

In 2021 and 2020, 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 \$12,223,412 and \$21,627,095 in 2021 and 2020, 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 June 30, 2021, 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 June 30, 2021 were:

Assets - \$52,352,599
 Liabilities - \$18,911,223
 Net Gain - \$7,332,526

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 Statement

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 June 30, 2021 and December 31, 2020 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 – \$5,199,566
Unrealized Gains (Losses) – \$79,589

- 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 \$430,905 as of June 30, 2021 and was \$754,494 for year ending December 31, 2020.

- (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 period 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 Statement

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 | \$ 10,812,046 | | | \$ 10,812,046 | |
| Total assets at fair value/NAV | <u>\$ 10,812,046</u> | | | <u>\$ 10,812,046</u> | |
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | <u>\$</u> | <u>\$</u> | <u>\$</u> | <u>\$</u> | <u>\$</u> |

(2) Fair value measurements in Level 3 of the fair value hierarchy - 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 | \$ 51,047,006 | \$ 50,967,417 | \$ 51,047,006 | | | \$ | \$ |
| Short-term investments | 1,217,927 | 1,217,927 | 1,217,927 | | | | |

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

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

Notes to Financial Statement

23. Reinsurance (Continued)

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 June 30, 2021 that are subject to retrospective rating features was (\$3,596,200), that represented -2.5% 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 | ..... | ..... | ..... | ..... | 6,613,923 |
| (4) Plus reinsurance assumed amounts | XXX | XXX | XXX | XXX ..... | ..... |
| (5) Less reinsurance ceded amounts | XXX | XXX | XXX | XXX ..... | ..... |
| (6) Rebates unpaid net of reinsurance | XXX | XXX | XXX | XXX | 6,613,923 |
| Current Reporting Year-to-Date | | | | | |
| (7) Medical loss ratio rebates incurred | \$ | \$ | \$ | \$ | \$ |
| (8) Medical loss ratio rebates paid | ..... | ..... | ..... | ..... | ..... |
| (9) Medical loss ratio rebates unpaid | ..... | ..... | ..... | ..... | 3,017,723 |
| (10) Plus reinsurance assumed amounts | XXX | XXX | XXX | XXX ..... | ..... |
| (11) Less reinsurance ceded amounts | XXX | XXX | XXX | XXX ..... | ..... |
| (12) Rebates unpaid net of reinsurance | XXX | XXX | XXX | XXX | 3,017,723 |

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
- (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:

Notes to Financial Statement

25. Change in Incurred Claims and Claim Adjustment Expenses (Continued)

| | 2021 | 2020 |
|--------------------------|-------------|-------------|
| Balance at January 1 | 23,969,444 | 22,567,660 |
| Incurred related to: | | |
| Current year | 126,709,514 | 219,318,391 |
| Prior years | (549,444) | (3,064,660) |
| Total | 126,160,070 | 216,253,731 |
| Paid related to: | | |
| Current year | 99,455,225 | 195,351,947 |
| Prior years | 22,784,000 | 19,500,000 |
| Total | 122,239,225 | 214,851,947 |
| Balance at End of Period | 27,890,289 | 23,969,444 |

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, 2020 were \$23,969,444. As of June 30, 2021, \$22,784,000 has been paid for incurred claims attributable to insured events of prior years. There is \$636,000 in reserves remaining for prior years as of June 30, 2021. Therefore, there has been \$549,444 in favorable development since December 31, 2020 to June 30, 2021. 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 rebates on a quarterly basis. As of June 30, 2021, a receivable was recorded equal to two quarters of rebates. For quarter ending June 30, 2021, 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 | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|------------|--|---|---|--|--|
| 06/30/2021 | \$ 6,380,706 | \$ | \$ | \$ | \$ |
| 03/31/2021 | 7,083,828 | 1,919,294 | ..... | ..... | 1,919,294 |
| 12/31/2020 | 6,002,327 | 3,893,143 | ..... | ..... | 3,893,143 |
| 09/30/2020 | 3,794,435 | 3,974,150 | ..... | ..... | 3,974,150 |
| 06/30/2020 | 3,677,152 | 4,367,954 | ..... | ..... | 4,367,954 |
| 03/31/2020 | 3,835,592 | 4,323,276 | ..... | ..... | 4,323,276 |
| 12/31/2019 | 3,637,309 | 4,022,888 | ..... | ..... | 4,022,888 |
| 09/30/2019 | 3,494,828 | 4,195,445 | ..... | ..... | 4,195,445 |
| 06/30/2019 | 4,770,913 | 5,759,434 | ..... | ..... | 5,759,434 |
| 03/31/2019 | 3,629,681 | 3,631,254 | ..... | ..... | 3,631,254 |

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 June 30, 2021 and December 31, 2020, 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

31. Anticipated Salvage and Subrogation - None

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 1.2 If yes, has the report been filed with the domiciliary state?

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?
 2.2 If yes, date of change:

Yes[] No[X]

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 If yes, complete Schedule Y, Parts 1 and 1A.
 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?
 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
 The partnership with HealthSpan has ended. Their share of the company was purchased back by Summa

Yes[X] No[]

3.4 Is the reporting entity publicly traded or a member of a publicly traded group?
 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[] No[X]

4.1 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.
 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

Yes[] No[X]

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
 If yes, attach an explanation.

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
 6.4 By what department or departments?
 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
 6.6 Have all of the recommendations within the latest financial examination report been complied with?

12/31/2017

12/31/2017

11/07/2018

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
 7.2 If yes, give full information

Yes[] No[X]

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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 |

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

Yes[] No[X]

9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

Yes[] No[X]

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 219,540

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0

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

\$..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]

GENERAL INTERROGATORIES (Continued)**INVESTMENT**

14.2 If yes, please complete the following:

| | | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|-------|---|--|---|
| 14.21 | Bonds | | |
| 14.22 | Preferred Stock | | |
| 14.23 | Common Stock | 26,732,532 | 33,441,376 |
| 14.24 | Short-Term Investments | | |
| 14.25 | Mortgages Loans on Real Estate | | |
| 14.26 | All Other | | |
| 14.27 | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | 26,732,532 | 33,441,376 |
| 14.28 | Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

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

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

| | | | |
|------|---|----------|---|
| 16.1 | Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 16.2 | Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 16.3 | Total payable for securities lending reported on the liability page | \$ | 0 |

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

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

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

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

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

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

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

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

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[X] No[]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes[] No[X]

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

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

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

Yes[X] No[]

18.2 If no, list exceptions:

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

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES (Continued)

- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

| | | |
|---|-------|---------|
| 1.1 A&H loss percent | ..... | 88.804% |
| 1.2 A&H cost containment percent | ..... | 0.829% |
| 1.3 A&H expense percent excluding cost containment expenses | ..... | 13.552% |

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

Yes[] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

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

Yes[] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

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

Yes[] No[X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|---|-------------------|------------------------|----------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------|---|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Accident and Health - Non-affiliates | | | | | | | | | |
| 60410 | 73-0714500 | 01/01/2021 | AMERICAN FIDELITY ASSUR CO | OK | SSL/I | SLEL | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

| State, Etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | |
|--|------------------------------|--|------------------------------|----------------------------|------------------------|--|--|--|--------------------------------------|-------------------------------------|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums and Other Considerations | 8 Property/ Casualty Premiums | 9 Total Columns 2 Through 8 | 10 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 | 146,081,578 | | | | | | | 146,081,578 | |
| 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 | 146,081,578 | | | | | | | 146,081,578 | |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | | |
| 61. Total (Direct Business) | XXX | 146,081,578 | | | | | | | 146,081,578 | |

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:

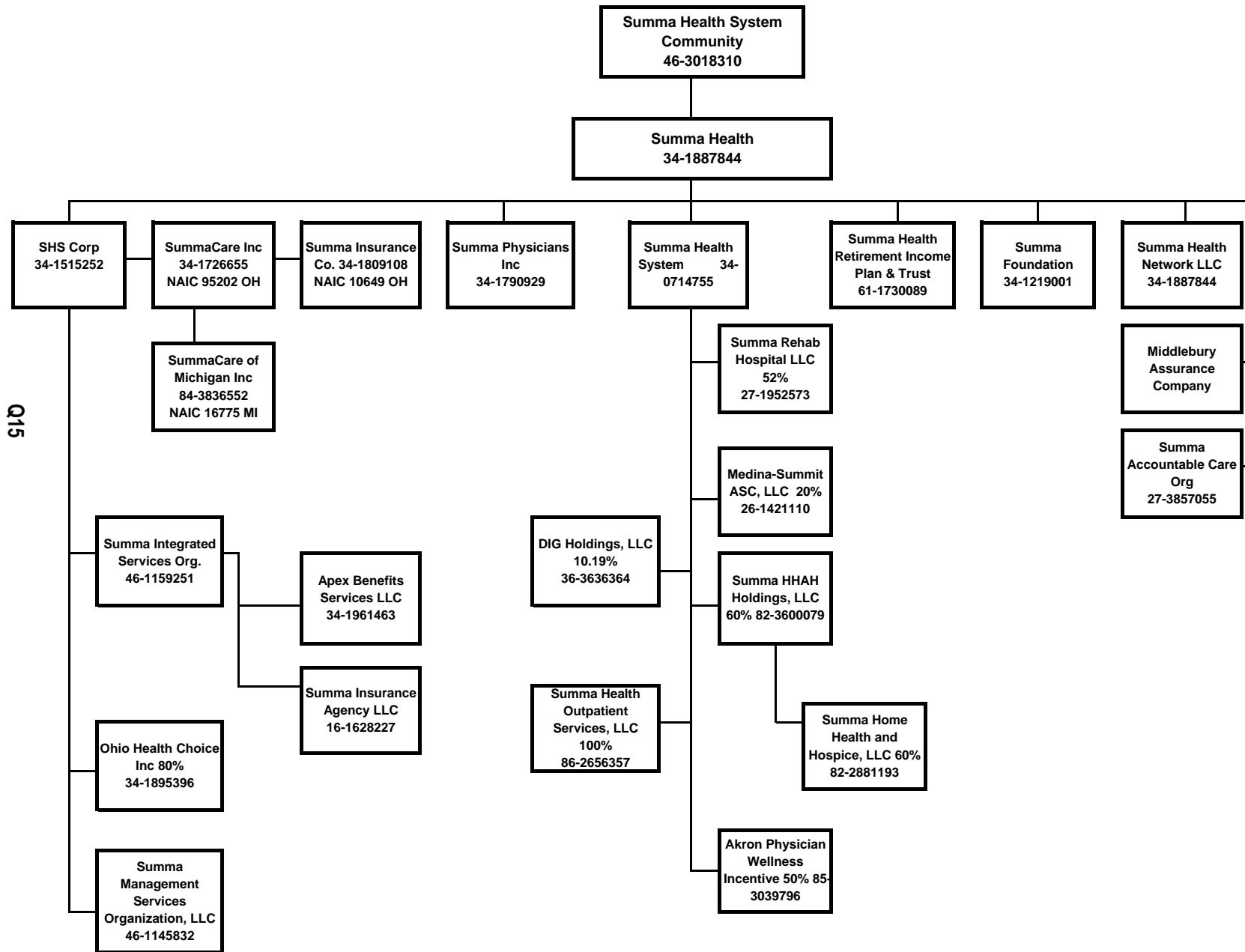
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 N - None of the above - Not allowed to write business in the state

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
|-----|------------|-------------------------|------------------------|------------|--------------|-----|--|---|--------------------------------|---|---|--|--|---|----------------------------------|---------|
| | Group Code | Group Name | NAIC Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Rela- tion- ship to Report- ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Q16 | 3259 | SUMMA INSURANCE COMPANY | 00000 | 34-1887844 | | | SUMMA HEALTH | | OH | UIP | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | Ownership | | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | | |
| | | | 00000 | 34-1515252 | | | SUMMA HEALTH SYSTEM CORPORATION | | OH | UDP | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | 3259 | SUMMA INSURANCE COMPANY | 10649 | 34-1809108 | | | SUMMA INSURANCE COMPANY | | OH | DS | SUMMACARE INC. | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 95202 | 34-1726655 | | | SUMMACARE INC. | | OH | RE | SUMMA HEALTH SYSTEM CORP | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 16-1628227 | | | SUMMA INSURANCE AGENCY LLC | | OH | NIA | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 34-1961463 | | | APEX BENEFITS SERVICES LLC | | OH | NIA | SUMMA INTEGRATED SERVICES ORGANIZATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 34-1895396 | | | OHIO HEALTH CHOICE INC | | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 80.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 34-2020978 | | | CONERSTONE MEDICAL SERVICES | | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 50.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 34-1790929 | | | SUMMA PHYSICIANS INC | | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 34-1219001 | | | SUMMA FOUNDATION | | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 26-1421110 | | | MEDINA-SUMMIT ASC LLC | | OH | NIA | SUMMA HEALTH SYSTEM | Ownership | 20.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 34-1887844 | | | SUMMA HEALTH NETWORK LLC | | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 27-3857055 | | | SUMMA ACCOUNTABLE CARE ORGANIZATION | | OH | NIA | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | | | | MIDDLEBURY ASSURANCE COMPANY | CYM | IA | | SUMMA HEALTH | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 46-1145832 | | | SUMMA MANAGEMENT SERVICES ORGANIZATION, LLC | | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | 0000001 |
| | | | 00000 | 46-1159251 | | | SUMMA INTEGRATED SERVICES ORGANIZATION | | OH | NIA | SUMMA HEALTH SYSTEM CORPORATION | Ownership | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | N | |
| | | | 00000 | 46-3018310 | | | SUMMA HEALTH SYSTEM COMMUNITY | | OH | UIP | | | | | | N | 0000002 |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 Group Code | 2 Group Name | 3 NAIC Comp- any Code | 4 ID Number | 5 FEDERAL RSSD | 6 CIK | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domic- iliary Loca- tion | 10 Rela- tionship to Report- ing Entity | 11 Directly Controlled by (Name of Entity / Person) | 12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies) / Person(s) | 15 Is an SCA Filing Required? (Y/N) | 16 * |
|-----------------|-------------------------------|-----------------------------|----------------|-------------------|----------|--|--|--|--|---|---|--|---|--|---------|
| 3259 | SUMMA INSURANCE COMPANY | 00000 | 34-0714755 | ..... | ..... | SUMMA HEALTH SYSTEM | OH .. NIA .. | SUMMA HEALTH ..... | ..... | Ownership ..... | ..... | 100.0 | SUMMA HEALTH SYSTEM / HEALTHSPAN PARTNERS | ..... | N |
| | | 00000 | 27-1952573 | ..... | ..... | SUMMA REHAB HOSPITAL | OH .. NIA .. | SUMMA HEALTH SYSTEM ..... | ..... | Ownership ..... | ..... | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |
| | | 00000 | 82-3600079 | ..... | ..... | SUMMA HHAH HOLDINGS, LLC | OH .. NIA .. | SUMMA HEALTH SYSTEM ..... | ..... | Ownership ..... | ..... | 60.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |
| | | 00000 | 82-2881193 | ..... | ..... | SUMMA HOME HEALTH AND HOSPICE | OH .. NIA .. | SUMMA HHAH HOLDINGS, LLC ..... | ..... | Ownership ..... | ..... | 60.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |
| | | 16775 | 84-3836552 | ..... | ..... | SUMMACARE OF MICHIGAN INC. | MI .. DS .. | SUMMACARE INC. .... | ..... | Ownership ..... | ..... | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |
| | | 00000 | 36-3636364 | ..... | ..... | DIG HOLDINGS | OH .. NIA .. | SUMMA HEALTH SYSTEM ..... | ..... | Ownership ..... | ..... | 10.2 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |
| | | 00000 | 85-3039796 | ..... | ..... | AKRON PHYSICIAN WELLNESS | OH .. NIA .. | SUMMA HEALTH SYSTEM ..... | ..... | Ownership ..... | ..... | 50.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |
| | | 00000 | 61-1730089 | ..... | ..... | SUMMA HEALTH RETIREMENT INCOME PLAN & TRUST | OH .. NIA .. | SUMMA HEALTH ..... | ..... | Ownership ..... | ..... | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |
| | | 00000 | 86-2656357 | ..... | ..... | SUMMA HEALTH OUTPATIENT SERVICES, LLC | OH .. NIA .. | SUMMA HEALTH SYSTEM ..... | ..... | Ownership ..... | ..... | 100.0 | SUMMA HEALTH SYSTEM COMMUNITY / HEALTHSPAN PARTNERS | ..... | N |

| Asterisk | Explanation |
|----------|--|
| 0000001 | Middlebury Assurance Company is located in the Cayman Islands. |
| 0000002 | Summa Health System Community is the ultimate controlling entity with 100% ownership in Summa Health |
| 0000003 | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2021

Document Code: 365

95202202136500002

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

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

STATEMENT OF REVENUE AND EXPENSES

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

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

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 1,501,029 | ..... |
| 2. Cost of acquired: | ..... | 1,500,000 |
| 2.1 Actual cost at time of acquisition ..... | ..... | ..... |
| 2.2 Additional investment made after acquisition ..... | ..... | ..... |
| 3. Capitalized deferred interest and other ..... | ..... | ..... |
| 4. Accrual of discount ..... | ..... | ..... |
| 5. Unrealized valuation increase (decrease) | (159) | 1,029 |
| 6. Total gain (loss) on disposals ..... | ..... | ..... |
| 7. Deduct amounts received on disposals ..... | ..... | ..... |
| 8. Deduct amortization of premium and depreciation ..... | ..... | ..... |
| 9. Total foreign exchange change in book/adjusted carrying value ..... | ..... | ..... |
| 10. Deduct current year's other-than-temporary impairment recognized ..... | ..... | ..... |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | 1,500,870 | 1,501,029 |
| 12. Deduct total nonadmitted amounts ..... | ..... | ..... |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 1,500,870 | 1,501,029 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 78,504,261 | 58,304,824 |
| 2. Cost of bonds and stocks acquired | 2,243,691 | 23,529,568 |
| 3. Accrual of discount | 8,902 | 15,092 |
| 4. Unrealized valuation increase (decrease) | 6,708,844 | 2,737,881 |
| 5. Total gain (loss) on disposals ..... | ..... | ..... |
| 6. Deduct consideration for bonds and stocks disposed of | 3,000,000 | 6,000,000 |
| 7. Deduct amortization of premium | 56,905 | 83,104 |
| 8. Total foreign exchange change in book/adjusted carrying value ..... | ..... | ..... |
| 9. Deduct current year's other-than-temporary impairment recognized ..... | ..... | ..... |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees ..... | ..... | ..... |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) | 84,408,793 | 78,504,261 |
| 12. Deduct total nonadmitted amounts ..... | ..... | ..... |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 84,408,793 | 78,504,261 |

SCHEDULE D - PART 1B**Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|---|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 52,042,011 | ..... | ..... | 143,333 | 52,042,011 | 52,185,344 | ..... | 51,872,372 |
| 2. NAIC 2 (a) | | | | | | | | |
| 3. NAIC 3 (a) | | | | | | | | |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 52,042,011 | ..... | ..... | 143,333 | 52,042,011 | 52,185,344 | ..... | 51,872,372 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 52,042,011 | ..... | ..... | 143,333 | 52,042,011 | 52,185,344 | ..... | 51,872,372 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....1,217,927; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|------------------------|---|----------------|---------------------|---|---|
| 9199999. Totals | 1,217,927 | XXX | 1,217,927 | 45 | |

SCHEDULE DA - Verification**Short-Term Investments**

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 100,643 | 2,610,716 |
| 2. Cost of short-term investments acquired | 1,117,284 | (2,510,073) |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | | |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 1,217,927 | 100,643 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,217,927 | 100,643 |

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

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

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
|--|------------------------|--------------|--------------------|------------------------|-----------------------------------|------------------|----------------|--|--|
| Bonds - U.S. Governments | | | | | | | | | |
| 91282CBS9 .. | US Treasury Note | | 04/01/2021 .. | Huntington Bank | XXX | 992,266 | 1,000,000 | 171 | 1.A |
| 91282YE4 .. | US Treasury Note | | 04/29/2021 .. | Huntington Bank | XXX | 256,660 | 250,000 | 527 | 1.A |
| 0599999 Subtotal - Bonds - U.S. Governments | | | | | XXX | 1,248,926 | 1,250,000 | 698 | XXX |
| 8399997 Subtotal - Bonds - Part 3 | | | | | XXX | 1,248,926 | 1,250,000 | 698 | XXX |
| 8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX |
| 8399999 Subtotal - Bonds | | | | | XXX | 1,248,926 | 1,250,000 | 698 | XXX |
| 8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX |
| 8999999 Subtotal - Preferred Stocks | | | | | XXX | | XXX | | XXX |
| 9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | | XXX | XXX | XXX | XXX | XXX |
| 9799999 Subtotal - Common Stocks | | | | | XXX | | XXX | | XXX |
| 9899999 Subtotal - Preferred and Common Stocks | | | | | XXX | | XXX | | XXX |
| 9999999 Total - Bonds, Preferred and Common Stocks | | | | | XXX | 1,248,926 | XXX | 698 | XXX |

SCHEDULE D - PART 4**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter**

| 1 CUSIP Identification | 2 Description | 3 F o r e i g n Disposal Date | 4 Name of Purchaser | 5 Number of Shares of Stock | 6 Consideration | 7 Par Value | 8 Actual Cost | 9 Prior Year Book/ Adjusted Carrying Value (Decrease) | Change in Book/Adjusted Carrying Value | | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/ Stock Dividends Received During Year | 21 Stated Contractual Maturity Date | 22 NAIC Designation, NAIC Designation Modifier and SVO Admin- istrative Symbol | | |
|--|------------------|--|---------------------------|--------------------------------------|--------------------|-------------------|---------------------|---|--|--|--|---|--|--|---|--|---|---|---|---|------------|---------|
| | | | | | | | | | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's Other Than Temporary Impairment Recognized | 13 Current Year's (Amortization)/ Accretion | 14 Total Change in B./A.C.V. (11 + 12 - 13) | 15 Total Foreign Exchange Change in B./A.C.V. | | | | | | | | | |
| Bonds - U.S. Governments | | | | | ... XXX ... | 1,000,000 | 1,000,000 | 1,000,000 | | | | | | | 1,000,000 | | | | | 5,625 | 06/30/2021 | 1A ... |
| 912828327 ... | US Treasury Note | 06/30/2021 | Matured | | ... XXX ... | 1,000,000 | 1,000,000 | 1,000,000 | | | | | | | 1,000,000 | | | | | 5,625 | 06/30/2021 | 1A ... |
| 0599999 Subtotal - Bonds - U.S. Governments | | | | | ... XXX ... | 1,000,000 | 1,000,000 | 1,000,000 | | | | | | | 1,000,000 | | | | | 5,625 | 06/30/2021 | 1A ... |
| 8399997 Subtotal - Bonds - Part 4 | | | | | ... XXX ... | 1,000,000 | 1,000,000 | 1,000,000 | | | | | | | 1,000,000 | | | | | 5,625 | 06/30/2021 | 1A ... |
| 8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | | ... XXX ... | XXX ... | XXX ... | XXX ... | | | | | | | XXX ... | XXX ... | XXX ... | XXX ... | | XXX ... | XXX ... | XXX ... |
| 8399999 Subtotal - Bonds | | | | | ... XXX ... | 1,000,000 | 1,000,000 | 1,000,000 | | | | | | | 1,000,000 | | | | | 5,625 | 06/30/2021 | 1A ... |
| 8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | | ... XXX ... | XXX ... | XXX ... | XXX ... | | | | | | | XXX ... | XXX ... | XXX ... | XXX ... | | XXX ... | XXX ... | XXX ... |
| 8999999 Subtotal - Preferred Stocks | | | | | ... XXX ... | XXX ... | XXX ... | XXX ... | | | | | | | | | | | | XXX ... | XXX ... | XXX ... |
| 9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | | ... XXX ... | XXX ... | XXX ... | XXX ... | | | | | | | XXX ... | XXX ... | XXX ... | XXX ... | | XXX ... | XXX ... | XXX ... |
| 9799999 Subtotal - Common Stocks | | | | | ... XXX ... | XXX ... | XXX ... | XXX ... | | | | | | | | | | | | XXX ... | XXX ... | XXX ... |
| 9899999 Subtotal - Preferred and Common Stocks | | | | | ... XXX ... | XXX ... | XXX ... | XXX ... | | | | | | | | | | | | XXX ... | XXX ... | XXX ... |
| 9999999 Total - Bonds, Preferred and Common Stocks | | | | | ... XXX ... | 1,000,000 | XXX ... | 1,000,000 | 1,000,000 | | | | | | 1,000,000 | | | | | 5,625 | 06/30/2021 | 1A ... |

| | |
|--|-------------|
| E06 Schedule DB Part A Section 1 | NONE |
| E07 Schedule DB Part B Section 1 | NONE |
| E08 Schedule DB Part D Section 1 | NONE |
| E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity | NONE |
| E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity | NONE |
| E10 Schedule DB Part E | NONE |
| E11 Schedule DL - Part 1 - Securities Lending Collateral Assets | NONE |
| E12 Schedule DL - Part 2 - Securities Lending Collateral Assets | NONE |

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

| 1 Depository | | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|---|-----------|--------------------------|--|--|---|----------------------|---------------------|--------|
| | | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| open depositories | | | | | | | | | |
| Huntington - General Operating | Akron, Ohio ..... | ..... | ..... | ..... | ..... | 27,767,271 | 3,690,361 | 7,554,829 | XXX |
| SummaCare - Petty Cash | Akron, Ohio ..... | ..... | ..... | ..... | ..... | 290 | 290 | 290 | XXX |
| Huntington - Goodyear | Akron, Ohio ..... | ..... | ..... | ..... | ..... | 60 | 60 | 60 | XXX |
| Huntington - SHS | Akron, Ohio ..... | ..... | ..... | ..... | ..... | 1,161,264 | 1,161,003 | 2,038,940 | XXX |
| 019998 Deposits in | 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories | XXX | XXX .. | ..... | ..... | ..... | ..... | ..... | XXX |
| 019999 Totals - Open Depositories | | XXX | XXX .. | ..... | ..... | 28,928,885 | 4,851,714 | 9,594,119 | XXX |
| 029998 Deposits in | 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories | XXX | XXX .. | ..... | ..... | ..... | ..... | ..... | XXX |
| 029999 Totals - Suspended Depositories | | XXX | XXX .. | ..... | ..... | ..... | ..... | ..... | XXX |
| 039999 Total Cash On Deposit | | XXX | XXX .. | ..... | ..... | 28,928,885 | 4,851,714 | 9,594,119 | XXX |
| 049999 Cash in Company's Office | | XXX | XXX .. | XXX .. | XXX .. | ..... | ..... | ..... | XXX |
| 059999 Total Cash | | XXX | XXX .. | ..... | ..... | 28,928,885 | 4,851,714 | 9,594,119 | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 CUSIP | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due & Accrued | 9 Amount Received During Year |
|--------------------------------------|------------------|-----------|--------------------|-----------------------|--------------------|-----------------------------------|---------------------------------------|----------------------------------|
| | | | | | | | | |
| 9999999 Total Cash Equivalents | | | | | | | | |

N O N E